

Arizona Department of Health Services
Division of Behavioral Health Services



Annual Report

Paperwork Reduction and Efficiency Improvements in the Arizona Behavioral Health System

June 2009

Report Prepared by:
Laura Henry, MPH, MSW
Laura Nelson M.D.
Claudia Sloan, MBA
Dara Stewart, BS, CPRP

Table of Contents

- I. Executive Summary**
- II. Key Recommendations and Accomplishments**
 - A. Leadership and Sustainability**
 - B. Inter-RBHA Transfer Process**
 - C. Advance Directives**
 - D. Annual and Quarterly Network Plan and Inventory**
- III. Other Accomplishments**
 - A. Administrative Changes**
- IV. Regional Behavioral Health Authority Accomplishments**
- V. Appendices**
 - A. Quick Fix Matrix**
 - B. Eligibility Ad-Hoc Committee Report**
 - C. Notices and Appeals Ad-Hoc Committee Report**

I. Executive Summary

In 2007, the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) launched the Paperwork Reduction Initiative. The objective of the initiative was to examine the burden of administrative paperwork within the publicly funded behavioral health system and issue recommendations to ADHS/DBHS for review and consideration. As part of the Initiative, the Paperwork Reduction Committee was formed with representatives from ADHS/DBHS, the Office of Behavioral Health Licensing (OBHL), Regional Behavioral Health Authorities (RBHAs), provider agencies, and community stakeholders.

In January 2008, the Committee released the [Paperwork Reduction Report](http://www.azdhs.gov/bhs/pri/files/Paperwork_Reduction_Final_Report_4408.pdf) [http://www.azdhs.gov/bhs/pri/files/Paperwork_Reduction_Final_Report_4408.pdf] outlining existing sources of administrative burden with detailed recommendations for reducing this burden. As a result of this report, ADHS/DBHS created the Efficiency Project, which solidified the commitment to the reduction of unnecessary administrative burden and duplicative processes. Many of the recommendations contained in the report have been researched and/or implemented and ADHS/DBHS continues to review the remaining recommendations. This Annual Report provides an overview of the accomplishments achieved since the release of the Paperwork Reduction Report and includes highlights of successful reduction of administrative burden and duplication in other areas not mentioned in the first report. For tracking and readability purposes, the format of this report is identical to the original report and the recommendation headings.

Please note: Although the initial report was titled the “Paperwork Reduction Report,” the Committee and ADHS/DBHS note that excessive paperwork is just one aspect of administrative burden. Duplicative processes also contribute significantly to the level of burden in the behavioral health system. Thus, activities described in this report are called “Efficiency” activities in order to prevent a narrow focus on the reduction of paperwork as the sole mean to reduce burden.

II. Key recommendations and Accomplishments

A. Leadership and Sustainability

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) took the lead in developing a long-term plan to sustain efforts to reduce administrative burden. Original recommendations and implemented solutions include:

- 1. Adopt major recommendations of Paperwork Reduction Report, include them in the Department strategic plan and make a public declaration of support**
 - April 2008: ADHS/DBHS made a public declaration on its website voicing its commitment to the reduction of paperwork and duplicative processes. A work plan outlining the recommendations of the Paperwork Reduction Committee and the action steps for the upcoming year was presented to ADHS/DBHS senior leadership who expressed strong support for the project.

- 2. Assign the responsibility to a key staff member to carry out report recommendations**
 - March 2008: ADHS/DBHS identified two key staff persons as project leads. One of these staff persons reports directly to the ADHS/DBHS Deputy Director reflecting paperwork reduction as a priority for the agency.
 - March 2008: ADHS/DBHS established an internal Efficiency Committee including members from each functional area within ADHS/DBHS.
 - April 2008: ADHS/DBHS established ad-hoc committees to research and respond to the identified “quick fix” recommendations in the original report Quick Fix Update (**Appendix A**) and other recommendations. Detailed reports from the ad hoc Eligibility Committee (**Appendix B**) and the ad hoc Notices and Appeals Committee (**Appendix C**) are also attached.

