



## AHCCCS Office of Rights 2025 Annual Report

January 2026



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## OHR Overview

The Office of Human Rights (OHR), located within the AHCCCS Division of Behavioral Health and Housing (DBHH) and established under Arizona Administrative Code R9-21-104, provides support to AHCCCS members living with a Serious Mental Illness (SMI). OHR promotes members' rights, ensures access to entitled Medicaid services, and is responsible for promptly identifying individuals who require Special Assistance. For those members, OHR formally assigns a designated representative to help them participate in treatment planning, discharge planning, and the SMI appeal, grievance, and investigation processes. OHR's statewide team includes 14 advocates, two lead advocates, a data and policy manager, a conflict advocate, and an administrator.

## SMI Population Statewide Compared to Special Assistance Members

State-employed advocates are currently assigned to approximately 18% of AHCCCS members with a Serious Mental Illness (SMI) who meet Special Assistance criteria, while the remaining 82% are represented by

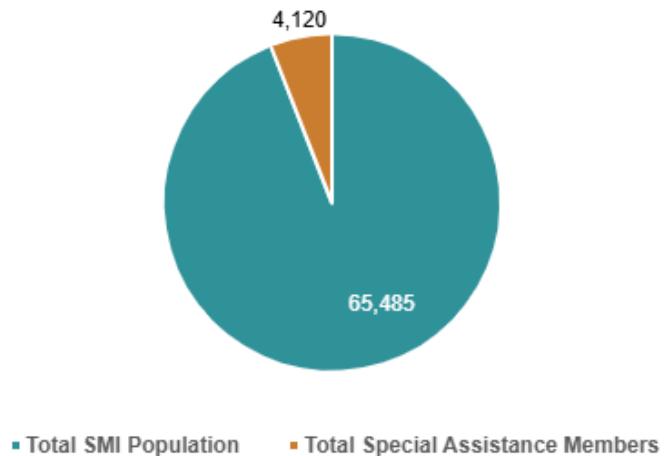
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court-appointed guardians or natural supports, who also receive ongoing support from OHR as needed. OHR advocates work directly with members and their families to promote self-advocacy and to provide education on navigating the behavioral health system. The primary objective of the advocate is to empower the member and/or the member's natural support to navigate the system **independently**.

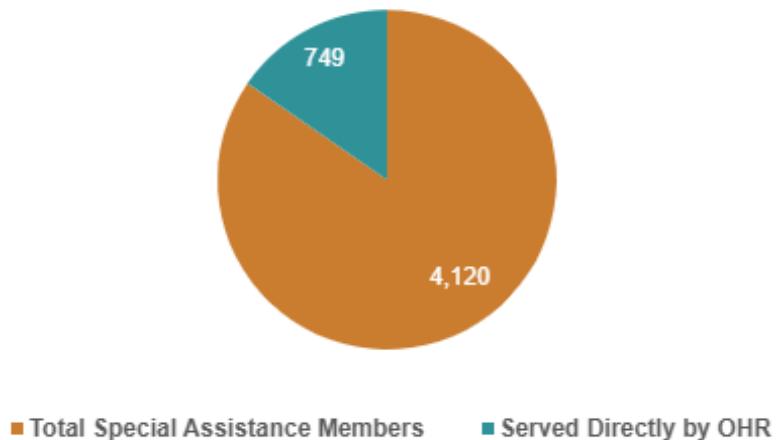
In addition, OHR provides technical assistance to all members living with an SMI in Arizona, as resources allow. At the end of 2025, 4,120 members were identified as meeting Special Assistance criteria, representing a 5% increase from 3,924 members in the previous year. Of the 4,120 members requiring Special Assistance, OHR directly represents 749 individuals—its highest number of direct representations to date, and an 11% increase from the prior year, when OHR directly supported 676 members.

