

Welcome to training for: The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness

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Zoom Webinar Controls

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The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness

Presented by: The Office of Human Rights (OHR) & The Office of Individual and Family Affairs (OIFA) AHCCCS/Division of Community Advocacy and Intergovernmental Relations (DCAIR) December 8, 2022



Agenda

- Overview: The Division of Community Advocacy and Intergovernmental Relations (DCAIR)
- Overview: The Office of Human Rights (OHR)
- The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness
- Overview: The Office of Individual and Family Affairs (OIFA)
- Advocacy Resources
- Upcoming AHCCCS Forums and Training



AHCCCS Acronyms Guide





Overview

Division of Community Advocacy and Intergovernmental Relations (DCAIR)

Dana Flannery DCAIR Assistant Director



DCAIR Departments

The Division of Community Advocacy and Intergovernmental Relations (DCAIR) is an AHCCCS division that houses functions that interface with our members, family members and other stakeholders. These areas are very important as they ensure the voice of the community is heard.

DCAIR includes:

Office of Individual and Family Affairs (OIFA)

Office of Human Rights (OHR) Federal Relations and Communications (FRAC)



DCAIR Community Involvement

DCAIR routinely engages with our communities to educate, inform, and solicit feedback from members, families, providers, and stakeholders. We also facilitate or participate in workgroups & committees to address health care needs including:

- Behavioral Health Planning Council
- Arizona Council of Human Service Providers

See the <u>AHCCCS Community</u> <u>Events Calendar</u> for more public events. OIFA Advisory Council

The State Medicaid Advisory Committee



DCAIR Community Engagements Y-T-D 2022







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Overview The Office of Human Rights (OHR) John Pizzo OHR Advocate II



The Office of Human Rights

Mission Statement

The OHR Provides advocacy to individuals living with a Serious Mental Illness (SMI) 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.





The Role of OHR

OHR is established by The Arizona Administrative Code within the state's Medicaid agency, AHCCCS, and employs advocates that assist and advocate alongside members determined to have a Serious Mental Illness (SMI) with service planning, inpatient discharge planning, and resolving appeals and grievances. OHR primarily serves as the designated representative for

individuals with a SMI designation and who meet the Special Assistance criteria.



Special Assistance is a term used to describe additional supports reserved for those with a SMI who meet criteria in accordance with R9-21-101(B)(13) of the the Arizona Administrative Code.

Read from the AHCCCS Medical Policy Manual (AMPM) 320-R for Special Assistance for Members with a Serious Mental Illness. Register for Why Assess for Special Assistance for Individuals Living with a Serious Mental Illness here.



Collaboration for Special Assistance Members

The person providing Special Assistance will:

- Communicate regularly with the individual to ensure as much input and involvement as possible.
- Be familiar with the service planning, discharge planning, appeal and grievance processes and provide the member assistance as appropriate.
- Special Assistance is not a permanent assignment. The goal is to teach the individual to understand how to navigate, exercise and protect their SMI rights, in particular with respect to decisions involving services.



Office of Human Rights 2022 Year-to-Date Highlights





13023 *member* engagements

successful graduations for members to advocate on their own

transitions to natural supports!

OHR participated in . . .



•••• 198 hospital discharges statewide



jail discharges statewide.

OHR was able to assist ...

members to avoid homelessness

78 members to a lower level of care, promoting least restrictive environment.



Special Assistance Data as of December 1, 2022







Power of Collaboration

Dijana Hastings OHR Data and Policy Manager



The Benefits of Collaboration

Collaboration is defined as "to work, one with another; cooperate."*

- Closes communication gaps
- Promotes a "team" mentality
- Promotes Person-Centered care
- Improves problem-solving skills
- Encourages social interaction
- Inspires creativity
- Creates trust
- Improves confidence
- Encourages engagement



*According to Dictionary.com



Types of Collaboration





The Road to Collaboration for Treatment and Services





The Arizona Administrative Code (A.C.C.) R9-21



Types of Collaboration for Treatment and Services

Some common collaborations involve, but are not limited to:

Case Management - A collaborative process, which assess, plans, implements, coordinates, monitors, and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality, and cost-effective outcomes. Read more about AHCCCS' Medical Policy Manual for <u>Case Management requirements</u> and <u>the Arizona Administrative Code</u>.

