AHCCCS
Arizona Health Care Cost Containment System

Katie Hobbs, Governor
Carmen Heredia, Director

October 24, 2024

The Honorable John Kavanagh
Chairman, Joint Legislative Budget Committee
1700 W. Washington
Phoenix, AZ 85007

The Honorable TJ Shope
Chairman, Senate Health & Human Services Committee
Arizona State Senate
1700 W Washington
Phoenix, Arizona 85007

The Honorable Steve Montenegro
Chairman, House Health & Human Services Committee
Arizona House of Representatives
1700 W Washington
Phoenix, Arizona 85007

Dear Chairman Kavanagh, Shope and Montenegro:

Pursuant to section B of A.R.S. § 36-3415 (B.), AHCCCS is required to report annually to the Joint Legislative Budget Committee on each fiscal year's annual mortality; complaints regarding access to services; enrollment; demographics; per capita expenditures; length of stay; readmission rates; and housing waitlist for members with a Serious Mental Illness (SMI) designation.

If you have any questions regarding the attached report, please feel free to contact me at (602) 417-4711.

Sincerely,

Marcus Johnson
AHCCCS Deputy Director on behalf of Carmen Heredia, AHCCCS Director

cc: The Honorable David Livingston, Vice Chairman, Joint Legislative Budget Committee
Richard Stavneak, Director, Joint Legislative Budget Committee
Sarah Brown, Director, Governor's Office of Strategic Planning and Budgeting
Zaida Dedolph Piecoro, Health Policy Advisor, Office of the Governor




AHCCCS
Arizona Health Care Cost Containment System

A.R.S. § 36-3415(B)
ANNUAL SERIOUS MENTAL ILLNESS (SMI) REPORT

FOR THE PERIOD:
STATE FISCAL YEAR (SFY) 2023
(JULY 1, 2022 – JUNE 30, 2023)

October 2024
Carmen Heredia,
Director




Background

Arizona Revised Statute § 36-3415(B) requires the following report for members with a Serious Mental Illness (SMI) designation:

Behavioral health expenditures; annual report

B. The administration shall report annually to the joint legislative budget committee and the chairpersons of the health and human services committees of the senate and the house of representatives, or their successor committees. The report shall be in a substantially comparable format as the fiscal year 2014-2015 annual report of the Department of Health Services submitted pursuant to this section and shall include the following information relating to individuals living with serious mental illness:

1. *Annual mortality. The administration and the department of health services shall enter into a data sharing agreement for the purposes of vital records information necessary for the report under this subsection.*
2. *Complaints received from individuals with serious mental illness or their representatives regarding access to services by geographic service area and eligibility category.*
3. *Enrollment by geographic service area and eligibility category.*
4. *Demographics by geographic service area and eligibility category, including:*
    a. *Age.*
    b. *Gender.*
    c. *Race.*
    d. *Student status.*
    e. *Employment status.*
    f. *Percentage incarcerated in the preceding year.*
    g. *Percentage who are homeless.*
    h. *Type of disability, if the individual is deaf, hard of hearing or deafblind.*
5. *Per capita expenditures by geographic service area and eligibility category for the following:*
    a. *The number receiving services.*
    b. *Per capita expenditures.*
    c. *The number receiving services and per capita costs per service category.*
6. *Per capita expenditures by service type and eligibility category for the following:*
    a. *Support services.*
    b. *Inpatient services.*
    c. *Pharmacy.*
    d. *Rehabilitation services.*
    e. *Treatment services.*
    f. *Medical services.*
    g. *Crisis intervention services.*

7. *Average length of stay and readmission rates by eligibility category for the following settings:*
    a. *Level I.*
    b. *Level I subacute.*
    c. *Behavioral health residential facilities.*
8. *Beginning with information from state fiscal year 2022-2023 and annually thereafter, for individuals living with serious mental illness, by geographic service area:*
    a. *The number of individuals who are on a waitlist maintained by the administration or its contractors for a type of housing and the length of time that each individual was on the waitlist.*
    b. *The criteria and process that the administration or its contractors use to assign an individual to the housing waitlist or to move an individual up or down on the housing waitlist in prioritizing housing placement.*

Executive Summary

In accordance with Laws 2022, Second Regular Session, Chapter 305, the Arizona Health Care Cost Containment System (AHCCCS) completed a review of enrolled members with a Serious Mental Illness (SMI) designation, ages 18 years and older, who received behavioral health services during State Fiscal Year (SFY) 2023 (July 1, 2022 – June 30, 2023).

For this report's purposes, the term members refer to members with an SMI designation. Medicaid-funded members are referred to as Title XIX/XXI eligible (Title XIX) members and members whose services are funded through local, state, and federal grants funds are referred to as non-Title XIX members.

The health care delivery design for members with an SMI designation has been strategically transitioned in the last decade to integrate physical and behavioral health at all levels of the system (i.e., State government, health plans, and provider levels). Starting April 1, 2014, an integrated SMI contract was awarded in Central Arizona (Gila, Maricopa, and Pinal counties) followed by Northern (Apache, Coconino, Mohave, Navajo, and Yavapai counties) and Southern Arizona (Cochise, Graham, Greelee, La Paz, Pima, Santa Cruz, and Yuma counties) beginning October 1, 2015.

