

The Office of Human Rights (OHR), within the AHCCCS Division of Community Advocacy and Intergovernmental Relations (DCAIR), established under Arizona Administrative Code R9-21-104 and responsible for providing assistance to AHCCCS members living with Serious Mental Illness (SMI). The OHR works within the Medicaid agency to promote the rights of members and ensure access to entitled services under Arizona’s Medicaid program. The OHR 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, the SMI appeal, grievance, and investigation processes. The OHR currently employs 18 Advocates statewide, a Data and Policy Manager, a Conflict Advocate, and a Bureau Chief.

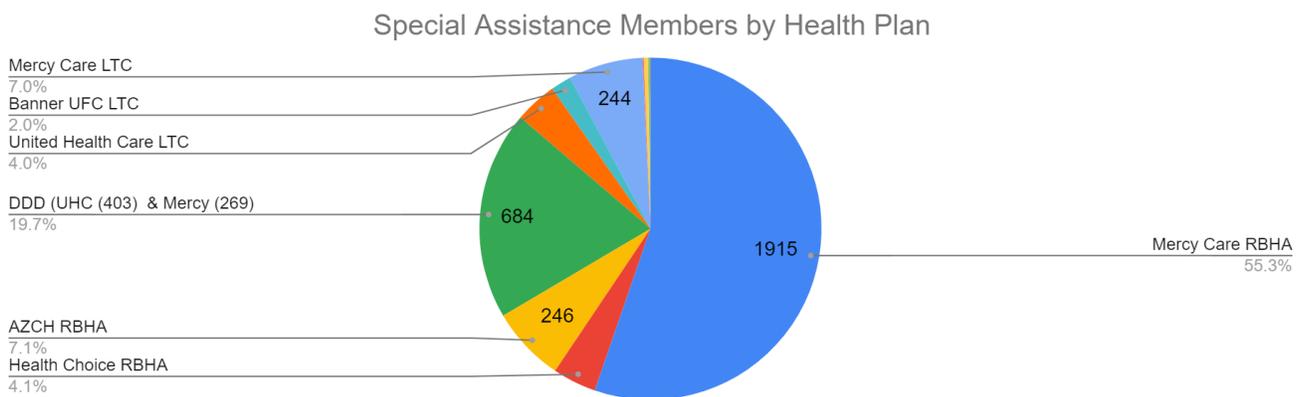
**Major Changes in 2021**

The OHR team has continued to work virtually since March 17, 2020 when the department transitioned from an office based work environment to a home based work environment in response to the Public Health Emergency (PHE). OHR has been successful in coordinating video meetings with assigned SMI members. In 2021, the OHR successfully participated in 80% of meetings being conducted via video conferencing for members receiving treatment in a licensed facility.

**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. Collaborated with other AHCCCS divisions, to incorporate the Division of Developmental Disabilities (DDD) and Comprehensive Health Plan (CHP) as authorized users of the QM portal to ensure their oversight and compliance of their subcontractors.
3. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
4. Continuous outreach and training to the community and professional stakeholders.
5. Facilitated Special Assistance training during AHCCCS Community Forums and shared knowledge of the SMI system of care to other internal departments.
6. Facilitated routine meetings with each contracted health plan to discuss barriers to service deliveries and compliance with AHCCCS.
7. Attended regular AHCCCS Policy Committee meetings throughout the year.