Individual Service Plan (ISP) - A comprehensive written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life. Read more about the ISP in <u>the Arizona Administrative Code</u>.

Adult Recovery Team (ART) - According to <u>AHCCCS Contract and Policy Dictionary</u>, a group of individuals that follow the <u>Nine Guiding Principles</u> for Recovery-Oriented Adult Behavioral Health Services and Systems, work in collaboration and are actively involved in a member's assessment, service planning, and service delivery.



Types of Collaboration for Treatment and Services

Inpatient Treatment and Discharge Plan (ITDP) - According the <u>the Arizona Administrative Code</u>, the written plan for services and implemented by an inpatient facility. "Discharge plan" means a hospital or community treatment and discharge plan prepared. "Inpatient facility" means the Arizona State Hospital, the County Annex, or any other inpatient treatment facility registered with or funded to provide behavioral health services, including psychiatric health facilities, psychiatric hospitals, and psychiatric units in general hospitals.

Medication Review - This is done in collaboration with the Behavioral Health Professional (BHP) in accordance with their scope of practice as a individual licensed and authorized by law to use and prescribe medication and devices.

Service Implementation - Services agreed upon through the service plan process as identified in R9-21-310 of the <u>the Arizona Administrative Code</u>.



Member - Person receiving services. An eligible individual who is enrolled in AHCCCS.

Designated Representative (DR) - An individual, parent, guardian, relative, advocate, friend, OHR Advocate or other individual, designated orally or in writing by a member or guardian who, upon the request of the member, assists the member in protecting the member's rights and voicing the member's service needs. Refer to <u>the Arizona Administrative Code</u>. The Designated Representative is sometimes referred to as a natural support.

Health Care Decision Maker (HCDM) - Some treatment planning decisions are made on behalf of members if they have a Health Care Decision Maker (HCDM), which is defined as: An individual who is authorized to make health care treatment decisions and is sometimes filled by guardians. Refer to <u>AHCCCS Contract and Policy Dictionary</u>.



Case Manager - An individual assigned as responsible for locating, accessing, and monitoring the provision of services to individuals in conjunction with a clinical team as specified in <u>the Arizona</u> <u>Administrative Code</u>.

Peer Support: Peer support services are for members who may need more personalized support than natural supports or community based recovery groups (such as 12 Step groups) can be provided by an individual with lived experience of mental health conditions, substance use, and/or other traumas resulting in emotional distress and significant life disruption, for which they have sought help or care, and has an experience of recovery to share. Read more about Peer Support from <u>AHCCCS OIFA</u> and <u>AMPM 963</u>.

Family Support: Family support means the person who is working with you has experience as a credentialed primary support for an adult with emotional, behavioral health or substance use needs and has completed a formal training program to provide this service. Read more about Family support from <u>AHCCCS OIFA.</u>



Behavioral Health Professional (BHP) - "Qualified clinician" means a behavioral health professional who is licensed or certified under A.R.S. Title 32, or a behavioral health technician who is supervised by a licensed or certified behavioral health professional as specified in <u>the Arizona Administrative Code</u>.

Primary Care Physician (PCP) - A PCP may be a physician defined as an individual licensed as an allopathic or osteopathic physician, or a practitioner defined as a licensed physician assistant, or a licensed nurse practitioner as specified in <u>Arizona Revised Statutes</u>.