As a result of administrative simplification, the merger of AHCCCS and the Arizona Department of Health Services/Division of Behavioral Health Services (DBHS) became effective July 1, 2016, AHCCCS has now assumed the responsibility of this legislative report that was previously prepared by DBHS. Thus, not all results in this report cannot be directly compared to those published in the fiscal year 2014-2015[1] annual report of the Arizona Department of Health Services (ADHS) as AHCCCS is not able to confirm the detailed methodology utilized by ADHS/DBHS from one decade ago.

[1] https://archive.azahcccs.gov/archive/Resources/Reports/Behavioral%20Health/2015-smi-annual-report.pdf

Enrollment By Geographic Service Area (GSA) and Eligibility Category

There were 62,963 members with an SMI designation enrolled in AHCCCS in SFY 2023. Table I exhibits the total count of enrolled members with an SMI designation by GSA which represents 4.1% decrease in total enrollment reported in SFY 2022. The highest number of members with an SMI designation reside in the Central Geographic Service Area (GSA) and are Title XIX eligible.

Table I –SFY 2023 Eligibility by Geographic Service Area [2]

GSA	Eligibility		Number of Enrolled SMI Members	Percentage of Statewide SMI Members
	NTXIX	TXIX		
Central	7,302	31,156	38,457	61.1%
North	1,409	6,336	7,745	12.3%
South	3,418	13,343	16,761	26.6%
Statewide	**12,129**	**50,835**	**62,963**	**100%**

Member Demographics

Table II indicates the median age, sex, and race/ethnicity of members with an SMI designation. Statewide, the female sex was indicated with more frequency and the median age for all members was 48 years old. The table also illustrates that more than half of members (50.85%) identified their race/ethnicity as White/Caucasian and approximately one-third of members declined to indicate their race (Unknown).

Table II – SFY 2023 Demographics by Geographic Service Area

SMI Demographic		Central	North	South	Statewide
Total Members		38,457	7,745	16,761	62,963
Median Age		46	51	50	48
Sex	Female	52.2%	54.9%	53.3%	52.8%
	Male	47.8%	45.1%	46.7%	47.2%
Race/ Ethnicity	Asian Indian	0.21%	0.05%	0.13%	0.17%
	Other Asian	0.12%	0.05%	0.05%	0.09%
	Asian/Pacific Islander	0.29%	0.13%	0.25%	0.26%
	Asian Unknown	0.06%	0.00%	0.03%	0.04%
	Black	10.07%	1.37%	5.36%	7.74%
	Cuban/Haitian	0.003%	0.00%	0.00%	0.002%
	Chinese	0.06%	0.01%	0.07%	0.06%
	Caucasian/White	48.05%	57.77%	54.08%	50.85%
	Filipino	0.16%	0.10%	0.07%	0.13%
	Guam/Chamorro	0.01%	0.01%	0.03%	0.02%

[2] Total Enrollment represents the total number of members with an SMI Designation enrolled at any point in time during the period SFY 2023.

	Native Hawaiian	0.04%	0.05%	0.06%	0.05%
	Hispanic	2.38%	0.98%	4.75%	2.84%
	Japanese	0.05%	0.04%	0.04%	0.04%
	Korean	0.08%	0.03%	0.06%	0.07%
	American Indian	3.50%	9.44%	3.13%	4.13%
	Nat Haw or Other Pac Island Unknown	0.01%	0.00%	0.01%	0.01%
	Other Pacific Islander	0.07%	0.03%	0.05%	0.06%
	Other	0.15%	2.18%	1.01%	0.63%
	Samoan	0.00%	0.01%	0.01%	0.00%
	Unknown/Unspecified	34.58%	27.72%	30.79%	32.73%
	Vietnamese	0.11%	0.03%	0.04%	0.08%

Table III includes various outcomes and demographic data. In SFY 2023, 6.4% of members living with an SMI designation were identified as being incarcerated. This is significantly higher than the percentage of total Arizonans incarcerated which comprises less than 1% of the total adult population[3]. As displayed, 12.4% of members with an SMI designation experienced homelessness during the year, with more members in the Central GSA (14.8%) compared to the two other GSAs. The number of members with an SMI designation experiencing homelessness is consistent with Arizona's overall population experiencing homelessness; as presented in the 2023 State of Homelessness report submitted by the Department of Economic Security, Arizona's population has experienced an increase in homelessness. As of January 2023, it was estimated that 14,237 Arizona residents were experiencing homelessness, which is a 29% increase from the January 2020 estimate of 10,979[4]. Employment percentages across GSAs and eligibility were all within two percentage points of the trends demonstrated statewide. The percentage of deaf, hard of hearing, blind, and deaf-blind members were also similar across the GSAs.