**Number of Special Assistance Members Served by AHCCCS Contractors/TRBHA’s:**



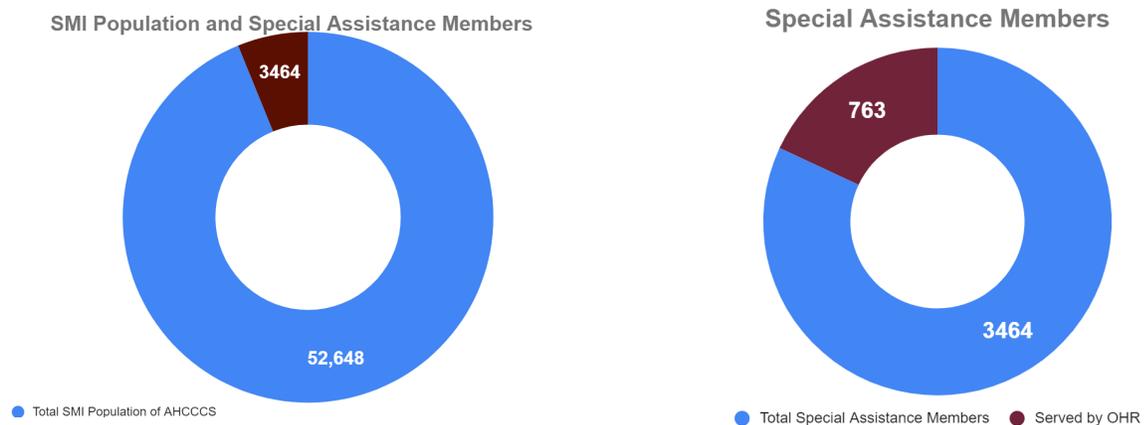
**Special Assistance Population by Health Plan and Type of Advocacy Support:**

Health Plan	Total Special Assistance	Served by OHR	Served by Natural Support /Other	Served by a Guardian
Mercy Care RBHA	1915	486	296	1133
Health Choice RBHA	143	32	20	91
AZCH RBHA	246	82	43	121
DDD (UHC (403) & Mercy (269))	684	83	63	538
United Health Care LTC	138	18	36	84
Banner UFC LTC	68	17	6	45
Mercy Care LTC	244	47	51	146
Navajo Nation TRBHA	4	0	1	3
Gila River Indian Community TRBHA	14	2	1	11
White Mountain Apache TRBHA	6	0	0	6
Pascua Yaqui TRBHA	2	0	2	0
<b>Totals</b>	<b>3464</b>	<b>767</b>	<b>519</b>	<b>2178</b>

**Special Assistance Population served at the Arizona State Hospital (ASH):**

The Arizona State Hospital is currently serving 77 Special Assistance clients. Of those patients, four are assigned to an OHR advocate, and the remaining patients are represented by court appointed guardians.

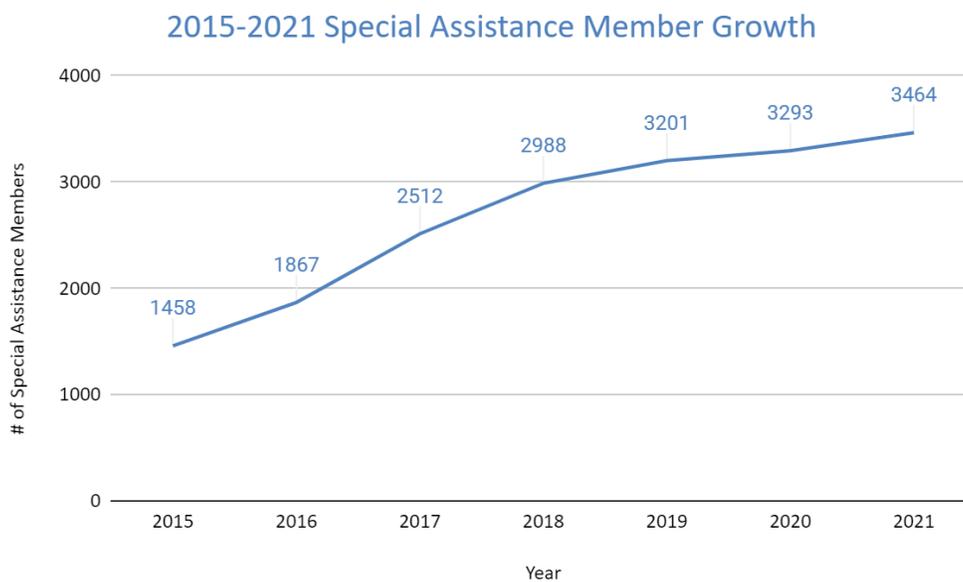
**SMI Population Statewide Compared to Special Assistance members:**



The OHR is available to provide technical assistance to all members living with a SMI in Arizona. Currently, state-employed advocates are assigned to approximately 22.4 percent of the SMI population through the Special Assistance identification and assignment process. An additional 77.6 percent are represented by court appointed guardians or natural supports who also receive ongoing support from the 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.