Behavioral Health Residential Facility (BHRF) - As specified in <u>the Arizona Administrative Code</u>, a health care institution that provides treatment to an individual experiencing a behavioral health issue that:

1. Limits the individual's ability to be independent, or

2. Causes the individual to require treatment to maintain or enhance independence.



Division of Developmental Disabilities (DDD) - The Division of a State agency, which is responsible for serving eligible Arizona residents with an intellectual/developmental disability. AHCCCS contracts with DES/DDD to serve Medicaid eligible individuals with an intellectual/developmental disability.

Health Plans: Also referred to as contractor, is an organization or entity that has a contract with AHCCCS to provide services to members either directly or through subcontracts with providers, in agreement with contractual requirements and State and Federal law, rule, regulations, and policies.

All Service Providers - Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State in which it delivers the services, as specified in <u>42 Code of Federal Regulations (CFR) 457.10 and 42 CFR</u> <u>438.2</u>.



Tips for Effective Collaboration

- Believe that there is a common goal
- Consider both sides and ask for clarification to ensure understanding
- Focus on the specific situation and state the facts, what is needed and why?
- Plan your conversation ahead of time so you know exactly what you want to say
- Some solutions involve creativity, come prepared with ideas to share
- Be respectful to yourself and others
- Agree as a team to follow meeting etiquette and rules
- Ensure everyone has a chance to speak without interrupting or speaking over, share preferred pronouns, if in a virtual meeting, agree to use the raised hand feature
- Ask for a short break to gather thoughts if needed



Tips for Effective Collaboration

- Document the date and time for all scheduled meetings,
- Request appointment reminders,
- Have a list of all providers including their name, contact # and email address,
- Confirm all meetings and appointments,
- Be prepared to discuss preferences, concerns and goals,
- Use 'I' statements: "I feel like I am not being heard." "I think that is a great idea." "I am frustrated right now."
- Be prepared to self-advocate by knowing the rights and covered behavioral health services for individuals living with a Serious Mental Illness (SMI).
- Use self-care after the meeting.



Results of Collaboration

- Empowers team members
- Helps close communication gaps
- Minimizes readmission rates
- Promotes teamwork—and a team mentality
- Results in person-centered care







Community Feedback Shannan Ortiz OHR Lead Advocate



Sources for Feedback

As mentioned, AHCCCS/DCAIR facilitates community forums, listening sessions and trainings to educate and solicit community feedback. We do so in many different ways such as public comments on policy, Q&A with the community, calls received by the Advocate of the Day (AOD), other departments at AHCCCS such as the Office of Individual and Family Affairs (OIFA), in addition to trainings like this.





Community Education

DCAIR has hosted six community education sessions in 2022 on a variety of topics which has resulted in providing education and engagement with over 1700 attendees in the following trainings:

- SMI Rights for Individuals Living with a Serious Mental Illness
- COE/COT for Individuals Living with a Serious Mental Illness
- The ISP and Why it Matters
- Inpatient Treatment and Discharge Planning for Individuals with a Serious Mental Illness
- The Grievance and Appeals Process for Individuals Living with a Serious Mental Illness
- The Power of Collaboration and Advocacy for Individuals Living with a Serious Mental Illness

The feedback and questions we receive inspires additional training, updates to our website and the development of one-pagers to share with the community.

Previous OHR trainings are available here.



AHCCCS Collaboration



AHCCCS Policy Workgroups

AHCCCS collects the feedback we receive from multiple platforms of engagements to gauge customer satisfaction, resolve problems, identify potential opportunities for improvement, and set future goals. The feedback is reviewed and helps drive AHCCCS policies.





Health Plan Coordination

AHCCCS routinely meets with the health plans to review community feedback, grievances, appeals, systemic trends and information from calls we receive from the community. This is all done to collaborate towards achieving the common goal of integrated treatment to meet the needs of the individual receiving treatment.



AHCCCS Care Delivery System as of October 1, 2022



**ADES/DDD subcontractors to provide physical health, behavioral health, and limited LTSS

members age 21 and over. ADES/DDD to provide all other LTSS and coordinate with AHCCCS' Division of Fee for Service Management to provide services for the Tribal Health Program for American Indian members.