- 3. Hire a staff person or consultant to lead ADHS/DBHS in the development of a total electronic data reporting and clinical record system plan**
 - April 2009: ADHS/DBHS established the Data and Application Development Team overseen by Robert Sorce, Assistant Deputy Director, and led by Melissa Thomas, Bureau Chief of Grants Management and Information Systems. This unit is tasked with examining and resolving data issues at all levels of the behavioral health system. The main goals are to improve the quality, timeliness and value of the demographic data, and to move the system towards a complete Electronic Health Record (EHR), which collects only the information directly needed regarding client care and better tracks client outcomes. Internally, this Team works closely with the ADHS/DBHS Information Technology Division (IT) and all program areas to coordinate data collection and analysis in an effort to streamline processes, increase efficiency and reduce fragmentation. ADHS/DBHS is also actively

pursuing federal stimulus funds to facilitate dramatic improvements to the electronic collection of assessment and service planning data.

4. Name a responsible party at ADHS/DBHS and each RBHA to respond to questions about policies to reduce answer-shopping and multiple interpretations of policy content

- ADHS/DBHS' Bureau of Policy had an existing internal process to address this issue. Each RBHA has a designated internal ADHS/DBHS staff person who serves as the contact for policy-related questions. This recommendation revealed that this process was little-known within the RBHAs. When the process was described to the Statewide Efficiency Committee, RBHA representatives reminded the RBHAs of this process.

5. Each RBHA should implement a Sustainability Committee

- July 1, 2008: ADHS/DBHS amended the RBHA contracts to require the assignment of paperwork reduction leads at each RBHA and to establish RBHA-level, regional Efficiency Committees. Each RBHA has now established its own Efficiency Committee and reports out to the Statewide Efficiency Committee at each meeting. Participants of the RBHA Efficiency Committees include providers, consumer representatives and community stakeholders.

6. ADHS/DBHS should centralize a process for policy/procedure changes on an established schedule

- While policies are placed on an established review schedule, unanticipated issues occurring in the behavioral health system and legal and statutory changes occasionally result in a modification to this established schedule. The recent work that has been required for the co-pay policy as a result of the state budget situation is an example of this need. Flexibility in policy revision is vital.

7. Establish a committee of RBHA, Provider and ADHS/DBHS representatives for Sustainability

- August 2008: ADHS/DBHS established the Statewide Efficiency Committee. The committee meets regularly. Minutes from each meeting can be located at <http://www.azdhs.gov/bhs/pri/sec.htm>. The purpose of the committee is as follows:

The Statewide Efficiency Committee will serve as a steering committee to examine the impact of administrative paperwork within the behavioral health system, assist with the establishment and design of efficiency committees at the RBHA level and also provide guidance to these RBHA Efficiency Committees regarding paperwork reduction and efficiency of processes. The Committee will be a collaborative entity comprised of RBHA, Provider, Behavioral Health

Recipient and ADHS/DBHS representatives and other key stakeholders in the Behavioral Health community.

B. Inter-RBHA transfer policy

1. Consider developing a policy change to allow a single consistent Release of Information (ROI) for the entire state without obtaining new signatures (as allowed by law)

- HIPAA requirements prevent ADHS/DBHS from implementing this recommendation for the following reasons:
 - Federal HIPAA regulations require that all HIPAA covered entities (ADHS/DBHS, RBHAs, providers, PCPs, etc) delegate their own HIPAA Privacy and Security Officer and develop their own internal agency policies and procedures on how to administer HIPAA. As a result, HIPAA requirements dictate that ADHS/DBHS does not have authority to give direction on this issue nor can one agency dictate the way another agency chooses to implement HIPAA requirements.
 - Since HIPAA policies and procedures may differ from one agency to the next, a single, statewide ROI will not be sufficient to meet HIPAA requirements.

2. Convene a workgroup of RBHA, provider and ADHS/DBHS staff to review the policy pertaining to Inter-RBHA Coordination

- July 2008: A workgroup convened and determined that revisions were required to Provider Manual section 3.17.7D http://www.azdhs.gov/bhs/provider/sec3_17.pdf. The workgroup determined that differences in interpretation of the policy led to delays in inter-RBHA transfers.
- ADHS/DBHS clarified and changed the transfer policy to the following: “the designated RBHA must not wait for all the documentation from the previous RBHA before scheduling services for the behavioral health recipient.”

C. Advance Directives

1. Create a database to house Advance Directives, simplify the process, make it easy to understand and meaningful

- An Arizona Health Care Directives Registry currently exists, which allows anyone to register their advance directive. Please see https://www.azsos.gov/Adv_Dir/.
- Community Partnerships of Southern Arizona (CPSA) has created an “Advance Directives Information Center” which provides consumers with everything they

need to know, understand, complete and register their advance directives. Please see <http://w3.cpsa-rbha.org/static/index.cfm?contentID=1511>.

