AHCCCS
Arizona Health Care Cost Containment System

Katie Hobbs, Governor
Carmen Heredia, Cabinet Executive Officer
and Executive Deputy Director

May 3, 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 and the chairpersons of the Health and Human Services Committees 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,

Carmen Heredia
Cabinet Executive Officer
and Executive Deputy 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, Health Policy Advisor, Office of the Governor




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

FOR THE PERIOD:
STATE FISCAL YEAR (SFY) 2022
(JULY 1, 2021 – JUNE 30, 2022)

April 2024
Carmen Heredia,
Cabinet Executive Officer and Executive Deputy 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) 2022 (July 1, 2021 – June 30, 2022).

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 and Eligibility Category

There were 65,679 members with an SMI designation enrolled in AHCCCS in SFY 2022. Table I exhibits the total count of enrolled members with an SMI designation by GSA which represents a 57% increase over total enrollment reported by ADHS in FY 2015 (41,876). Most members reside in the Central Geographic Service Area (GSA) and are Title XIX eligible.

Table I –SFY 2022 Eligibility by Geographic Service Area

GSA	Eligibility		Number of Enrolled SMI Members	Percentage of Statewide SMI Members
	NTXIX	TXIX		
Central	7,147	32,481	39,628	60.3%
North	1,310	6,876	8,186	12.5%
South	3,675	14,190	17,865	27.2%
Statewide	12,132	53,547	65,679	100.0%

Member Demographics

Table II indicates the median age, gender, and race/ethnicity of members with an SMI designation. Statewide, the female gender was indicated with more frequency and the median age for all members was 49 years old. The table also illustrates that more than half of members (51.2%) associated their race/ethnicity with the White/Caucasian category, and approximately one-third of members declined to indicate their race (Unknown).

Table II – SFY 2022 Demographics by Geographic Service Area

SMI Demographic		Central	North	South	Statewide
Total Members		39,628	8,186	17,865	65,679
Median Age		46	50	50	49
Sex	Female	52.3%	55.8%	53.7%	53.1%
	Male	47.7%	44.2%	46.3%	46.9%
Race/ Ethnicity	Asian Indian	0.2%	0.1%	0.2%	0.2%
	Other Asian	0.1%	0.05%	0.04%	0.1%
	Asian/Pacific Islander	0.3%	0.1%	0.2%	0.2%
	Asian Unknown	0.04%	0.0%	0.04%	0.04%
	Black	10.0%	1.2%	5.3%	7.6%
	Chinese	0.05%	0.02%	0.1%	0.1%
	Caucasian/White	48.0%	58.9%	54.8%	51.2%
	Filipino	0.1%	0.1%	0.1%	0.1%
	Guam/Chamorro	0.0%	0.02%	0.03%	0.01%
	Native Hawaiian	0.05%	0.1%	0.1%	0.1%
	Hispanic	2.5%	1.0%	4.9%	2.9%
	Japanese	0.04%	0.07%	0.02%	0.04%
	Korean	0.04%	0.02%	0.1%	0.04%

	American Indian	3.2%	9.7%	3.1%	4.0%
	Nat Haw or Other Pac Island Unknown	0.01%	0.0%	0.01%	0.01%
	Other Pacific Islander	0.1%	0.02%	0.1%	0.1%
	Other	0.1%	0.4%	0.1%	0.2%
	Samoan	0.01%	0.01%	0.01%	0.01%
	Unknown/Unspecified	35.1%	28.2%	30.9%	33.1%
	Vietnamese	0.1%	0.01%	0.03%	0.1%

Table III includes various outcomes and demographic data. As displayed, 11.4% of members with an SMI designation experienced homelessness during the year, with more members experiencing homelessness in the Central GSA (13.3%) compared to the two other GSAs. These numbers are consistent with the overall Arizona homeless population increases as reported in the 2022 State of Homelessness report submitted by the Department of Economic Security. Arizona has seen a steady increase in the overall homeless population since 2017 including a 25% increase between 2020 and 2022 with 67% percent of those counted during the 2022 Point-In-Time count in Maricopa County[2]. 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 similar across the GSAs.

