

December 31, 2024

Governor Katie Hobbs  
Office of the Governor  
1700 West Washington  
Phoenix, Arizona, 85007

The Honorable Warren Petersen  
President of the Arizona State Senate  
1700 W Washington  
Phoenix, Arizona 85007

The Honorable Ben Toma  
Speaker of the Arizona House of Representatives  
1700 W Washington  
Phoenix, Arizona 85007

Dear Governor Hobbs, President Petersen and Speaker Toma,

AHCCCS is providing the following report in accordance with Laws 2024, Chapter 163, ([SB 1311](#)) –ARS §36-502 (G), which requires the Administration to file a report with the Governor, the President of the Senate and the Speaker of the House of Representatives that describes the plan of the administration in completing the requirements.

ARS §36-502 (C), prescribed new data collection, data analysis and reporting on the timeliness of service implementation, clinical effectiveness of services provided to members and performance of contractors and contracted agencies of the administration. AHCCCS has reviewed the section in its entirety and has determined that the following plan will be implemented to ensure compliance with the section and support future reports required therein.

AHCCCS will need to implement new contract requirements to include bi-annual data analysis and monitoring activities between January 1, 2025, and June 30, 2025, to support the specific data collection and analysis prescribed by this section. Contract amendments will be effective 10/1/2025. For the first annual report due December 31, 2025, AHCCCS will collaborate with the contracted health plans and providers and may request ad hoc reports not currently found in contract. All data collection and reporting will be done on the state fiscal year (July 1 through June 30) as the reporting period for consistency with other related legislative reports Including

the SMI Annual Behavioral Health Report (A.R.S. § 36-3415 (B)), the SMI Housing Trust Fund Report (A.R.S. § 41-3955.01, subsection D), and the Behavioral Health Annual Report (A.R.S. § 36-3415 ).

AHCCCS has drafted the following section to include our data collection plan for each of the required reporting elements including our planned methodology and reporting tables.

Reporting requirements under ARS §36-502 (C):

1. THE NUMBER OF HOSPITALIZATIONS AND REHOSPITALIZATIONS, THE FACILITIES WHERE ADMISSIONS OCCURRED AND THE AVERAGE LENGTH OF STAY BY ADMITTING DIAGNOSIS, FOR MEMBERS FOR WHOM THE ADMINISTRATION OR ITS CONTRACTOR IS THE PRIMARY PAYOR.

**Table 1a – Hospitalizations and Rehospitalizations**

	Count	Average Length of Stay (ALOS)
Number of hospitalizations		
Number of rehospitalizations		

**Table 1b – Hospitalizations by Facility**

Facility Name	ALOS
Primary Admitting Diagnosis 1	
Primary Admitting Diagnosis 2	
Primary Admitting Diagnosis 3	
Facility Name	ALOS
Primary Admitting Diagnosis 1	
Primary Admitting Diagnosis 2	
Primary Admitting Diagnosis 3	

AHCCCS will populate Table 1a and 1b by pulling data directly from the AHCCCS data warehouse. AHCCCS will use our claims system to identify all SMI members who were hospitalized during the reporting period and report the total number of hospitalizations (uninterrupted hospital days paid by unique member ID and provider ID). AHCCCS will populate provider specific charts and include a listing of total distinct members admitted into each contracted facility by primary admitting diagnosis and will calculate the average length of stay for each row.

2. THE NUMBER AND PERCENTAGE OF MEMBERS WITH A MENTAL HEALTH DISORDER AND CO-OCCURRING SUBSTANCE USE DISORDER DIAGNOSIS WHO WERE ADMITTED,

DISCHARGED AND SUBSEQUENTLY READMITTED TO AN INPATIENT PSYCHIATRIC FACILITY WITHIN THE PRECEDING YEAR, FOR MEMBERS FOR WHOM THE ADMINISTRATION OR ITS CONTRACTOR IS THE PRIMARY PAYOR.

**Table 2 – Co-occurring Disorders and Inpatient Readmissions**

Members with mental health disorder and co-occurring substance use diagnosis	
Percent of those members who were admitted, discharged, and readmitted to an inpatient psychiatric facility	

AHCCCS will populate Table 2 by including the distinct count of all SMI members who were admitted into a psychiatric hospital and calculate the percentage of those members who were discharged and re-admitted within the reporting period by (see Table 1a) who also had a co-occurring substance use disorder diagnosis.

3. THE NUMBER AND PERCENTAGE OF MEMBERS WHOSE TITLE XIX ENROLLMENT IS PLACED IN A NO-PAY STATUS IN A GIVEN YEAR DUE TO THE MEMBER'S INCARCERATION STATUS, STRATIFIED BY THE NUMBER OF TIMES ENROLLMENT IS SUSPENDED.

**Table 3 – Title XIX Enrollment in No Pay Status Due to Incarceration**

	SMI Member Count
Total number placed in no-pay status once during the reporting period	
Total number placed in no-pay status twice during the reporting period	
Total number placed in no-pay status three times during the reporting period	

AHCCCS will populate Table 3 by using existing data from the AHCCCS member enrollment team to include a distinct count of SMI members whose enrollment was suspended due to incarceration and will list separately those who were suspended more than once in rows below as needed based on the results of the data analysis.

