

Mercy Maricopa
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801 E. Jefferson St.
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November 15, 2016

Re: Corrective Action Plan

Dear Ms. Donley:

Mercy Maricopa Integrated Care (Mercy Maricopa) is in receipt of the Corrective Action Plan, dated October 12, 2016, regarding the provision of community services under the *Arnold v. Sarn* Stipulation for Providing Community Services and Terminating the Litigation ("Stipulation"). The plan outlined areas for continued improvement according to three annual reports, the Mercer Quality Service Review, Mercer Service Capacity Assessment and Year Two of the SAMHSA Fidelity Tool Report.

Mercy Maricopa is dedicated to meeting the expectations under the Stipulation. As recognized in the letter, Mercy Maricopa has had a positive impact on the system, including surpassing capacity requirements related to *Arnold v. Sarn* and improved services for thousands of members as demonstrated by higher fidelity scores, more members housed and employed, and a robust peer and family support system. It is our position that Mercy Maricopa is in compliance with *Arnold v. Sarn* and its contract with the Arizona Health Care Cost Containment System (AHCCCS) for these services.

Prior to issuing the October 12, 2016 CAP, and based on information received during the November 4, 2016, AHCCCS Technical Assistance Meeting with AHCCCS staff, it was determined that pertinent information was not taken into consideration by AHCCCS before issuing a CAP to Mercy Maricopa. This pertinent information not considered by AHCCCS includes:

1. Review of current data trends
2. System-wide performance improvement efforts lead by Mercy Maricopa
3. Comprehensive review of Mercy Maricopa deliverables provided to AHCCCS
4. Review of information provided during the monthly meetings between Mercy Maricopa and AHCCCS on the Stipulation Agreement.

Mercy Maricopa respectfully disputes that it is in violation of its contract, or the Stipulation, with AHCCCS, Contract YH17-0001-03, defines "corrective action plan" as:

A written work plan that identifies the root causes of a deficiency, includes goals and objectives, actions/tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and objectives, and staff responsible to carry out the CAP within established timelines [emphasis added]

For the reasons set forth below, Mercy Maricopa respectfully disputes the assertion that it is in violation of its AHCCCS Contract or the Stipulation, or that a corrective action is necessary or appropriate for any of the areas as described in the October 12, 2016 CAP, and as noted below.

Individual Service Plans (ISP)

The thirty percent (30%) of members who did not have a current assessment/ISP on file, impact of timely access to care when a member is waiting on an ISP but needs services, the need for more frequent ISP updates by staff to better identify member needs.

In addressing this area of concern, it is important to consider that calendar year 2015 was targeted for the review (Mercer, pg. 2), with medical record review data occurring from 10/01/14 to 12/31/15 and assessments being considered for the dates of 01/01/15 to 11/15/15 (Mercer, pg. 16). In addition, two large SMI Clinic Providers had contract transitions that required transitioning medical records from one electronic health record to another. According to Mercer (pg. 2),

...in some instances transitions to the new organizations included changes to the electronic medical records systems that created and continued to cause disruptions with member medical records documentation which also subsequently influenced findings for the medical records review evaluation components of this study."

Mercy Maricopa tracks and reports quarterly the status of assessment and ISP completion in the SMI Quarterly report that is submitted to AHCCCS. To address specific providers who fall below the required minimum threshold of 85%, Mercy Maricopa issued Performance Improvement Plans on 02/15 and Corrective Action Plans on 10/16. In addition to obtaining monthly provider reported data for our Quarterly SMI report, Mercy Maricopa's Provider Monitoring department conducts record reviews twice a year to evaluate compliance with required assessment and treatment planning activities including an evaluation of quality and timely updates.

Individual Service Plans (ISP)/Family Support

Limited recommendations of family support

Over the last two years Mercy Maricopa has been working with our provider network to increase access and utilization of family support services. According to data obtained from respondent interviews conducted as part of the Service Capacity Assessment: "72% of the respondents indicated that family support services were easier or easy to access" (pg. 47); "74% of the respondents perceived family support services could be accessed within 30 days of identification" (pg. 48). It was also reported "17% of the ISPs included family support when identified as a need as part of the recipients assessment and/or ISP, a slight improvement when compared to CY2014" (pg. 52).

Upon receipt of the assessment in June 2016, Mercy Maricopa began to address recommendations outlined in the report. In particular, Mercer (pg. 55) recommended

“Rather than just identifying family supports available to the recipient incorporate family members into the treatment plans. Establish annual training for staff and supervisors that goes beyond understand at a conceptual level to focus on specific strategies to actively promote the availability and use of family support services.”

