

QuickStart Guide

Special Assistance Request

Note: Test data/information is displayed in the screenshots listed in this document

To create a new Special Assistance Request, Users can navigate to <https://qmportal.azahcccs.gov/> to Sign In

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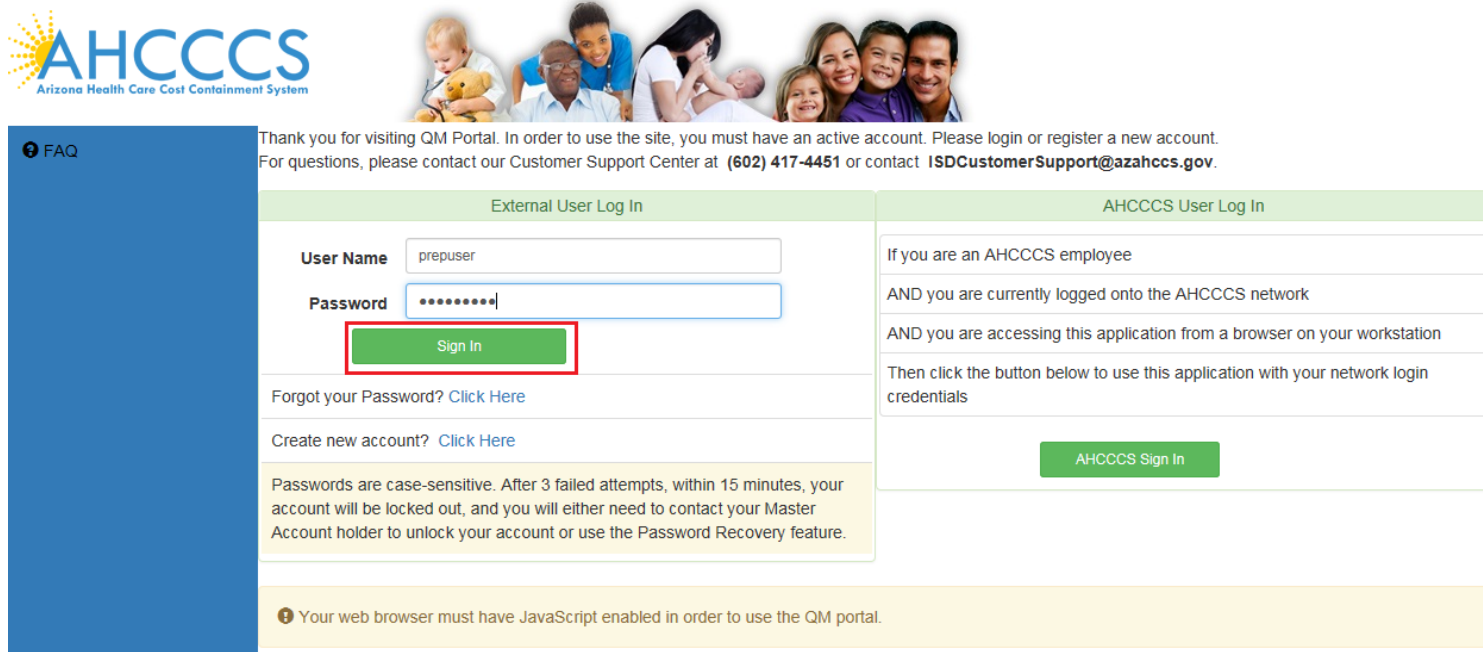
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1. Verify Users Account

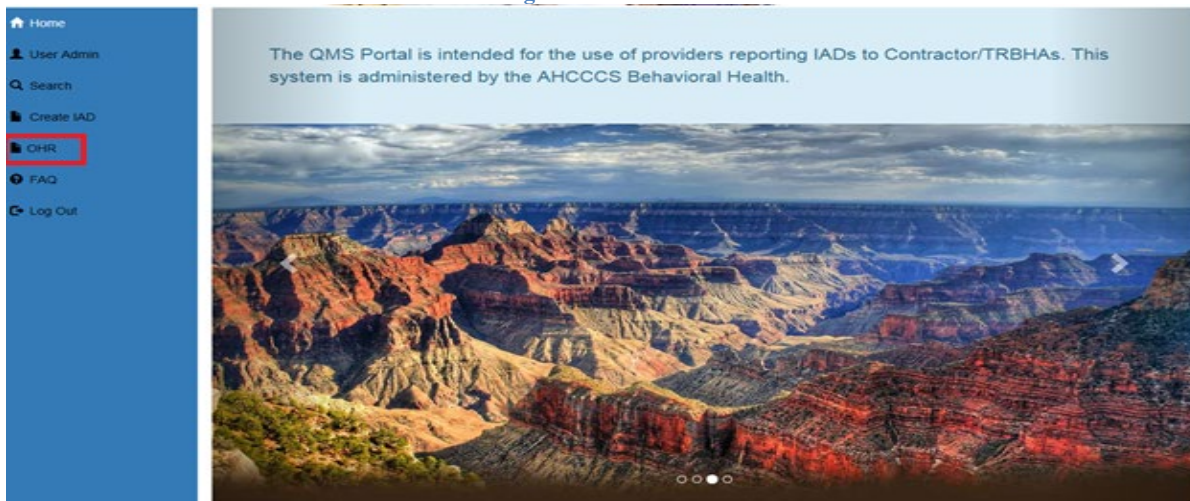
Log in to the QM Portal to verify that you have access to the OHR application.

Figure 1- QM Portal Login Page



After logging in to the QM Portal, look at the left-hand navigation menu to verify the OHR link. If the OHR link is not visible, you will need to contact the Master Account Holder to request access to the OHR section. If you are able to see the OHR link, then you have been assigned the 'OHR' role to access the OHR application. Click on OHR link to proceed.

Figure 2-OHR Link

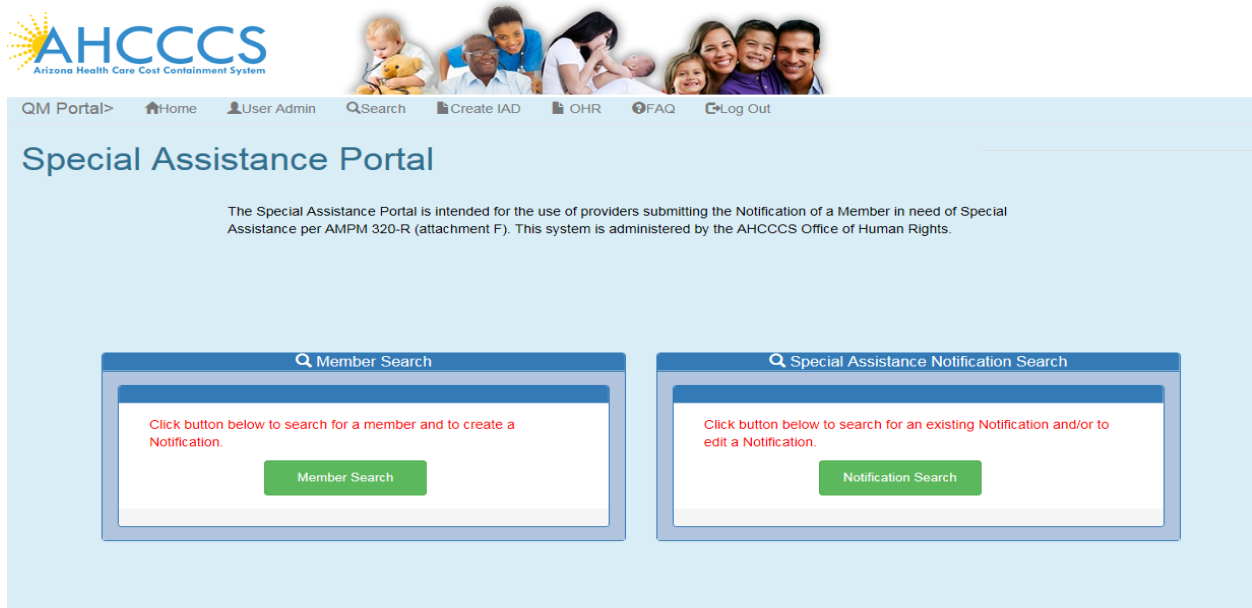


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1.1 Create New Notification

After clicking the OHR link, the Special Assistance Portal page will be displayed. There will be two options available for use, the Member Search and the Special Assistance Notification Search. The Member Search option is used to search for a member and then create a notification. This is the first step in creating a Special Assistance Notification form for the Office of Human Rights.

Figure 3-Special Assistance Portal



Click on the 'Member Search' button to begin. The first step is to locate a member. This is done by completing the Member Lookup page.

Figure 4-Member Lookup page



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Enter search criteria to find a member. The search criteria must include the following information and be in the following format:

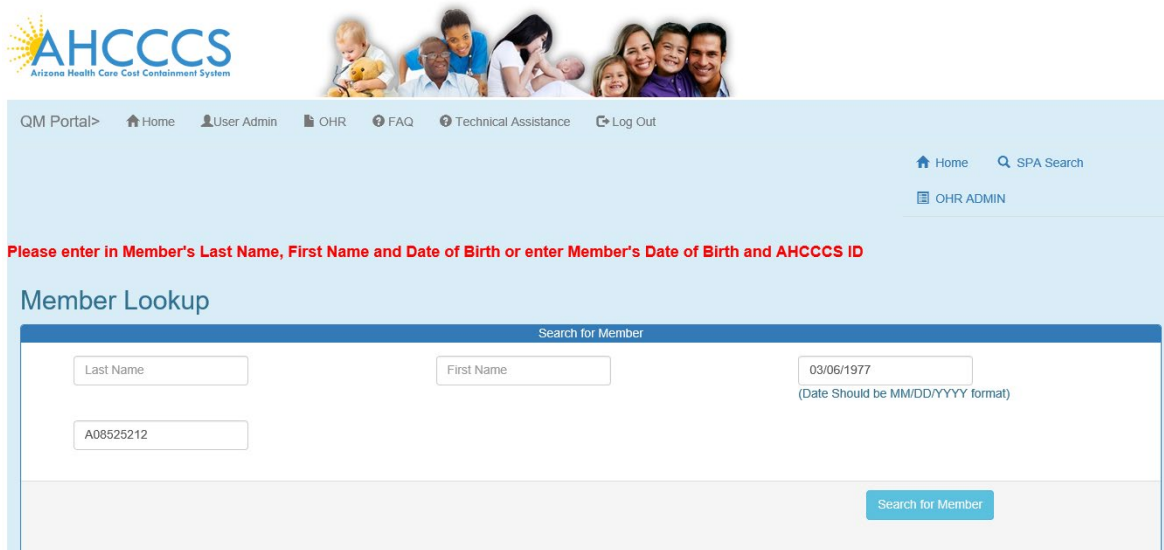
- AHCCCS ID/State ID: (letter followed by 8 numbers)
- DOB: MM/DD/YYYY

Or

- DOB: MM/DD/YYYY
- Last Name (uppercase or lowercase)
- First Name (uppercase or lowercase)

For this guide, we will enter AHCCCS ID/State ID and Date of Birth. Click the ‘Search for Member’ button to begin the search. Search results will be populated below.