4. THE NUMBER OF MEMBERS FOR WHOM THE ADMINISTRATION OR ITS CONTRACTOR IS NOTIFIED OF A RELEASE FROM INCARCERATION AND FOR WHOM THE ADMINISTRATION OR ITS CONTRACTOR CONDUCTS REACH-IN SERVICES.

**Table 4 – Release from Incarceration Reach-in Services**

	SMI Member Count
Number of members for whom AHCCCS is notified of release from incarceration	
Number who received reach-in services	

AHCCCS will populate Table 4 with aggregated data from all contracted health plans using AMPM Policy 1022 deliverables.

5. THE NUMBER OF RESPONSES BY THE CONTRACTED CRISIS SYSTEM THAT IDENTIFY MEMBERS WITH A SERIOUS MENTAL ILLNESS DESIGNATION, INCLUDING:
  - a. THE NUMBER OF CRISIS PHONE LINE CALLS RECEIVED.
  - b. THE NUMBER OF MOBILE TEAMS DISPATCHED.
  - c. THE NUMBER OF MEMBERS SEEN AT PSYCHIATRIC URGENT CARE CENTERS.
  - d. THE NUMBER OF MEMBERS WITH TWO OR MORE DISTINCT CRISIS SYSTEM EPISODES.

**Table 5 – Response to Crisis and Crisis Utilization**

	Distinct SMI Member Count
Number of responses by crisis system	
Number of crisis phone calls received	
Number of mobile teams dispatched	
Number of members seen at psychiatric urgent care centers	
Number of members with two or more distinct crisis system episodes	

AHCCCS will populate Table 5 with aggregated data from the ACC-RBHA crisis deliverable report for sections 5 a., b., and c. AHCCCS will utilize claims data to identify distinct member counts of those who have had two or more distinct crisis episodes.

6. THE NUMBER OF MEMBER DEATHS, THE DEATH RATE AND THE CAUSE OF DEATH IN THE PRECEDING YEAR.

**Table 6 – SMI Mortality**

Manner of Death	SMI Member Counts SFY 2025
Accident	
Homicide	
Natural Death	
Pending Investigation	
Suicide	
Undetermined/UNK/Null	
All Manner of Death (Total)	

AHCCCS will populate Table 6 with the SMI mortality reported in the SMI Annual Behavioral Health Report pursuant to A.R.S. § 36-3415 (B).

7. THE NUMBER OF MEMBERS WHO ARE HOMELESS, UNSHELTERED OR INADEQUATELY HOUSED AND FOR WHAT PERIOD OF TIME, AS IDENTIFIED THROUGH HOMELESS MANAGEMENT INFORMATION SYSTEM DATA OR OTHER AVAILABLE SOURCES IDENTIFIED BY THE ADMINISTRATION.

**Table 7a – SMI Homelessness Data**

	Member Count
Total number with identified issues related to housing (all Z59 codes)	
Homeless and sheltered	
Homeless and unsheltered	
Inadequate housing	

AHCCCS will populate Table 7a using the total distinct count of SMI members who have a homeless or housing insecurity Z code identified in the AHCCCS data warehouse.

**Table 7b – SMI Members found on the Housing Management Information System**

Days on waitlist	SMI Member Count
0-30	
31-90	
91-183	
184-365	
366-730	

731-1,095	
1,096-1,460	
1,461-1,825	
1,826-2,190	
2,191-2,604	
<b>Total</b>	

AHCCCS will explore the ability to access the Housing Management Information System (HMIS) to populate Table 7b. AHCCCS will need to establish methodology to identify SMI members and report on the length of time a member has been reported in this system as homeless or housing insecure. Historically, AHCCCS has found that not all members who are housed are removed from the HMIS so we will work with our contractors and state partners to identify the most accurate data source and will report timeframes consistent with the SMI Housing waitlist data reported in the SMI Annual Behavioral Health Report pursuant to A.R.S. § 36-3415 (B).

8. THE NUMBER OF TITLE XIX MEMBERS OR NON-TITLE XIX GRANT-FUNDED MEMBERS, SEPARATELY DELINEATED, WHO ARE:
  - a. ADMITTED TO A BEHAVIORAL HEALTH RESIDENTIAL FACILITY.
  - b. DISCHARGED FROM A BEHAVIORAL HEALTH RESIDENTIAL FACILITY.
  - c. FOR THOSE MEMBERS FOR WHOM THE ADMINISTRATION OR ITS CONTRACTOR IS THE PRIMARY PAYOR, ADMITTED TO AN INPATIENT PSYCHIATRIC HOSPITAL WITHIN ONE YEAR AFTER DISCHARGE FROM THE BEHAVIORAL HEALTH RESIDENTIAL FACILITY.