To address the above recommendation, Mercy Maricopa:

- Added peer and family support services to the intake ISP to ensure immediate access
- Created a family resources manual
- Hosted two yearly conferences focused on providing information to family members about services and the behavioral health system
- Implementation of a welcome packet to encourage family coordination and participation in members’ loved ones treatment planning
- Conducted family focus groups and development of a family strategic plan
- Updates to the Peer and Family Resource Center member services engagement processes to include family engagement processes

Pre-job Training

The disproportionate number of members (91%) receiving pre-job training in supported employment, versus services to maintain employment

The above statement appears to have been taken from the Mercer Service Capacity Assessment report. When evaluating the utilization of supported employment, it is important to consider Mercer’s claim analysis was inclusive of any providers billing H2027 and not only providers contracted to provide Supported Employment. Therefore, due to the claim analysis method, findings do not imply the delivery of the Evidence Based Practice of Supported Employment.

As defined in the covered service manual, the code H2027 is defined as Psychoeducational Services (Pre-Job Training and Development): Services which prepare a person to engage in meaningful work-related activities which may include career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, work activities, professional decorum and dress, time management, and assistance in finding employment.

To better track the provision of Supported Employment services, due to the range of use of H2027 across the network, Mercy Maricopa added a modifier (H2027SE) in December 2014. H2027 SE is defined as: Services that may include person centered employment planning, career/educational counseling, training in resume preparation, job interview skills, professional decorum and dress, assistance in finding employment and or support services which enable the member to successfully integrate into the job setting.

Other considerations include discrepancies in the findings reported by Mercer on the utilization of Supported Employment:

- “For the time period October 1, 2014 through June 30, 2015, H2027 and H2027SE (pre-job training and development) accounts for **91%** of total supported employment services (Mercer, pg.4, 56).
- “For the time period October 1, 2014 through June 30, 2015, H2027 and H2027SE (pre-job training and development) accounts **84%** of the total supported employment services” (Mercer, pg. 61).

Data obtained from contracted Supported Employment Providers demonstrate an increase in utilization from 473 in July 2014 to 1022 in October 2016. Similar trends are noted in the utilization of H2025 (long term support) with an increase from 153 to 301.

In addition, when evaluating utilization of employment services, data should include information from Arizona Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR). RSA/VR as contracted with AHCCCS is the primary payer for employment services for Title 19 SMI eligible persons. Specifically, psychoeducational services and ongoing support to maintain employment services are provided only if the services are not available through the federally funded Rehabilitation Act program administered by RSA. Therefore, Mercy Maricopa members in service with RSA/VR will not have claims through our system as a result. To account for full utilization, any evaluation of Mercy Maricopa’s compliance should include data from RSA/VR for mutually enrolled members.

Further, Mercy Maricopa is concerned that AHCCCS reports that there are a “disproportionate” number of members receiving pre-job training and requests a corrective action when a required contract metric for members receiving pre-job training has not been identified.

Technical assistance to clinical housing staff

The need for ongoing technical assistance to clinical housing staff regarding permanent supportive housing referrals resulting in successfully housed members

Mercy Maricopa provides a variety of training and technical assistance to our provider network on the permanent supportive housing model:

- Mercy Maricopa Housing Department has provided in person training to each SMI Clinic on the permanent supportive housing model (PSH) and housing options as well as created an online training modules.
- Mercy Maricopa Housing Department currently facilitates Quarterly Housing Collaborative meetings with housing (bricks and mortar) and housing service providers (flexplus care, community housing and scattered site providers; ACT and direct care clinic housing specialists) to review programs, care coordination, utilization and other housing related items.
- Mercy Maricopa Housing Department provides training to the broader provider community, including stakeholders, hospitals, courts and state employees on housing resources, available housing support services and the PSH model.
- Mercy Maricopa participates in Permanent Supportive Housing (PSH) fidelity reviews and technical assistance sessions with PSH providers, including ACT teams to address fidelity trends.

According to the Service Capacity Assessment the impact Mercy Maricopa’s efforts are indicated in the below findings:

- An increase of nearly 14% in supported housing utilization from 2014 – 2015 (Mercer, pg. 32).
- An improvement in supported housing utilization from 2014 – 2015 also was evidence in the overall percentage of adults with SMI using supported housing - penetration rate increased from 3.3% to 3.7% (Mercer, pg. 32).
- Permanent supported housing was identified in the TX plan of 48% of cases last year only 27% of previous ISPs included supported housing (Mercer, pg. 70).
- 50% of ISPs, an increase from FY 14 of 20% and FY 13 of 19% (Mercer, pg. 69).
- 38% of respondents felt that housing services were difficult to access, vs. 50% FY 14 and 55% in FY 13 (also note that 17% of respondents in FY 13 felt services were **inaccessible** vs. 0% in FY 14 and FY 15) (Mercer, pg.68).

As outlined below in FY15, Mercy Maricopa saw a dramatic increase in referrals with a sustained level of referrals even after the implementation of the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) tool.