**Special Assistance Population Growth from 2015 to 2021:**

Since 2015, the number of Special Assistance members identified in Arizona has grown from 1,430 to 3,464. This is to date a total increase of 137% since 2015 and a 5.3% increase since 2020.



**OHR Graduations and Transitions to Natural Supports January 2021 Through December 2021**

When the member is able to self-advocate, they graduate from the Special Assistance program. The OHR refers to these as “graduations” or successful Part C’s (closures). In 2021, the OHR celebrated **160** successful graduations (an average of 13 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. The 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 the OHR as needed. In 2021, the OHR celebrated **95** updated Part B’s (averaging 8 per month).

**OHR Field Encounters Accumulated from January 2021 Through December 2021**

Field encounters can include: a home visit to a Special Assistance member; a visit to a hospital; a 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; Special Assistance walk-in members; intakes and/or transfer meetings with Special Assistance members; meeting for temporary short term technical assistance (for non-SMI members who do not require Special Assistance); and trainings conducted or received directly related to behavioral health. The OHR tracked 16,967 total encounters in 2021.

**OHR Additional Tracking from January 2021 Through December 2021**

The OHR tracks inpatient and jail encounters separately by region, as requested by the Independent Oversight Committees.

- ❖ In Maricopa County: 317 contacts with members who were in an inpatient setting; 34 contacts with members who were in a jail setting.
- ❖ In Northern Arizona: 18 contacts with members who were in an inpatient setting; 0 contacts with members who were in a jail setting.
- ❖ In Southern Arizona: 40 contacts with members who were in an inpatient setting; 0 contacts with members who were in a jail setting.

Additional statewide tracking:

- ❖ OHR participated in 375 hospital discharges.
- ❖ OHR participated in 34 jail discharges.
- ❖ OHR was able to assist 122 members to avoid homelessness.
- ❖ OHR was able to assist 172 members transition to a lower level of care, promoting the least restrictive environment.

**Educational Sessions/Training/Support Provided by OHR Between January 2021 and December 2021**

The OHR Data and Policy Manager provided Special Assistance training to professional stakeholders ranging from provider sites, seven health plans, and behavioral health inpatient facilities using a virtual platform. OHR provided Special Assistance training to 219 professional stakeholders in 2020 and experienced a 165% increase in 2021, which resulted in 580 professional stakeholders receiving Special Assistance training in 2021. Special Assistance training includes detailed instruction on how and when clinicians are required to assess for Special Assistance, requirements for notification to the OHR, and requirements for updating member demographics on a regular basis in accordance with the AHCCCS Medical Policy Manual chapter [320-R \(azahcccs.gov\)](http://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 encounter Special Assistance members experiencing crisis.

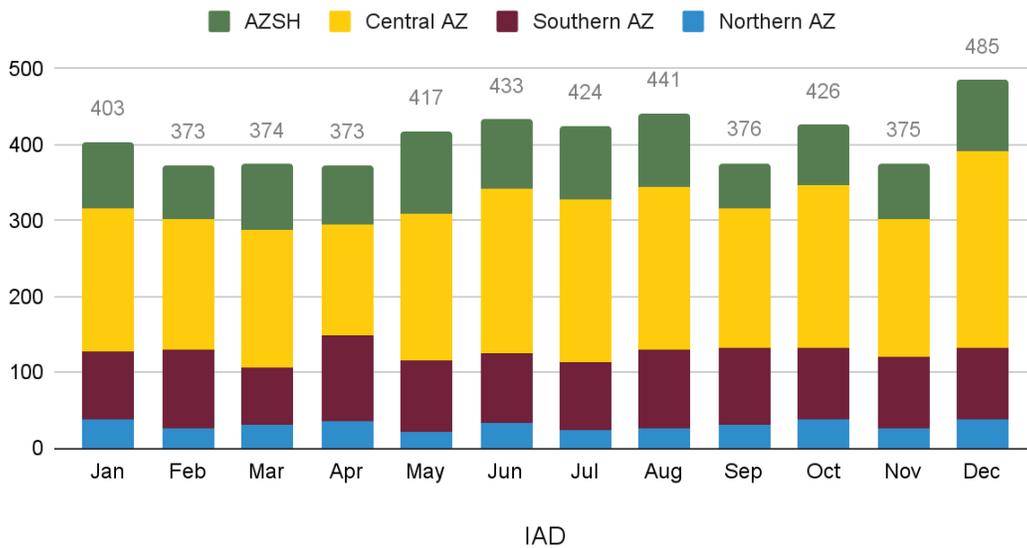
In 2020, the AHCCCS Community Affairs Liaison (CAL) transitioned to the Division of Health Care Management, and continues to coordinate AHCCCS’ work with the Independent Oversight Committees in partnership with the Arizona Department of Administration. The Independent Oversight Committees (IOC) on Behavioral Health are established in accordance with ARS § 41-3802 and 41-3804. The IOC committee by regions are currently serving: Central Arizona, Northern Arizona, and Southern Arizona. The CAL successfully reviewed and processed requests for more information for the following Incident/Accident Death Reports (IADs) by region:

