

AHCCCS Office of Human Rights
2024 Annual Report

January 2025



AHCCCS Office of Human Rights Annual Report 2024

Table of Contents

OHR Overview.....	2
SMI Population Statewide Compared to Special Assistance Members.....	2
Number of SMI Members Who Meet Special Assistance & Number of Special Assistance Members Served by OHR.....	3
Number of Special Assistance Members Served by AHCCCS Contractors/ Tribal Regional Behavioral Health Authorities.....	4
Special Assistance Population by Health Plan and Type of Advocacy Support.....	4
Special Assistance Population Served at the Arizona State Hospital (ASH).....	5
Special Assistance Population Growth from 2015 to 2024.....	5
Major Accomplishments in 2024.....	5
Resource Letter Implementation.....	5
Advocate of the Day (AOD) Statewide Phone Line.....	6
Community Training Circuit.....	6
New Notifications for Special Assistance Members.....	7
OHR Graduations and Transitions to Natural Supports In 2024.....	8
OHR Field Encounters in 2024.....	8
OHR Additional Tracking in 2024.....	8
Educational Sessions/Training/Support Provided by OHR in 2024.....	9
Oversight for Seclusion and Restraint (S&R) and Incident/Accident/Death (IAD) Reporting.....	9
Formal Actions by OHR.....	10
OHR Contributions to AHCCCS.....	11
OHR Advocacy Success Stories.....	11

OHR Overview

The Office of Human Rights (OHR), within the AHCCCS Division of Behavioral Health and Housing (DBHH) and established under Arizona Administrative Code R9-21-104, is responsible for providing assistance to AHCCCS members living with a Serious Mental Illness (SMI). OHR works to promote the rights of members and ensure access to entitled Medicaid services and is directly responsible for ensuring that members who are identified as in need of Special Assistance are promptly identified and formally assigned a designated representative to assist them in participating in treatment planning, discharge planning, and the SMI appeal, grievance, and investigation processes. OHR currently employs 15 advocates statewide, two lead advocates, a data and policy manager, a conflict advocate, and an administrator.

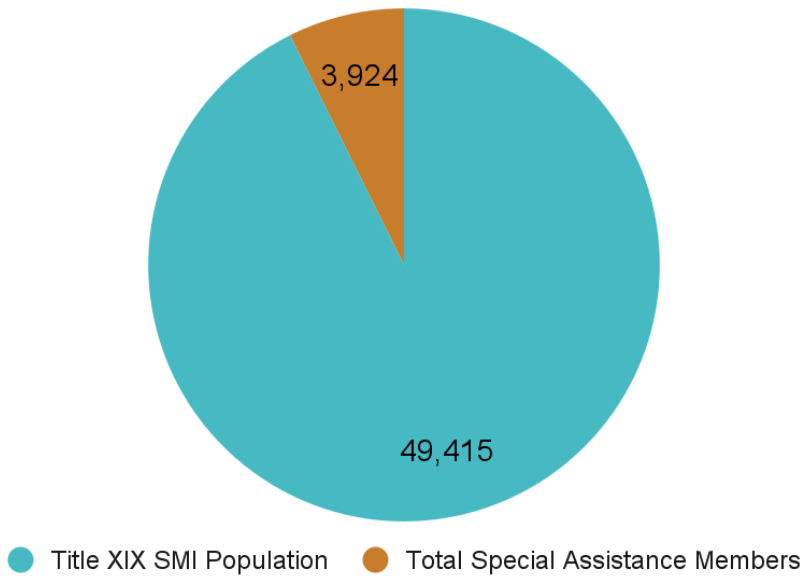
SMI Population Statewide Compared to Special Assistance Members

Currently, state-employed advocates are assigned to approximately 18% of the SMI population that meet Special Assistance criteria with the remaining 82% represented by court-appointed guardians or natural supports who also receive ongoing support from OHR, as needed. The OHR advocates work with the members and their families to promote self-advocacy and behavioral health system navigation education. The advocate's goal is to empower the member and/or the member's natural support to navigate the behavioral health system independently. Additionally, OHR is available to provide technical assistance to all members living with an SMI in Arizona, as resources are available.

