|  |
| --- |
|  **OVERVIEW** |

The purpose of the Psychiatric Rehabilitation Progress Report (PRPR) is to demonstrate the effectiveness of rehabilitation services and the promotion of recovery in the lives of individuals served through:

* ACC-RBHA Contractors, measuring adherence to the Interagency Service Agreement (ISA) between AHCCCS and Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA), including Statewide Collaborative Protocols.
* Monitoring the promotion of employment services for the members served, including employment services provided through the Contractor, and the promotion of the ADES/RSA.
* Monitoring the provider service array to make sure there is an adequate network of employment choices for the members served, including providers specializing in employment services .
* Assessing employment outcomes as a quality-of-life indicator for *all* individuals, regardless of diagnosis.

**GENERAL INSTRUCTIONS**

* ACC Contractors: Only one PRPR is to be completed by the Contractor, separated out by region.
* ACC and ACC-RBHA Contractors: One PRPR for ACC and one PRPR for SMI separated out by regions within each.
* The submission of the PRPR shall include a cover page listing the following: Contractor name; Region(s) served; Federal Fiscal Year (FFY), and Quarter. This information will also be included in the footer on each page.
* For ACC-RBHA Contractors, RSA programmatic data is submitted to the AHCCCS/DHCM Employment Administrator separately. The information requested in this report is accessible to the Contractor without any needed coordination with RSA.

**TIMEFRAMES**

* The Contractor shall complete and submit a Psychiatric Rehabilitation Progress Report.

|  |  |  |
| --- | --- | --- |
|  | **SUBMISSION** | **DUE TO AHCCCS** |
| **FFYQ1** | October-December | January 15 |
| **FFYQ2** | January-March | April 15 |
| **FFYQ3** | April-June | July 15 |
| **FFYQ4** | July-September | October 15 |

|  |
| --- |
| **METHODOLOGY** |

1. **REFERRALS TO REHABILITATION SERVICES ADMINISTRATION/VOCATIONAL REHABILITATION (RSA/VR)**

For ACC-RBHA Contractors, a “referral” is defined as both a referral packet being provided by the Behavioral Outpatient Clinic/Integrated Clinic to RSA/VR and the member being placed into RSA/VR status code 00, which reflects the member has expressed interest in participating in the RSA/VR program. Due to the ISA, AHCCCS receives the data of new referrals from RSA/VR.

For ACC Contractors, a “referral” means connecting interested members to the RSA/VR program and documenting in the member’s file. ACC Contractors are to track members being referred to RSA/VR, as reported by the Behavioral Outpatient Clinics/Integrated Clinics, utilizing the following format for tracking referrals made to RSA/VR:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REFERRALS TO:** | **MONTH - YEAR** | **MONTH - YEAR** | **MONTH - YEAR** | **TOTAL** |
| RSA/VR, as reported by Provider sites |  |  |  |  |

With multiple Contractors (health plans) and with Providers that may be contracted with multiple health plans, it is important to have consistency for when the Providers are submitting RSA/VR referral data to the different health plans. This data is usually submitted to the health plans by the Providers on a monthly basis in the form of a monthly report. In order to capture this data and remain consistent across the state, ACC-RBHA and ACC Contractors should use the following table that Providers would send to the Contractor on a monthly basis. Providers are going to be responsible for knowing which members are enrolled with which Contractor and submit the member information accordingly.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROVIDER ORGANIZATION NAME** | **SITE / LOCATION** | **MEMBER NAME (LAST, FIRST)** | **AHCCCS ID #** | **REFERRAL DATE** |
|   |   |   |   |  |
|   |   |   |   |  |
|   |   |   |   |  |

For both ACC and ACC-RBHA Contractors, this section shall also include:

* New activities within the quarter being done around the emphasis on the importance of the partnership between the Contractor and RSA/VR
* New activities within the quarter the providers are doing to support mutual members throughout the VR program
* Any other pertinent new information
* Any new reporting items, as determined by the AHCCCS/DHCM Employment Administrator
1. **PROVIDER SERVICE ARRAY**

In order to provide a diverse range of employment services between the ADES/RSA service system and the AHCCCS service system (e.g., prevocational and extended supported employment services), ACC and ACC-RBHA Contractors will utilize, as needed and appropriate, service providers who are contracted with both the Contractor and ADES/RSA. The Contractor shall develop and implement contracts with community providers to meet the vocational needs of members within the region and ensure that there is an adequate number of dedicated staff to provide those services.

