1. Verify Users Account

Sign In to OHR Application user has to login with account that has the "OHR" role.
After login, go to User Admin and authorize user as OHR.
1. Navigate to the "User Admin" link in the upper-left side navigation

On the User Admin page, verify the "OHR" role is checked in the User Authorization section
Click on OHR link

2. Create New Notification

On the next screen, there will be two buttons Member Search and Notification Search (If user is Healthplan/Contractor)

The member search button is used to search for a member and to create a Notification. This is the first point of entry in creating a Special Assistance Notification form for the Office of Human Rights.
If user is Provider than he will see only one Member search.
Special Assistance Portal

The Special Assistance Portal is intended for the use of providers submitting the Notification of a Member in need of Special Assistance per AMPM 320-R (attachment F). This system is administered by the AHCCCS Office of Human Rights.

Click on the Member Search button-

Please enter Member’s Last Name, First Name and Date of Birth or enter Member’s Date of Birth and AHCCCS ID

Member Lookup
The search criteria for a case must be in the following format:

* AHCCCS ID/State ID: letter followed by 8 numbers

* DOB: MM/DD/YYYY

Or

* DOB: MM/DD/YYYY

* Last Name: uppercase or lowercase format

* First Name: uppercase or lowercase format

Enter AHCCCS ID/State ID and Date of Birth and click Search for Member button.

User will get the result with appropriate data.
When user will click on select button, a ‘create request’ will show.

When user will click on Create Request link, user will be navigated to a new Special Assistance form.

The Special Assistance Notification Form is the main form for the OHR Application. The form as depicted above has the Member’s Information Section and three subsections which are Part A: Notification; Part B: Response; and Part C: Notification of Change respectively.
Member’s Information - This Information is from PMMIS. We cannot edit this information.

Part A - Notification Section: Notification contains 6 sub sections. These sub sections are as follows: Additional Member Information; Provider Information; Clinical Information; Guardian/Advocate Information; Attachments; and E-sign.
Additional Member Information:

Additional Member Information has Member Information which contains the member’s name, vital records and the Home Address we have on file in PMMIS;

Member Residence which is the current residence they are in. When proceeding to fill out the form, when selecting a Residence type we have to fill out address for the type of residence selected.

The COT Start Date and COT End Date are not required unless you have selected a COT Start Date. There is validation for COT Start Date and End Date. Cot End date should always greater than COT Start Date.

However the ALTCS DDD and Eligibility Status are required. In the case of ALTCS DDD, you will have to select “Yes” or “No”; for Eligibility Status you will have to select the following Title 19; Title 21; Non-Title 19/21; SAPT/ SABG.

When user is ready to save Member’s Information, a validation checks will be done to ensure accurate information and then a new Case Number will be generated for the Notification for the Member in question.
Provider Information-

The Provider Information form has three subsection which are Assigned Provider Agency; Treatment Team; Inpatient Treatment.

When creating a New Notification, user has to first select a provider.

When a user logs on and they have a Business type of Health Plan then the system allows them to choose any provider. However, when a user logs on and they have a Business type of Provider then the system allows them to only select affiliated providers.
Once a Provider is selected regardless of business type, the selected provider information will populate into the Assigned Provider Agency Panel.
Treatment Team- Next, we have the Treatment Team which contains Case Manager; Clinical Director and BHMP contact information.

Inpatient team- Finally, we have the Inpatient Treatment which includes number of inpatient days and Hospital Information along with person of contact.

Please note: Information will not be record on the form until the Save button is pressed.

Clinical Information- The Clinical Information form has 3 sections that collect the member’s clinical information. The Clinical Information that is collected on the form is Psychiatric and Medical Diagnosis; Clinical Basis for Special Assistance; and Grievances & Appeals.
Psychiatric and Medical Diagnosis
When user select a Psychiatric and / or Medical Diagnosis, user has the option to enter at least three characters Code then Select from the suggestion list and click "ADD Diagnosis" to record your selection into the grid as depicted below.