Table III – SFY 2022 Demographics -Outcomes and Disability

Demographic	Central	North	South	Statewide
Homeless[3]	13.3%	5.4%	10.0%	11.4%
Incarcerated[4]	7.5%	4.0%	3.8%	6.1%
Employment Status (% Employed)[5]	15.4%	14.9%	12.5%	14.6%
Deaf[6]	1.8%	2.0%	1.6%	1.8%
Hard of Hearing[6]	1.0%	1.2%	0.9%	1.0%
Blind[6]	0.3%	0.2%	0.2%	0.3%
Deaf-Blind[6]	0.01%	0.0%	0.0%	0.0%

[2] Source: https://des.az.gov/sites/default/files/dl/2022-Homelessness-Annual-Report.pdf
[3]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.
[4] Incarcerated status is determined based on eligibility category in Health-e-Arizona Plus (HEAplus).
[5]Employment data is based on HEAplus reporting.
[6] Based on encounter diagnosis codes using guidance from the National Center on Deaf-Blindness.

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 both Non-Titled and Title XIX members. The per capita rate in the Central GSA trended $1,957 higher than the statewide per capita rate whereas rates for the North ($12,634) and South ($13,113) GSAs were lower than the statewide ($16,940) value. The annual state per capita expenditure rate was $3,482 for Non-Title XIX members and $18,127 for Title XIX members[7].

Table IV – SFY 2022 Per Capita Expenditures by Geographic Service Area and Eligibility[8]

GSA	SMI Eligibility	Members Served	Expenditures	Per Capita
Central	Non-Title XIX	9,798	$39,839,820	$4,066
	Title XIX	31,692	$686,439,212	$21,660
	Central Total	**38,434**	**$726,279,032**	**$18,897**
North	Non-Title XIX	1,628	$6,166,704	$3,788
	Title XIX	6,136	$88,728,490	$14,460
	North Total	**7,511**	**$94,895,194**	**$12,634**
South	Non-Title XIX	2,936	$6,813,824	$2,321
	Title XIX	12,750	$192,808,468	$15,122
	South Total	**15,223**	**$199,622,292**	**$13,113**
Statewide	**Statewide Total**	**60,261**	**$1,020,796,518**	**$16,940**

Tables V exhibits treatment services and pharmacy as the costliest service categories for the combined Non-Title XIX and Title XIX members. Inpatient services ($17,146) 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.

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

[8] 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.

Table V – SFY 2022 Per Capita Expenditures by Service Type and Eligibility Category[9]

Service Categories	SMI Eligibility	Members Served	Expenditures	Per Capita
Support Services	Non-Title XIX	13,584	$13,361,853	$984
	Title XIX	44,616	$109,561,190	$2,456
	Total	**54,898**	**$122,923,043**	**$2,239**
Inpatient Services	Non-Title XIX	356	$2,433,606	$6,836
	Title XIX	9,234	$158,327,121	$17,146
	Total	**9,527**	**$160,760,727**	**$16,874**
Pharmacy	Non-Title XIX	3,997	$11,074,169	$2,771
	Title XIX	29,776	$155,409,493	$5,219
	Total	**33,234**	**$166,483,662**	**$5,009**
Rehabilitation Services	Non-Title XIX	5,030	$7,657,798	$1,522
	Title XIX	25,615	$69,954,038	$2,731
	Total	**30,196**	**$77,611,837**	**$2,570**
Treatment Services[10]	Non-Title XIX	2,174	$2,819,605	$1,297
	Title XIX	23,503	$322,061,963	$13,703
	Total	**25,330**	**$324,881,568**	**$12,826**
Medical Services	Non-Title XIX	10,761	$11,627,043	$1,080
	Title XIX	45,603	$122,557,763	$2,687
	Total	**54,710**	**$134,184,806**	**$2,453**
Crisis Intervention Services	Non-Title XIX	2,079	$3,846,274	$1,850
	Title XIX	11,876	$30,104,600	$2,535
	Total	**13,669**	**$33,950,874**	**$2,484**
Total	**Statewide**	**60,261[11]**	**$1,020,796,518**	**$16,940**