Figure 5-Performing a Member Search



The screenshot shows the AHCCCS Member Lookup search interface. At the top left is the AHCCCS logo. Below it is a navigation bar with links for Home, User Admin, OHR, FAQ, Technical Assistance, and Log Out. On the right side, there are links for Home, SPA Search, and OHR ADMIN. A red instruction line reads: "Please enter in Member's Last Name, First Name and Date of Birth or enter Member's Date of Birth and AHCCCS ID". The main search area is titled "Member Lookup" and contains a "Search for Member" form with four input fields: "Last Name", "First Name", "Date of Birth" (with a subtext "(Date Should be MM/DD/YYYY format)" and the value "03/06/1977"), and "AHCCCS ID" (with the value "A08525212"). A "Search for Member" button is located at the bottom right of the form.

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Figure 6-Member Search Results

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

Member Lookup

Search for Member

Last Name: First Name: 03/06/1977
(Date Should be MM/DD/YYYY format)

A08525212

Search for Member

Search Results

SELF MEMBERSMI Select					
AHCCCSID:	A08525212	CATEGORY:	S	ENROLLMENT:	MERCY CARE PLAN
DOB:	03/06/1977	ELIGIBILITY START:	04/01/2019	As Of Date:	04/20/2019
GENDER:	M	GSA:	42	START DATE:	04/20/2019
AGE:	42			END DATE:	

Click on 'Select' button for the member and a 'Create Request' button will be displayed.

Figure 7-Create a Request

Search Results

SELF MEMBERSMI Select					
AHCCCSID:	A08525212	CATEGORY:	S	ENROLLMENT:	MERCY CARE PLAN
DOB:	03/06/1977	ELIGIBILITY START:	04/01/2019	As Of Date:	04/20/2019
GENDER:	M	GSA:	42	START DATE:	04/20/2019
AGE:	42			END DATE:	

Create Request

After the user clicks on the 'Create Request' link, they will be redirected to a new Special Assistance form. The 'Special Assistance Notification Form' is the main form for the OHR application. The form has the 'Member's Information' section in the center of the page and four subsections accessible through the left-hand navigation menu, Part A: Notification, Part B: Response, Part C: Notification of Closure and Communication.

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Figure 8-Special Assistance Form

1.1.1 Member's Information

This section contains member specific information retrieved from PMMIS and cannot be edited.



The screenshot displays the 'Special Assistance Notification Form' interface. On the left is a silhouette of a person. To the right, under the heading 'Member's Information:', there is a table of fields. A 'Full Report' link is visible in the top right corner of the form area.

Member's Information:	
Member:	██████████
Gender:	█
D.O.B:	██████████
Case No.:	██████████
AHCCCS ID:	██████████
Status:	Active - Part b other (family, etc.)
GSA:	42
Eligibility Start Date:	██████████
Enrollment:	MERCY CARE PLAN
Start Date:	██████████
End Date:	██████████
Plan Change As Of:	██████████

1.1.2 Part A: Notification

There are seven subsections contained within the Part A. These sections are: Additional Member Information, Provider Information, Clinical Information, Guardian/Advocate Information, Attachments, E-sign (Provider) and E-sign (Health Plan/Contractors).

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Figure 9-Members Information and Part A

Special Assistance Notification Form

Member's Information:

Member:	SELF MEMBERSMI	AHCCCS ID:	A08525212	Enrollment:	MERCY CARE PLAN
Gender:	M	Status:		Start Date:	04/20/2019
D.O.B:	03/06/1977	GSA:	42	End Date:	
Case No.:		Guardian Status:		Plan Change As Of:	04/20/2019
				Eligibility Start Date:	04/01/2019

Part A: Notification (To Be Completed By the CONTRACTOR, TRBHA, PROVIDER or Other Person Qualified)

- Additional Member Information
- Provider Information
- Clinical Information
- Guardian/Advocate Information
- Attachments
- E-sign (Provider)
- E-sign(HealthPlan/Contractors)

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1.1.3 Additional Member Information

Figure 10- Part A (Additional Member Information)

User Name	Submitted By	Submission Date
AHCCCSAXGupta	OHR User	03/05/2020
AHCCCSAXGupta	Anuradha Gupta	03/05/2020
ohruser	OHR User	03/02/2020

The Additional Member Information contains the member’s name, vital records and the home address we have on file in PMMIS. The Member Residence section is the current residence they are in, which may differ from what is reported from PMMIS. Complete the form by selecting a ‘Residence Type’ and completing the address and phone fields.

A log has been added under the member information to capture the identity of the user that created and/or updated the Part A Member Information without requiring a signature.

The ‘COT Start Date’ and ‘COT End Date’ fields are not required unless you have selected a ‘COT Start Date’. If entering these dates, the OHR application will verify that the ‘COT End Date’ is greater than the ‘COT Start Date’.

The ‘ALTCS DDD’ and ‘Eligibility Status’ are pulled from PMMIS and cannot be changed.

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Figure 91 - Additional Member Information Explained

Part A: Notification (To Be Completed By the CONTRACTOR, TRBHA, PROVIDER or Other Person Qualified)

☰ Additional Member Information

Member Information	
Member:	SELF MEMBERSMI Gender: M D.O.B: 03/06/1977 Age: 42
Address(s) on file with AHCCCS	
Home Address 1234 SOMEWHERE ST GOODYEAR AZ 85338 Phone:	

Member Residence	
Residence Type:	HCTC
Address:	Test
City:	Test
State:	Test
Zip:	85050
Phone:	480-222-2222

COT Start Date
05/03/2019

COT End Date
05/06/2019

ALTCS DDD
No

Eligibility Status
Title 19

Save

When complete, the user must save the Member’s Information by clicking the ‘Save’ button. Validation will be performed to ensure accurate information and will create a new case number for the Notification. You will want to document this number for future follow-up and easy access to the record.

Figure 102-New Case Number Assigned

Member's Information:					
Member:	SELF MEMBERSMI	AHCCCS ID:	A08525212	Enrollment:	MERCY CARE PLAN
Gender:	M	Status:		Start Date:	04/20/2019
D.O.B:	03/06/1977	GSA:	42	End Date:	
Case No.:	SA-2019-6456	Guardian Status:		Plan Change As Of:	04/20/2019
				Eligibility Start Date:	04/01/2019

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1.1.4 Provider Information

Click on the Provider panel to continue to the next section.

Figure 11-Provider Information Panel



The Provider Information section has three subsections: Assigned Provider Agency and Treatment Team.

Figure 12-Provider Information-Assigned Provider Agency and Treatment Team

The screenshot shows a web form with two main sections. The top section is titled "Assigned Provider Agency" and contains a single red button labeled "Select Provider". The bottom section is titled "Treatment Team" and contains a grid of input fields. The grid has three columns and three rows. The first row contains "Case Manager Name:" with a text input, "Case Manager Phone:" with a text input, and "Case Manager Email:" with a text input. The second row contains "Clinical Director Name:" with a text input, "Clinical Director Phone:" with a text input, and "Clinical Director Email:" with a text input. The third row contains "BHMP Name:" with a text input, "BHMP Phone:" with a text input, and "BHMP Email:" with a text input.

Click on the ‘Select Provider’ button and a search window will pop up with two search options: Provider Name or AHCCCS ID. The User must be affiliated with the Provider or the system will not allow a selection. This is to ensure that the current Provider is updating this section.

Figure 14-Select a Provider Step 1

A blue horizontal bar with a white hamburger menu icon on the left and the text "Assigned Provider Agency" in white on the right. Below the bar is a large white rectangular area with a red button labeled "Select Provider" centered at the bottom.

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Figure 15-Provider Name Search option

Please select the Provider

Provider Name AHCCCS ID

Provider Name: AHCCCS ID:

By default, 'Provider Name' will be selected. A minimum of three characters of the Provider name is required to search for a Provider. Alternatively, the user can select the 'AHCCCS ID' option to search for Providers. After clicking the 'Search' button, results will be displayed below the search window.

Figure 16-Search Results

Please select Affiliated Provider

Search Results

Select	AHCCCS ID:	966301	Name:	ALLEN/CRISSETTA		
	Address:	834 E. 8TH AVE.	City:	MESA		
	State:	AZ	Zip:	85204	Phone:	602-279-1427
Select	AHCCCS ID:	279840	Name:	ALLEN/FONDA		

After selecting a Provider, their information will be populated into the Assigned Provider Agency section.

Figure 17-Populated Assigned Provider Agency and Treatment Team

Provider Information

Assigned Provider Agency

AHCCCS ID:	966301	<input type="button" value="Select Provider"/>
Provider Name:	ALLEN/CRISSETTA	
Address:	834 E. 8TH AVE.	
City:	MESA	
State:	AZ	
Zip:	85204	
Telephone:	602-279-1427	

1.1.5 Treatment Team

This section contains the case manager contact information, the case manager's supervisors contact information, clinical director contact and BHMP contact information.

