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

An additional ad-hoc committee met in March 2009 to discuss this recommendation. It was determined that OBHL is flexible in their requirements regarding forms. It is permissible to use a checklist indicating that certain forms were provided to the behavioral health recipient and thereby creating one signature page (i.e. Written Dress Code, Explanation of Secure v. Non Secure, Seclusion and Restraint Policies). When OBHL conducts their 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. They 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 DBHS level.

Determining financial eligibility is a function AHCCCS delegates to DES and this cannot be changed to allow ADHS/DBHS to complete financial screening for recipients of services.

3. Improve user-friendliness of eligibility process by establishing user-friendly tools on the 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 improves access to on-line applications for AHCCCS programs, food stamps, etc. The T/RBHA CEO’s were provided with a presentation of the program and they are currently negotiating with AHCCCS to be able to use the Health-e-Arizona program for on-line applications. Some providers have already purchased the program and are using it in their agencies.

4. Simplify eligibility information contained in Provider Manual 3.1 by reviewing eligibility policies, procedures, and requirements on the AHCCCS website as an example.

This policy was revised on 10/15/08. Use of Health-e Arizona will also assist in the simplification of eligibility processes.

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

This report was eliminated as a requirement in Contract Year 2009.

Updated 5/29/09
6. **Improve the sliding fee scale process by having 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.