Average Length of Stay and Readmission

Behavioral Health Residential Facility (BHRF) ranked highest for average length of stay (days) for both Title XIX (59.1 days) and non-Title XIX members (27.5 days). BHRFs had the highest readmission rate within 30 days for both the non-Title XIX population (31.7%) and Title XIX population (39.3%). BHRF is a level of care that requires a 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 needs an increased level of care for a short time to address increased symptomology, they are discharged from the BHRF and admitted to the higher level of care. Readmission rates may be impacted by the number of members who required a

[9] 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.

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

[11] 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.

brief (under 30 days) increase in level of care to support recovery and stability before readmission into a BHRF level of care.

Table VI – SFY 2022 Statewide Average Length of Stay and Readmission Rates,[12] [13]

Treatment Level	SMI Eligibility	Average Length of Stay (Days)	Readmit %
Level I	Non-Title XIX	9.5	6.4%
	Title XIX	8.3	22.2%
	Statewide	**8.3**	**22.2%**
Level I Sub-Acute	Non-Title XIX	5.2	8.1%
	Title XIX	5.9	22.9%
	Statewide	**5.8**	**21.9%**
Behavioral Health Residential Facility (BHRF)	Non-Title XIX	27.5	31.7%
	Title XIX	59.1	39.3%
	Statewide	**58.4**	**39.1%**

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

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 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 determined 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.

Table VII – SFY 2022 Housing Waitlist Overview of Members

Days on Wait List	Number of SMI Members	% Waitlist Members in Days Band
0-30	171	3.6%
31-90	288	6.0%
91-183	390	8.2%
184-365	1,015	21.2%
366-730	1,432	29.9%
731-1,095	939	19.6%
1,096-1,460	302	6.3%
1,461-1,825	157	3.3%
1,826-2,190	86	1.8%
2,191-2,554	6	0.1%
Total	**4,786**	**100%**

Access to Service Complaints

Access to service complaints is classified within one of six complaint sub-categories. 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.

Obtaining prescriptions (37 members) was the most common subcategory of access to care complaints received from/or on behalf of members statewide. This sub-category accounted for 59% of the complaints received during the year. The most common complaint in this subcategory related to delays in refills. Further analysis suggested distinct member issues and resolution paths without a systemic trend identified.

Table VIII – SFY 2022 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	2	1	4	0	2	0	**8**	**1**	**9**
2. Appointment Availability	1	0	3	0	4	0	**8**	**0**	**8**
3. Office/Appointment Wait Time to Be Seen	0	0	0	0	1	0	**1**	**0**	**1**
4. Obtaining Prescriptions	2	0	0	0	32	3	**34**	**3**	**37**[14]
5. Prior Authorization Process	0	0	0	0	0	0	**0**	**0**	**0**
6. Provider Accommodation/Office Accessibility	0	0	0	0	1	0	**1**	**0**	**1**
Other	7	0	7	0	0	0	**14**	**0**	**14**
Access To Services Total	**12**	**1**	**7**	**0**	**40**	**3**	**59**	**4**	**63**

[14] Complaints were unrelated individual issues with the exception of one month in which 5 complaints were attributed to a delay in refills.

Mortality Trends

AHCCCS and ADHS successfully entered a data sharing agreement by which ADHS shared vital records information necessary for calculating mortality trends for members determined SMI. This is the first year of reporting under the Cause of Death Sharing Agreement between AHCCCS and ADHS Bureau of Vital Records required by statute.

Chart I demonstrate annual mortality rate trends from SFY 2016 to SFY 2022 for AHCCCS members with an SMI determination. Overall statewide rates remained relatively steady from 2016 through 2018 and began to rise as the COVID-19 pandemic began in 2019.