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<p>Case Manager Name: <input style="width: 90%;" type="text" value="Case Manager Name:"/></p>	<p>Case Manager Phone: <input style="width: 90%;" type="text" value="Phone:"/></p>	<p>Case Manager Email: <input style="width: 90%;" type="text" value="Email:"/></p>
<p>Clinical Director Name: <input style="width: 90%;" type="text" value="Clinical Director Name:"/></p>	<p>Clinical Director Phone: <input style="width: 90%;" type="text" value="Phone:"/></p>	<p>Clinical Director Email: <input style="width: 90%;" type="text" value="Email:"/></p>
<p>Case Manager's Supervisor Name: <input style="width: 90%;" type="text" value="Case Manager's Supervisor Name:"/></p>	<p>Case Manager's Supervisor Phone: <input style="width: 90%;" type="text" value="Phone:"/></p>	<p>Case Manager's Supervisor Email: <input style="width: 90%;" type="text" value="Email:"/></p>
<p>BHMP Name: <input style="width: 90%;" type="text" value="BHMP Name:"/></p>	<p>BHMP Phone: <input style="width: 90%;" type="text" value="Phone:"/></p>	<p>BHMP Email: <input style="width: 90%;" type="text" value="Email:"/></p>

NOTE: Information will not be saved until the ‘Save’ button is clicked.

The Clinical Information section has 3 areas that collect the member’s clinical information: The Psychiatric and Medical Diagnosis, the Clinical Basis for Special Assistance and Grievances & Appeals.

1.1.6 Psychiatric and Medical Diagnosis

To add a Psychiatric and Medical Diagnosis, the user must enter at least three characters of the diagnosis code to search through all the codes in the database. Once the correct diagnosis code is found, the user can select it from the list and click ‘ADD Diagnosis’ button to record the selection into the grid as shown below.

Figure 18-Psychiatric and Medical Diagnosis

Psychiatric and Medical Diagnoses

Info! Please enter at least 3 character Code then Select from the suggestion list and click 'ADD Diagnosis' to record your selection.

Add Diagnoses

Code	Description	Remove
F11.1	OPIOID ABUSE	✖

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Users can add multiple codes but cannot add duplicate codes. Users can remove a diagnosis code by clicking on ‘X’.

1.1.7 The Clinical Basis for Special Assistance

If a member’s ability to participate in treatment is hindered due to a psychiatric condition, then the user must select the Special Assistance Criteria for that member. The section includes a text area that can be used to explain the details of the clinical condition of the member.

Figure 19-Clinical Basis for Special Assistance

Clinical Basis for Special Assistance

Special Assistance Criteria: Cognitive barrier/limitation

Please describe how option selected above interferes with person's ability to participate effectively in his/her treatment

Test

1.1.8 Grievances & Appeals

The Grievances & Appeals section collects any information about any Grievance or Appeals that a member may have filed at the time of opening a notification.

Figure 20-Grievances & Appeals

Grievances & Appeals

Is there a current Grievance or Appeal?: Yes

Please describe the subject matter or the Grievance or Appeal

Test

Save

Clicking this ‘Save’ button will save all clinical data entered in the sections above.

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1.1.9 Guardian/Advocate

The Guardian/Advocate section collects information about the member's Guardian or Advocate along with their contact information. User must fill out all the information and identify any natural support that is currently assisting the member regardless of whether the clinical team agrees that this person should meet needs.

Figure 21-Guardian & Advocate Information

Is the Clinical Team in agreement with the below identified support meeting the Special Assistance Needs?

Is the Member in agreement with the below identified support meeting the Special Assistance Needs?

Is the Person in Need of Special Assistance Aware that You are Submitting this Notification?

If Person was not informed please explain below:

Relationship to member:

- Guardian
- Family Member
- Friend
- Other

Contact information:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

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Figure 22-Guardian & Advocate Information Part 2

Please describe any supplemental information supplied about how the member does not meet criteria for Special Assistance.

Clinical Condition: Cognitive barrier/limitation

Who is meeting the special assistance needs, as determined by AHCCCS OHR:

Relationship:

- Guardian
- Family Member
- Friend
- OHR
- Other

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Date Assigned: _____

Notification Status: Pending - New Notification

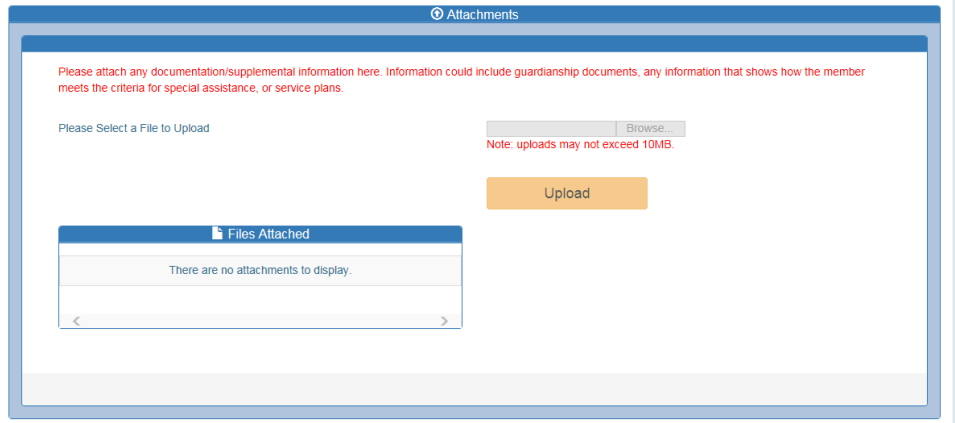
Once the information is entered into the Guardian and Advocate section, clicking the save button will save all the data and copy the information to the Review of Notification section.

1.1.10 Attachments

The Attachment section allows the user to upload files which may contain additional information related to the member. Any document type can be uploaded (.doc, .docx, .txt, .pdf, etc.). The only restriction is that the file must be less than 10 MB. For members with guardians, the user must attach documentation of the guardianship here.

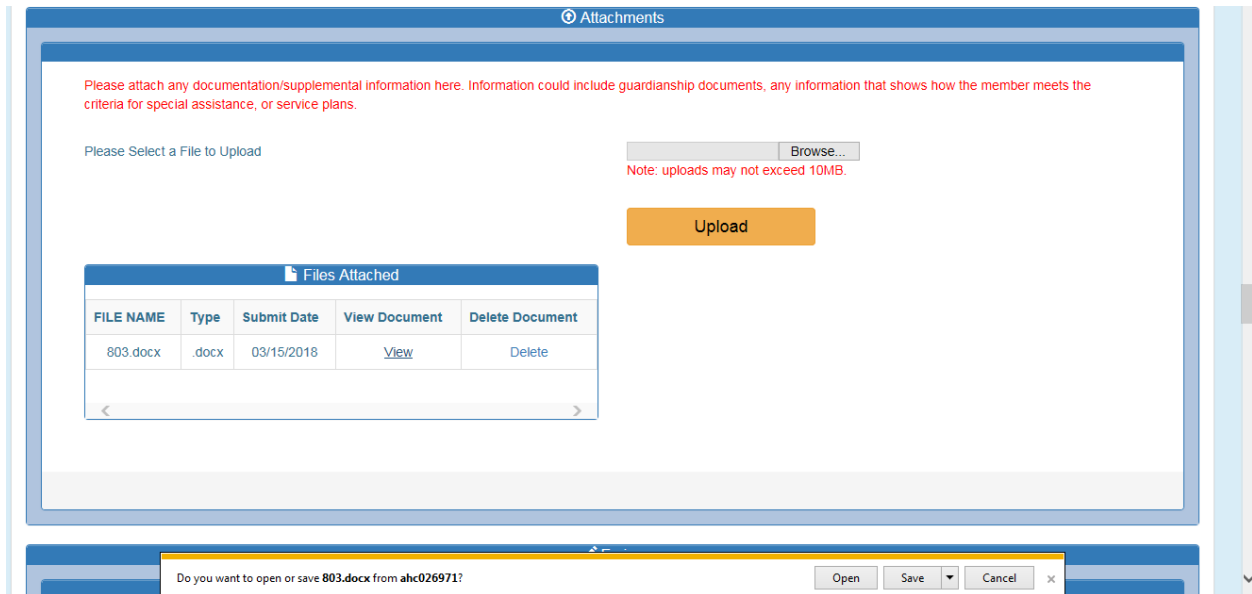
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Figure 23-Attachments section



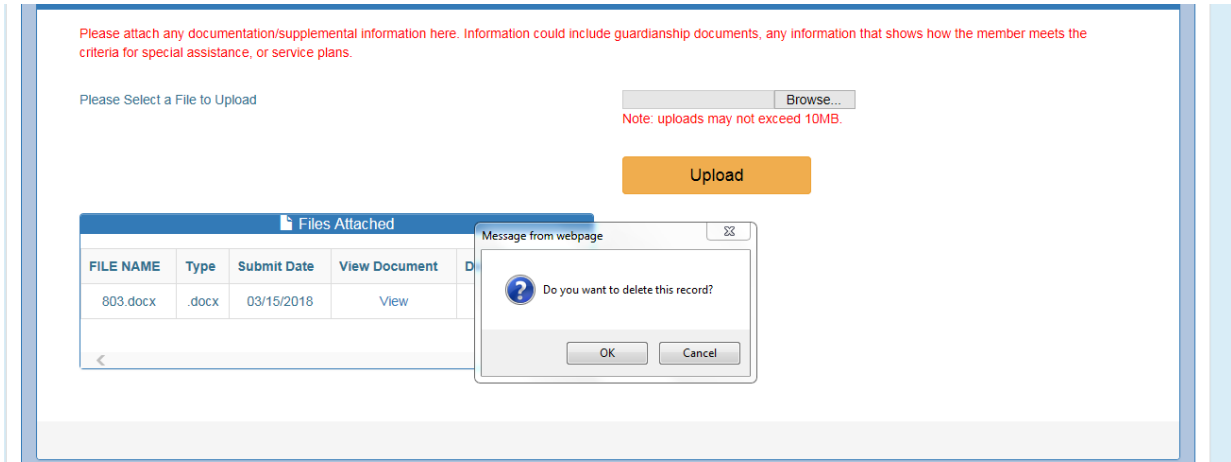
After uploading the document, the user can view or delete document by clicking on their respective buttons.

