

AHCCCS Provider Response to SAMHSA Fidelity Review

Complete the following form in response to the SAMHSA fidelity review process conducted by AHCCCS staff.

Date: 6/9/2026

Name and contact information of provider:

Terros Health Jeni Serrano Program Manager

Type of evidence-based practice provider (select one):

	Permanent Supportive Housing
X	Supported Employment
	Consumer Operated Services
	Assertive Community Treatment

What was your experience with the fidelity review conducted at your agency? Thank you for the opportunity to review and discuss the Supported Employment Fidelity Review findings for Terros Health. We appreciate the time and effort invested in evaluating our program and providing feedback to support ongoing program development.

What was most helpful about the fidelity review process for your agency?

What suggestions would improve the review process? I would respectfully like to address the findings related to Vocational Generalist, Community-Based Services, and Assertive Outreach, as I believe there were important contextual factors that may not have been fully reflected within the final report.

Comments from your agency regarding the findings of the review and/or the fidelity report:

Terros Health is a relatively new Supported Employment provider, and this was our first Supported Employment Fidelity Review. At the time of the review, the program was also undergoing a significant transition to a new electronic health record (EHR) system. As a result, reports and data-tracking tools necessary to support the review process had not yet been developed or fully implemented. We believe these circumstances impacted our ability to provide all requested data and should be considered when evaluating the findings and overall fidelity scores.

Vocational Generalist

Regarding Item #3, Vocational Generalist, I would like to provide clarification regarding the rationale for the score of 4 rather than 5.

Based on the narrative provided in the review, I believe there may have been a misunderstanding regarding the delivery of job development and job retention services. The review notes that limitations exist preventing

Employment Specialists from providing both job development and placement services and job retention services. This is not the case.

The example cited involved a member who was actively receiving Supported Employment services and working with an Employment Specialist. During the review period, the member contacted their Case Manager to discuss employment-related concerns. The Case Manager appropriately provided support related to employment retention and billed the applicable H2025 retention service code for the service they provided.

However, the fact that a Case Manager provided a retention intervention does not mean the Employment Specialist was not also providing retention supports. Rather, it demonstrates the integrated team approach that is foundational to the Supported Employment model. Multiple members of the treatment team may support an individual's employment goals while operating within billing and documentation requirements.

Additionally, our billing structure does not allow job development and job retention services to be billed on the same day by the same provider. This billing requirement should not be interpreted as a limitation in service delivery. The member continues to receive both job development and retention supports through Supported Employment services; the distinction is simply how services are documented and billed.

The Employment Specialist remains responsible for supporting the individual in obtaining, maintaining, and advancing in employment. The involvement of a Case Manager providing an employment-related intervention supplements these services and reflects integrated care rather than a separation of responsibilities. For this reason, I respectfully believe the evidence supports a score of 5, as Employment Specialists provide comprehensive employment services across all phases of employment, and the example cited reflects appropriate team-based support rather than a limitation of the vocational generalist model.

Community-Based Services

The report indicates that 8% of services were provided in the community; however, I do not believe this percentage accurately reflects the level of community-based service delivery occurring within our program.

Our Employment Specialists complete daily time studies that track service locations, community contacts, employer outreach, and direct member services. These records demonstrate a substantially higher level of community-based activity than the 8% reflected in the review.

Additionally, during the review period, staff were participating in extensive training related to our electronic health record migration and learning a new documentation system. While this temporary transition impacted service delivery, the daily time studies submitted by staff continue to demonstrate community-based service levels significantly higher than those reported in the review.

I believe these factors should be considered when evaluating this score, and additional supporting documentation is available upon request.

Assertive Outreach and Caseload Management

I would also like to clarify the discussion regarding assertive outreach and case closures.

The recommendation appears to suggest that individuals should remain on active caseloads until direct contact is made and the individual personally communicates that they no longer wish to participate in services. While I understand the intent behind maintaining engagement, this approach presents operational challenges and is not consistent with effective caseload management.

Our Employment Specialists conduct multiple outreach attempts using various methods before considering closure. Significant efforts are made to engage individuals prior to any discharge from services. When an individual does not respond despite repeated outreach efforts, maintaining them indefinitely on an active caseload would limit the Employment Specialist's ability to serve individuals who are actively seeking employment services and would make it difficult to maintain recommended caseload sizes.

Additionally, there are concerns related to maintaining individuals on active caseloads when services are not being provided. At some point, after repeated unsuccessful outreach attempts, closure becomes clinically and operationally appropriate.

Our referral and re-engagement process is intentionally designed to be simple, efficient, and timely. If an individual wishes to re-engage after a case has been closed due to lack of contact, services can be reopened quickly with minimal barriers. Because there is no lengthy delay in re-accessing services, individuals are able to return to Supported Employment as soon as they are ready to participate.

For these reasons, I believe our outreach and closure practices appropriately balance assertive engagement, responsible caseload management, and timely access to services.

Thank you again for your time, partnership, and commitment to supporting high-quality Supported Employment services. We welcome continued collaboration and technical assistance as we work to strengthen and expand these services for the individuals we serve.