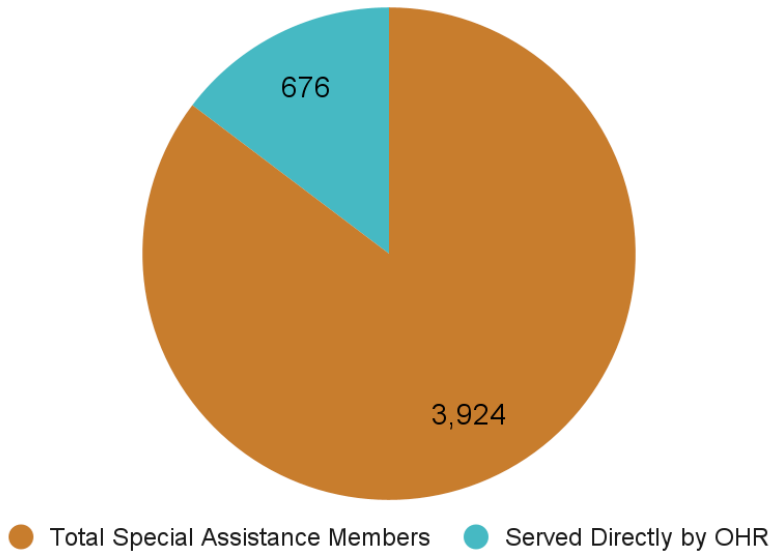
AHCCCS Office of Human Rights Annual Report 2024

Number of SMI Members Who Meet Special Assistance & Number of Special Assistance Members Served by OHR