Figure 25- Attachment Management



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Figure 26-Deleting an attachment



1.1.11E-Sign (Provider)

If the Health Plan is creating the notification, the Provider e-signature will not be required and only the Health Plan user will be required to sign.

Note: The user cannot e-sign until all six sections have been completed and each save button has been clicked. If the user does not sign the application, a case number will be generated but the Health Plan will not be notified.

1.1.12E-Sign (Health Plan/Contractors)

The E-Sign section for Part A collects the submission type, title of person preparing notification, and signature logs. For new notifications, the user must choose the 'New Notification-Pending OHR' option.

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Figure 27-Health Plan E-sign Submission Type

E-sign(HealthPlan/Contractors)

Submission Type

What type of Submission is this?

Title of the person preparing this notification.

Please type your password to confirm e-signature.

E-Sign

Signature Log (HealthPlan/Contractors)

There are no data records to display.

Once a password is entered and validated, the ‘Signature Log’ saves the person who submitted the notification, and an email notification is sent to OHR informing them that a new notification has been created by a Health Plan.

Figure 28-E-Signing

E-sign(HealthPlan/Contractors)

Submission Type

What type of Submission is this?

Title of the person preparing this notification.

Please type your password to confirm e-signature.

E-Sign

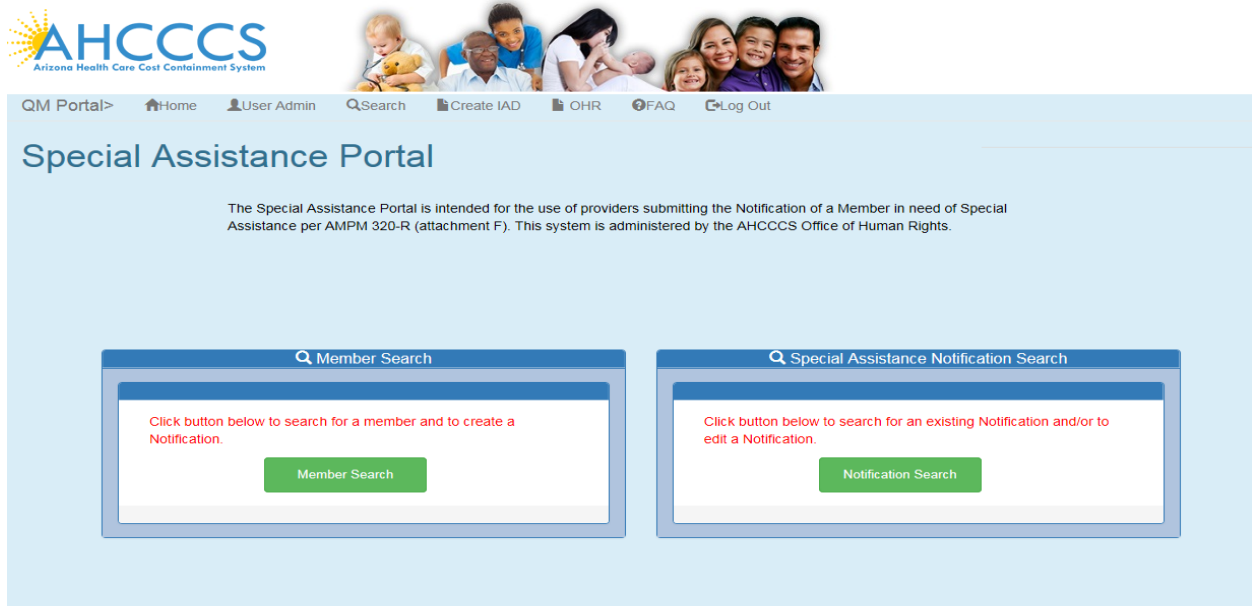
Signature Log (HealthPlan/Contractors)

Submitted By	Title	SUBMISSION DATE
Amy Adams	Supervisor	05/07/2019

2 Search Existing Notification

A Health Plan user can search for existing notifications using the Member Search or Notification Search functions.

Figure 29-Special Assistance Portal



2.1 Member Search

This is the same process as creating a new notification. User can search using First Name, Last Name and Date of Birth or using the AHCCCS ID and Date of Birth. User can search for one notification at a time. For existing notifications, the user will receive message that there is already an existing notification for that member.

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Figure 30-Perform a Member Search

The screenshot shows the 'Member Lookup' form in the QM Portal. The navigation bar includes 'QM Portal>', 'Home', 'Search', 'Create IRF', 'HRC', 'OHR', 'FAQ', and 'Log Out'. On the right, there are links for 'Home', 'SPA Search', and 'OHR ADMIN'. A red instruction reads: 'Please enter in Member's Last Name, First Name and Date of Birth or enter Member's Date of Birth and AHCCCS ID'. The form has a title 'Member Lookup' and a sub-header 'Search for Member'. It contains four input fields: 'Last Name', 'First Name', 'D.O.B' (with a note '(Date Should be MM/DD/YYYY format)'), and 'AHCCCSID'. A 'Search for Member' button is located at the bottom right.

Figure 31-Existing Notification Alert

The screenshot shows an 'Alert!' dialog box overlaid on the QM Portal. The dialog box has a title bar with 'Alert!' and a close button (X). The main text reads: 'There is an existing Notificaiton for this Member, Would you like to view it?'. At the bottom, there are two buttons: 'Yes' (blue) and 'No' (orange). The background shows the AHCCCS logo and navigation elements like 'QM Portal>', 'Home', and 'User Admin'. A red instruction is visible at the bottom: 'Please enter in Member's Last Name, First Name and Date of Birth or enter Member's Date of Birth and AHCCCS ID'.

If the existing notification is closed, the user will have an option to create a new notification.

Figure 32-Closed Notification alert

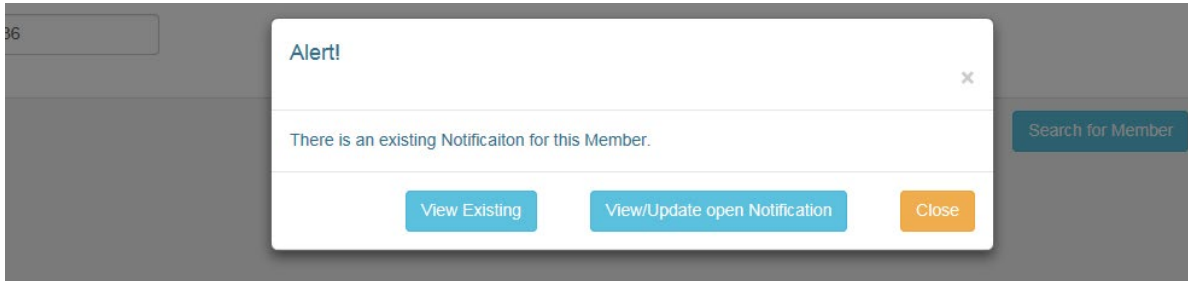
The screenshot shows a 'Closed Notification alert' dialog box. The title bar says 'Alert!'. The main text reads: 'There is an existing Notificaiton (Which is closed now) for this Member.'. At the bottom, there are three buttons: 'View Existing' (blue), 'Create New' (blue), and 'Close' (red). The background shows the AHCCCS logo and navigation elements like 'QM Portal>', 'Home', and 'User Admin'. A red instruction is visible at the bottom: 'Please enter in Member's Last Name, First Name and Date of Birth or enter Member's Date of Birth and AHCCCS ID'.

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If there are multiple notifications for the member, the user will get the following message.

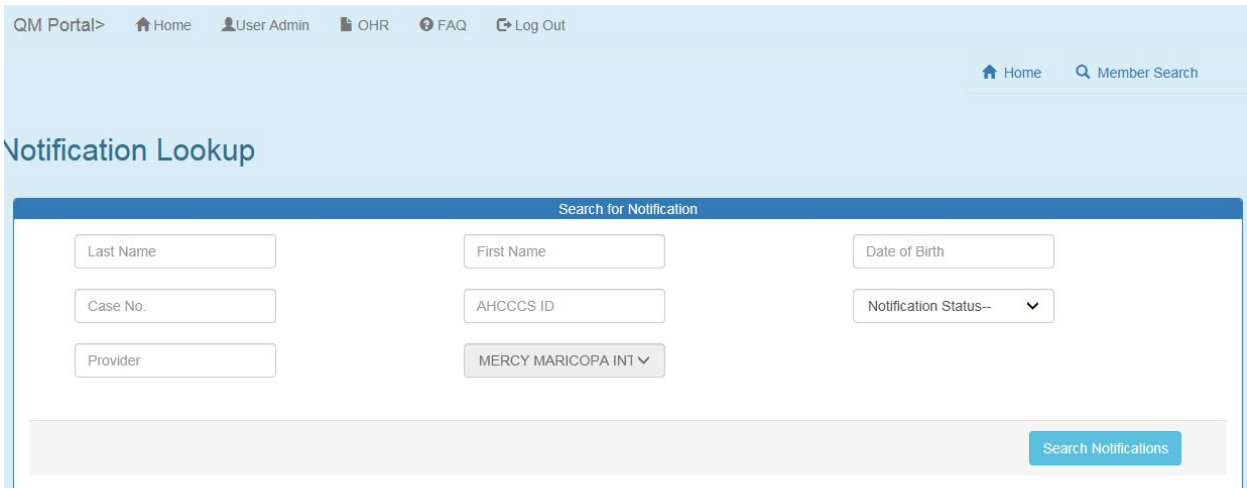
Figure 33-Multiple notifications alert



2.2 Special Assistance Notification search

This option can be used by the user to search for existing notifications to work with. The search criteria includes: Last Name, First Name, Date of Birth, Case No., AHCCCS ID, Notification Status, and Provider. A Provider can enter the date of birth and Case No. (SA Number) to search for a specific member record. A health plan user can also search all records by not entering any criteria. The user can only view notifications for those members who have enrollment with their Health Plan.