***DCS/Comprehensive Health Plan (CHP) statewide subcontractor to provide physical and behavioral health services.


Coordination with External Agencies

AHCCCS collaborates with many external agencies regarding the provision of SMI behavioral health services. Some include, but are not limited to:

- Adult Mental Health Court/Court Order Evaluation/Court Order Treatment
- Adult Probation/Justice Liaison
- Adult Protective Services
- Arizona Center for Disability Law
- Arizona Long Term Care
- Arizona State Hospital
- Department of Economic Security, Division of Developmental Disabilities
- Public Fiduciary/Private



Power of Advocacy

Denard Stewart OHR Advocate



Types of Advocacy

Individual Advocacy

- Educating on policy & processes, resources:
 - The Arizona Administrative Code (A.A.C.)
 - AHCCCS Medical Policy Manual (AMPM)
 - SMI grievance and appeal process

Community Advocacy

- AHCCCS and DCAIR (OHR, OIFA, FRAC) informative forums
- Community feedback influences change

Range of Influence

 These examples of advocacy bring about impactful changes to all stakeholders and system of care as a whole.





Individual Advocacy: Code

- In the public behavioral health system in Arizona, individuals living with an SMI have specific rights, including:
 - Civil rights and other legal rights, and
 - Rights in the public behavioral health system*
- The Arizona Administrative Code lists the <u>Rights for</u> <u>Individuals Living with a Serious Mental Illness</u> regarding support and treatment.
- A person does not lose legal rights when determined to have an SMI.**
- Knowing where to find and what the SMI rights are in The Arizona Administrative Code is a form of individual advocacy.

*For a comprehensive list see <u>the Arizona Administrative Code R9-21-201-211</u> **A guardianship order or a court order for treatment **does** affect certain rights.



Disclaimer: Please be advised the person listed is the contact of record as submitted in the rulemaking package for this supplement. The contact and other information may change and is provided as a public courtesy.

> PUBLISHER Arizona Department of State Office of the Secretary of State, Public Services Division



Individual Advocacy: AHCCCS Policy

To vie Ap

- The AHCCCS Medical Policy Manual (AMPM) provides information to Contractors and Providers regarding services that are covered within the AHCCCS program.
- AMPM 320-R is where to find policy on Special Assistance for Members with a Serious Mental Illness and other policies of interest, such as:
 - Discharge Planning 1020 (C.) Ο
 - Behavioral Health Covered Services -Ο 310-B
 - Case Manager Requirements 570 Ο

For a comprehensive list see all AHCCCS Medical Policy Manuals.

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD P	PREVENTION CRISIS?
Home / Plans & Providers / Contractor Guides & Manuals / AMPM / This Page	
Oversight of Health Plans AHCCCS Medical Policy Manual (A	MPM)
Governmental Oversight Information Regarding COVID-19	
LICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?	OVID-19 pandemic, AHCCCS has COVID-19) which is updated
To view AMPM Policies, select Policy from the AMPM Table of Contents below,	the CMS-approved flexibilities nual (AMPM). In these instances
Approved Policies not Yet Effective	•
	_
Chapter 100 - Manual Overview	•
Chapter 200 - Behavioral Health Practice Tools	omprehensive Health Plan (CHP).
Chapter 300 - Medical Policy for Covered Services	 ding services that are covered within
Chapter 400 - Medical Policy for Maternal and Child Health	anuals [AHCCCS Contractors'
Chapter 500 - Care Coordination Requirements	*
Chapter 600 - Provider Qualifications and Provider Requirements	•
Chapter 700 - School Based Claiming Program/Direct Services Claiming	 will serve to provide Tribal
Chapter 800 - Fee-For-Service Quality and Utilization Management	allows stakeholders to review and nore than 45 days unless not be less than two weeks. The
Chapter 900 - Quality Management and Performance Improvement Program	-
Chapter 1000 - Medical Management (MM)	<u>rent</u> ♂
Chapter 1100 - Federal Emergency Services (FES) Program	•
Chapter 1200 - ALTCS Services and Setting for Members who are Elderly and/or Have Physical Disabilities and/or Have Developmental Disabilities	 ound in the various ACOM and uuals page at the following link:
Chapter 1300 - Member Directed Options	*
Chapter 1600 - ALTCS Case Management	•
Appendices	•
AMPM Revision Memos	•