D. Annual and Quarterly Network Plan and Inventory

1. The Network Inventory should be reviewed in terms of a) Who uses the information collected? b) Is the information available from other sources and existing databases? and c) Can the information be streamlined or made electronic?

- ADHS/DBHS is currently discussing changes to the Annual Network Reporting Requirements with AHCCCS. The Networks area within ADHS/DBHS is working to make significant modifications to the reporting requirements for the RBHAs (particularly with quantitative data reporting) that should decrease the administrative burden for RBHAs.
- ADHS/DBHS eliminated the Quarterly Prescriber Loss and Gains Report and replaced it with the less burdensome and shorter Quarterly Prescriber Sufficiency Analysis Report. This new report includes an executive summary comparison of the prescriber sufficiency analysis and findings from complaint data for the respective quarter related to accessibility (i.e. member complaints regarding availability of prescribers).
- Beginning in 2006/2007, ADHS/DBHS began using geo-mapping technology to assess statewide network capacity. This system has been used to assess several provider types and services including: outpatient prescribing physician availability, respite providers, Home Care Training for Home Care Client (HCTC) homes for adults/children, outpatient clinics and pharmacies. ADHS/DBHS generates the geo-mapping report thus relieving the RBHAs of this burden.

III. Other accomplishments

A. Administrative Changes

1. ADHS/DBHS issued a letter to the RBHAs on May 14, 2009 outlining numerous changes intended to reduce administrative burden and duplicative processes. Please see <http://www.azdhs.gov/bhs/pdf/administrativechanges51409.pdf>. Improvements were made in the following areas:
 - **Clinical practice protocols:** Effective July 1, 2009 ADHS/DBHS reduced the number of clinical practice protocols incorporated by reference into RBHA contracts to a maximum of five (5) for a given year. Protocols will be reassessed and selected on an annual basis, thus better prioritizing clinical focus areas for the contract year. The ADHS/DBHS Executive Team selected the following practice protocols for Contract year 2010:

- Assessment and Service Planning
- The Child and Family Team (with CASII information included)
- Adolescent Substance Abuse Treatment
- Out of Home Placement (with HCTC information included)
- Psychopharmacology in Children Under Five Years of Age

Most of these protocols can be found at <http://www.azdhs.gov/bhs/guidance/guidance.htm>.

Protocols not listed above were (a) placed into a Reference Library on the ADHS/DBHS website, (b) retired and replaced with links to national reference sources (also located in the Reference Library), or (c) retired with relevant language incorporated into the Provider Manual. The Reference Library is not incorporated by reference into RBHA contracts but offers valuable guidance and resources for RBHAs and providers to access.

- **Child and Family Team review process:** ADHS/DBHS is revising the current Child and Family Team practice review process in order to reduce the workload for the RBHAs. Additionally, ADHS/DBHS believes that the new process, called the System of Care Practice Review (SOCPR), will more accurately reflect Child and Family Team practice. ADHS/DBHS expects to release details of the revised process by Fall 2009.
- **Privileging requirements:** ADHS/DBHS eliminated privileging requirements for Behavioral Health Professionals and Behavioral Health Technicians as outlined in Provider Manual Section 3.20. These requirements were duplicative to the process conducted by the Office of Behavioral Health Licensure (OBHL). These changes will be implemented as soon as the policy revision is finalized.
- **Network planning and development:** ADHS/DBHS eliminated the requirement for the RBHAs to submit an annual Accomplishments Paper effective July 1, 2009. ADHS/DBHS will use quarterly RBHA updates to track accomplishments and progress toward goal achievement and will prepare an Accomplishments Paper instead of requiring the RBHAs to do it. Additionally, beginning in Quarter 4, Fiscal Year 2009, Single Case Agreement reports broken out by Level of Services and Population were eliminated and changed to an annual submission as part of the Network Analysis.
- **Elimination of the Clinical Liaison designation:** Effective July 1, 2009, ADHS/DBHS removed the Clinical Liaison designation in contracts and policies, which required extensive tracking. Staff currently serving as Clinical Liaisons will function in the role of a Behavioral Health Professional or Behavioral Health Technician, depending on their credentials.

RBHAs will be required to identify a single point of contact at the RBHA level to respond to coordination of care inquiries from AHCCCS Health Plans, primary care

providers (PCPs), and other involved clinicians to facilitate clinical coordination of care. In the new contract year (beginning July 1, 2009) RBHAs will be required to designate an Acute Health Plan and Provider Coordinator(s).