Figure 34-Special Assistance Notification Search



After clicking on the Search Notification button, the search results will be displayed below the search form.

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Figure 35-Search Results

Search for Notification

Search Results

DOB:	05/04/1999	AHCCCSID: A	Create Date: 01-22-2018	<input type="button" value="Select"/>
Age:	18	Provider: CVS PHARMACY 07262	Status: Pending - New Notification	
Case No.:	SA-2018-523	Enrollment: MERCY MARICOPA INTEGRATED		
DOB:	03/21/1973	AHCCCSID: A	Create Date: 05-18-2018	<input type="button" value="Select"/>
Age:	45	Provider:	Status:	
Case No.:	SA-2018-558	Enrollment: MERCY MARICOPA INTEGRATED		

For reporting purposes, the user can download the data in excel format by clicking on the ‘Print Excel’ button.

Figure 36-Excel Export

A	B	C	D	E	F	G	H	I	J	K	L
Name	DOB	Age	Case No.	Current Address	Residence Type	Phone No.	AhcccsID	Eligibility	GSA	Start Date	Plan Change Asor
	5/26/1961	58	SA-2018-510		Homeless		A00	Title 21	78	1/1/2017	10/1/2015
	3/25/1959	59	SA-2018-511		Homeless		A00	Title 21	79	6/1/2017	3/5/2016

2.3 Update the Notification

User can make changes in the Additional Member Information, Assigned Provider Agency, treatment team or Guardian Information sections of Part A after creating the notification.

All change made by a user will be logged and will require the Health Plan’s approval or rejection.

2.4 Additional Member Information Update

When the Health Plan updates information in the Additional Member Information section, the changes will be recorded and a "Pending Status" will be displayed. At the bottom of the section, the status will be displayed as “PENDING”.

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Figure 37-Additional Member Information section with Pending Status

The screenshot displays the 'Additional Member Information' form. It is divided into several sections:

- Member Information:** Includes fields for Member (SELF MEMBERSM), Gender (M), D.O.B. (03/06/1977), and Age (42). It also shows the address on file with AHCCCS: Home Address 1234 SOMEWHERE ST, GOODYEAR, AZ 85338.
- Member Residence:** Includes fields for Residence Type (24 Hour BHRF), Address (Test), City (Test), State (Test), Zip (85005), and Phone (4802222222).
- COT Start Date:** 05-03-2019
- COT End Date:** 05-06-2019
- ALICS DDD:** No
- Eligibility Status:** Title 19
- Change Member Information Status:** A section with a red border showing 'Status: Pending'.
- Save:** An orange button at the bottom right.

Changes will be logged and displayed in the OHR Administration page for later review by the Health Plan.

If the change is approved by the Health Plan, the Additional Member Information status window will be updated to “Approved”.

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Figure 38-Pending Status Changed to Approved

The screenshot displays the 'Additional Member Information' form. It is divided into several sections:

- Member Information:** Member: SELF MEMBERSM, Gender: M, D.O.B: 03/06/1977, Age: 42. Address(s) on file with AHCCCS: Home Address 1234 SOMEWHERE ST, GOODYEAR, AZ 85338. Phone: (blank).
- Member Residence:** Residence Type: 24 Hour BHRF (dropdown). Address: Test. City: Test, State: Test. Zip: 85005, Phone: 4802222222.
- COT Start Date:** 05-03-2019 (calendar icon).
- COT End Date:** 05-06-2019 (calendar icon).
- ALTCS ODD:** No.
- Eligibility Status:** Title 19.
- Change Member Information Status:** Status: **Approved** (highlighted with a red box).
- Save:** A yellow button in the bottom right corner.

If changes are rejected by the Health Plan, the changes will be discarded. The Additional Member Information status window will be updated to “Denied”.

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Figure 39-Pending Status Updated to Denied

The screenshot shows a web form titled "Member Residence". The form contains several input fields: "Residence Type" (SNF (Skilled Nursing Facility)), "Address" (Test), "City" (Test), "State" (AZ), "Zip" (85260), and "Phone" (4802222222). To the right of the form are two summary boxes: "ALTCS DDD" with the value "No" and "Eligibility Status" with the value "Title 19". At the bottom left, a box titled "Change Member Information Status" shows "Status: Denied" in green text, which is highlighted with a red border. At the bottom right, there is a yellow "Save" button.

2.5 Assigned Provider Agency

Health Plans can update the Assigned Provider Agency section. When a Health Plan clicks on the 'Change Provider' button, a pop-up window will open with a Provider search option. Health Plans will be able to search for Providers using either the Provider ID or Provider name in the Assigned Provider Agency section of Part A.

Figure 40- Change Provider option

The screenshot shows a web form titled "Provider Information". The form displays the following information: "AHCCCS ID: 966301", "Provider Name: ALLEN/CRISSETTA", "Address: 834 E. 8TH AVE.", "City: MESA", "State: AZ", "Zip: 85204", and "Telephone: 602-279-1427". A red "Change Provider" button is located to the right of the provider name. The form is titled "Assigned Provider Agency" at the top.

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Figure 41-Provider Search

Please select the Provider

Provider Name AHCCCS ID

Provider Name:

AHCCCS ID:

Click To

When the user searches for a provider, a provider list will be displayed in the bottom of the search window.

Figure 42-Affiliated Provider list

Please select Affiliated Provider

Search Results

Select	AHCCCS ID:	966301	Name:	ALLEN/CRISSETTA		
	Address:	834 E. 8TH AVE.	City:	MESA		
	State:	AZ	Zip:	85204	Phone:	602-279-1427

Select	AHCCCS ID:	279840	Name:	ALLEN/FONDA
--------	------------	--------	-------	-------------

Case Manager's Supervisor Name: _____ Case Manager's Supervisor Phone: _____

When the user selects a Provider, the selection will be recorded and a 'Pending Status' will be displayed in the Change Provider Status window.

Figure 43-Change Provider Pending Status

Provider Information

Assigned Provider Agency

AHCCCS ID:	966301
Provider Name:	ALLEN/CRISSETTA
Address:	834 E. 8TH AVE.
City:	MESA
State:	AZ
Zip:	85204
Telephone:	602-279-1427

Change Provider Status

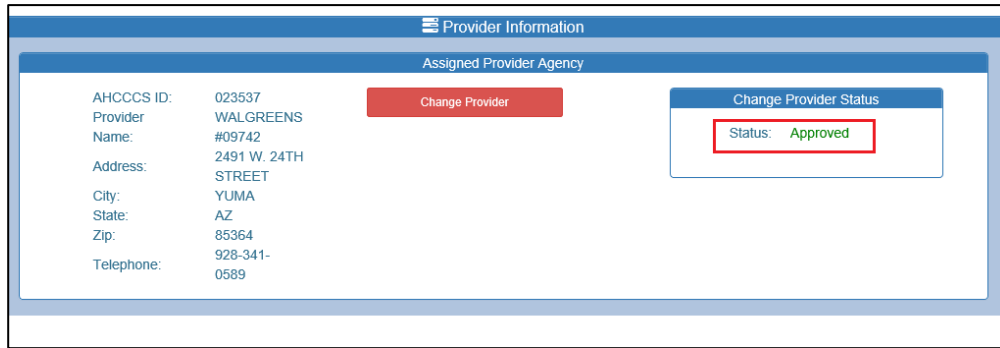
Status: Pending

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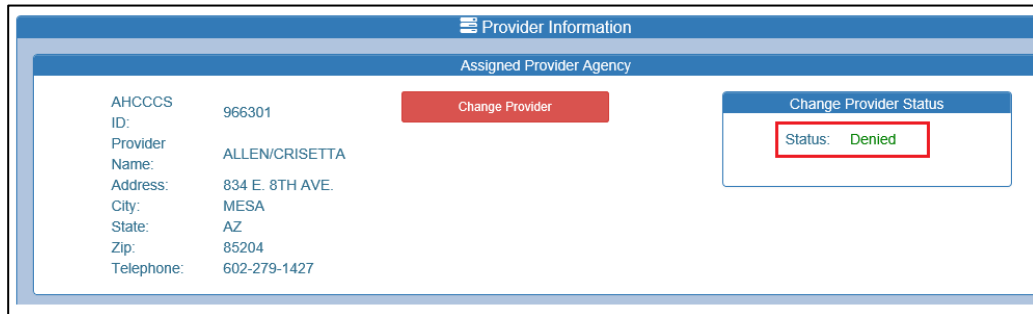
Changes will be recorded and displayed in the OHR Administration page for review by the Health Plan. If the change is approved, the request status will be updated and the status will be changed to “Approved” in the Change Provider Status window.

Figure 44-Provider Status changed to Approved



If the change is rejected, the change will be discarded, and the status will be changed to “Denied” in the Change Provider Status window.

Figure 45-Provider Change status changed to Denied



2.6 Treatment Team

When the Health Plan updates the Treatment Team section, the changes will be recorded and a 'Pending Status' will be displayed, and the user will briefly see the alert message 'Provider information is updated' in the top of the page. At the bottom of the provider information section, the status window will display “PENDING”.

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Figure 46- Treatment Team Pending

The screenshot displays a web interface for managing provider information and treatment teams. It is divided into three main sections:

- Provider Information:** Displays details for an assigned provider agency. The provider is 'CASA DE LOS NIÑOS' with AHCCCS ID 502818. Address: 1120 N 5TH AVE, TUCSON, AZ 85705. Telephone: 520-624-5600. A red 'Change Provider' button is present. A 'Change Provider Status' window shows the status as 'Approved'.
- Treatment Team:** Contains input fields for Case Manager Name, Case Manager Phone, Case Manager Email, Case Manager's Supervisor Name, Case Manager's Supervisor Phone, Case Manager's Supervisor Email, BHMP Name, BHMP Phone, and BHMP Email.
- Change Inpatient/Treatment Status:** A window showing the current status as 'Pending'. A yellow 'Save' button is located at the bottom right of this section.