Central	13,638
Southern	4,548
Northern	2,027

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

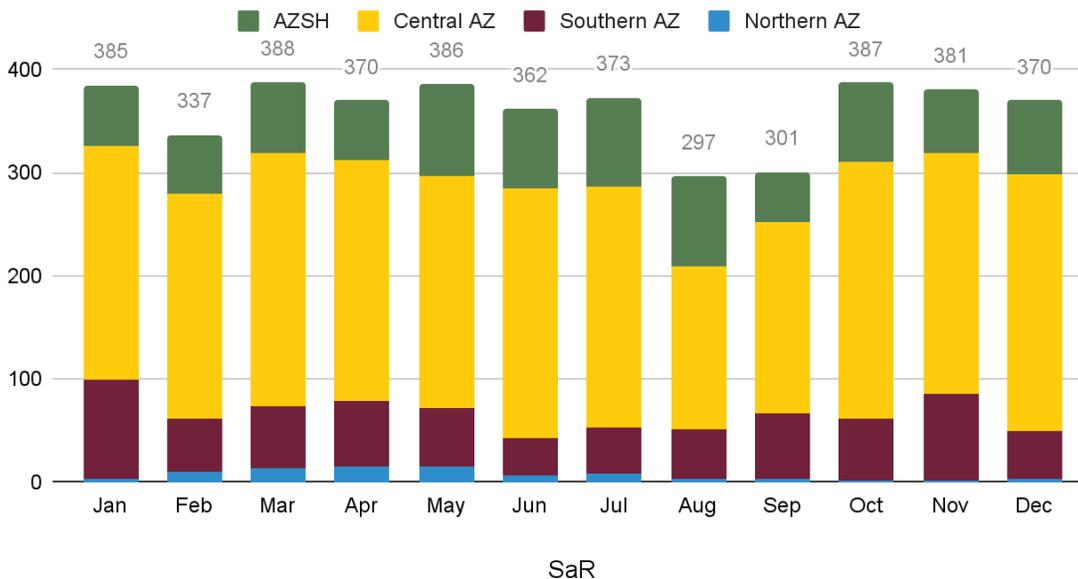
The OHR reviews monthly Seclusion and Restraint and Incident/Accident Death Reports to identify trends in systemic issues and any individualized concerns. The OHR addresses any identified concerns in ways that include, but are not limited to: referring concerns to the QOC process, letters to providers, grievances, and complaints. The 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. From January 2021 to December 2021, the OHR reviewed 4,900 IAD’s and 3,921 S&R’s.

**IAD's reviewed by Geographic Service Area in 2021**



IAD

**SAR's reviewed by Geographic Service Area in 2021**



SaR

**Formal Follow Up Processes**

In 2021, the OHR engaged in the initiation and resolution in 140 formal actions and issued 62 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 resulted in a state fair hearing.