Table III – SFY 2023 Demographics -Outcomes and Disability

Demographic	Central	North	South	Statewide
Homeless[5]	14.8%	5.5%	10.2%	12.4%
Incarcerated[6]	7.8%	4.7%	4.2%	6.4%
Employment Status (% Employed)[7]	15.6%	14.7%	12.2%	14.6%

[3] Arizona population in 2023 was 7, 525,113 according to the State of Arizona Office of Economic Opportunity. Total incarceration rates for the State of Arizona in 2023 was 51,390 adults. (Mang, Leah, (May 2023). Prison Policy Initiative. *Includes tribal incarceration facilities, federal, state, and private prisons, and members incarcerated under Title 13 Court Ordered Treatment.

[4] Source: https://des.az.gov/sites/default/files/dl/2023-Homelessness-Annual-Report.pdf?time=1721065861502

[5]Homeless is defined by pulling all International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM) "Z" diagnosis codes for 'housing instability' or 'homeless' as an address in AHCCCS eligibility data system (HEAplus), including addresses for known shelters throughout the state. AHCCCS is pursuing data sharing agreements with the Continuums of Care to access client-level data to improve reporting.

[6] Incarcerated status is determined based on eligibility category in Health-e-Arizona Plus (HEAplus).

[7]Employment data is based on HEAplus reporting.

Deaf[8]	1.2%	0.8%	1.0%	1.1%
Hard of Hearing[6]	1.0%	0.9%	1.0%	1.0%
Blind[6]	1.4%	1.6%	1.2%	1.4%
Deaf-Blind[6]	0.0%	0.0%	0.0%	0.0%

Per Capita Expenditures

Expenditures in this report represent behavioral health related services to members with a SMI designation who were enrolled and served during the reporting period and are not intended to directly correlate to any other AHCCCS reports.

Table IV exhibits the overall per capita spend by GSA for members served with Title XIX and non-Title XIX funding. The per capita rate in the Central GSA trended $1,656 higher than the statewide per capita rate. Given the cost of living and differences in costs associated with the Central GSA, this was an expected finding as related to the cost of providing services. Rates for the Northern ($13,681) and Southern ($15,623) GSAs were lower than the combined statewide ($18,814) value, which reflects costs and cost of living for counties outside the Central GSA. The annual state per capita expenditure rate was $3,585 for non-Title XIX members and $18,838 for Title XIX members[9]. The variation between total per capita expenditure for Title XIX and non-Title XIX members may be attributed to non-Title XIX members having alternative resources available such as private insurance or income streams or because the non-title XIX funding is limited by the availability of funding allocated by state appropriation and federal grant programs.

Table IV – SFY 2023 Per Capita Expenditures by Geographic Service Area and Eligibility[10]

GSA	SMI Eligibility	Members Served	Expenditures	Per Capita
Central	Non-Title XIX	10,202	$39,182,414	$3,841
	Title XIX	32,615	$760,057,537	$23,304
	Central Total	39,044	$799,239,952	$20,470
North	Non-Title XIX	1,533	$6,343,057	$4,138
	Title XIX	6,077	$94,073,438	$15,480
	North Total	7,340	$100,416,495	$13,681
South	Non-Title XIX	2,769	$7,686,055	$2,776
	Title XIX	12,752	$226,099,859	$17,731
	South Total	14,964	$233,785,914	$15,623
Statewide	**Statewide Total**	**60,244**	**$1,133,442,360**	**$18,814**

[8] Based on encounter diagnosis codes using guidance from the National Center on Deaf-Blindness.

[9] Rate based on a total of all expenditures by enrollment type divided by total number of members served.

[10] The data in this table represent the number of members served, i.e., members who received a service in one or more of the service categories listed, therefore the totals are not equal to the number of members enrolled. Also, a member's eligibility may change during the course of receiving services, which means that each line represents a unique number of members.

Tables V highlights that treatment services and pharmacy services are the most costly service categories for the combined non-Title XIX and Title XIX members. Inpatient services ($16,779) for Title XIX members evidenced the highest per capita rate by eligibility and statewide. When comparing the number of members served, more than 90% of members received medical and support services.

Table V – SFY 2023 Per Capita Expenditures by Service Type and Eligibility Category[11]

Service Categories	SMI Eligibility	Members Served	Expenditures	Per Capita
Support Services	Non-Title XIX	13,665	$12,463,824	$912
	Title XIX	45,083	$126,773,670	$2,812
	Total	54,688	$139,237,493	$2,546
Inpatient Services	Non-Title XIX	240	$2,487,658	$10,365
	Title XIX	8,890	$149,166,940	$16,779
	Total	9,084	$151,654,598	$16,695
Pharmacy	Non-Title XIX	4,009	$11,829,251	$2,951
	Title XIX	29,496	$167,696,833	$5,685
	Total	32,675	$179,526,083	$5,494
Rehabilitation Services	Non-Title XIX	5,072	$7,206,389	$1,421
	Title XIX	26,665	$95,131,573	$3,568
	Total	31,037	$102,337,962	$3,297
Treatment Services[12]	Non-Title XIX	2,240	$3,199,096	$1,428
	Title XIX	32,057	$352,926,269	$11,009
	Total	33,912	$356,125,365	**$10,501**
Medical Services	Non-Title XIX	10,479	$11,248,849	$1,073
	Title XIX	45,588	$148,276,945	$3,253
	Total	54,067	$159,525,794	$2,951
Crisis Intervention Services	Non-Title XIX	1,916	$4,776,461	$2,493
	Title XIX	11,984	$40,258,605	$3,359
	Total	13,634	$45,035,066	$3,303
Total	**Statewide**	**60,244[13]**	**$1,133,442,360**	**$18,814**

[11] The data in this table represent the number of members served, i.e., members who received a service in one or more of the service categories listed, therefore the totals are not equal to the number of members enrolled. Also, a member's eligibility may change during the course of receiving services.