Fiscal Year	PSH Applications received	PSH Referrals Sent
FY14	170	170
FY15	1492	577
FY16	562*	690

*Implementation of the VI-SPDAT

In addition, Mercy Maricopa addressed Mercer’s recommendation to “employ housing specialists or housing navigators who can assist members with housing needs – case managers do not have sufficient time and knowledge to assist members in locating safe and affordable housing” (pg. 66). Mercy Maricopa allocated funding to each of the direct care clinics to employ at least one housing specialist for every 1,000 members by 9/30/16. Our first meeting to provide technical assistance and training to these newly hired staff was on 10/25/16.

Ongoing training for ACT team staff regarding the nature of service domain

The need for ongoing training for clinical staff, specifically ACT team staff, regarding the nature of services domain

Mercy Maricopa has implemented significant training and technical assistance efforts to address the ACT fidelity nature of services domain, with the assistance of the Western Interstate Commission for Higher Education (WICHE).

In the June 2016 Year Two SAMHSA Fidelity Tool Report, the following recommendations were highlighted (WICHE, pg. 11):

- Greater understanding of the components of the Nature of Services domain.
- Ongoing staffing training in specific areas of specialization (Substance Abuse Specialists, Vocational Specialist etc.).

- Additional training and ongoing supervision to support all ACT staff as they transition to an integrated team approach to work with members with co-occurring challenges align appropriate interventions and distinguish a stage wise approach with stages of change.

Mercy Maricopa closely monitors and participates in all fidelity review calls with providers and has implemented the following activities to address trends related to the nature of services domain:

- Review of fidelity trends and provision of technical assistance sessions with contracted providers that focus on Nature of Services Domain
- WICHE completed a comprehensive training on Nature of Services in February 2016 and March 2016
- Regular review of face-to-face contact requirements and hiring of Substance Abuse Specialist Positions
- Weekly claim reporting monitoring of face to-face service delivery
- Implemented performance improvement actions
- Implemented a Quality Action Plan review with input from WICHE to address and conduct onsite reviews of Nature of Service provision in March 2016
- Created a skills and competency checklist for each ACT position in March 2016
- Ensured staff members were cross trained in specialty services, beginning March 2016.
- Required ACT teams to be trained on IDDT and Motivational Interviewing, by April 2016.
- Established shared quarterly trainings and meetings for housing and employment positions and thru the Quality Action Plan review specialty staff to ensure competency in delivery of specialty services and are receiving required supervision in area of practice
- Mandated the use of the General Organizational Index (GOI)
- Currently the ACT manager, SMI Administrator and WICHE are conducting on site analysis of ACT teams to identify strengths, areas of weakness, opportunities and training with results being reviewed with Mercy Maricopa's Chief Clinical Officer and Adult System of Care Administrator Mercy Maricopa and Providers to determine plan of action. Follow up reviews will be conducted to evaluate implementation of correction to address areas of improvement and impact

Family Service Policies of CMS and family utilization

Analyze the alignment of family services polices with those of CMS, including plan to demonstrate increased utilization of these services

The Center for Medicare and Medicaid Services (CMS) released a Peer Support Services Policy in the August 15, 2007, State Medicaid Director Letter (SMDL #07-011), as well as clarifying guidance on the Peer Support Services Policy on May 1, 2013. It's not clear which report the above area of concern is based upon. And given Mercy Maricopa's policies and increased utilization of these services, it's also not clear how AHCCCS finds Mercy Maricopa out of compliance. Mercy Maricopa has enhanced access, almost doubled utilization from 2323 per claims in July 2014 to up to 5585 per recent claims.

To address the finding from Mercer (pg. 55) that, "Families continue to experience barriers with the interpretation of information sharing requirements by the direct care clinical teams,

leading to their exclusion from service planning and development activities” Mercy Maricopa has completed the following activities:

- Attend consumer advisory councils and host monthly forums to provide information about peer and family supports, and other services, to family members
- Implemented individual and family member advisory councils with a special focus on family/natural supports
- Held countywide family focus groups resulting in a strategic plan
- Included peer and family engagement in provider contract requirements
- Expanded available family psychoeducational programming
- Provide day to day assistance to family members on navigating, understanding and referring to family support options to either contracted or community based providers/agencies

Mercy Maricopa has taken all necessary steps, system improvements and other appropriate actions to address findings outlined in the three annual reports. Mercy Maricopa continues to drive the system toward improved performance and is committed to system enhancement and the implementation of fidelity across all four practices.

In conclusion, Mercy Maricopa disputes that it is in violation of the Contract or the Stipulation as described above. Nonetheless, Mercy Maricopa recognizes the need to continuously identify potential gaps and/or barriers and to make enhancements across the delivery system for adults determined to have a serious mental illness in GSA 6. Mercy Maricopa sincerely values its partnership with AHCCCS and looks forward to our continued collaboration to improve the health and wellness of our communities. For the reasons stated herein, we ask that the CAP letter be rescinded and that Mercy Maricopa and AHCCCS pursue other avenues to work together to evaluate and identify methods for continuous improvement within the delivery system.

Respectfully submitted,



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