Title XIX SMI Population and Special Assistance

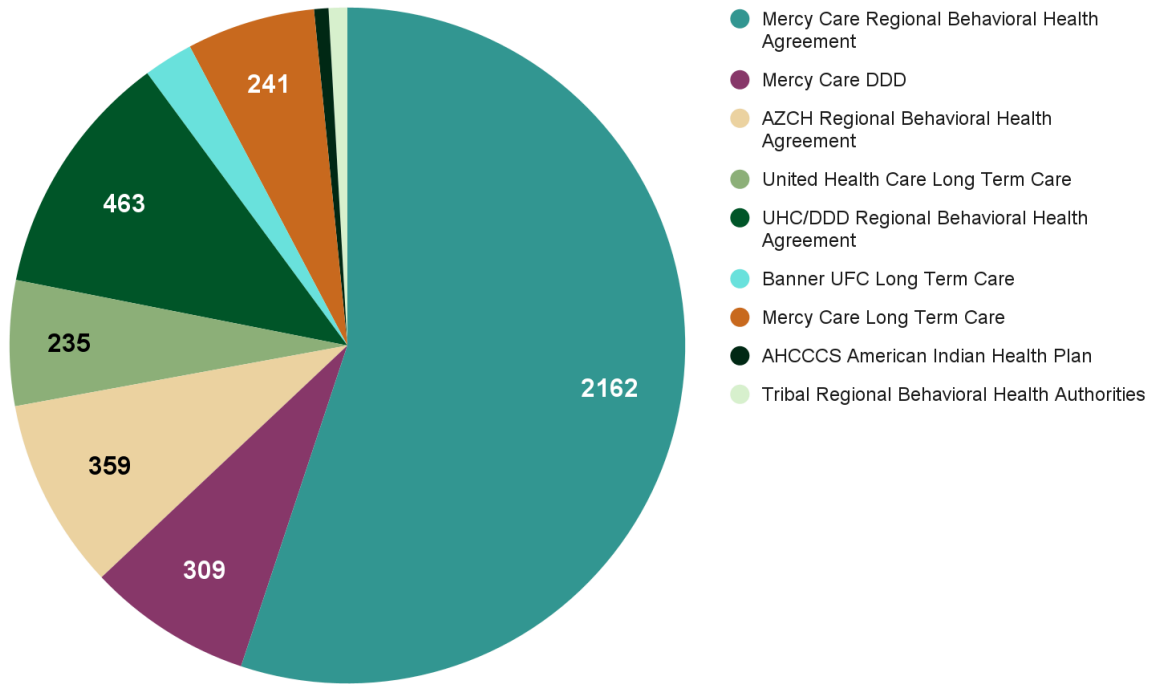


Special Assistance Served by OHR

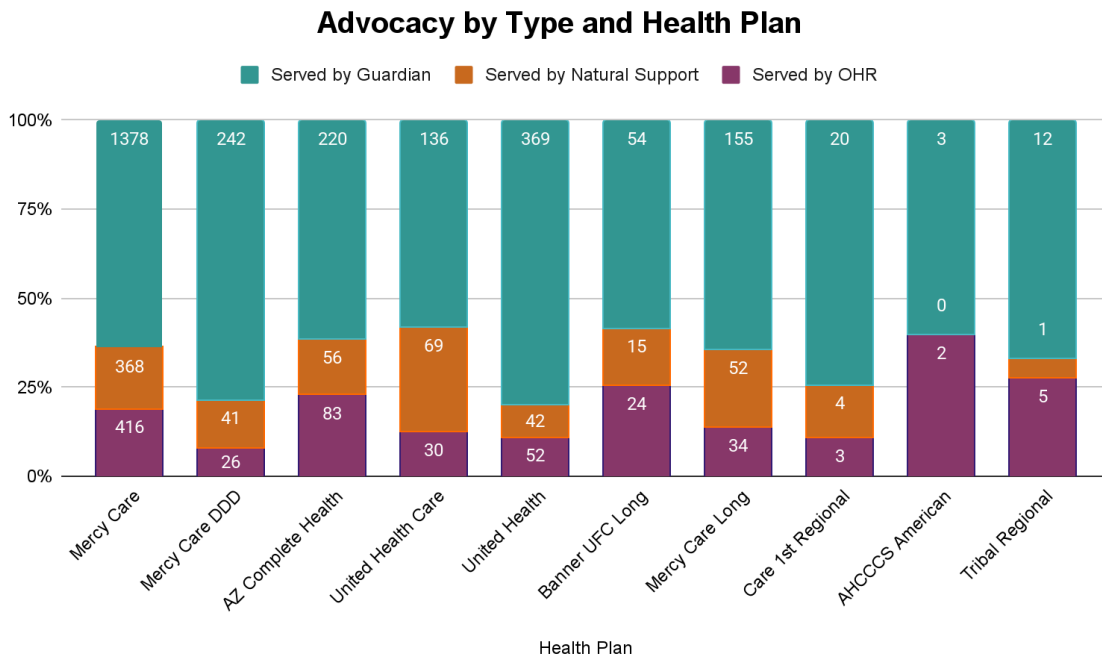


AHCCCS Office of Human Rights Annual Report 2024

Number of Special Assistance Members Served by AHCCCS Contractors/Tribal Regional Behavioral Health Authorities



Special Assistance Population by Health Plan and Type of Advocacy Support



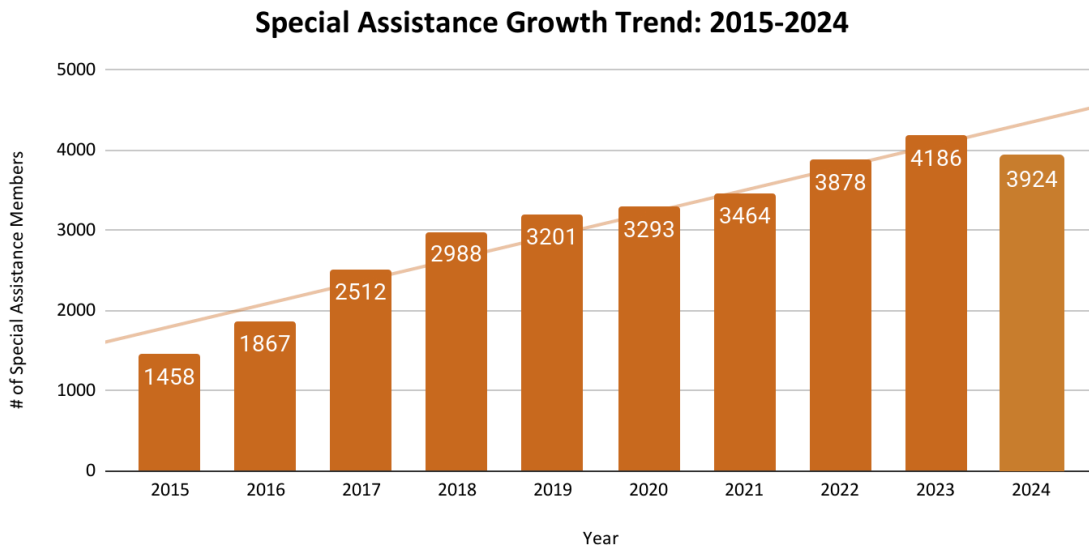
AHCCCS Office of Human Rights Annual Report 2024

Special Assistance Population Served at the Arizona State Hospital (ASH)

The ASH is currently serving 93 Special Assistance clients. Of those patients, two are assigned to an OHR advocate, and the remaining patients are represented by court-appointed guardians.

Special Assistance Population Growth from 2015 to 2024

From 2015 to 2024, the number of Special Assistance members in Arizona has increased 169%, from 1,458 to 3,924 members.