- **Provider onsite monitoring:** In March 2009, ADHS/DBHS formed a provider monitoring workgroup comprised of individuals from each of the RBHA Quality Management departments to review the current requirements for provider monitoring. The goal is to streamline the provider monitoring process and improve efficiency across the state, while also measuring the quality of care.

ADHS/DBHS quality management staff will no longer conduct onsite quarterly reviews, nor will they require the entire medical record for these reviews. Instead, the RBHAs will be asked to scan and submit electronically a limited number of documents (the most recent assessment, ISP, advanced directives, and 6 months of progress notes). For those providers with electronic medical records, ADHS/DBHS staff will request temporary access rights to these systems for their reviews in order to eliminate the need to scan these documents.

RBHA and TRBHA accomplishments

Cenpatico Efficiency Committee Annual Progress Report

- **Reduction of System of Care planning meetings:** Cenpatico originally planned to hold different meetings with providers to increase collaboration between agencies and share various resources (i.e. transportation, specialty services, etc...). These meetings have been incorporated into existing meetings to limit the demand on provider agency time. Cenpatico plans to continue looking at meeting structure to see if other meetings can be combined to further reduce number of meetings held with providers.
- **Elimination of form for transfer process:** Cenpatico currently requires intake providers to submit a treatment agency change form when transferring a participant to another intake agency. Cenpatico is developing Transfer Coordination functionality through the existing secure portal. This functionality will eliminate the need for the existing paper form. Providers will submit a transfer request for an individual directly to the receiving provider through the portal. The receiving provider will then be able to accept the participant online. Upon acceptance of the participant, the system will automatically move that participant to the receiving provider's roster and include the individual on the needed demographics report (also accessible online). This eliminates a manual paper form and allows for better tracking of participants during the transfer process. This is currently in the testing phase and should be released in late June or early July 2009.
- **Online Participant Roster Management:** With the upgrade to the web functionality for the transfer process, Cenpatico will also be including online participant roster management. Currently these reports are generated by Cenpatico each Monday and

given to providers through a FTP site. The new functionality will allow providers to pull their own reports that will be current as of the previous business day, rather than the week lag time. Scheduled release date is July 2009.

- **Electronic submission of 834 and demographics:** Cenpatico has mandated that all intake providers must be able to submit the 834 and Demographic electronically effective April 1, 2009. This will eliminate the faxing of individual forms to Cenpatico and manual keying of information into the system. This will also reduce the burden of manually producing individual forms and eliminate human error in keying data into the system.
- **Demographic question review:** The Committee is reviewing Cenpatico-added questions on the demographic to see if there are any questions that can be eliminated in the next demographic update.

NARBHA Efficiency Committee Annual Progress Report

- **Focus of the NARBHA Efficiency Committee:** The Committee is reviewing processes and paperwork identified as cumbersome to providers and/or consumers and family members. A requirement has been established that any new NARBHA process that may increase the burden on consumers, families, and/or the provider network must be discussed with this committee prior to being implemented.

The committee will apply 'filter questions' to processes/paperwork which may include:

1. Is this a compliance issue?
 2. What is the benefit to the member and their family?
 3. What is the overall cost-benefit?
 4. Is there a financial impact?
 5. Is there a staff time and member time impact?
 6. Is there other anticipated increased impact/burden?
 7. Is there any simpler way to achieve the intent of the process?
- **Eliminate and reduce committees and trainings:** NARBHA was able to eliminate or reduce the frequency or length of time for several meetings. NARBHA also committed to using video-conferencing whenever possible in order to reduce travel time and expense. NARBHA continues to review required trainings and has evaluated how to combine more training/technical assistance when possible as well as the use of Essential Learning.
 - **Review of crisis enrollment/crisis triage process:** Providers reported that the paperwork required for a crisis response is cumbersome. NARBHA's Crisis Network Coordinator is working to identify required data elements and eliminating use of the 'crisis triage form'. They are also working with their MIS Department to identify required demographics to see what we are requiring beyond ADHS/DBHS

requirements and reviewing elements for elimination. NARBHA plans to provide more instruction to providers on what elements are required to start enrollment, to disenroll before 45 days, and for a full enrollment.

CPSA Efficiency Committee Annual Progress Report

- **Advance Directives:** Advance directives were added to the CPSA Website, including a presentation by Attorney Charles Arnold in Spanish and English.
- **Electronic submission:** CPSA Quality Management now transmits much information to its Networks and ADHS/DBHS via electronic format (e.g., QM Plans/Work Plans, responses to Morbidity and Mortality reviews, etc.).
- **Streamlining of Corrective Action Plans (CAP):** All CAPs are now funneled through a centralized committee to eliminate multiple plans of correction being issued by separate functional units. Additionally, CPSA conducts face to face meetings with providers to discuss CAPs instead of relying on correspondence; these meetings yield much better results and avoid confusion and back and forth communication to get at the main issues.