Chart I - SFY 2016-2022 SMI Mortality Rate Per 1,000 - Manner of Death (MOD)[15]

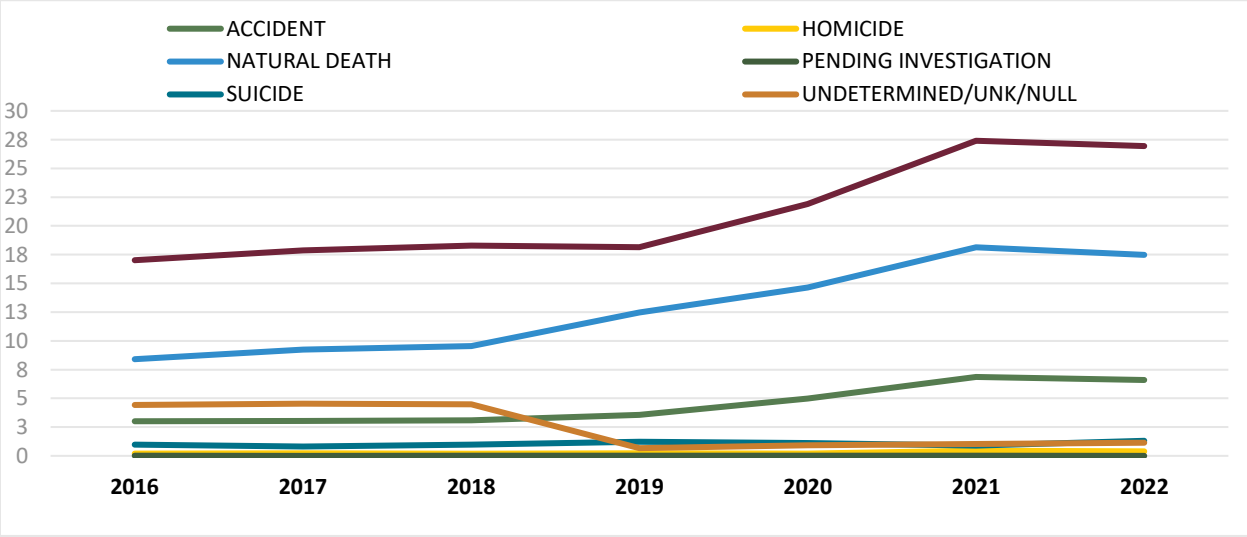


Table IX demonstrates the total number of mortalities for AHCCCS members with an SMI determination statewide from SFY 2016 to SFY 2022. The total number of mortalities in SFY 2022 was 1,769, which equates to a rate of 26.9 deaths per 1,000 members. Natural death [16]was the most common manner of death with 1,148 deaths at a rate of 17.48 deaths per 1,000 members, accounting for nearly 65% 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 (434 members) at a rate of 6.6 per 1,000 members.

[15] Data was tabulated using Cause of Death Data Sharing Agreement established with ADHS Bureau of Vital Records.
[16] For information on cause of death, including how medical examiners are required to report COVID-19 related death as Natural death please review the vital statistics reporting guidance at https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg03-508.pdf.

Table IX - SFY 2016-2022 SMI Mortality - Manner of Death (MOD)

Recipient Counts	State Fiscal Year						
Manner of Death	2016	2017	2018	2019	2020	2021	2022
Accident	193	194	198	228	320	440	434
Homicide	13	15	12	14	13	29	26
Natural Death	539	593	612	799	939	1,163	1,148
Pending Investigation	1	0	1	1	1	1	0
Suicide	62	52	62	78	72	57	86
Undetermined/UNK/Null[17]	283	291	287	43	59	67	75
All Manner Of Death (Total)	**1,091**	**1,145**	**1,172**	**1,163**	**1,404**	**1,757**	**1,769**

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. Chart III displays the age adjusted mortality rates by gender for the AHCCCS enrolled SMI members. The age adjusted methodology applied is consistent with that used by ADHS in the 2021 Health Status Report for comparison to the overall adult population in AZ. The age adjusted cause-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.

[17] Undetermined/UNK/Null are not official or final cause of death categories, these indicators are used by medical examiners during the investigation process and are updated as investigations are finalized. These numbers may shift to other categories as official cause of death are updated.