Changes will be recorded and displayed in the OHR Administration page for review by the Health Plan. If the change is approved, the Treatment Team Section will be updated, and the status window will be updated to “Approved”.

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Figure 47-Approved Status

Provider Information

Assigned Provider Agency

AHCCCS ID: 099854
 Provider Name: PARTNERS IN RECOVERY LLC
 Address: STE 100 5625 W BELL RD
 City: GLENDALE
 State: AZ
 Zip: 85308
 Telephone: 602-239-4100

[Change Provider](#)

Change Provider Status
 Status: **Approved**

Treatment Team

Case Manager Name: Case Manager Phone: Case Manager Email:

Case Manager's Supervisor Name: Case Manager's Supervisor Phone: Case Manager's Supervisor Email:

BHMP Name: BHMP Phone: BHMP Email:

Change Inpatient/Treatment Status
 Status: **Approved**

[Save](#)

If changes are rejected, the changes will be discarded. The Status window will be changed to “Denied”.

Figure 48-Denied Pending Status

Provider Information

Assigned Provider Agency

AHCCCS ID: 065022
 Provider Name: EMPACT SUICIDE PREVENTION
 Address: 1035 E JEFFERSON ST
 City: PHOENIX
 State: AZ
 Zip: 85034
 Telephone: 602-251-0650

[Change Provider](#)

Change Provider Status
 Status: **Denied**

Treatment Team

Case Manager Name: Case Manager Phone: Case Manager Email:

Case Manager's Supervisor Name: Case Manager's Supervisor Phone: Case Manager's Supervisor Email:

BHMP Name: BHMP Phone: BHMP Email:

Change Inpatient/Treatment Status
 Status: **Denied**

[Save](#)

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2.7 Clinical Information

Health Plans can update the clinical Information section. Changes made to this section will be updated immediately and will not require a review by the Health Plan.

2.8 Guardian/Advocate Information

When the Health Plan updates the Guardian/Advocate Information section, the changes will be recorded and a 'Pending Status' will be displayed. An alert message showing "Guardian Information is updated" will be briefly displayed at the top of the page. At the bottom of the Guardian/Advocate Information section, the status window will display "PENDING".

Figure 49-Guardian/Advocate Information

The screenshot displays a web form titled "Contact Information" for updating Guardian/Advocate Information. The form includes input fields for Name, Address, City, State, Zip, and Phone. A green alert message in the top right corner reads "Guardian Information is updated". At the bottom left, a "Change Guardian Status" window shows the current status as "Pending". A "Save" button is located at the bottom right of the form.

Changes will be recorded and displayed in the OHR Administration page for review by the Health Plan. If the change is approved, the Guardian/Advocate Information will be updated, and the status window will be updated to "Approved".

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Special Assistance Request

Figure 50-Approved Status

The screenshot shows a web form titled "Guardian/Advocate Information". It contains several questions with dropdown menus for "Yes" or "No" answers. The questions are: "Is anyone already meeting the special assistance needs?", "Is the Clinical Team in agreement with the below identified support meeting the Special Assistance Needs?", "Is the Member in agreement with the below identified support meeting the Special Assistance Needs?", and "Is the Person in Need of Special Assistance Aware that You are Submitting this Notification?". Below these is a text area for "If Person was not informed please explain below:". There are radio buttons for "Relationship to member" with options: Guardian, Family Member, Friend, and Other. A "Contact Information" section includes fields for Name, Address, City, State, Zip, and Phone. At the bottom left, a "Change Guardian Status" window is open, showing "Status: Approved" with a red border. A "Save" button is located at the bottom right.

If changes are rejected, the changes will be discarded, and the Status window will be changed to “Denied”.

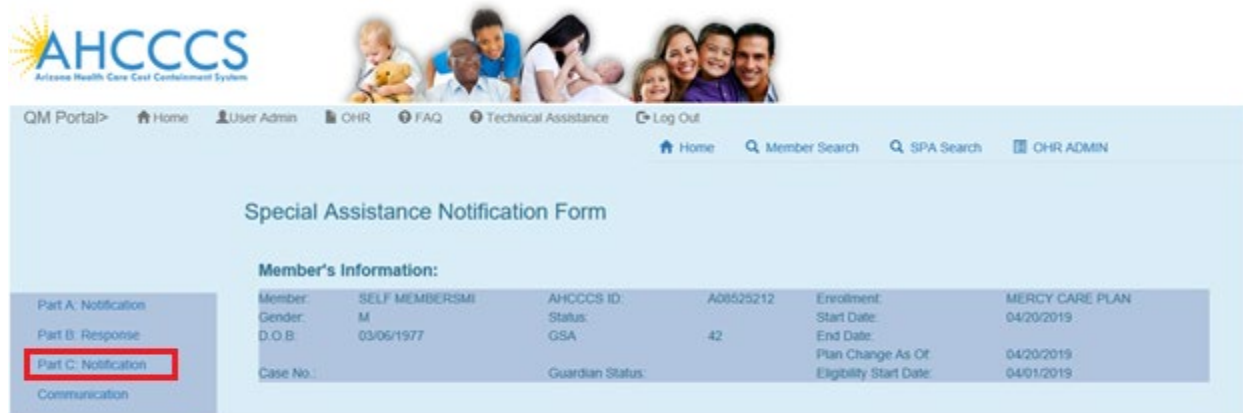
Figure 51-Denied Status

This screenshot is identical in layout to Figure 50, but the "Change Guardian Status" window at the bottom left shows "Status: Denied" with a red border. The "Save" button remains at the bottom right.

2.9 Closure the Notification

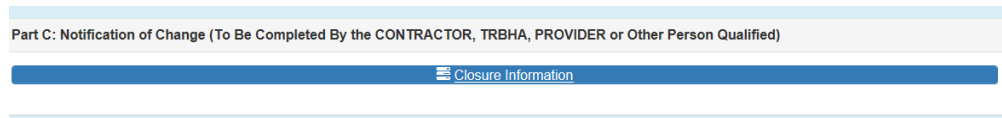
Part C is used to close a notification.

Figure 52-Part C Menu Item



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Figure 53-Closure panel



2.10 Notification of Change

The section contains the Closure Information, Preparer's Signature, Signature Log, Health Plan Signature, and the Signature Log (Health Plan/Contractor).

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Figure 54-Closure Information

The screenshot shows a web form titled "Part C: Notification of Change (To Be Completed By the CONTRACTOR, TRBHA, PROVIDER or Other Person Qualified)". Inside this form is a sub-section titled "Closure Information". The sub-section contains the following fields:

- "Date the person no longer met Special Assistance Criteria": A date input field with a calendar icon.
- "Initial Reason for Special Assistance": A dropdown menu with "Cognitive barrier/limitation" selected.
- "Reason member no longer met criteria": A dropdown menu with "Please make a selection" selected.
- "Please describe why the member no longer met criteria.": A large text area for a detailed explanation.
- "Was the Member informed, due to a change in circumstances, he/she no longer meet the criteria for Special Assistance and understands the change?": A dropdown menu with "Please Select" selected.
- "If OHR was meeting needs, is assigned advocate aware a Part C is being completed?": A dropdown menu with "Please Select" selected.
- "If No to either of the above questions Please Explain Below.": A large text area for an explanation.

The Initial reason for Special Assistance dropdown will be copied from Part A. The rest of the fields require manual entry by the user. The Health Plan user must select a Submission Type and then E-sign the Part C.

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Figure 55- Signatures

The screenshot displays three distinct sections for handling signatures:

- Preparers Signature (Provider):** Includes a text input for "Title of the person preparing this notification.", a password input for "Please type your password to confirm e-signature.", and an orange "E-Sign" button.
- Signature Log (Provider):** A message box indicating "There are no data records to display."
- Signature (Health Plan/Contractors):** Includes a dropdown menu for "Submission Type" (set to "Please make a selection"), a text input for "Title of the person preparing this notification.", a password input for "Please type your password to confirm e-signature.", and an orange "E-Sign" button.
- Signature Log (Health Plan/Contractors):** A message box indicating "There are no data records to display."

When a Health Plan user clicks the ‘E-Sign’ button, all the information is validation and credentials will be checked. All data will be recorded, and a notification will be sent to OHR. When the user chooses the option A ‘Part C reviewed –Pending OHR’ a, email 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.

Figure 56-Email Notification

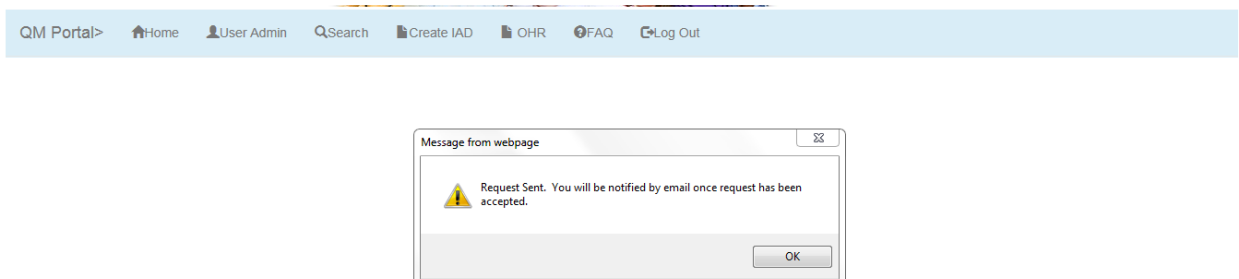
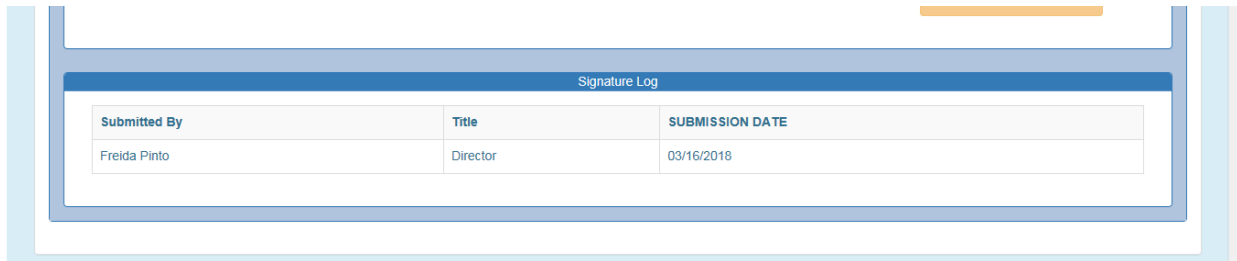


Figure 57-Signature log



Signature Log		
Submitted By	Title	SUBMISSION DATE
Freida Pinto	Director	03/16/2018

3 Health Plan Reviewer

3.1 Part A Review

When a Preparer creates a new notification, it will be reviewed by a Health Plan. The Health Plan will forward the notification to AHCCCS. Health Plans can view notifications using ‘Member Search’ or ‘Special Assistance Notification Search’. Health Plans cannot search for new notifications using the ‘Notification Status’ in ‘Notification Search’ but can search using other parameters.