### Number of SMI Members Who Meet Special Assistance/Special Assistance Members Served by OHR

**SMI Population and Special Assistance**

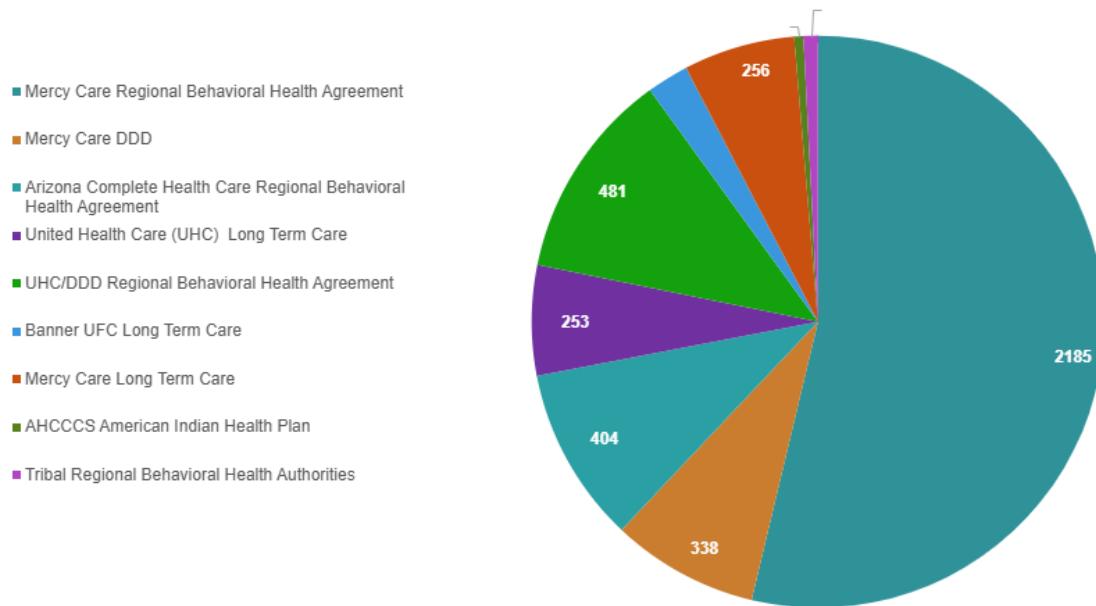


### Special Assistance Served by OHR



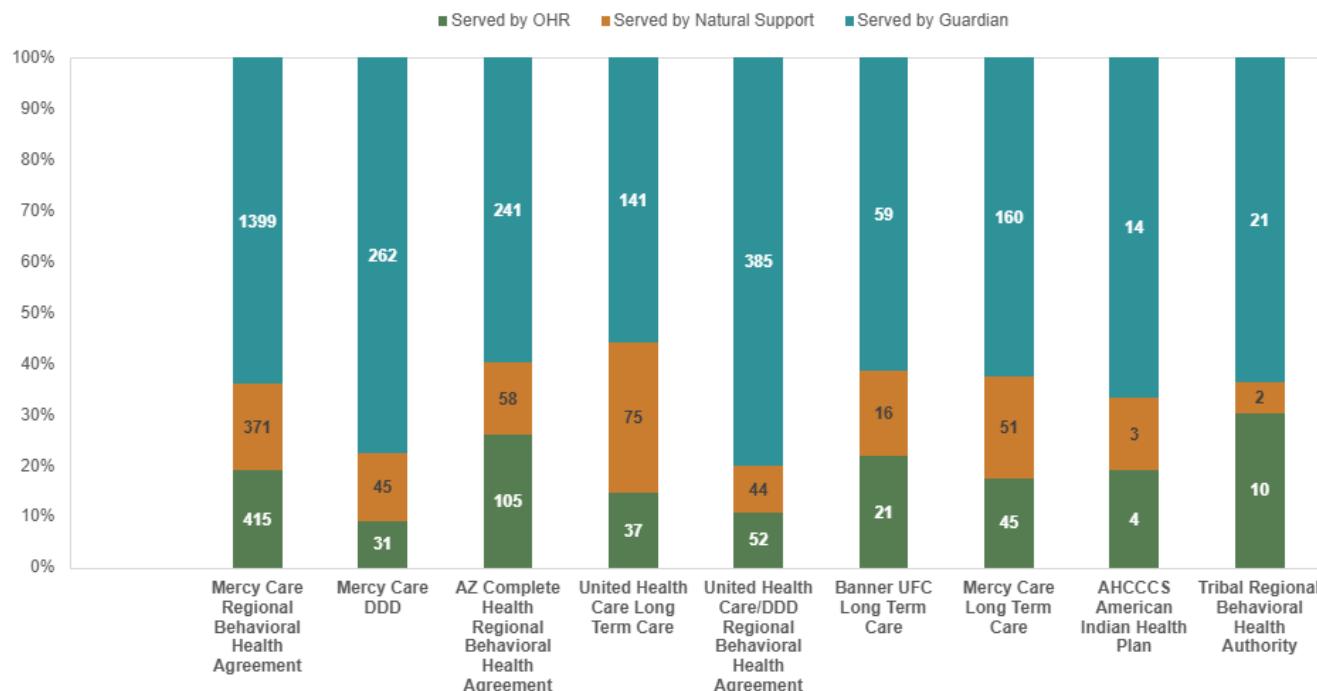
## Special Assistance Members Served by AHCCCS Contractors/Tribal Regional Behavioral Health Authorities