Chart II – 2016-2022 ADHS Age-Adjusted Mortality Rates for SMI by Gender[18]

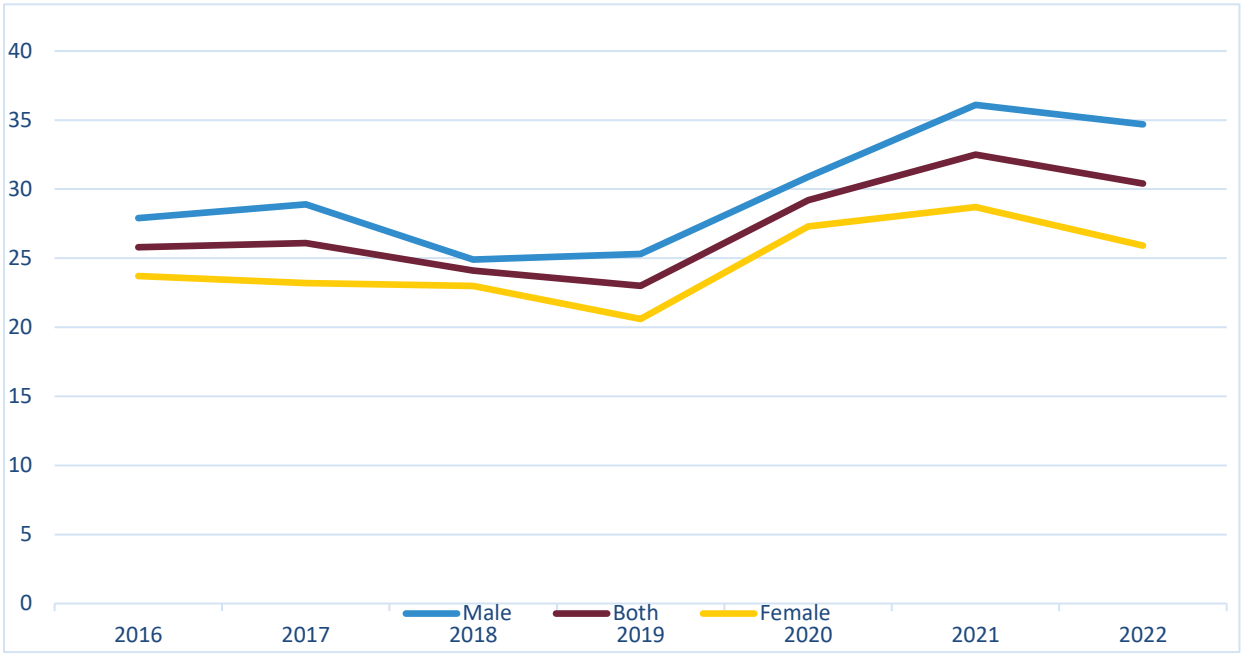
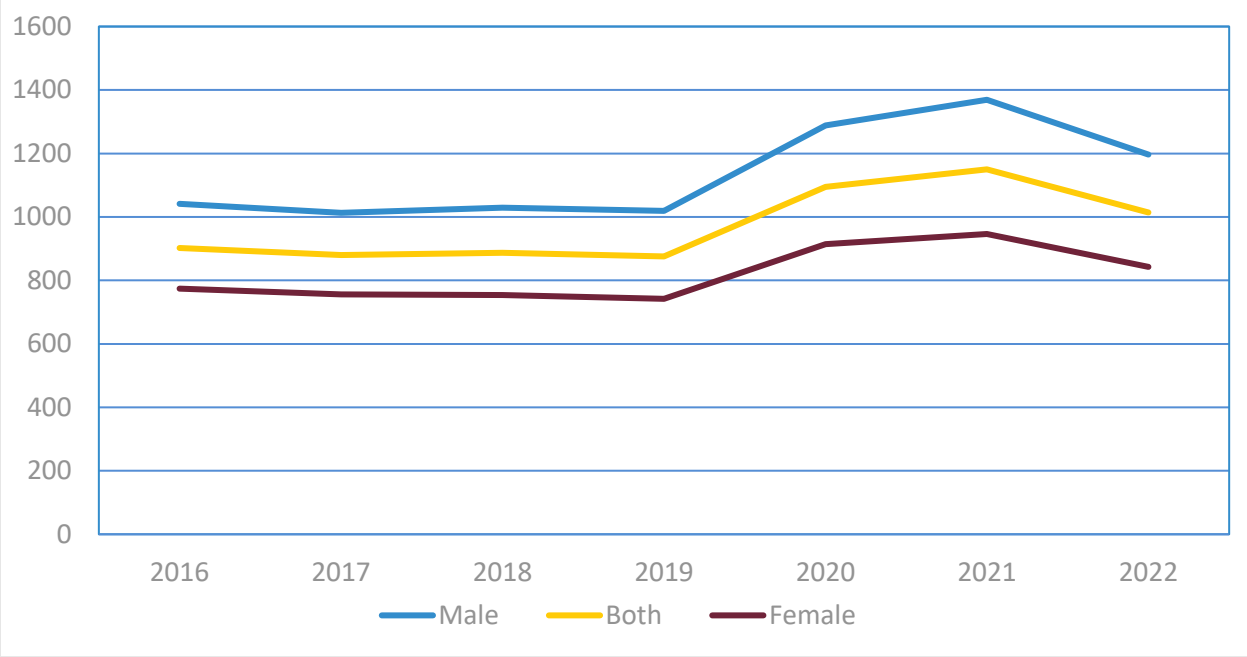