Magellan Efficiency Committee Annual Progress Report

- **Elimination of clinical liaison tracking requirements:** Eliminated the need for providers to initiate, track and report clinical liaison assignments for all enrolled recipients.
- **Consolidation of reporting requirements:** Merged three existing reports into a single monthly report; reduced frequency of monthly analysis to quarterly; and eliminated redundant reporting requirements.
- **Audit Reduction Initiative:** Consolidated and stream-lined medical record review tools, identified efficiencies across monitoring activities to lessen burden on providers (i.e., reduced on-site visits).
- **PNO outcomes dashboard:** Implemented a real-time electronic outcomes dashboard for measuring Provider Network Organization (PNO) performance, reporting performance and monitoring performance. This eliminated the need for multiple printed reports which had significant lag times between data collection and report generation.
- **Expansion of electronic medical records usage:** Multiple providers are now utilizing some form of electronic medical record keeping system which reduces the volume of paperwork and allows multiple users to access medical record documentation simultaneously in an electronic format. Related accomplishments:

1. Magellan is currently piloting capacity for behavioral health medical practitioners and nursing staff to electronically enter progress notes and assessment data into electronic medical records.
 2. An application was added to the electronic ClaimTrack system that allows for clinical teams to electronically develop and disseminate recipients' individual service plans and permits multi-disciplinary clinical team members to simultaneously provide clinical input.
- **Electronic claims payment usage:** System partners are increasingly exercising the capacity to file claims and encounters electronically which eliminates the need for paper claims filing and processing.
 - **Electronic data collection and provider monitoring activities:** Quality Improvement staff is now utilizing laptops in the field to evaluate and score medical record tools with simultaneous downloads into reporting applications for instant results that can be communicated to providers without the use of paper audit tools and manual data entry.
 - **Web-Based applications and tools:**
 1. Developed online application for providers to check eligibility, enrollment and other demographic features 24 hours a day;
 2. Implemented Outcomes 360 Tools which is an online data collection system that supports true outcome measurement and tracks clinical progress for recipients eliminating the need for paper and pencil implementation, scoring, and distribution.
 3. Implemented Compliance 360, an integrated, on-line report and documentation distribution system that promotes accountability across a large number of RBHA staff and eliminates the need for multiple copies as reports and documents are centrally stored and linked to specific compliance issues and projects.
 - **Implementation of on-line training requirements:** Promotes open access and information sharing across participating staff to ensure that all required training requirements are available and completion for each employee is tracked.

**Appendix A
(Quick Fix Update)**

Quick Fix Recommendations Update 2009

RESOLVED RECOMMENDATIONS

RECOMMENDATION	HOW RESOLVED
<p>Out-of-State Placement - Monitor the trend line (e.g., number of placements) through a CIS-generated outcome indicator, rather than approving initial placements. Take action on outliers.</p>	<p>In Contract year 2009, DBHS eliminated the submission report for Out-of-Home placements by RBHA. These reports were streamlined from 3-4 reports into 1.</p>
<p>Annual and Quarterly Prescriber Sufficiency - Use claims data to geo-map location and distance traveled according to the number (density) of enrolled members.</p>	<p>The Network Operations Office has completed the following activities to eliminate excessive paperwork and reporting practices. These activities occurred through communication and partnership with AHCCCS:</p> <ol style="list-style-type: none"> 1. Quarterly Prescriber Loss and Gains Report: The Quarterly Prescriber Loss and Gains Report was eliminated and replaced with the less burdensome and shorter Quarterly Prescriber Sufficiency Analysis Report. This new report includes an executive summary comparison of the prescriber sufficiency analysis and findings from complaint data for the respective quarter related to accessibility (i.e. member complaints regarding availability of prescribers). 2. Geo-mapping: Beginning in 2006/2007, ADHS/DBHS began using geo-mapping technology to assess statewide network capacity. This system has been used to assess several provider types and services including: outpatient prescribing physician availability, respite providers, Home Care Training for Home Care Client (HCTC) homes for adults/children, outpatient clinics and pharmacies. The geo-mapping report is generated by ADHS/DBHS, thus relieving the RBHAs of this expectation.
<p>Outreach/Engagement/Re-Engagement - Establish a clear definition of what constitutes an “appointment.” Engagement tracking is “all or nothing. There is no clinical judgment involved.” RBHAs and providers feel that there is not a consistent perspective of what constitutes an appointment.</p>	<p>The following is the definition of appointments as defined by the ADHS/DBHS QM Committee:</p> <p><u>Definition:</u> a missed appointment occurs when an individual “no shows” for a scheduled appointment with all RBHA providers (BHMP, BHP or BHT) without a prior cancellation or rescheduling of the appointment.</p>
<p>Flex Funds Reports – Allow a reusable credit card for case managers. The billing statement automatically generates a receipt, date, type of purchase and amount, etc.</p>	<p>Per the Covered Services Guide, RBHAs are responsible for the administration and oversight of distribution of flex funds under \$1525. Requests for over \$1525 require authorization from the DBHS Director of Clinical Operations. Further discussion should be held with the RBHA regional efficiency committees about the feasibility of this approach.</p>