Major Accomplishments in 2024

The OHR continued the mission of providing advocacy to individuals living with an SMI designation to help them understand, protect, and exercise their rights, facilitate self-advocacy through education, and obtain access to behavioral health services in the public behavioral health system in Arizona.

In addition, OHR streamlined processes and reduced time spent on administrative duties in order to reinvest in educating and supporting the community. Details on major OHR accomplishments can be found below.

Resource Letter Implementation

In 2024, OHR celebrated the full implementation of a 2023 initiative to upgrade the AHCCCS Quality Management (QM) portal and send a Resource Letter to all guardians who are serving Special Assistance members. This success was inspired by our barriers to provide information to promote education and self-advocacy.

The Resource Letter, available in English and Spanish, is a document detailing commonly requested resources and online educational materials, and reiterating the discussion points provided to the Health Care Decision Maker during an outreach phone call and SMI rights in policy and code. It points to self-advocacy tools, such as the formal grievance and appeal process, and includes:

- A detailed explanation of Special Assistance,
- OHR contact information,
- The AHCCCS Medical Policy Manual 320-R for Special Assistance,

AHCCCS Office of Human Rights Annual Report 2024

- The Arizona Administrative Code (A.C.C) and the role of the designated representative,
- The OHR Advocate of the Day phone number and technical assistance,
- A link to the OHR web page to locate presentations and educational materials on frequently asked questions and processes, and
- A link to the AHCCCS Office of Individual and Family Affairs (OIFA) Empowerment Tools web page with learning materials on navigating the behavioral health delivery system.

See the [2023 OHR Annual Report](#) for more information about the initiative. The full implementation has resulted in positive data to include more calls to the Advocate of the Day line as well as an increase in short term assistance cases to help clear the path.

Advocate of the Day (AOD) Statewide Phone Line

OHR operates a statewide Advocate of the Day messaging center available during business hours, and provides technical assistance to all members with a SMI designation. In 2024, OHR provided assistance to **1104** callers.

Technical assistance includes:

- Providing education and resources for behavioral health services in Arizona,
- Helping a person understand their rights as an individual living with a SMI,
- Helping an individual to understand their treatment options, and
- Educating about the grievance and/or appeal process.

Community Training Circuit

OHR offers regularly-scheduled training opportunities to members, families, natural supports, guardians, and professional stakeholders, which has increased community engagement and increased the number of members who meet special assistance criteria. OHR hosted 10 educational webinars in 2024, providing engagement and education to **637** attendees on the following topics:

- The Power of Collaboration and Advocacy for Individuals with an SMI,
- Why Assess for Special Assistance for Individuals with an SMI,
- Rights for Individuals with an SMI,
- Provider Case Management for Individuals with an SMI,
- The ISP and Why it Matters for Individuals with an SMI,
- The Role of the Office of Human Rights,
- The Grievance and Appeals Process for Individuals with an SMI,
- Covered Behavioral Health Services for Individuals with an SMI,
- Court-Ordered Evaluation and Treatment, and
- Inpatient Treatment and Discharge Planning for Individuals with an SMI.

Attendees included members, family members in support of their loved ones, natural supports, justice liaisons, offices of public defenders, Department of Economic Security employees, health plans, guardians, public fiduciary offices, probation officers, direct providers, residential treatment facilities, and others. The sessions helped unite stakeholders and community partners in a platform where the member's voice was heard, problems could be solved, and plans for improvements could be made. OHR promoted the online training on the AHCCCS website, on social media, in direct stakeholder email, and through direct contact with stakeholders. From feedback received in these sessions, OHR will continue to offer training sessions in 2025, expand content

AHCCCS Office of Human Rights Annual Report 2024

on the OHR web page, and develop additional informational materials to share with the community. All of OHR's training sessions are listed on the [AHCCCS Community Presentations page](#).