Chart III has been included for trend comparison. AHCCCS requested that ADHS calculate the all-cause age-adjusted death rate among the Arizona resident adult population 18 years of age and older from 2016-2022 for comparison. Age-adjustment was performed to eliminate the bias of age in the makeup of the population being compared.

When comparing the AHCCCS SMI deaths against all (inclusive of the subset above) of adult Arizonan resident deaths 18 years of age and older for all-cause mortality, the rates increase from 2016-2022, from 902.5 per 100,000 adult population in 2016 to 1,013.8 per 100,000 in 2022. When stratified by sex, there was an increase for both adult males and females over the time period, with an increase in the rate for males at 1,041.7 per 100,000 adult males in 2016 to 1,196.6 per 100,000 adult males in 2022. Females increased from 773.8 deaths per 100,000 adult females in 2016 to 843 deaths per 100,000 in 2022. The death rate in adult males was higher than females throughout the time period.

[18] 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.

Chart III – 2016-2022 ADHS Age-Adjusted Mortality Rates for all adults (18+) by Gender



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: May 15, 2023

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 Scattered Site, Site-based, Community Living Program, and Sponsor-based 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:

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 by a qualified provider.
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.

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. Actual homeless status, as verified by a homeless verification letter. Completed by the referring agency.
3. VI-SPDAT, as submitted by the referring agency.
4. 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 receive 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 member on the waitlist will be chosen using the following procedure:

1. The waitlist report is pulled weekly for new referrals.
2. It is filtered per vacancy by region/county.
3. It is filtered per vacancy by program type (Scattered site, Site Based/Community Living/Sponsor based)
    i. 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 applicant at the top of the list will be next to be referred for an AHP subsidy.

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.

If the referring agency does not respond to the initial email, there will be two further attempts to contact the agency. If there is still no response, ABC will contact the clinic's leadership and member's health plan to obtain information of the member's housing need.

If the referring agency is unable to contact the member, the member will be placed back on the waitlist for the next vacancy. ABC staff will attempt to intake the member on three separate occasions before removing the member from the waitlist.

1. On the first attempt, the referring agency and the agency's housing point of contact is notified.
2. On the second attempt, the referring agency, housing point of contact, and clinic leadership are notified.
3. On the third attempt, the referring agency and housing point of contact, clinic leadership, and member's health plan are notified.

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. Moved out of state.
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 with AHCCCS.
7. Incarcerated with no release date.