Special Assistance Members by Health Plan



## Special Assistance Population by Health Plan and Type of Advocacy Support

Advocacy by Type and Health Plan



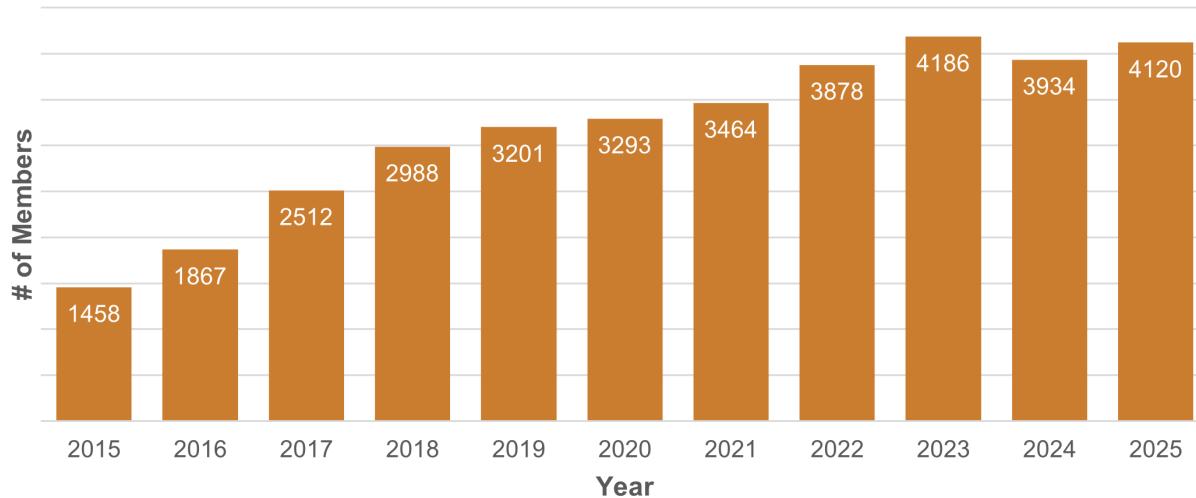
### Special Assistance Population Served at the Arizona State Hospital (ASH)

The Arizona State Hospital (ASH) is currently serving 95 Special Assistance patients. Of these individuals, two are assigned to an OHR advocate, while the remaining patients are represented by court-appointed guardians.

### Special Assistance Population Growth from 2015 to 2025

From 2015 to 2025, the number of Special Assistance members in Arizona increased by 5%. Since 2015, the Special Assistance population has grown by 182%, rising from 1,458 to 4,120 members.