[12] The Treatment Services category includes outpatient services, residential services and behavioral health services that did not fall in the other categories.

[13] The statewide total will not equal the summation of the categories in the table due to the duplication of distinct members that receive multiple service types. The total here reflects the total number of unique members served.

Average Length of Stay and Readmission

Behavioral Health Residential Facility (BHRF) is a level of care that requires prior authorization and cannot be billed on the same day as other levels of care including level 1 (hospitals) and level 2 (sub-acute). If a member requires a higher level of care setting for a short time to stabilize increased symptomology, they are discharged from the BHRF and admitted to the higher level of care until they stabilize and can return to the BHRF or the level of care best suited to meet their needs. As outlined in Table VI, BHRF ranked highest for average length of stay (days) for both Title XIX (67.1 days) and non-Title XIX members (31.7 days). BHRFs had the highest readmission rate within 30 days for both the non-Title XIX population (44.5%) and Title XIX population (26.7%), however, compared to SFY 2022, statewide BHRF readmit rates have decreased 12 percentage points (from 39.1% to 27.1%). Potential reasons for the decrease in BHRF readmission rates are a topic for additional consideration and review. Though AHCCCS has anecdotal information that may explain the decrease in readmissions to BHRF level of care, additional research and review of data is required to provide an explanation for this finding.

Table VI – SFY 2023 Statewide Average Length of Stay and Readmission Rates,[14] [15]

Treatment Level	SMI Eligibility	Average Length of Stay (Days)	Readmit %
Level I	Non-Title XIX	11.8	6.00%
	Title XIX	8.5	20.30%
	Statewide	**8.5**	**20.3%**
Level I Sub-Acute	Non-Title XIX	6.1	6.0%
	Title XIX	6.1	21.4%
	Statewide	**6.1**	**20.6%**
Behavioral Health Residential Facility (BHRF)	Non-Title XIX	31.7	44.5%
	Title XIX	67.1	26.7%
	Statewide	**66.1**	**27.1%**

Housing Wait List

AHCCCS leverages non-Title XIX General Fund and SMI housing trust fund appropriations to support the AHCCCS Housing Program (AHP). In 2021 AHCCCS transitioned responsibilities of management and administration of the AHP and all AHCCCS permanent supportive housing subsidies to a single Housing

[14] Readmission was counted for member when the service occurred between three and thirty days after discharge.
[15] Non-Title XIX members with an SMI designation are only eligible to receive certain medically necessary mental health and/or substance use services.

Administrator, the Arizona Behavioral Health Corporation (ABC). Historically, the housing programs and responsibilities were included in the contracts for AHCCCS Complete Care Contractors with a Regional Behavioral Health Agreement (ACC-RBHA). Housing Administration responsibilities include, but are not limited to, the acceptance of referrals from all AHCCCS programs and maintenance of the housing waitlist, housing quality inspections, legal compliance, verification of eligibility documentation, member briefings, subsidy payments, renewals, and housing reporting. Review and award of SMI Housing Trust Fund monies for capital projects for members designated SMI have remained with AHCCCS, including oversight and distribution of housing funds to the TRBHAs. Appendix A includes the criteria and process that the administration uses regarding the housing waitlist.

Table VII includes the number of individuals and number of days each were on the waitlist maintained by ABC as required per Arizona Revised Statute § 36-3415. The total number of members with an SMI designation has increased by 589 members compared to the total number reported in SFY 2022. An overall increase in those experiencing homelessness combined with a lack of available housing likely contribute to this elevation.

Table VII – SFY 2023 Housing Waitlist Overview of Members

Days on Wait List	Number of SMI Members	% Waitlist Members in Days Band
0-30	196	3.65%
31-90	356	6.62%
91-183	471	8.76%
184-365	1,163	21.64%
366-730	1,607	29.90%
731-1,095	951	17.69%
1,096-1,460	350	6.51%
1,461-1,825	174	3.24%
1,826-2,190	98	1.82%
2,191-2,604	9	0.17%
Total	**5,375**	**100%**

Access to Service Complaints

Access to service complaints includes six complaint sub-categories to clearly classify and understand complaints and barriers to care. The complaint sub-categories for the access to service category are:

1. No Provider to Meet Needs – Concerns with difficulty in receiving a service occurred because of the lack of a provider to meet the specific needs of the member.
2. Appointment Availability – Concern that the appointment cannot be scheduled within established timeframes.
3. Office/Appointment Wait Time to be Seen – Concern that the wait time for a scheduled appointment exceeded the maximum allowed wait time (one hour).
4. Obtaining Prescriptions – Concern with the availability and timeliness of obtaining a prescription medication or the ability to obtain a preferred medication.