OHR Training Session Attendance by Topic

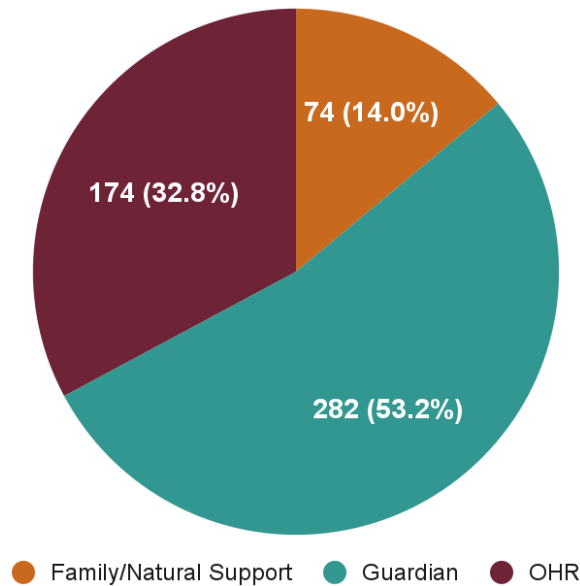


New Notifications for Special Assistance Members

AHCCCS requires all members with a SMI designation to be assessed for Special Assistance criteria in accordance with the Arizona Administrative Code which establishes requirements for identification, notification, documentation, and reporting for members determined to have an SMI (hereafter, members) who meet criteria. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers are required to submit a notification to OHR by completing the Part A section of the Special Assistance notification within five business days of identifying a member who is in need of Special Assistance.

In 2024, OHR processed **530** new notifications for members who meet criteria for Special Assistance. The person meeting the needs varied. OHR processed **282** notifications for members with guardians, **74** with a family member or natural support, and **174** of the notifications were assigned to an OHR advocate.

OHR 2024 New Notification Analysis



OHR Graduations and Transitions to Natural Supports In 2024

When the member is able to self-advocate, they are assessed to see if they still meet Special Assistance criteria. When a member no longer meets criteria, OHR refers to these as successful Part Cs (closures). In 2024, OHR celebrated **107** successful Part Cs, an average of nine per month.

When a member's family or natural support becomes familiar with services and processes available within the behavioral health system, they often assume the role of designated representative for the member. OHR calls this transition a successful updated Part B. These members remain active on the Special Assistance list and the guardian or natural support is provided technical assistance from OHR as needed. In 2024, OHR celebrated **60** updated Part Bs (averaging five per month).

OHR Field Encounters in 2024

Field encounters can include: a visit to support a Special Assistance member; a visit to a hospital; staffing for a Special Assistance member; a meeting with behavioral health contracted providers; coordination with other providers; grievance and appeal matters (investigations, interviews, informal conferences, hearings); discharge planning staffings; ISP (Individual Service Plan) meetings; ART (Adult Recovery Team) meetings; jail visits; meetings with Special Assistance members in the community; intakes and/or transfer meetings with Special Assistance members; meeting for temporary short term technical assistance (for members designated with an SMI that do not meet criteria for Special Assistance); and trainings conducted or received directly related to behavioral health. OHR tracked **12,546** total encounters in 2024.

OHR Additional Tracking in 2024

The OHR tracks inpatient and jail encounters separately by region:

- Maricopa County: **508** contacts with members who were in an inpatient setting; **9** contacts with members who were in a jail setting.
- Northern Arizona: **22** contacts with members who were in an inpatient setting; **1** contacts with members who were in a jail setting.

AHCCCS Office of Human Rights Annual Report 2024

- Southern Arizona: **99** contacts with members who were in an inpatient setting; **1** contacts with members who were in a jail setting.

Additional statewide tracking:

- OHR participated in **146** hospital discharges.
- OHR participated in **11** jail discharges.
- OHR was able to assist **83** members to avoid homelessness.
- OHR was able to assist **67** members transition to a lower level of care, promoting the least restrictive environment.

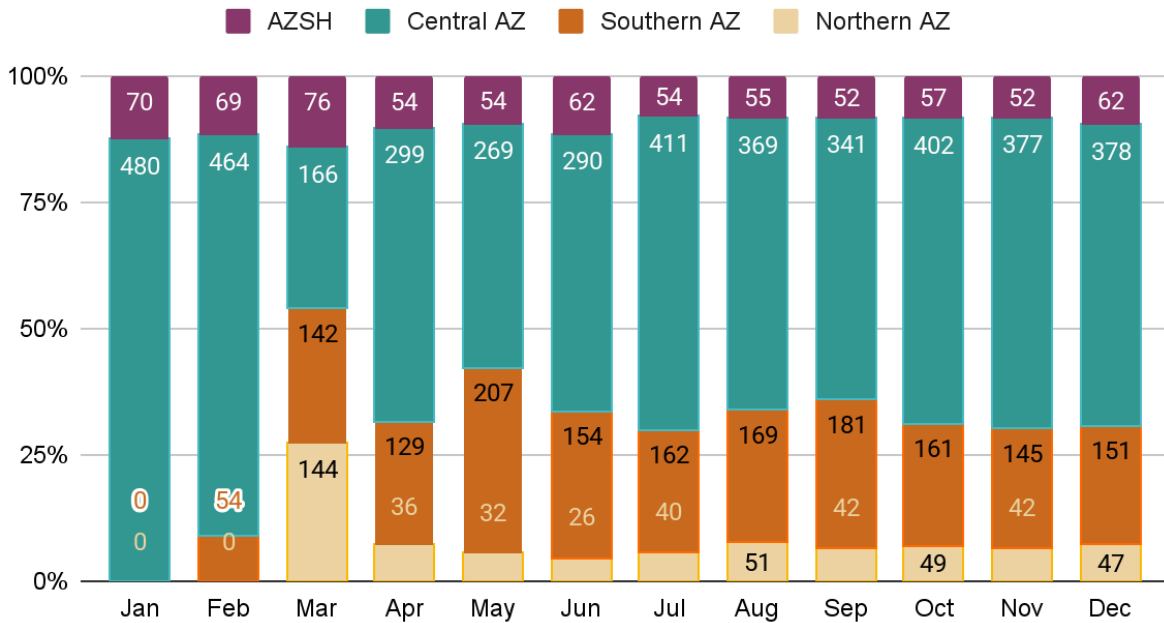
Educational Sessions/Training/Support Provided by OHR in 2024