**Table 8 – Behavioral Health Residential Facilities (BHRF)**

	<b>Title XIX Member Count</b>	<b>Non-Title Member Count</b>
Members admitted into a BHRF		
Members Discharged from a BHRF		
Members admitted to an inpatient psychiatric hospital within 1 year after discharge from a BHRF		

AHCCCS will populate table 8 by including all Title-XIX and Non-Title-XIX SMI members admitted into a BHRF within the reporting period and all members discharged from a BHRF during the reporting period. These counts may not exactly align as some members may be admitted prior to the reporting period and some may be admitted during the reporting period and not yet discharged at the end of the reporting period. AHCCCS will review all members reported

as admitted to a Psychiatric Inpatient facility (as found in Table 1a) who also had a documented discharge from a BHRF within one calendar year from the date of discharge.

9. THE NUMBER AND PERCENTAGE OF MEMBERS WHO:
- a. HAVE RECEIVED COURT-ORDERED TREATMENT.
  - b. HAVE REQUESTED AND RECEIVED THE REMOVAL OF A SERIOUS MENTAL ILLNESS DESIGNATION.
  - c. HAVE RECEIVED COURT-ORDERED TREATMENT AND ARE ADHERENT TO THE COURT-ORDERED TREATMENT.
  - d. DID NOT RECEIVE A SINGLE BEHAVIORAL HEALTH SERVICE.

**Table 9 – Court Ordered Treatment (COT)**

SMI Members who received a Court Order for Treatment	SMI Members on COT who requested the removal of an SMI Determination	SMI Members who have demonstrated adherence to COT	SMI members with an active COT who did not receive any services

AHCCCS has interpreted the intent of the statute as intending to capture the above data specific to SMI members who have been ordered by the court to accept treatment. AHCCCS will populate Table 9 using distinct SMI member counts that had an active court order during the reporting period unless otherwise directed by the recipients of this plan.

10. THE NUMBER OF PATIENTS WHO HAVE BEEN DISCHARGED FROM THE STATE HOSPITAL AND ADMITTED TO A CONTRACTED PSYCHIATRIC HOSPITAL WITHIN THE PRECEDING YEAR.

**Table 10 – State Hospital Discharges and Inpatient Psychiatric Admissions**

	Member Count
Total SMI Discharges from the Arizona State Hospital	
Total SMI members admitted into a Psychiatric Hospital within one year of discharge from the Arizona State Hospital	

AHCCCS will populate Table 10 by including the distinct count of all SMI members who were admitted into a psychiatric hospital (see Table 1a) who also had a documented discharge from the Arizona State Hospital within one calendar year from the date of admission.

11. THE NUMBER OF MEMBERS WHO HAVE BEEN:
- a. EVALUATED FOR A SERIOUS MENTAL ILLNESS ELIGIBILITY DETERMINATION
  - b. WHOSE ELIGIBILITY DETERMINATION RESULTED IN RECEIVING A SERIOUS MENTAL ILLNESS DESIGNATION AND
  - c. THE NUMBER OF MEMBERS WHOSE ELIGIBILITY DETERMINATION RESULTED IN NOT RECEIVING A SERIOUS MENTAL ILLNESS DESIGNATION.

**Table 11 – AHCCCS Members Evaluated for SMI Eligibility**

	Member Count
Evaluated for SMI Eligibility	
Designated	
Not Designated	

AHCCCS will populate Table 11 using distinct member counts during the reporting period for each required element as reported by the SMI Eligibility Determination Contractor.

12. THE NUMBER OF MEMBERS WHO ARE ALSO ENROLLED IN MEDICARE AND WHEN THE MEMBER'S MEDICARE ENROLLMENT BECAME KNOWN TO THE ADMINISTRATION, SEPARATELY REPORTED BY TITLE XIX AND NON-TITLE XIX MEMBERS.

**Table 12 – Medicare/Medicaid Dual Enrollment Members**

	Member Count	Quarter 1, known to AHCCCS	Quarter 2, known to AHCCCS	Quarter 3, known to AHCCCS	Quarter 4, known to AHCCCS
TXIX dual enrollment members					
Non-TXIX dual enrollment members					

AHCCCS will populate Table 12 with the total number of dual enrolled members separated by Title XIX and Non-Titled XIX during the reporting year and include a count of members who became known to AHCCCS each quarter as being dually eligible for Medicare coverage. In future reports AHCCCS will include a narrative regarding trends identified during the data analysis process and actions taken to address trends.

For the purpose of understanding the clinical effectiveness of services provided by various agencies pursuant to this chapter, AHCCCS will collect and analyze the information below at least twice a year. Due to the number of contract and data sharing agreements needed to fully meet the requirements of this section, AHCCCS will complete only one data analysis process in preparation of the first annual report. The first data collection and analytics cycle will take place in October of 2025 and the results will be reported in the annual report due on or before 12/31/2025. In future reports, AHCCCS will include a narrative regarding trends identified during the data analysis process and actions taken to address trends in each section of the report.

Please do not hesitate to contact me if I can answer any questions or provide additional information.



Sincerely,



Carmen Heredia,

Director

CC: Zaida Dedolph Piccoro, Health Policy Advisor, Office of the Governor