### Special Assistance Growth



### Major Accomplishments in 2025

OHR continued its mission of providing advocacy to individuals living with an SMI designation by helping them understand, protect, and exercise their rights; promoting self-advocacy through education; and supporting access to behavioral health services within Arizona's public behavioral health system.

OHR also continued to streamline internal processes to reinvest time and resources into community education and support. Examples of recent process improvements include:

- **Enhanced Report Functionality in the AHCCCS QM Portal** – As required under Arizona Administrative Code R9-21-104, OHR must maintain an updated list that includes the name of each member who requires Special Assistance (SA), along with the name and address of the residential program providing behavioral health services to that member. This requirement is largely fulfilled through the AHCCCS OHR Quality Management (QM) Portal. OHR continually evaluates and identifies opportunities to enhance the portal's functionality. In 2025, the following system upgrades and process improvements were implemented:
  - **Provider reports** – OHR received feedback from providers regarding desired enhancements to the AHCCCS QM Special Assistance (SA) Portal that would improve usability and better support both providers and their enrolled members. In collaboration with the AHCCCS Information Services Division, OHR implemented upgrades to the provider reporting functionality. These improvements have streamlined providers' ability to comply with Special Assistance requirements, thereby facilitating timely representation, strengthening treatment planning

processes, and contributing to improved member outcomes.

- **Reduction of Internal Trackers** – OHR enhanced portal reporting to more accurately track updated member demographics and transitions to self-advocacy, natural supports, or guardianship. As a result, OHR successfully reduced its reliance on external tracking tools for maintaining historical data and production metrics. These improvements allow for more efficient, centralized data management within the QM Portal.

### Advocate of the Day (AOD) Statewide Phone Line

OHR operates a statewide Advocate of the Day messaging center during business hours and provides technical assistance to all individuals with an SMI designation. In 2025, OHR assisted 1,071 callers. Technical assistance commonly includes:

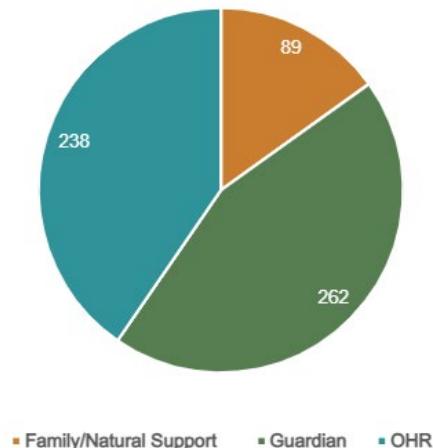
- Providing education and resources for behavioral health services in Arizona,
- Helping a person understand their rights as an individual living with a SMI,
- Assist members in understanding their treatment options, and
- Offering guidance in the grievance and appeal process.

### New Notifications for Special Assistance Members

AHCCCS requires that all members with a Serious Mental Illness (SMI) designation be assessed for Special Assistance in accordance with the Arizona Administrative Code which establishes requirements for the identification, notification, documentation, and reporting for members who meet Special Assistance criteria. Contractors, Tribal ALTCS, TRBHAs, and subcontracted providers must notify OHR by completing Part A of the Special Assistance notification within five business days of identifying a member in need of Special Assistance.

In 2025, OHR processed **589** new notifications for members who met Special Assistance criteria. The types of support assigned varied: **262** notifications involved members represented by guardians, **89** involved members supported by a family member or natural support, and **238** members were assigned to an OHR advocate, representing a 37% increase from the prior year.

2025 Special Assistance Notification Analysis



### OHR Graduations and Transitions to Natural Supports In 2025

When a member demonstrates the ability to self-advocate, OHR conducts an assessment to determine whether they continue to meet Special Assistance criteria. If a member no longer meets the criteria, OHR records this as a successful Part C (closure). In 2025, OHR recorded **108** successful Part Cs, averaging nine per month.