The OHR Data and Policy Manager provides Special Assistance requirements training to professional stakeholders from provider sites, seven health plans, and behavioral health inpatient facilities. OHR provided Special Assistance training to nine provider sites in 2024, resulting in **122** professional stakeholders receiving Special Assistance training. These trainings are in addition to the training circuit for topics important to the community as referenced above. Special Assistance training includes detailed instruction on how and when clinicians are required to assess for Special Assistance, requirements for notification to OHR, and requirements for updating member demographics on a regular basis in accordance with the AHCCCS Medical Policy Manual chapter [320-R \(azahcccs.gov\)](#). The training also includes an overview of how to use the OHR portal function to locate contact information for designated representatives and guardians. This is especially helpful for inpatient units and crisis stabilization teams that support Special Assistance members experiencing crisis.

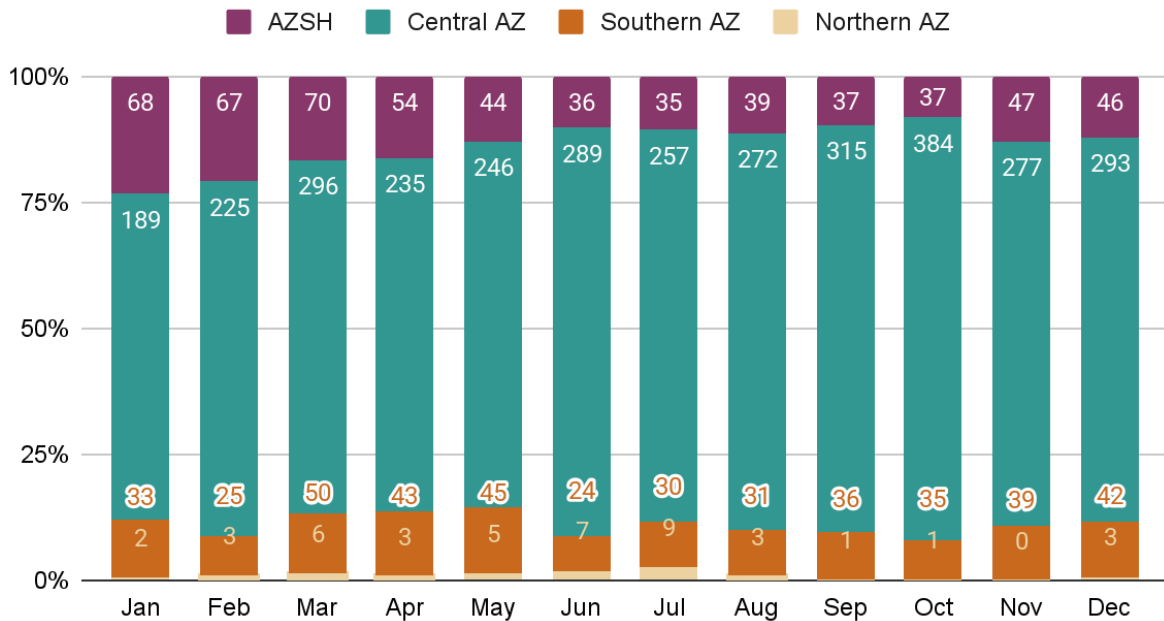
Oversight for Seclusion and Restraint (S&R) and Incident/Accident/Death (IAD) Reporting

OHR reviews monthly S&Rt and IAD Reports to identify trends in systemic issues and any individualized concerns. OHR addresses any identified concerns in ways that include, but are not limited to, referring concerns to the QOC process, letters to providers, grievances, and complaints. OHR accepts and rejects the submissions of these reports based on the service provider's ability to adhere to requirements delineated in both Arizona Administrative Code and Policy. In 2024, OHR reviewed **7,127** IADs and **4,334** S&Rs.