User can add more than one code also but it should be unique. User cannot add duplicate code. If you want you can remove diagnostic code clicking on cross button.

The Clinical Basis for Special Assistance – where user would select the Special Assistance Criteria for a member if their ability to participate in the treatment is hindered.

Also, the panel includes a text area that is used to explain the Clinical Condition of the member in detail.

Grievances & Appeals- The Grievances & Appeals form collects any information about any Grievance or Appeals member may have at the time of opening a Notification

Once you click on save button all clinical data will be recorded.
Guardian/Advocate- The Guardian/Advocate form collects information about the member’s Guardian or Advocate along with Contact information.

User must fill all the information.

Once information is entered into the form pressing the save button, guardian information records the record and copies information to the Review of Notification section.

Attachments- The Attachment form allows the logged on user to upload files which may hold additional information related to the member. You can upload any kind of documents (word, text pdf). It should be less than 10mb.
When you upload the document, you can view document or delete document clicking on respected buttons.
E-Sign- The E-Sign form for Part A collects Submission type; Title of person preparing Notification; and Signature Logs and Communication Logs.

Once a password is entered and validated the Signature log records the person who submitted the Notification. The Communication Logs captures any messages from sent from End User to the Office of Human Rights and vice versa.

Note-User cannot e-sign until all six section have completed. If user does not sign application, case number will be generated but Ahcccs will not be notified. Once user completes all the section and e-sign the form then only Ahcccs will get notification for new case.

3. Search Existing Notification

User can search existing notifications using Member Search or Notification Search. Provider can search only using ‘Member Search’ and Healthplan users can search using both search.

Member Search- This Process is same as in creating new notification. User can search using First Name, Last Name And Date of Birth or AhcccsID and Date of Birth. For existing notifications user will get message that there is already existing notification for that member.
Notification search- The Notification Lookup form is where we search for existing Notifications that we would like to work with. We can search by the following fields: Last Name; First Name; Date of Birth; Case No.; AHCCCS ID; Notification Status; and Provider. And user can see only for those members who have enrollment with them.
After clicking on Search Notification button user will see the result in data list.

User can also download data in excel format by clicking on Print Excel Button.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
<th>K</th>
<th>L</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>DOB</td>
<td>Age</td>
<td>Case No.</td>
<td>Current Address</td>
<td>Residence Type</td>
<td>Phone No.</td>
<td>AHCCCS ID</td>
<td>Eligibility</td>
<td>GSA Start Date</td>
<td>Plan Change Asof</td>
</tr>
</tbody>
</table>
4. Change Provider

The Change Provider button is a part of the Change Provider Request business process. When an end user wants to change provider for a member, they will press the Change Provider button and a popup of affiliated providers or a general list of providers, depending on the end user’s business type, will appear in the popup window. When a selection for provider is made an email is sent to OHR for this request. The Change Provider Status window will appear with the Status of “Pending” showing. Information of about the Change Provider is recorded and can be viewed in the OHR Administration. Figure 30 below shows the Affiliated Provider popup window.

When you click on Change Provider button you will see a modal popup. You can select the provider from the list. When you click on Select button, a request will be sent to OHR/AHCCCS.

You can see the Change Provider Status as Pending.
When a Change Provider Request is approved or denied an email is sent to the originating requestor informing them of the approval or denial.

Once a Change Provider Request has been approved or denied the end user will see a change in status on the Notification form to Approved or Denied and the new Provider information will appear in the Provider Section of the Assigned Agency Panel.

5. Closure the Notification
User will use Part C to close the Notification.
The Part C: Notification of Change form contains Closure Information; Preparer’s Signature; Signature Log.

The form contains 4 dropdowns; 1 Date field; and 1 text field for the explanation to the question, “If no one is meeting the needs or the member or if the member was not informed of the change in circumstances.”