Tips for Collaboration & Advocacy: Before Meeting

- Know who is part of the Adult Recovery Team, their role, and preferred way of communicating (email, phone call, etc.)
- Know the structure of how to route information i.e. who to call to schedule routine medication appointments, if a need arises in between scheduled meetings, or who to speak with to express a concern or feedback.
- Prepare for meetings:
 - Before the meeting, create a list of concerns, needs, and updates to discuss.
 - Between meetings, keep a log of discussion points.
 - Think about who will be present. If natural support is invited, ensure their awareness of how to attend.
 - Know if the meeting is virtual or in-person. If virtual, is assistance needed to navigate the login? If in-person, is a transportation plan needed?
 - Any special accommodations needed, such as translation services?



Tips for Collaboration & Advocacy: During Meeting



- Keep note of everyone at the meeting, their title, and what their role is.
- Give input, take notes, and keep records.
- If service changes are needed, the Individual Service Plan will be reviewed to ensure all needs are being met in a way that maximizes strengths, cultural preference, and independence.
- Ensure each goal has an expected completion date.



Tips for Collaboration & Advocacy: Problem Solving

Collaboration unites the member, natural supports, health home, and health plan to shed light on issues. It provides a platform to have the member's voice heard, and to problem-solve and make a path for resolution and improvements. Collaboration can be an effective problem solving tool. Consider the following, but not limited to:

- Share the concerns with the clinical team (in writing if possible),
- Ask to speak to a supervisor if necessary,
- Keep records of all efforts to make the concern known including the date, time and name of the person notified,
- Contact the health plan if the problem is not resolved,
- Request a meeting to resolve the concerns, and
- Call the OHR at 1-800-421-2124 for assistance in understanding, exercising & protecting SMI rights.

Resources on SMI complaints, appeals, and grievances is available on our website.



SMI Grievance and Appeal Process

The SMI grievance and appeals process are formal actions that can be taken when a member needs to resolve an issue in accordance with <u>the Arizona Administrative Code R9-21-401 and 403</u>. Exercising the SMI grievance and appeal process is another form of individual advocacy.

The Contract Contract System	1			
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SMI Grievance: Grievances are filed when there is an allegation that a member living with a serious mental illness has had their rights violated. This process is in accordance with <u>AHCCCS Contractor Operations Manual (ACOM) 446</u> for grievances and investigations.

SMI Appeal: Appeals are filed when a member disagrees with decisions regarding eligibility for behavioral health services, including TXIX services, fees and waivers; assessments and further evaluations; and services and treatment plans. This process is in accordance with <u>AHCCCS Contractor Operations</u> <u>Manual (ACOM) 444</u> for the notice and appeal requirements.

Locate the SMI Grievance/Appeal Form here



Individual Advocacy

- Supports individualized recovery and outcomes by identifying services and interests that maximize strengths, independence and integration into the community.
- Promotes continuity of care and the proper supports in place that may reduce relapses and re-admissions.
- Ensures appropriate referrals to care settings, and that additional needs such as, but not limited to, housing, employment, and supplemental income are addressed.
- Facilitates the team approach and integrated care, increasing the potential for successful outcomes.
- Advances an individual's right to receive services that are adequate, appropriate, consistent with their individual needs, and least restrictive.