IADs Reviewed by Geographic Region in 2024



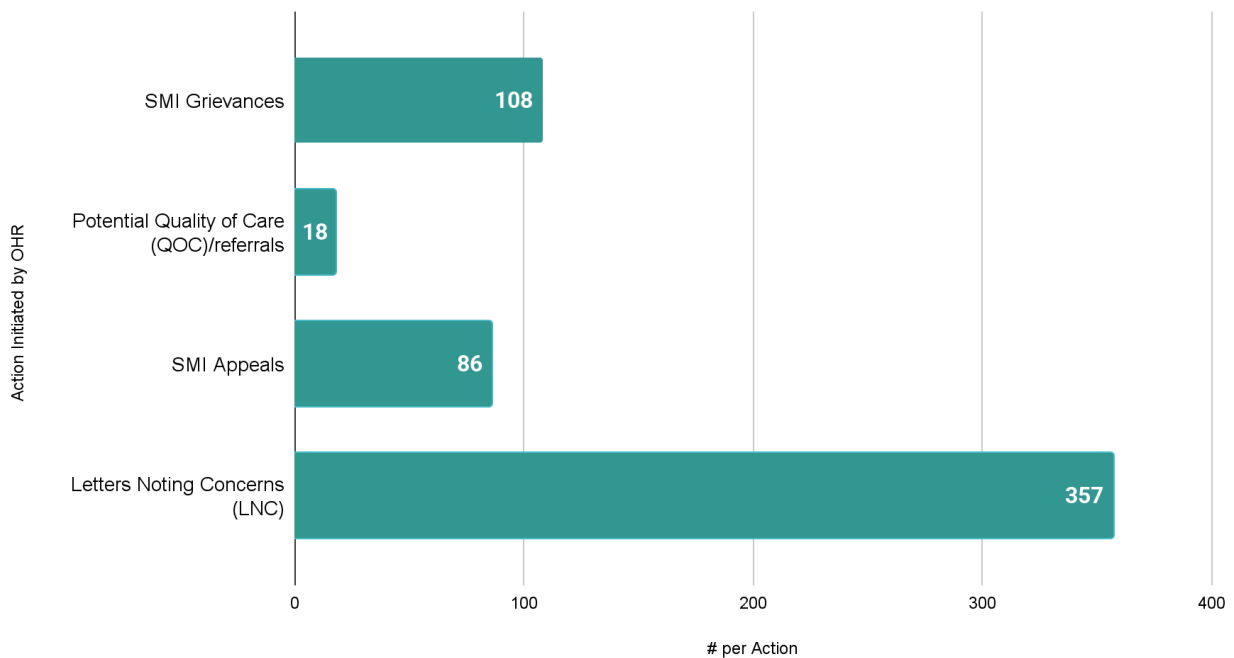
S&Rs Reviewed by Geographic Region in 2024



Formal Actions by OHR

In 2024, OHR engaged in the initiation, support and resolution in **108** formal grievances, **86** appeals, referred **18** matters to the AHCCCS Quality Management (QM) department for potential Quality of Care (QOC) concerns and issued **357** Letters Noting Concern (LNC) in the efforts of serving the SMI population. As a result of the support and education the OHR provided, none of the OHR initiated formal actions resulting in a state fair hearing.

Action Initiated by OHR in 2024



OHR Contributions to AHCCCS

1. Continuous analysis and upgrades to the AHCCCS Quality Management (QM) Portal housing all information for Special Assistance members in accordance with the Arizona Administrative Code.
2. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
3. Continuous outreach and training to the community and professional stakeholders.
4. Facilitated Special Assistance training and shared knowledge of the SMI system of care to other internal departments.
5. Facilitated routine meetings with each contracted health plan to discuss barriers to service deliveries and compliance with AHCCCS.
6. Attended regular AHCCCS Policy Committee meetings throughout the year.
7. Escalated multiple systemic concerns to Executive Management.
8. Attended weekly Provider Termination/Care Coordination meetings to ensure members with a SMI designation are connected to appropriate services if they were engaged with a provider that was terminated due to fraud, waste or abuse.
9. Multiple site visits and tours to ensure we are present where services are being delivered.