Quick Fix Recommendations Update 2009

RECOMMENDATIONS REQUIRING FURTHER INVESTIGATION	
RECOMMENDATION	STATUS
<p>Human Resources Roster Reports - Rather than submitting multiple roster reports with redundant data fields, electronic reporting should allow for updated roster information in a real time fashion.</p>	<p>It was determined that this report is a Network requirement needed to track specialty providers, staff qualifications, etc. The Network Inventory is not a roster of staff member names and qualifications; it is a collection of tables which aggregate numbers for a variety of data elements. This information is only collected once per year. The Network Inventory is currently under revision for FY 2010, and ADHS/DBHS is looking at eliminating a number of data elements that are currently being captured in other reports.</p>
<p>HIV Quarterly Activity Report - Crosswalk existing HCPC codes for HIV services and utilize the claims system to capture these services.</p>	<p>DBHS is not aware of any HCPC codes for these services. ADHS/DBHS has not been able to clarify this recommendation.</p>
<p>Demographic Updates - Establish a clear standard for what timeframe is reasonable for updates. Name, address and insurance can be updated regularly. Clinical information is more difficult as it relies on an update to the assessment, member agreement, etc. We recommend that DBHS involves providers and consumers in developing the updated standard and data elements.</p>	<p>ADHS/DBHS agrees with the need to reassess and make improvements to the data demographic elements. The goal is to better track progress and outcomes for individuals. The newly formed Data and Application Development Unit within the Division has prioritized this need and will be actively researching this issue in collaboration with RBHAs and providers.</p>
<p>Documents Incorporated by Reference (DIBR)- What do RBHAs/providers really need to know? More than 60 documents were included in the Magellan contract alone. Several were outdated or not documents that involve the RBHA or provider (e.g., PATH, Project MATCH, DASIS, DIG, Olmsted). "There are too many ancillary requirements, spreadsheets, matrices, logs, etc. These are difficult for providers to respond to and are labor intensive for provider compliance."</p>	<p>The number of practice protocols in the DIBR list has been reduced from 30 to 5 for Contract Year 2010. These selected 5 protocols contain required elements and will be the focus areas for this contract year. Previously, 9 out of the 30 protocols contained required elements and all 30 were in the DIBR list.</p> <p>ADHS/DBHS agrees with the need to simplify this list; these documents are currently under review for reduction of duplicative and unnecessary documents.</p>

Quick Fix Recommendations Update 2009

<p>JK Structural Measures - Identify a core set of meaningful measures that can be generated through CIS (e.g. placements in residential, Residential Treatment Centers and Therapeutic Foster Care settings), the referral roster, the provider file or other existing databases.</p>	<p>ADHS/DBHS agrees with the need to reassess and make improvements to the JK structural measures. The newly formed Data and Application Development Unit within the Division has prioritized this need and will be researching this issue in collaboration with RBHAs and providers..</p>
<p>Special Assistance - Consider eliminating reports. Instead, have providers designate those eligible in CIS, which would trigger an automatic notice to the Office of Human Rights and Advocates.</p>	<p>The Office of Human Rights is currently working with the ADHS Information Technology department to develop a database that will allow for electronic submission of the notifications.</p>