When a member's family or natural support becomes familiar with services and processes available within the behavioral health system, they often assume the role of designated representative for the member. OHR calls this transition a successful updated Part B. These members remain active on the Special Assistance list and the guardian or natural support is provided technical assistance from OHR as needed. In 2025, OHR celebrated **60** updated Part Bs (averaging five per month).

### OHR Encounters in 2025

Encounters can include: a visit to support a Special Assistance member; a visit to a hospital; staffing for a Special Assistance member; a meeting with behavioral health contracted providers; coordination with other providers; grievance and appeal matters (investigations, interviews, informal conferences, hearings); discharge planning staffings; ISP (Individual Service Plan) meetings; ART (Adult Recovery Team) meetings; jail visits; meetings with Special Assistance members in the community; intakes and/or transfer meetings with Special Assistance members; meeting for temporary short term technical assistance (for members designated with an SMI that do not meet criteria for Special Assistance); and trainings conducted or received directly related to behavioral health. OHR tracked **7,692** total encounters in 2025.

### OHR Additional Tracking in 2025

The OHR tracks inpatient and jail encounters separately by region:

- Maricopa County:
  - **595** contacts with members who were in an inpatient setting;
  - **8** contacts with members who were in a jail setting.
- Northern Arizona:
  - **28** contacts with members who were in an inpatient setting;
  - **1** Contact members who were in a jail setting.
- Southern Arizona:
  - **203** contacts with members who were in an inpatient setting;
  - **2** contacts with members who were in a jail setting.

#### Additional statewide tracking:

- OHR participated in **178** hospital discharges.
- OHR participated in **11** jail discharges.
- OHR was able to assist **92** members to avoid homelessness.
- OHR was able to assist **63** members in transitioning to a lower level of care, promoting the least restrictive environment.

### Educational Sessions/Training/Support Provided by OHR in 2025

The OHR Data and Policy Manager provides Special Assistance requirements training to professional stakeholders from provider sites, seven health plans, and behavioral health inpatient facilities. OHR provided Special Assistance training to nine provider sites in 2025, resulting in **289** professional stakeholders receiving Special Assistance training. These trainings are in addition to the training circuit for topics important to the community as referenced above. Special Assistance training includes detailed instruction on how and when