New notifications will show the status as ‘New Notification-Pending Health Plan’ in the status label in search results. Reviewers can review the notification and choose the submission type from the ‘Submission Type’ dropdown list. This dropdown has the following four options.

1. Pending awaiting info from Provider
2. New Notification - Pending OHR
3. Response to OHR request
4. Reject – Does Not Meet Criteria (DNMC)

Health Plans will review the Part A and ensure it is complete prior to sign off. If a reviewer needs some other information from preparer, he can choose:

- Option 1- Pending awaiting info from Provider and E-sign the notification, that will update the Health Plan Signature Log and will send an email notification to preparer informing that the reviewer is waiting for additional information.
- If the reviewer decides to reject the notification, he has to choose option 4- Reject – Does Not Meet Criteria (DNMC)’ and E-sign the notification that will update the Signature Log and will send email notification to preparer informing that this notification has been rejected and they need to withdraw it. Once a preparer withdraws the notification the notification will not be searchable with ‘Notification Search’ function.
- If the reviewer approves the Notification, he can choose option 2- New Notification - Pending OHR and E-sign the notification, this will update the Signature Log and will send an email notification to AHCCCS to request the Part B.

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- Reviewer can also choose option 3- Response to OHR request if he is responding to any request made by AHCCCS (OHR) users.

3.2 Part C Review

When a Preparer requests to close a notification, by completing the Part C of the notification, the OHR Admin screen will display the pending Part C for the Health Plan to review. The Health Plan will review and forward the Part C request to AHCCCS. A reviewer can review the notification and choose the submission type from the ‘Submission Type’ dropdown list. This dropdown has the following two options:

1. Part C reviewed – Pending OHR
2. Part C Rejected – Does Not Meet Criteria (DNMC)

If the reviewer approves the Part C, he can choose option ‘1- Part C reviewed – Pending OHR. This option updates the Signature Log and will send an email notification to AHCCCS requesting closure of the notification.

If a reviewer rejects the pending Part C, they must choose option 2, Part C Rejected – Does Not Meet Criteria (DNMC)’. They must E-sign the notification. This will update the Signature Log and send an email to the preparer informing them that this notification has been rejected, and will clear the data submitted by the Preparer.

Figure 58-Preparer Signature

The screenshot displays a web interface for signing a notification. It is divided into two main sections, each with its own signature log.

Preparer Signature (Provider)

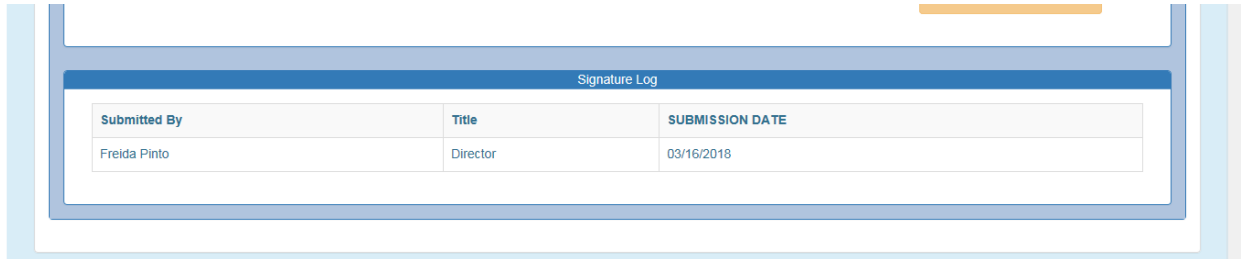
- Field: Title of the person preparing this notification.
- Field: Please type your password to confirm e-signature.
- Dropdown: Submission Type (Please make a selection).
- Field: Title of the person preparing this notification.
- Field: Please type your password to confirm e-signature.
- Button: E-Sign
- Signature Log (Provider): There are no data records to display.

Signature (Health Plan/Contractors)

- Field: Title of the person preparing this notification.
- Field: Please type your password to confirm e-signature.
- Field: Title of the person preparing this notification.
- Field: Please type your password to confirm e-signature.
- Button: E-Sign
- Signature Log (Health Plan/Contractors): There are no data records to display.

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Figure 59-Signature Log

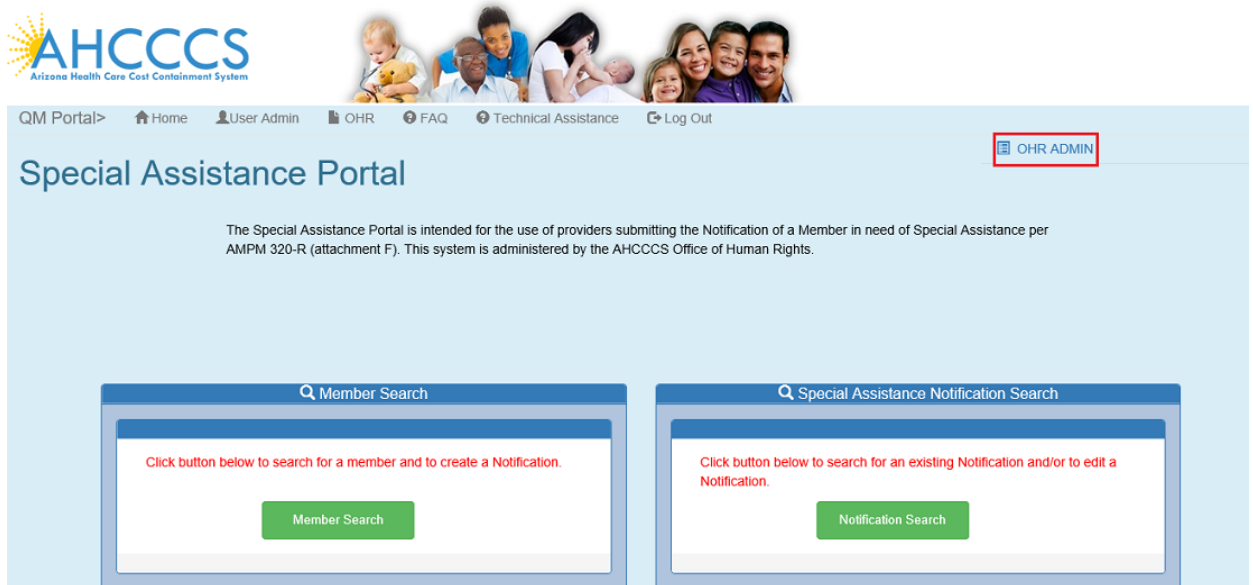


Signature Log		
Submitted By	Title	SUBMISSION DATE
Freida Pinto	Director	03/16/2018

3.3 OHR Admin

The OHR Admin page allows the Health Plan reviewer to review the change requests made by Providers and Health Plans to the Additional Member Information section, the Assigned Provider Agency section, the Treatment Team section, the Guardian/Advocate Information section and Part C closure requests.

Figure 60-OHR Admin link



The screenshot shows the AHCCCS Special Assistance Portal. At the top left is the AHCCCS logo. Below it is a navigation bar with links: QM Portal>, Home, User Admin, OHR, FAQ, Technical Assistance, and Log Out. On the right side of the navigation bar, the 'OHR ADMIN' link is highlighted with a red box. The main heading is 'Special Assistance Portal'. Below the heading is a paragraph: '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.' At the bottom, there are two search boxes. The left one is titled 'Member Search' and contains the text 'Click button below to search for a member and to create a Notification.' with a green 'Member Search' button. The right one is titled 'Special Assistance Notification Search' and contains the text 'Click button below to search for an existing Notification and/or to edit a Notification.' with a green 'Notification Search' button.

Figure 61-OHR Admin Page



Reviewers can review all changes and have the option to approve or reject any changes. Each section will contain three grids for pending requests, approved requests and denied requests.

1. Additional Member Information section

Pending requests from Providers or Health Plans can be approved or denied. Reviewers can view changes using ‘View Detail’ button from the pending grid. When the Reviewer clicks on the ‘View Detail’ button, they can see the original data and the newly requested change. There will be two buttons ‘Approve’ and ‘Deny’ to approve or reject the request.