The following table shall include:

* *Provider Name* – Name of agency.
* *Counties Served*– List of counties the agency provides services within the region.
* *Funding Source* – Whether only contracted with the Contractor or mutually contracted with ADES/RSA
* Contractor only
* Contractor and ADES/RSA
* Serve Non-Titled XIX members – Whether the agency is able to provide Behavioral Health employment services to Non-Title XIX members.
* New Provider – Whether the agency is new to this list.

Mark those agencies that are mutually contracted with both the Contractor and ADES/RSA in **bold print**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROVIDER NAME** | **COUNTIES SERVED** | **FUNDING SOURCE** | **SERVE NON-TITLE XIX?****Y/N** | **NEW PROVIDER?****Y/N** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **ACC AND ACC-RBHA WORKFORCE COMPETENCIES**

In effort to ensure provider staff at each Integrated Clinic (Provider Type IC) and each Behavioral Outpatient Clinic (Provider Type 77) offering behavioral health services, especially fully dedicated employment/rehabilitation provider staff, are receiving the appropriate support to achieve competence in the Workforce Competencies as specified in this Policy, the Contractor shall monitor provider activities that support staff development and professional development.

These clinical staff personnel are supervised by the providers they are employed with, and it’s understood that not all supervisors of these staff fully understand or comprehend employment services and supports. The Contractor will make sure clinical staff is receiving the technical assistance and support necessary for staff to achieve these competencies.

The Contractor shall manage a Learning Management System (LMS) that includes the following with regard to the workforce competencies specified in ACC and ACC-RBHA Workforce Competencies section of this Policy and as specified in Contract:

In the corresponding employment workforce competencies below, provide updates on Contractor activities and strategies that support:

1. Providers, supervisors, and/or staff to achieve desired competencies.
2. Opportunities for professional development.
3. Monitoring provider compliance to ensure all employment staff are competent to provide employment services.
4. **MEMBER ENGAGEMENT**

The Contractor shall ensure that providers are engaging in employment discussions with members that are explicitly expressing interest in employment or employment-related supports and services, as well as with members NOT explicitly expressing interest in employment or employment-related supports and services.

1. **AMPM POLICY 310-B AND AHCCCS BEHAVIORAL HEALTH SERVICES MATRIX**

Contractors shall ensure that providers understand the service descriptions of Medicaid-funded employment/rehabilitation services, including billing correctly when providing employment services and matching progress notes with the services being provided.

1. **ARIZONA DISABILITY BENEFITS 101 (AZ DB101)**

Contractors shall ensure that provider employment staff are creating an active, personal AZ DB101 account; offering assistance to members with setting up their own AZ DB101 accounts; completing AZ DB101 estimator sessions (full versions and quick estimates) with members; accurately interpreting and analyzing results with members who may require an extra level of understanding; and when necessary, assisting members in accessing the different types of Social Security and/or AHCCCS work incentives.

1. **REHABILITATION SERVICES ADMINISTRATION/VOCATIONAL REHABILITATION**

Contractors shall ensure that providers are referring members interested in employment to the RSA/VR program, which includes education about and supporting members to make informed decisions about RSA/VR. Provider employment staff shall be educated on RSA/VR processes, services, and terminology, including, but not limited to, eligibility criteria, Order of Selection (OOS), and VR status codes.