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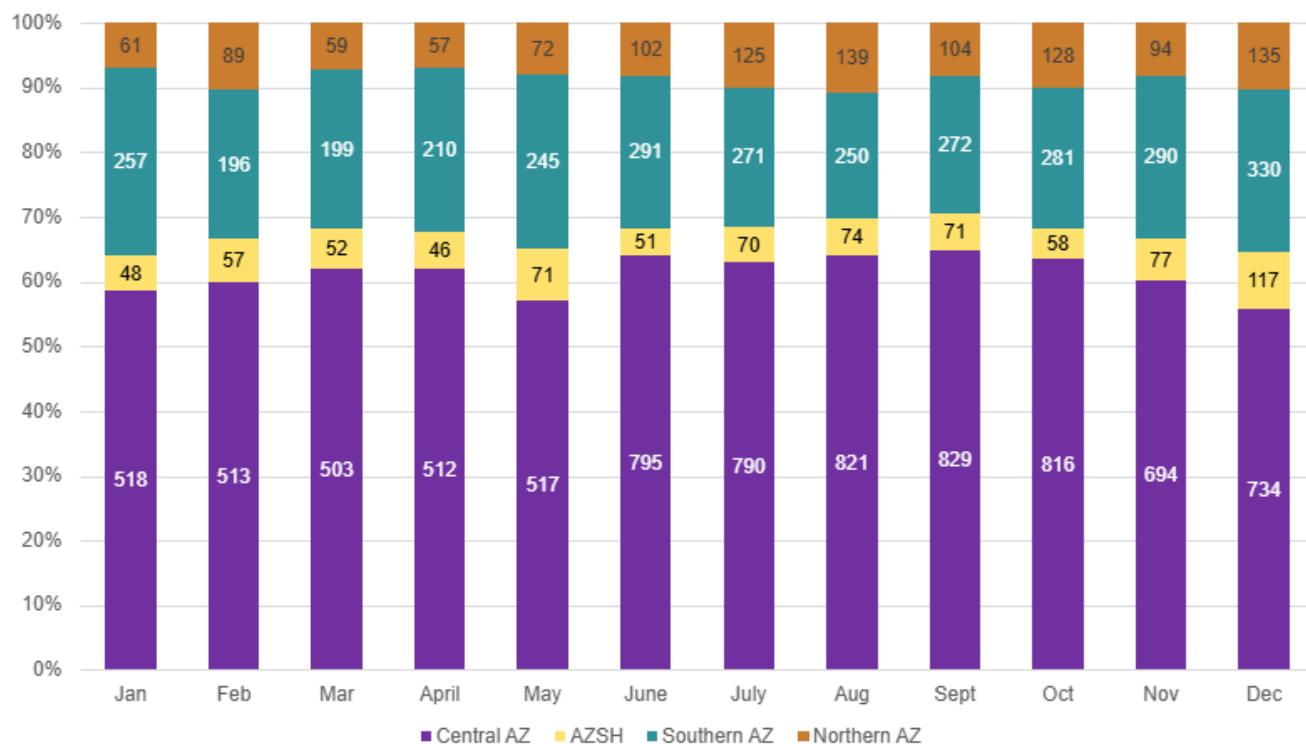
clinicians are required to assess for Special Assistance, requirements for notification to OHR, and requirements for updating member demographics on a regular basis in accordance with the AHCCCS Medical Policy Manual chapter [320-R \(azahcccs.gov\)](https://azahcccs.gov). The training also includes an overview of how to use the OHR portal function to locate contact information for designated representatives and guardians. This is especially helpful for inpatient units and crisis stabilization teams that support Special Assistance members experiencing crisis.

### Oversight for Seclusion and Restraint (SaR) and Incident/Accident/Death (IAD) Reporting

OHR reviews monthly SaR and IAD Reports to identify trends in systemic issues and any individualized concerns. OHR addresses any identified concerns in ways that include, but are not limited to, referring concerns to the QOC process, letters to providers, grievances, and complaints. OHR accepts and rejects the submissions of these reports based on the service provider's ability to adhere to requirements delineated in both Arizona Administrative Code and Policy. In 2025, OHR reviewed **13, 091** IADs and **4,800** SaRs.

OHR analyses IAD and SaR data to identify systemic patterns and emerging trends. These insights inform collaborative strategies aimed at addressing barriers to timely and appropriate access to services within the behavioral health delivery system, thereby enhancing service efficiency and quality of care.

#### IADs Reviewed by Geographic Region in 2025



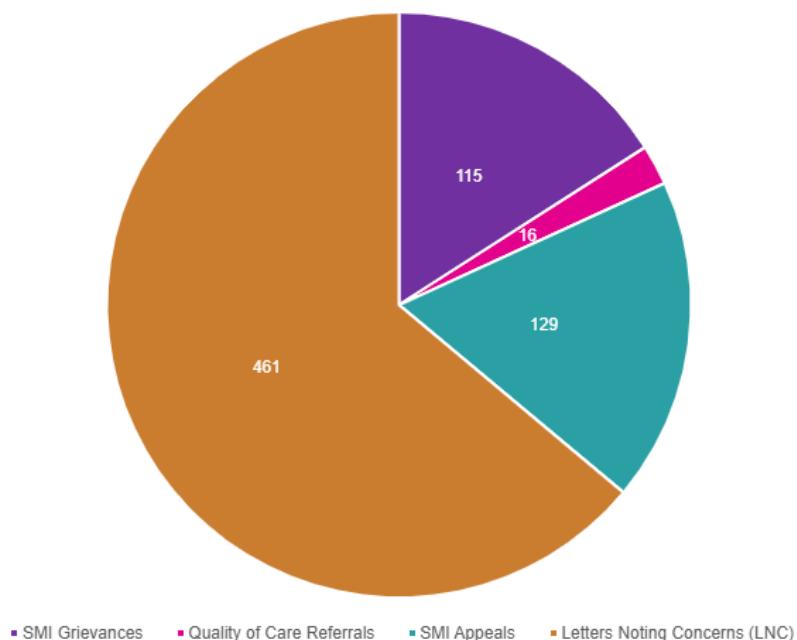
## SaRs Review by Geographic Region in 2025