5. Prior Authorization Process – Concerns about prior authorization for services/medications or inability to access a service in a timely manner due to a lengthy prior authorization process.
6. Provider Accommodation/Office Accessibility – Concerns regarding the accommodations requested and provided pursuant to the Americans with Disabilities Act.

As represented in Table VIII, Obtaining Prescriptions was the most common sub-category of access to service complaints received from, or on behalf of, members statewide. This sub-category accounted for 32 of the total 65 statewide complaints, accounting for 49% of the complaints received during the year. Based upon review, complaints in this subcategory were regarding prescription refills, disagreement with copayments, third party liability, prior authorization denials, disagreement with policy, disagreement with medical recommendations, and delivery delays. Overall analysis suggested distinct member issues and resolution paths without an identified systemic trend.

Table VIII – SFY 2023 Access to Service Complaints

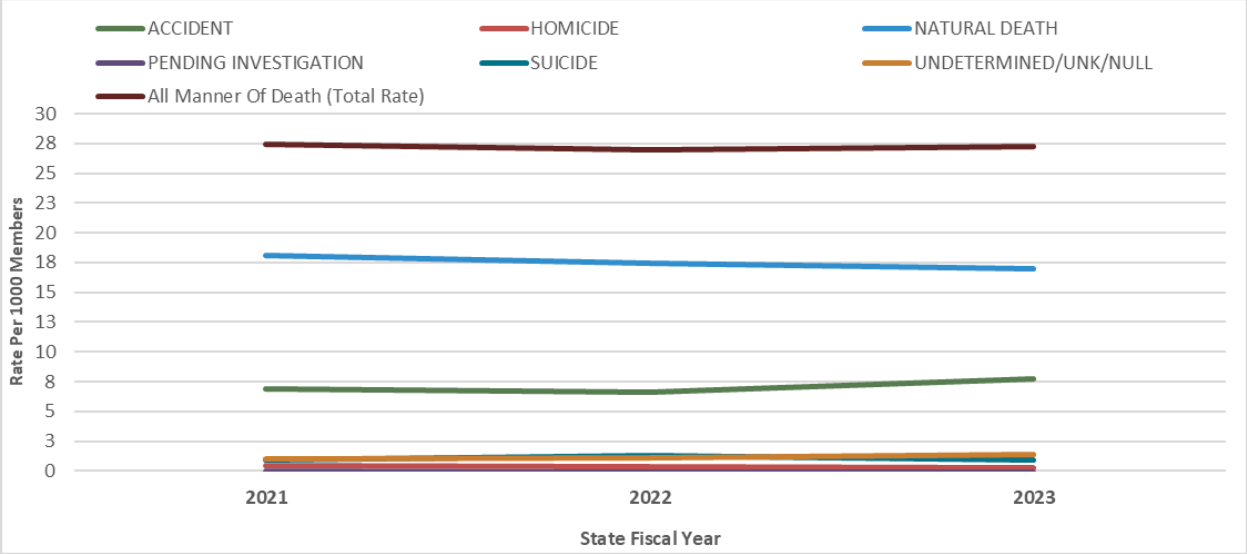
Access to Services Complaint Subcategories	Central		North		South		Statewide		
	TXIX	NTXIX	TXIX	NTXIX	TXIX	NTXIX	TXIX	NTXIX	Total
1. No Provider to Meet Needs	7	4	1	0	1	0	9	4	13
2. Appointment Availability	4	0	1	0	3	1	8	1	9
3. Office/Appointment Wait Time to Be Seen	3	0	0	0	0	0	3	0	3
4. Obtaining Prescriptions	3	2	4	0	19	4	26	6	32
5. Prior Authorization Process	2	0	2	0	0	0	4	0	4
6. Provider Accommodation/Office Accessibility	1	1	0	0	0	0	1	1	2
Other	1	1	0	0	0	0	1	1	2
Access To Services Total	21	8	8	0	23	5	52	13	65

Mortality Trends

AHCCCS and ADHS entered a data sharing agreement by which ADHS shared vital records information necessary for calculating mortality trends for members with an SMI designation.

Chart I demonstrates trends in annual mortality rates from SFY 2021 to SFY 2023 for AHCCCS members with an SMI designation. Overall statewide mortality rates remained consistent, with Natural Death occurring as the most frequent reported manner of death.

Chart I - SFY 2021-2023 SMI Mortality Rate Per 1,000 - Manner of Death (MOD)[16]



Tables IX and X below demonstrate the total mortality rates for AHCCCS members with an SMI determination statewide from SFY 2021 to SFY 2023. The total number of deaths for members with an SMI designation in SFY 2023 was 1,718, which equates to a rate of 27.4 deaths per 1,000 members. Natural death was the most common manner of death with 1,068 deaths at a rate of 17 deaths per 1,000 members, accounting for approximately 62% of all member deaths. This manner of death classification was the highest across eligibility categories and GSAs. Accident accounted for the next highest manner of death (486 members) at a rate of 7.7 per 1,000 members.