The “Initial Reason for Special Assistance"

The “Reason member no longer met criteria”

“Was the member informed he/she no longer meets criteria?”

“If OHR was meeting needs?”

Initial reason for Special assistance dropdown will be copied from Part A.
When you enter all the information and all validation and credential will be checked. All data will be recorded and notification will be send.

Once this form is signed, a notification will be sent to Ahcccs to review this closure, and if they the status ‘Part C closed’, the entire application is closed and can only be viewed and not modified.

6. Create Communication

Communication- Communication form is the form where messages can be sent back and forth between Providers, HealthPlan and OHR. The messages sent are captured in the Communication Log.
7. Report

OHR Report- When looking at the OHR menu links as depicted below, we see the full report link. The Full Report link generates the NOTIFICATION OF MEMBER IN NEED OF SPECIAL ASSISTANCE form in PDF format.
Arizona Health Care Cost Containment System

QuickStart Guide
Office of Human Right

Special Assistance Request

AHCCCS MEDICAL POLICY MANUAL

POLICY 320-R, ATTACHMENT A
NOTIFICATION OF MEMBER IN NEED OF SPECIAL ASSISTANCE

A Contractor, TRBHA provider, or other person qualified to make the determination that determines a member with a Serious Mental Illness (SMI) is in need of Special Assistance, in accordance with AHCCCS Policy 320-R, must notify the AHCCCS Office of Human Rights within five business days of the determination. If the person is not already identified as Special Assistance, notification is required even if someone is involved and assisting the person.

PART A: PAGE 1 NOTIFICATION (TO BE COMPLETED BY THE CONTRACTOR, TRBHA PROVIDER OR OTHER PERSON QUALIFIED AND SENT TO THE OFFICE OF HUMAN RIGHTS VIA SECURE E-MAIL TO OHRTS@AZAHCCCS.GOV)

THE FOLLOWING PERSON, WHO IS A PERSON DETERMINED TO HAVE A SERIOUS MENTAL ILLNESS (SMI), IS IN NEED OF SPECIAL ASSISTANCE.

<table>
<thead>
<tr>
<th>MEMBER: FIRST NAME</th>
<th>LAST NAME</th>
<th>DOB</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>03/25/1959</td>
<td>F</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESIDENCE TYPE</th>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Foster Care</td>
<td>1519 Custer Way</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phoenix</td>
<td>AZ</td>
<td>85301</td>
<td>602-222-4591</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GUARDIANSHIP ASSIGNED</th>
<th>IF GUARDIAN SELECT TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Permanent with MHP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HEALTH PLAN</th>
<th>AHCCCS ID</th>
<th>ELIGIBILITY STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENPATICO INTEGRATED CARE</td>
<td>AHCCCS ID</td>
<td>Title 19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BEHAVIORAL HEALTH PROVIDER</th>
<th>SITE NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>AI &quot;E</td>
<td>CR...ETT&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MESA</td>
<td>AZ</td>
<td>85204</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CASE MANAGER</th>
<th>E-MAIL</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>John I Krow</td>
<td>John I <a href="mailto:Krow@gmail.com">Krow@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLINICAL SUPERVISOR</th>
<th>E-MAIL</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jay J. Iteen</td>
<td>Jay J. <a href="mailto:Iteen@gmail.com">Iteen@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BSHMP NAME</th>
<th>E-MAIL</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jen I am</td>
<td>Jen I <a href="mailto:am@gmail.com">am@gmail.com</a></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE SELECT THE CLINICAL BASIS FROM THE CATEGORIES BELOW UNDER WHICH THE PERSON HAS BEEN DETERMINED TO MEET CRITERIA FOR SPECIAL ASSISTANCE:

- Cognitive Ability

PLEASE DETAIL THE SPECIFIC CONDITION(S) THAT SUPPORT THE CLINICAL BASIS SELECTED ABOVE:

- Limited features