RECOMMENDATIONS THAT ARE UNABLE TO BE IMPLEMENTED AT THIS TIME	
RECOMMENDATION	REASON UNABLE TO IMPLEMENT
<p>Quarterly SAPT Waitlist - Combine required data for pregnant women and injection drug abusers with the referral log currently used to collect information for measurement of DBHS appointment standards and access to care.</p>	<p>Given additional reporting requirements from federal grantors, this recommendation cannot be implemented at this time.</p>
<p>PCP Coordination Develop a protocol for use of encrypted e-mail to share medical and behavioral information for adults with SMI and individuals referred by PCPs, with a long-range goal of web-based access to health records.</p>	<p>HIPAA requirements prevent ADHS/DBHS from implementing this recommendation for the following reasons:</p> <ul style="list-style-type: none"> • Federal HIPAA regulations require that all HIPAA covered entities (ADHS/DBHS, RBHAs, providers, PCPs, etc) delegate their own HIPAA Privacy and Security Officer and develop their own internal agency policies and procedures on how to administer HIPAA. As a result, HIPAA requirements dictate that ADHS/DBHS does not have authority to give direction on this issue. • The RBHAs and providers are required to consult with their individual HIPAA Privacy Official or legal counsel to develop internal policies regarding HIPAA requirements (such as managing and administering the everyday uses and disclosure of protected health information). So when an outside covered entity (like the RBHA, or provider) needs HIPAA advice or administrative direction, ADHS/DBHS, by law, must refer them back to their individual HIPAA Privacy

Quick Fix Recommendations Update 2009

RECOMMENDATIONS THAT ARE UNABLE TO BE IMPLEMENTED AT THIS TIME	
RECOMMENDATION	REASON UNABLE TO IMPLEMENT
	<p>Official. However, ADHS/DBHS is actively working with AHCCCS on the Arizona Medical Information Exchange (AMIE) project focused on the long-term goal of web-based access to certain aspects of health records.</p>
<p>Strengths, Needs, Cultural Discovery Document (SNCD) – Make this report electronic</p>	<p>There is no mandated or common electronic format currently required by ADHS/DBHS for the SNCD. The RBHAs or their subcontracted network/provider agencies may have mandated the use of a particular format for this document or structured one if using an electronic medical record. However, it would be almost impossible to have all agencies follow the same electronic format because many of them can't support an electronic approach and this document is often prepared in the field or at the individual's home. Additionally, this document is modified on a regular basis.</p> <p>The main goals of the new ADHS/DBHS Data and Application Development Unit are to improve the quality, timeliness and value of the demographic data, and to move the system towards a complete Electronic Health Record (EHR), which collects only the information directly needed regarding client care and better tracks client outcomes. ADHS/DBHS is also actively pursuing federal stimulus funds to facilitate dramatic improvements to the electronic collection of assessment and service planning data, which would likely include elements related to the SNCD.</p>

Appendix B
Eligibility
Ad Hoc Committee Report

1. Reduce the number of forms to be signed at admission (intake) by developing a master signature sheet or electronic file with verification of signature.

The Office of Behavioral Health Licensing (OBHL) is flexible in its requirements regarding forms at intake for outpatient and inpatient services. It is permissible to use a checklist indicating that certain forms were provided to the behavioral health recipient and thereby creating one signature page. When OBHL conducts audits, they look for evidence of the required elements but not for specific formats. Providers are permitted to use their own forms as long as they meet all of the required elements of OBHL. OBHL also stated that it would be permissible to include some of their requirements in the Member Handbooks in lieu of providing a separate form. This information was shared with the Statewide Efficiency Committee at the April 2009 meeting.

2. Establish the same standard eligibility process for RBHA/providers as health plans by requiring behavioral health agencies to complete preliminary financial screening process only and establish a fuller eligibility function at the ADHS/DBHS level.

Determining financial eligibility is a function that AHCCCS delegates to the Department of Economic Security (DES); this cannot be altered to allow ADHS/DBHS to complete eligibility determinations.

3. Improve user-friendliness of eligibility process by establishing user-friendly tools on the ADHS/DBHS website (similar to MyAHCCCS.com, the AHCCCS 1-800 line, links to DES website, online applications, and instructions).

AHCCCS has implemented the Health-e-Arizona program which provides access to online applications for AHCCCS programs, food stamps, etc. The RBHA Chief Executive Officers were provided a presentation of the program and the RBHAs are currently working with AHCCCS to pilot the Health-e-Arizona program for online applications. Some providers have already purchased the program and are using it in their agencies.

4. Eliminate TXIX/TXXI screening and referral report by replacing it with a monthly indicator based on CIS database enrollment.

ADHS/DBHS eliminated this report as a requirement in Contract Year 2009.