1. **OTHER**

Use this section to report any updates or activities related to supporting staff development and professional development that are outside of those areas listed above in #1-4. Examples may include ad hoc deliverable reporting, additional technical assistance, or any other employment-related updates and notable activities.

1. **WORK ADJUSTMENT TRAINING (WAT) MONITORING**

In effort to monitor member length of stay in WAT programs by ACC-RBHA provider when utilizing Medicaid funding, utilize the following format for tracking. As a reminder, in order to maintain WAT as a time-limited service, review of progress meetings with members should occur on a regular basis (at least monthly) to review member successes and, if necessary, reevaluate and redesign goals and strategies for areas that need improvement. When listing the number of program participants, list the total number, which may include GMH/SU members. Do not enter any Protected Health Information (PHI).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROVIDER & NAME OF WAT PROGRAM** ***(1)*** | **NUMBER OF MEMBERS IN PROGRAM(S)** ***(2)*****(LESS THAN 3 MONTHS)** | **NUMBER OF MEMBERS IN PROGRAM(S)** ***(2)*****(BETWEEN 3-6 MONTHS)** | **NUMBER OF MEMBERS IN PROGRAM(S) *(2)*****(BETWEEN 6-12 MONTHS)** | **NUMBER OF MEMBERS IN PROGRAM(S) *(2)*****(MORE THAN 12 MONTHS)** | **TOTAL NUMBER OF MEMBERS IN PROGRAM(S)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1) Each WAT program from the same provider to be listed separately.2) If a member has moved between different WAT programs at the same Provider, without any medical or disability-related interruptions of service, use the start date of the very first WAT program. |

1. **TARGET POPULATIONS AND EMPLOYMENT**

Analyzing employment services and supports across multiple populations is important to be able to determine whether or not there are any service gaps and/or access to care issues for certain populations.

There are two goals associated with this section. First, to increase and maintain Contractor engagement activities amongst various populations. This includes coordination and collaboration with the respective health plan subject matter experts. Secondly, the Contractor activities result in an increased number of members receiving employment services and supports.

1. In this section, utilize the template provided below to report on different employment-related strategies and evaluation for the following identified populations.
2. Transition-Aged Youth (TAY) (16-24)members,
3. Members with justice involvement,
4. Members in subsidized housing programs, including HUD and mainstream programs,
5. Members who identify as American Indian/Alaska Native enrolled with the health plan, and
6. Members in Work Adjustment Training (WAT) utilizing Medicaid funding (ACC-RBHA only), and
7. Members with Autism Spectrum Disorder (ASD).
8. For each identified population, provide the following:
9. Targeted strategies the Contractor plans to accomplish to increase the number of members receiving employment services and supports. Mark in **BOLD** new strategies developed within the quarter (un-bold for the following quarter),
10. In-progress updates, including strategies that have been accomplished,
11. Metrics used to evaluate strategies, and
12. Ongoing evaluation: Include data when available. Include any barriers/gaps identified.

|  |
| --- |
| ***Goal 1: To increase and maintain Contractor engagement activities amongst various populations******Goal 2: Contractor activities result in an increased number of members receiving employment services and supports.*** |
| **POPULATION** | **TARGETED STRATEGIES\*** | **IN-PROGRESS UPDATES/ COMPLETED STRATEGIES** | **METRICS USED TO EVALUATE STRATEGIES** | **ONGOING EVALUATION\*\*** |
| **TAY** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **JUSTICE-INVOLVED** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **SUBSIDIZED HOUSING** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **AI/AN** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **WAT** **(ACC-RBHA-ONLY)** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| **ASD** |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |
| \* Mark in **BOLD** new strategies developed within the quarter (un-bold for the following quarter)\*\* Include data when available. Include any barriers/gaps identified. |

|  |
| --- |
| **ACCOMPLISHMENTS** |

In the section below, identify a running list of completed strategies from the table above that were completed during the current Federal Fiscal Year (FFY), October 1st through September 30th.

|  |
| --- |
|  |