Table IX - SFY 2021-2023 SMI Mortality Rate per 1000 SMI Members - Manner of Death (MOD)

Mortality Rate per 1,000 SMI Members	State Fiscal Year		
Manner of Death	**2021**	**2022**	**2023**
Accident	6.9	6.6	7.7
Homicide	0.5	0.4	0.3
Natural Death	18.1	17.5	17.0
Pending Investigation	0.0	0.0	0.0
Suicide	0.9	1.3	0.9
Undetermined/UNK/Null	1.0	1.1	1.4
All Manner Of Death (Total Rate)	**27.4**	**26.9**	**27.3**
All Manner Of Death (Total)	**1,757**	**1,769**	**1,718**

[16] Data was tabulated using Cause of Death Data Sharing Agreement established with ADHS Bureau of Vital Records.

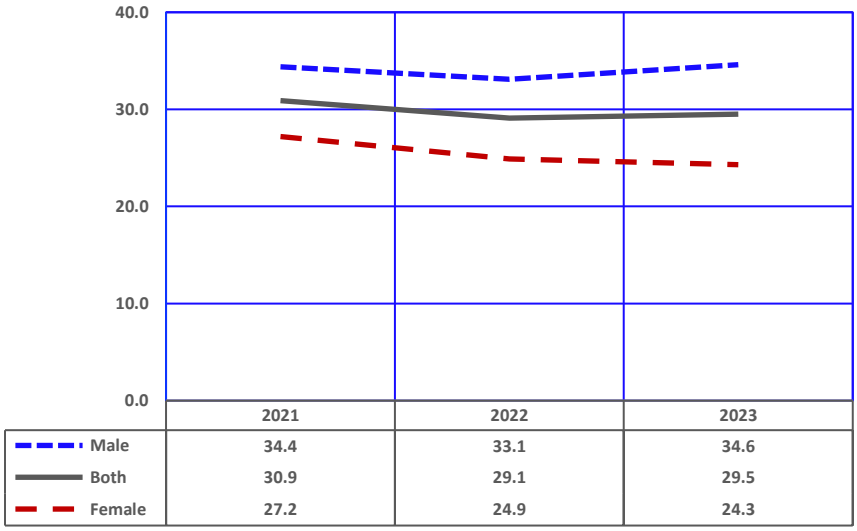
Table X - SFY 2021-2023 SMI Mortality - Manner of Death (MOD)

Recipient Counts	State Fiscal Year		
Manner of Death	2021	2022	2023
Accident	440	434	486
Homicide	29	26	19
Natural Death	1,163	1,148	1,068
Pending Investigation	1	0	0
Suicide	57	86	57
Undetermined/UNK/Null	67	75	88
All Manner of Death (Total)	**1,757**	**1,769**	**1,718**

AHCCCS has partnered with ADHS to create a statewide comparison on all adult Arizona resident deaths during this period to evaluate the mortality trend of members determined SMI compared to the general population.

The specific death rate for the AHCCCS SMI population among adult Arizona residents 18 years of age and older has increased from 25.8 deaths per 100,000 people in 2016 to 30.4 deaths in 2022. Similarly, when stratified by sex, there was an increase for both males and females over the time period, with an increase in the rate for males at 27.9 per 100,000 adult males in 2016 to 34.7 per 100,000 adult males in 2022. Females increased from 23.7 per 100,000 adult females in 2016 to 25.9 per 100,000 adult females in 2022. The death rate in adult males was higher than adult females throughout the time period.

Chart II – 2021-2023 ADHS Age-Adjusted Mortality Rates for SMI by Gender[17,18]



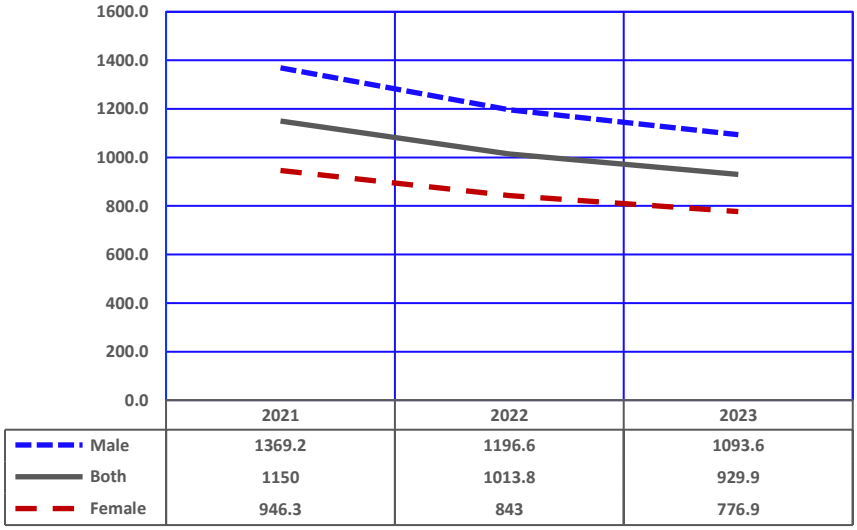
	2021	2022	2023
Male	34.4	33.1	34.6
Both	30.9	29.1	29.5
Female	27.2	24.9	24.3