<b>SMI/QM Process:</b>	<b>2021</b>
SMI Grievances	98
Potential Quality of Care (QOC)/referrals	3
SMI Appeals	39
Letters Noting Concerns (LNC)	62

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**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 the OHR makes on AHCCCS members’ lives. Here are a couple of OHR’s favorites:

A member’s journey through recovery went from the determination that she was gravely disabled with guardianship in pursuit to stability, successful transferring of services, and moving to the east coast to be closer to her children in alignment with her goals. In an inpatient setting, the member was deemed gravely disabled, subsequently court ordered to treatment (COT), and determined to be in need of Special Assistance. Her clinical team had already explored guardianship, and a temporary guardian was assigned. The initial inpatient treatment and discharge plan meeting was attended by the presiding hospital staff, case manager, OHR advocate, and friends of the member. The member asked questions about her care, articulated how she felt, and her advocate provided her with support as the team shared preliminary and exploratory residential options for

discharge. Initially, the member was not thrilled with any of the discharge options, and shared that she really just wanted to be with her children on the east coast. The team was skeptical at first, but continued to research the possibility of this option. Along the way, her advocate discussed and ensured the member knew her rights. At the following meeting, the member presented her plans upon discharge: attend her follow up appointment after discharge, and leave for the east coast the next day where she will establish care. The team mobilized to ensure proper support was in place upon her arrival. When the day came for her discharge, a friend transported her to a local homestay. Over the next few days, the member attended all of her follow up appointments, arranged for transportation to the east coast, and worked with her team to arrange for coordination of care upon her arrival. After her arrival, the member attended a follow-up meeting between her case manager, the member, and her OHR advocate. The team discussed local clinics and follow up care in her new location. The member shared how well she was doing and how great it was to see her parents and children, and the member is now in the process of looking to purchase a home on the east coast. .

Having the support of an integrated clinical team forever changed the life of a member. For several years this member received Special Assistance support from the OHR. During meetings and interactions with her adult recovery team (ART), she was polite and reserved. For many years she self-managed medical concerns. Following more recent evaluations, labs and tests, a few medical issues surfaced including high blood pressure, and other complications that led to the need for a medical procedure, which was not an easy decision. The procedure went well and the member experienced a successful recovery. It was through this process that the clinical team introduced the possibility of eye surgery to improve her vision, which the member had historically struggled with. The member had successful surgery on both her eyes, one at a time, which revealed that her lack of vision was contributing to her reserved demeanor during treatment planning meetings. . When she saw her case manager and OHR advocate for the first time she emphatically shared that before her eye surgery she could not see characteristics or features, even when inches away from her eyes. She had been dependent on the clinical team, OHR advocate, and family to be her 'eyes' and help explain things that she could not read or write due to visual limitations. This powerful moment was moving for everyone involved as they realized the impact the clinical team and the member's informed choices had on her life. She now attends her meetings with a new perspective on life, viewing and understanding on another level. The member even asked her peer support staff to take her for a walk in a park, just to see the flowers and the beauty of nature. She is now enthusiastically involved and confident when she talks to her clinical team. The courage of this member to make difficult decisions about her health is an amazing example of how advocacy and informed decision making can improve overall health outcomes.

The advocacy provided by the Office of Human Rights expands to the natural support systems of members with a serious mentally ill (SMI) designation. This type of advocacy is primarily delivered via OHR's Advocate of the Day phone line. OHR provided assistance to 1301 callers in 2021. Here are a couple of the successful phone calls in which we were able to provide assistance:

OHR received a call from a member's mother trying to support her adult son in accessing behavioral health services. The advocate spent extensive time on the call reviewing Arizona Administrative Code (AAC), Title 9, Chapter 21 and Arizona Medical Policy Manual (AMPM). The discussion covered aspects of the AAC, detailing the role of a designated representative, SMI rights, service planning and grievances and appeals. They reviewed covered services in the AMPM. Further discussion included information pertaining to Special Assistance criteria and the support OHR provides to natural supports. At the end of discussion, the caller stated, "I got way more information out of this call than I ever anticipated."

OHR received a call from a SMI designated member in search of guidance. He had taken many steps on his own regarding preparing a grievance without knowing the formal processes that are in place. The member shared his recovery story and how this step reflects making himself a priority. The advocate provided details on how to find policy in the Arizona Administrative Code, provided the website and member handbook for their health plan, in addition to the AHCCCS OHR website for further self advocacy resources. The member expressed greatly benefiting from all the resources. He shared, "This feels like I now have another tool." In appreciation of the information provided by the advocate, he said. "I believe in gratitude and I am grateful for this discussion."

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