Some treatment planning decisions are made on behalf of members if they have a Health Care Decision Maker (HCDM), which is defined as: An individual who is authorized to make health care treatment decisions and is sometimes referred to as a guardian. <u>AHCCCS</u> <u>Contract and Policy Dictionary</u>





Individual and Community Lia Ballesteros OHR Lead Advocate



Individual + Community Advocacy



community advocacy can advance an individual's range of influence and ability to bring about impactful changes to all stakeholders and the system of

Community Advocacy

Events such as AHCCCS or health plan feedback forums for members, families, providers, and stakeholders, or participating in workgroup and

Advocate of the Day



OHR operates a single statewide phone line during business hours to provide technical assistance to anyone living with a Serious Mental Illness. Technical assistance could include:

2022 Y-T-D Calls



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

1-800-421-2124



		Your Rights W	hile You Are Inpati	ent	Self-	Advo	cacy	Tools
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• Education on SMI rights in policy and code.

- Exercise voice and choice and know the resources available.
- The power of collaboration and advocacy begins with each and everyone of us!

For more self-advocacy tools, visit the <u>OHR</u> and <u>OIFA Empowerment Tools</u>





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Overview The Office of Individual and Family Affairs (OIFA)

Susan Kennard OIFA Administrator



OIFA Mission

The Office of Individual and Family Affairs promotes recovery, resiliency, and wellness for individuals whose lives have been impacted by mental health and/or substance use challenges.





Office of Individual and Family Affairs (OIFA)

The AHCCCS Office of Individual and Family Affairs (OIFA) takes pride in helping members and family members in the public health care system. OIFA is dedicated to three core areas:



Our actions, initiatives, and successes drive us toward our core goals.



Member Voice and Education Events



View the calendar of events at: <u>https://www.azahcccs.gov/shared/AHCCCScalendar.html</u>





Advocacy Resources Brenda Morris OHR Administrator





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AHCCCS Website <u>www.azahcccs.gov</u>



Navigating the AHCCCS Website



Arizona Health Care Cost Containment System (AHCCCS) is Arizona's Medicaid agency that offers health care programs to serve Arizona residents. Individuals must meet certain income and other requirements to obtain services.

Notice of Non-Discrimination (Aviso De No Discriminación) 📆

Español Diné Bizaad Tiếng Việt 繁體中文 العربية Tagalog 한국어 Deutsch Srpsko-hrvatski 日本語 Français Русский

กาษาไทย Ndéé



Hello there! I am AVA, your AHCCCS

Virtual Assistant. How can I help you

X



A listing of current AHCCCS News & Updates.



A list of upcoming events at AHCCCS



A list of resources to assist you with getting the help you need

Health-e-Arizona PLUS

Apply Now

Apply for AHCCCS Benefits at Health-e-Arizona Plus



A list of contacts at AHCCCS



View demonstration projects, notices, meeting/hearing dates and provide comments



Oversight of Health Plans

Administrative Actions Contracted Health Plan Audited Financial Statements Change in Ownership Activities Operational Reviews Quality and Performance Improvement Request to Lift Enrollment CAP System Of Care

Governmental Oversight

Federal and State Requirements Legislative Sessions Waiver State Plans Budget Proposals County Acute Care Contributions

Health Plan Report Card

Reports

Dashboards Reports to CMS Reports to the Legislature Population Reports Enrollment Reports by Health Plan Financial Reports Behavioral Health Reports

Solicitations & Contracts

Solicitations, Contracts & Purchasing Open Solicitations Closed Solicitations Contract Amendments Medicare D-SNP Agreements Bidders Library Vendor Registration

Public Health

COVID-19 Information Monkeypox Virus and Vaccination Information

Guides - Manuals - Policies

Training

Fee-for-Service Provider Training MCO Provider Training

Grants

Federal Funding Accountability and Transparency Act Current Grants

Electronic Data Interchange (EDI)

EDI Technical Documents EDI Testing EDI Change Notices

Community Partners (HEAplus)

Pharmacy



About Us

Acronyms AHCCCS Programs Awards & Studies COVID-19 Information Description of AHCCCS Programs Director's Biography News & Press Releases Strategic Plan