The age-adjusted mortality rate for members designated as SMI delineated by gender follows a similar trajectory for both males and females. However, females have a lower mortality rate than their male counterparts for years 2021, 2022, and 2023. Men tend to have between seven and ten percent higher likelihood of death than their female counterparts with and SMI designation over the time period 2021 to 2023. The lowest mortality rate for both men and women were recorded in 2022, with females continuing a downward trend in 2023 and males trending with additional mortality rates in 2023. In 2023, males with an SMI designation recorded their highest mortality rate in three years and females reporting their lowest mortality rate of the last three years. Females with SMI reflect a similar pattern as the general female population with regard to mortality rates. Males with SMI, however, have a distinctly different pattern than the general male population, where overall males have the same downward trend in mortality as females. Though males and females both have similar downward mortality in the general population, females continue to have a lower overall mortality rate than males in Arizona.

[17] ADHS calculated the age-adjusted cause-specific death rate among the Arizona resident adult population 18 years of age and older for AHCCCS recipients determined to be seriously mentally ill (SMI) from 2014-2022. SMI deaths among the AHCCCS population were provided to ADHS by AHCCCS through a data sharing agreement. Age-adjustment was performed to eliminate the bias of age in the makeup of the populations being compared.

[18] The numbers in the SMI Legislative report for SFY2021 and SFY2022 vary from the previous report. The data for the new report was queried approximately 6 months later data changed due to reconciliation of behavioral health and enrollment updates in the system.

Chart III – 2021-2023 ADHS Age-Adjusted Mortality Rates for all adults (18+) by Gender



	2021	2022	2023
Male	1369.2	1196.6	1093.6
Both	1150	1013.8	929.9
Female	946.3	843	776.9

In the State of Arizona, the entire of population of males and females both have consistent downward trends for the last three years. Females tended to have a lower overall mortality rate which continues a downward trend, with its lowest rate in 2023. Males also have a consistent downward trend over 2021, 2022, 2023 however overall, males have a higher mortality rate than their female counterparts.

Appendix A

AHCCCS Housing Program Waitlist Procedures

The following are the criteria and process the administration or its contractors use to assign a member to the housing waitlist or to move a member up or down on the housing waitlist in prioritizing housing placement.

ARIZONA BEHAVIORAL HEALTH CORPORATION

POLICY AND PROCEDURE

Number: HP2023-02

Subject: AHCCCS Housing Program Waitlist Procedures

Effective Date: March 27, 2024

I. Policy:

The Arizona Behavioral Health Corporation (ABC) is the statewide administrator for the AHCCCS Housing Program (AHP) and maintains the waitlist for eligible AHCCCS members for the community living program/site-based housing, project based housing, and scattered site housing. This includes the following activities:

1. Acceptance and Prioritization of Applications
2. Semi-annual Waitlist Clean-up
3. Removal of Applicants from Waitlist

To ensure that ABC maintains a current and accurate housing waitlist and procedures are fair and consistent, ABC will follow the below procedures for each of the three activities.

II. Compliance Reference:

AHCCCS Permanent Supportive Housing Guidebook

III. Definitions:

Actual Homeless – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

a. Has a primary nighttime residence that is a public or private place not meant for human habitation, and
b. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs).

Applicant- an individual who, (1) meets AHP eligibility criteria and (2) has an AHP application submitted on their behalf by a behavioral health provider.

General Mental Health/Substance Use (GMHSU)- Behavioral health services provided to adult members aged 18 and older who have not been determined to have a Serious Mental Illness (SMI).

Health Plan- An organization contracted by AHCCCS responsible for the provision of comprehensive behavioral health services to all eligible individuals assigned by the administration and provision of comprehensive physical health services to eligible individuals.

Referring Agency- The behavioral health provider who submits an AHP application on behalf of the applicant.

Serious Mental Illness- A designation as specified in A.R.S. § 36-550 and determined in an individual 18 years of age or older.

Waitlist- a computerized list of applicants who are waiting to be matched with an AHCCCS Housing Program subsidy.

IV. Procedure:

Acceptance and Prioritization of Applications

AHCCCS registered Behavioral Health providers may submit an AHP application to ABC for an actively enrolled AHCCCS member who meets the following eligibility criteria:

1. Have an SMI designation or be determined Title XIX GMH/SU and be considered High Needs/High Cost (HNHC) by a qualified provider. Be a United States citizen or have eligible immigrant status.
2. Be a United States citizen or have eligible immigrant status.
3. Be at least 18 years of age at the time of referral.
4. Have an Identified Housing Need documented by the member's clinical provider.