OHR Advocacy Success Stories

Each week, the OHR advocates share their members' success stories during team huddle meetings. Over the course of the year, we have accumulated hundreds of examples of the impact that OHR makes on AHCCCS members' lives. Here are a couple of OHR's favorites:

AHCCCS Office of Human Rights Annual Report 2024

OHR Helps Member Overcome Barriers while Empowering Self-Advocacy

This success story highlights a member who had previously graduated from Special Assistance. The member's parents reached out to the statewide OHR Advocate of the Day line, sharing that the member was experiencing significant challenges, including homelessness and an unresponsive clinical team. Upon learning about these issues, the OHR reconnected with the member and provided short-term technical assistance. The clinical team assessed and determined that the member met Special Assistance criteria, and she was assigned to the OHR. OHR worked closely with the clinical team, meeting multiple times to address the member's needs, including medication management, peer support, and residential services. While the member was at times proactive in managing her treatment, there were also moments when she struggled to communicate and "froze." Dissatisfied with her current health home, the member independently initiated an intake at a new SMI clinic. She was assigned a new case manager, and during an initial meeting with OHR, the clinical team, and the member, several barriers were identified. Shortly after transitioning to her new clinic, the member was hospitalized for several weeks. Despite the clinical team's efforts, coordination of care and the implementation of her discharge plan were lacking. As a result, the member and OHR filed an SMI appeal. At the Level 1 conference, the outcome was unresolved, as no safe discharge plan or placement had been secured. The member opted to pursue a Level 2 conference, expressing dissatisfaction with the lack of care coordination and the delayed implementation of her discharge plan. The member, OHR, and the clinical team continued to meet regularly, and given the member's high needs and the ongoing appeal, the health plan became deeply involved, playing a crucial role in finding appropriate placement. After several weeks of collaboration, the member was successfully discharged to the appropriate level of care. Throughout the discharge planning, treatment planning, and SMI appeals process, the member demonstrated strong self-advocacy skills. Ultimately, the member graduated from Special Assistance due to no longer meeting the criteria. Through this experience, the member gained a deeper understanding of her SMI rights and how to navigate the system, empowering her to take control of her treatment in the future.

OHR's Support Helps Elderly Man Transition to Proper Care and Recovery

OHR was alerted to an elderly Spanish-speaking member residing in a boarding care facility, where the health home reported ongoing barriers to treatment. Upon reviewing the member's records, OHR identified a significant lapse in the coordination of care and immediately raised these concerns with the health home's leadership, emphasizing the need to meet with the member. During the meeting, the member explained that their needs were not being met in the boarding care facility. Following this discussion, the health home conducted a home visit and determined that the member required emergency services. The member was subsequently taken to a medical hospital, where they remained for several weeks. During this time, the member was enrolled in ALTCS. In their intake session, the member was able to share personal details, including their work history, family background, and goals for both physical and mental health care. The member's primary goals were to obtain mental and physical health care in a safe setting, receive more than two meals a day, adequate clothing and shoes, and ultimately regain the ability to walk. As the member's strength improved, they were discharged to an Assisted Living Facility. OHR's intervention was crucial in ensuring accountability and pushing for the necessary actions to ensure the member's health and safety were prioritized. Through OHR's advocacy, the member is now in a more appropriate care setting, on the path to recovery and well-being.

Case Manager and OHR Help Member Find Path To Healing

A man devastated by the loss of his mother and brother in a car accident, struggled with his mental health and found himself alone during winter. Amidst his grief and isolation, his case manager reached out to the OHR and they worked diligently to connect him with support. The next day, a hotel was arranged that offered him brief respite. With the support of the OHR, and his case manager and the agency's continued efforts, he was determined to need Special Assistance, and was referred to an Adult Behavioral Health Therapeutic Home. This

AHCCCS Office of Human Rights Annual Report 2024

new environment, paired with compassionate care, provided the foundation he needed to start rebuilding his life. Fast forward one year, he is receiving adult foster care services, and learning positive and effective coping skills to manage his mental health symptoms. He's becoming more independent and gaining confidence in his ability to navigate daily challenges. Through budgeting and saving, he's taking control of his financial future, while also beginning to envision a future filled with possibility. At the end of every monthly meeting with his team, he expresses heartfelt gratitude: "I don't know where I would be without your support. Thank you." Through the collective efforts of his clinical team and the OHR, the member is thriving. His journey from tragedy to hope serves as a testament to the power of resilience, community, and the unwavering belief that with the right support, healing is possible.

Brenda Morris
Advocacy Administrator, AHCCCS
Division of Behavioral Health and Housing (DBHH)