Initiatives

AHCCCS Whole Person Care Initiative (WPCI) AHCCCS Complete Care Care Coordination & Integration Payment Modernization Health Information Technology (HIT) Private Sector Partners Targeted Investments Electronic Visit Verification Accessing Behavioral Health Services in Schools AHCCCS Works Community Engagement Program Emergency Triage, Treat and Transport (ET3)

Public Notices

Program Planning

Healthcare Advocacy

- Mental Health First Aid
- Office of Human Rights
- Office of Individual and Family Affairs
- Resources for Foster/Kinship/Adoptive Families

Committees and Workgroups

Transparency







Learn about AHCCCS' Medicaid Program on YouTube!





Watch our Playlist:

Meet Arizona's Innovative Medicaid Program



Health Plans, ACC-RBHA and TRBHA Contacts

Health Plans, ACC-RBHA or TRBHA	Customer Service	Webpage
Banner – University Family Care LTC	1-833-318-4146	Banner UFC
Mercy Care LTC	1-800-624-3879	Mercy Care LTC
Care1st Arizona	1-866-560-4042	Care1st Arizona
Mercy Care RBHA	1-800-564-5465	Mercy Care RBHA
AHCCCS American Indian HP	1-800-654-8713	American Indians-AIHP
United Healthcare LTC	1-800-293-3740	UHC LTC
Arizona Complete Health	1-888-788-4408	AZ Complete Health
Gila River TRBHA	1-520-562-3321	Gila River TRBHA
Pascua Yaqui TRBHA	1-520-879-6060	Pascua Yaqui TRBHA
Navajo Nation TRBHA	1-928 871-6000	Navajo Nation TRBHA
White Mountain Apache TRBHA	1-928-338-4811	White Mountain Apache TRBHA



Resources: Rule and Statutes

Arizona Administrative Code: <u>Rights for Members Living with a Serious</u> <u>Mental Illness-Arizona Administrative Code</u> (R9-21)

Arizona Revised Statutes:

<u>Court Ordered Evaluation and Treatment-</u> <u>A.R.S. Articles 4 & 5, 520-544</u>

Confidential Records-A.R.S. 36-509

Guardianship of Incapacitated Adults- Title 14, Chapter 5, Article 3





Resources: Policies and Manuals

AHCCCS Medical Policy Manual (AMPM)

Discharge Planning - AMPM 1020/Utilization Management Special Assistance for Members with a SMI - AMPM 320-R

Behavioral Health Covered Services- AMPM 310-B

Medical Records and Communication - AMPM 940

Case Manager Requirements - AMPM 570

AHCCCS Contractor Operations Manual (ACOM) <u>SMI Appeals-ACOM 444</u> <u>SMI Grievance and Investigations-ACOM 446</u> <u>SMI Grievance/Appeal Form</u>



Additional Advocacy Resources

AHCCCS OHR Web page

AHCCCS OIFA Web page

AHCCCS Related Acronyms

AHCCCS Contract and Policy Dictionary

AHCCCS Community Events Calendar







Upcoming Forums and Trainings



Upcoming AHCCCS Advocacy Training

Register for upcoming trainings by clicking on the name of the course.



		Why Assess for Special Assistance for Individuals Living with a Serious Mental Illness	1/26/2023
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Upcoming Forums and Events

Hot Topics (December): Mon., 12/19, 12:30 p.m. - 1:30 p.m. <u>Register in Advance</u>

AHCCCS Community Forum (January) Mon., 1/16, 10:00 a.m. - 12:00 p.m. <u>Register in Advance</u>



Follow & Support AHCCCS on Social Media





Questions?



Thank You.



Special Assistance Members by Health Plan as of December 1, 2022







Action Initiated by OHR	Total YTD as of December 1, 2022
SMI Grievances	172
Potential Quality of Care (QOC)/referrals	5
SMI Appeals	69
Letters Noting Concerns (LNC)	48

Additional Actions by the Office of Human Rights