Upon acceptance of the application, ABC staff will review for the following:

1. Verification that the referring agency is an AHCCCS registered behavioral health provider per the AHCCCS website.
2. Completeness of the application and release of information.
3. Adherence to eligibility requirements listed above.
4. Verification of active AHCCCS enrollment and behavioral health designation per the AHCCCS Online Portal.

Once this review is complete, ABC staff will notify the referring agency if the application has been accepted or declined. If the application has been declined, the email will include the reason for decline and allow re-submittal if applicable. ABC staff will offer assistance to referring agencies who have a declined application including technical assistance and a listing of other housing resources.

Once the application is placed on the waitlist it will be subject to the following prioritization schema:

1. Status of High-Cost High Need, as identified by the applicant's health plan.
2. Special care or coordination needs, as identified by the applicant's health plan.
3. Actual homeless status, as verified by a homeless verification letter, completed by the referring agency. The homeless verification letter must comply with the following requirements:
    a. Be submitted on the agency letter head
    b. Include:
        i. Applicants full name
        ii. Homeless start date and/or timeframe
        iii. Where the member has been staying (This location must fit the definition of actual homelessness per the AHCCCS Housing Guidebook)
        iv. Sign and dated
4. Completed VI-SPDAT, scoring as high acuity (singles 8+; families 9+) and submitted by the referring agency. Special Care or Coordination needs, as identified by the applicant's health plan.
5. Continuum of Care Coordination.
6. Time and date of application.

Semi-Annual Waitlist Clean-up

ABC staff will conduct a semi-annual waitlist cleanup to ensure that the number of applicants on the waitlist is an accurate reflection of the need for housing among AHCCCS members. This semi-annual clean-up includes sending encrypted emails to referring agencies with the list of their members who are active on the AHP waitlist. The email will ask referring agencies to confirm that the member is still in need of housing and request updated case manager contact information. If the member is no longer in need of housing, ABC staff will ask for the reason and remove the member from the waitlist.

Acceptance and/or Removal of Applicants from Waitlist

When a vacancy is available in the AHP housing program the next highest priority member on the waitlist will be chosen using the following procedure:

1. The waitlist report is pulled bi-weekly for new referrals.
2. It is filtered per vacancy by region/county, only for rural site-based placement
3. It is filtered per vacancy by program type (Scattered site, Site Based/Community Living/Sponsor based, Project-based voucher)
    a. If there are further program needs, i.e., service supports and/or shared housing, the list will be further filtered by these requests.
4. The list is automatically ranked based on the prioritization schema.
5. The top twenty applicants will receive an email offer for intake and, if missing, request for identification documents. The highest prioritized member with submitted IDs will be scheduled for briefing.

6. ABC staff will contact the referring agency for the next applicant on the waitlist to collect identification documents and verify that the member is still in need of housing and interested in the available vacancy. Once the referring agency responds with the needed information, a referral will be sent to HOM and intake/briefing will be scheduled.

Weekly staffing of top twenty applicants (highest prioritized) per geographic service area. The staffing's goal is to ensure the highest prioritized applicants are referred as quickly as possible and management is available to troubleshoot encountered barriers and provide solutions.

If the referring agency is unable to contact the member or does not respond to ABC staff within the allotted time, ABC staff will attempt to contact on three separate occasions before removing the member from the waitlist. Each outreach attempt is documented by an ABC staff member in HDS.

1. On the first attempt, the referring agency and the agency's housing point of contact is notified. The recipient has four business days to respond.
2. On the second attempt, the referring agency, housing point of contact, and clinic leadership are notified. The recipient has four business days to respond.
3. On the third attempt, the referring agency and housing point of contact, clinic leadership, and member's health plan is notified. The recipient has four business days to respond.

If, at any point, the health plan responds that the member has transitioned to a new behavioral health home, ABC will reach out to the new contact and will repeat this procedure from the first attempt.

Removal of Applicants from Waitlist

ABC staff will remove applicants from the waitlist for the following reasons:

1. AHP Acceptance- The member has accepted intake into the AHP housing subsidy program.
2. Already housed- The member has accepted housing assistance through another program or has been housed independently or with family.
3. Relocation- Applicant moved out of the state of Arizona.
4. Declined housing- the applicant was contacted for intake to AHP housing subsidy, and the applicant declined assistance.
5. Deceased- the referring agency or the AHCCCS online portal, verifies a date of death for the applicant.
6. No longer enrolled- no longer enrolled with AHCCCS.
7. Incarcerated- incarcerated with no release date.
8. No response- no response from member or referring agency after three attempts.

Quality Control Procedure

ABC staff perform the following steps to ensure accuracy of data entry and proper selection of applicants from the waitlist per this policy.

1. Staff are required to complete the AHP Quality Control Waitlist Application checklist for every accepted application (See attached form).
2. Monthly Data Control
   a. Five percent spot check of AHP Quality Control Waitlist Application for accepted applications
   b. Five percent spot check of removed applicants
   c. Pull applicant report and check for missing and/or errors in data
   d. Outreach attempts are monitored by supervisor for the top twenty applicants in HDS.