## Formal Actions by OHR

In 2025, OHR engaged in the initiation, support and resolution in **65** formal grievances, **54** Appeals, referred **16** matters to the AHCCCS Quality Management (QM) department for potential Quality of Care (QOC) concerns and issued **461** Letters Noting Concern (LNC) in the efforts of serving the SMI population. As a result of the support and education the OHR provided, none of the OHR initiated formal actions resulting in a state fair hearing.

Formal Action by OHR in 2025



### OHR Contributions to AHCCCS

1. Continuous analysis and upgrades to the AHCCCS Quality Management (QM) Portal housing all information for Special Assistance members in accordance with the Arizona Administrative Code.
2. Attended routine meetings with executive management to examine opportunities and trends in the behavioral health system.
3. Continuous outreach and training to the community and professional stakeholders.
4. Facilitated Special Assistance training and shared knowledge of the SMI system of care to other internal departments.
5. Facilitated routine meetings with each contracted health plan to discuss barriers to service deliveries and compliance with AHCCCS.
6. Attended regular AHCCCS Policy Committee meetings throughout the year, specifically providing feedback and member rights for the updated AHCCCS Medical Policy Manual 961 and 320-R.
7. Escalated multiple systemic concerns to Executive Management.
8. Attended weekly Provider Termination/Care Coordination meetings to ensure members with a SMI designation are connected to appropriate services if they were engaged with a provider that was terminated due to fraud, waste or abuse.
9. Multiple site visits and tours to ensure a presence where services are being delivered.

### OHR Advocacy Success Stories

Each week, the OHR advocates share their members' success stories during team huddle meetings. Over the course of the year, we have accumulated hundreds of examples of the impact that OHR makes on AHCCCS members' lives. Here are a couple of OHR's favorites:

#### Empowering Recovery through Advocacy

In 2021, the Office of Human Rights (OHR) stepped in as the Designated Representative for a member facing significant challenges. He struggled to participate in treatment planning, had difficulty understanding his SMI rights, and was experiencing housing insecurity with no income.

Through consistent education and advocacy, OHR helped him build knowledge about his rights and his role in directing care. Over time, his confidence grew. He began voicing his needs, asking questions, and collaborating actively with his clinical team. Securing safe housing was a turning point, leading to greater engagement. He also joined a peer-run program, forming healthy relationships and gaining community support.

#### A Family Reunited After Nearly a Decade

OHR represents a member who didn't have any natural supports. Almost ten years, during a period of hospitalization and multiple transfers between facilities, communication with his family was lost. Without clear information on his whereabouts, his family feared the worst and had no way to reach him and his family feared the worst and had no way to reach him. The member has been receiving treatment in a residential facility and faced ongoing challenges that made daily life difficult at times. Despite these obstacles, he worked hard to maintain stability and showed steady progress with the support of his Advocate and clinical team. Recently, and at the request of the member, the facility staff made an effort to locate his family through social media. Because his name is fairly common, no one expected the search to lead anywhere. To everyone's surprise, the outreach connected them with his mother and extended family, who had been searching for him for almost ten years. Today, that gap has finally been bridged. His family has reestablished contact and is actively rebuilding their relationship with him. They have provided clothing, food, and other essentials, and they have already made plans to spend time together, including a shopping trip after the holidays. The member expressed genuine happiness and excitement about having his family back in his life. This reconnection has brought renewed joy, support, and a sense of belonging to the member. It stands as a powerful reminder that even after years of uncertainty, meaningful change and healing are possible.