5. Improve the sliding fee scale process by having ADHS/DBHS and RBHA's develop a meaningful sliding fee scale process.

The policy pertaining to co-pays and the sliding fee scale is currently under revision.

Appendix C

Notices and Appeals Ad Hoc Committee Report

1. **Streamline notice and appeals process by developing a single form and timeline for notices and appeals (this refers to the entire process).**

The Ad Hoc Committee recommended that ADHS/DBHS develop a single form and timeline guideline document to provide an overview of the process. However, given conflicting statutory requirements for multiple populations covered under the requirements, it is not legally possible to create a single form or timeline for all of the different populations served by the behavioral health system. ADHS/DBHS continues to remain open to suggestions for streamlining this process and this item will be revisited at future SEC meetings.

2. **Reduce instruction sets for notices and appeals in the Provider Manual and within policies by combining policies and Provider Manual sections on notices and appeals.**

ADHS/DBHS and AHCCCS recently updated and extensively reviewed the policies on notices and appeals. Instruction sets for both the Provider Manual and the Policy and Procedures Manual are now the same and no inconsistencies have been reported to the ADHS/DBHS Policy Office (thereby reducing the number of instruction sets). Any differences between the Provider Manual and the Policy and Procedures Manual occur because of the difference in scope between the two manuals.

If no inconsistencies exist, is this simply an educational issue that could be resolved through training to RBHA staff on the notices and appeals process?

Yes, it is possible that additional education on the policies may be necessary to dispel any thoughts that there are inconsistencies in ADHS/DBHS' expectations relayed in the Provider Manual and the Policy and Procedures Manual. RBHAs and providers may request technical assistance as needed through the ADHS/DBHS Policy Office.

3. **Improve submission of appeals information by establishing a method for electronic submission.**

The ADHS/DBHS Policy Office is working to have all Provider Manual forms available electronically. This is occurring as each policy comes up for review. The Policy Office is creating electronic, fill-in forms using Adobe Reader software. The forms are available to the RBHAs, which then add their unique information to the forms and make the forms available to its providers.

A) Who is the ADHS/DBHS contact person for the forms? Margaret Russell is the main contact person regarding the forms. Margaret.russell@azdhs.gov

B) Will the forms be available to consumers? Some of the forms developed by the ADHS/DBHS Policy Office are forms that are provided to behavioral health recipients. However, the ADHS/DBHS Policy Office only develops template forms; RBHAs must incorporate RBHA-specific information to the forms, so the RBHA versions would be the actual versions provided to behavioral health recipients.

C) Will the RBHAs print or email the forms? When RBHAs modify the forms provided by ADHS/DBHS, they have the option to add the “print” and/or “email” buttons to the forms. ADHS/DBHS will not be including these buttons in posted forms as the ADHS/DBHS forms are only templates.

D) Is there anything else the subcommittee needs to know about the electronic forms? The Policy Office is converting forms into electronic formats as policies and their associated forms come up for their scheduled review. As such, some forms may not be available in an electronic format for a while. However, that does not preclude RBHAs from making their current version of the forms available electronically.

4. Improve user-friendliness of notice and appeals by utilizing “form making” software to design actual notice templates.

While ADHS/DBHS is working to create electronic versions of required forms, there are strict requirements and restrictions on the content of AHCCCS’ mandated forms (i.e. Notice of Action) which prevent some changes from being implemented. The ADHS/DBHS Consumer Rights staff continues its efforts to improve the user-friendliness of required forms as is permitted and approved by AHCCCS.

5. Improve customer-friendliness of notice and appeal process by hosting behavioral health recipients/family focus groups to gather information.

There are many avenues currently available for behavioral health recipients and families to provide feedback on the notice and appeal process, as well as feedback for behavioral health services in general. The Office of Individual and Family Affairs provides a toll-free number for individuals to provide comments and suggestions for improvement (**1-877-464-1015**); the Department holds “Let’s Talk Forums” across the state which provide face-to-face opportunities for behavioral health recipients and families to speak directly to ADHS/DBHS executive leadership; and there are many committees led by behavioral health recipients and families where feedback can be provided (i.e. the Behavioral Health Planning Council, a variety of family-run committees, and others).

6. Streamline reporting requirements for incident/accident/death and seclusion/restraint reports by reviewing, consolidating and condensing reports where possible and developing a system for transmission via secured electronic file (i.e., web portal)

This recommendation will be forwarded to the Data and Application Development Unit for consideration as improvements are made to overall data collection, aggregation, and analysis.