Figure 62-reviewing Pending Changes Part 1

Change Member Information Request			
CASE ID	Submitted By	SUBMISSION DATE	
SA-2019-584	prepuser2 prepuser2	04/15/2019	View Detail
SA-2019-6455	Amy Adams	05/02/2019	View Detail
SA-2019-6456	Amy Adams	05/14/2019	View Detail

Change Member Information Approved Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST STATUS
SA-2019-6431	Amy Adams	02/15/2019	Approved
SA-2019-6444	Amy Adams	04/11/2019	Approved
SA-2019-6450	Amy Adams	04/12/2019	Approved

Change Member Information Denied Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST STATUS
SA-2019-6429	Amy Adams	02/08/2019	Denied
SA-2019-6448	Amy Adams	04/11/2019	Denied

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Figure 63-Review Pending Requesting Part 2

Member Information (Existing)

Member:	SELF MEMBERSMI	AHCCCS ID:	A08525212	Enrollment:	MERCY CARE PLAN
Gender:	M	GSA	42	Start Date:	04/20/2019
D.O.B.:	03/06/1977	Eligibility Start Date:	04/01/2019	End Date:	
Case No.:	SA-2019-6466	Plan Change As Of:	04/20/2019	ALTCS DDD:	No
Eligibility Status:	Title 19				

Address(s) on file with AHCCCS
Home Address
1234 SOMEWHERE ST
GOODYEAR AZ 85338
Phone:

Member Residence

Residence Type:

Address:

City: State:

Zip: Phone:

Cot Start date: Cot End date:

Figure 64-Review Pending Requests Part 3

Member Information (New)

Member:	SELF MEMBERSMI	AHCCCS ID:	A08525212	Enrollment:	MERCY CARE PLAN
Gender:	M	GSA	42	Start Date:	04/20/2019
D.O.B.:	03/06/1977	Eligibility Start Date:	04/01/2019	End Date:	
Case No.:	SA-2019-6466	Plan Change As Of:	04/20/2019	ALTCS DDD:	No
Eligibility Status:	Title 19				

Address(s) on file with AHCCCS
Home Address
1234 SOMEWHERE ST
GOODYEAR AZ 85338
Phone:

Member Residence

Residence Type:

Address:

City: State:

Zip: Phone:

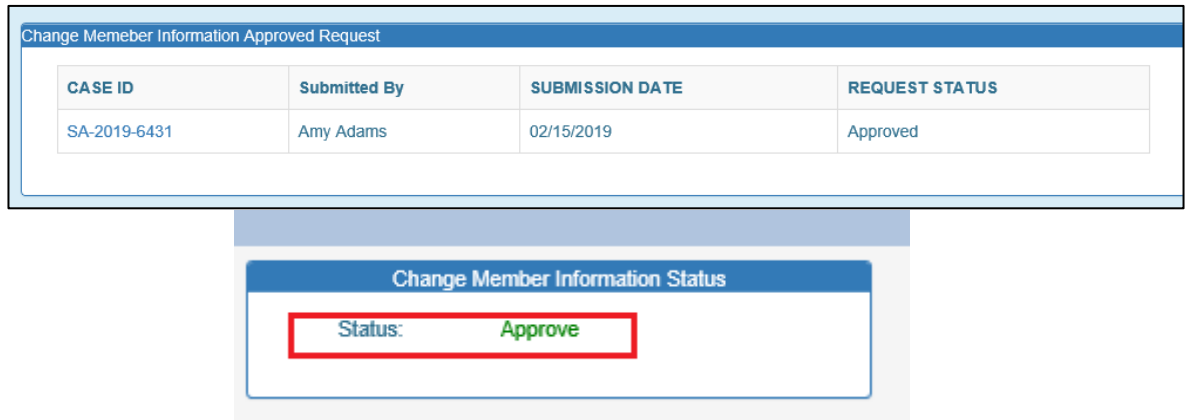
Cot Start date: Cot End date:

When a reviewer clicks on the “Approve” button, the notification will be moved to the ‘Approved’ grid. The Status window in the Additional Member Information section of Part A will be updated with the “Approved” status.

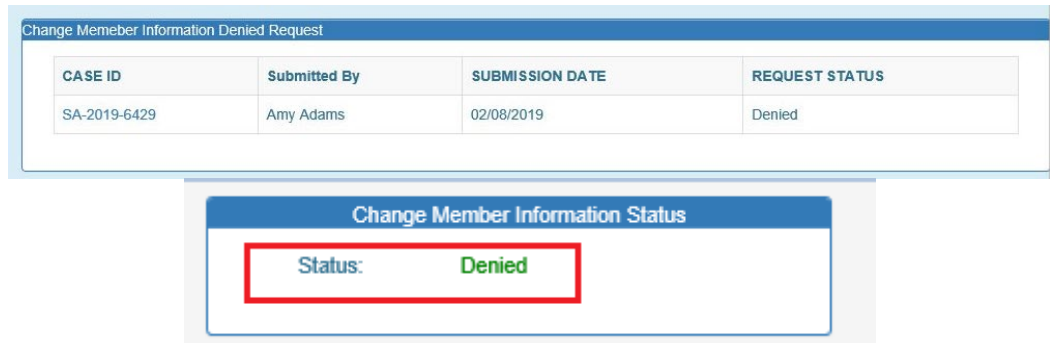
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Special Assistance Request

Figure 65-Approved Status



When a reviewer clicks on the Deny button, the notification will be moved to the ‘Denied’ grid. The Status window in the Addition Member Information section in Part A will be updated with “Denied” status.



2. Assigned Provider Agency

Pending requests from Providers and Health Plans can be approved or denied. Pending grid will show the original Provider and new Provider and there will be an ‘Approve’ and a ‘Deny’ button to approve or reject the change provider request.

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Figure 66-OHR Admin Page

OHR Administration

Additional Member Information

Assigned Provider Agency

Treatment/Inpatient Information

Guardian/Advocate Information

Change Provider Information Request						
CASE ID	Original Provider	New Provider	Submitted By	SUBMISSION DATE	REQUEST STATUS	
SA-2019-6429	WALMART PHARMACY 10-4490	CONNERS/ALEXA J.	Amy Adams	02/14/2019	Pending	<input type="button" value="Approve"/> <input type="button" value="Deny"/>

Change Provider Approved Request						
CASE ID	Original Provider	New Provider	Submitted By	SUBMISSION DATE	REQUEST STATUS	
SA-2018-3499	CONNERS/ALEXA J.	WALGREENS #09742		10/11/2018	Approved	
SA-2018-579	ALLEN/CRISSETTA	ALLEN/CRISSETTA	OHR User	01/09/2019	Approved	
SA-2018-6422	WALGREENS #09742	WALGREENS #09742	Amy Adams	01/30/2019	Approved	
SA-2019-6424	ALLEN/CRISSETTA	PORTER/SHEILA R	OHR User	01/16/2019	Approved	
SA-2019-6428	ZIMMERMAN/BEVERLY	ALLEN/CRISSETTA	OHR User	01/29/2019	Approved	
SA-2019-6430	ALLEN/CRISSETTA	WALGREENS #09742	Amy Adams	02/14/2019	Approved	

Change Provider Denied Request						
CASE ID	Original Provider	New Provider	Submitted By	SUBMISSION DATE	REQUEST STATUS	
SA-2019-6431	WALGREENS #09742	ALLEN/CRISSETTA	OHR User	02/15/2019	Denied	<input type="button" value="Approve"/>

Once approved there is no process to demote back to “Denied”. Once a change request has been approved by the Health Plan, it will move from the pending grid to the Approved grid. The Status window in Assigned Provider Agency in Part A will be updated with “Approved” status.

Figure 67-Approved Status

Change Provider Approved Request						
CASE ID	Original Provider	New Provider	Submitted By	SUBMISSION DATE	REQUEST STATUS	
SA-2018-3499	CONNERS/ALEXA J.	WALGREENS #09742		10/11/2018	Approved	
SA-2018-579	ALLEN/CRISSETTA	ALLEN/CRISSETTA	OHR User	01/09/2019	Approved	
SA-2018-6422	WALGREENS #09742	WALGREENS #09742	Amy Adams	01/30/2019	Approved	
SA-2019-6424	ALLEN/CRISSETTA	PORTER/SHEILA R	OHR User	01/16/2019	Approved	
SA-2019-6428	ZIMMERMAN/BEVERLY	ALLEN/CRISSETTA	OHR User	01/29/2019	Approved	
SA-2019-6430	ALLEN/CRISSETTA	WALGREENS #09742	Amy Adams	02/14/2019	Approved	

Figure 68-Approved Status

Change Provider Status

Status: Approved

When a reviewer clicks on the Deny button, the notification will be moved to the ‘Denied grid’. The status window in the Additional Member Information in Part A will be updated to the “Denied” status. Denied requests can be approved or can be resubmitted as a new request.

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Figure 69-Denied Status

Change Provider Denied Request						
CASE ID	Original Provider	New Provider	Submitted By	SUBMISSION DATE	REQUEST STATUS	
SA-2019-6431	WALGREENS #09742	ALLEN/CRISSETTA	OHR User	02/15/2019	Denied	Approve

Figure 70-Denied Status

Change Provider Status

Status: Denied

3. Treatment Team Information

Pending requests from Providers or Health Plans can be approved or denied. Reviewers can view the change using the ‘View Detail’ button from the pending grid. When Reviewers click on the ‘View Detail’ button, the original data and new requested data will be visible. There will be two buttons available, ‘Approve’ and ‘Deny’ to approve or reject the request.

Figure 71-Pending requests

OHR Administration

Additional Member Information

Assigned Provider Agency

Treatment/Inpatient Information

Guardian/Advocate Information

Part C Closure Request

Change Treatment/Inpatient Information Request			
CASE ID	Submitted By	SUBMISSION DATE	
SA-2018-584	prepuser2 prepuser2	04/15/2019	View Detail ←
SA-2019-6431	OHR User	02/15/2019	View Detail
SA-2019-6448	prepuser2 prepuser2	04/11/2019	View Detail

Change Treatment/Inpatient Information Approved Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6429	Amy Adams	02/15/2019	Approved

Change Treatment/Inpatient Information Denied Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6430	Amy Adams	02/15/2019	Denied

Figure 72-Existing Data/New Data/ Approve or Deny options

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When a reviewer clicks on the “Approve” button, the notification will be moved to the ‘Approved’ grid. The Status window in the Treatment Team Information section of Part A will be updated with the “Approved” status.

Figure 73-Approved Status

Change Treatment/Inpatient Information Approved Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6429	Amy Adams	02/15/2019	Approved

Figure 74-Approved Status

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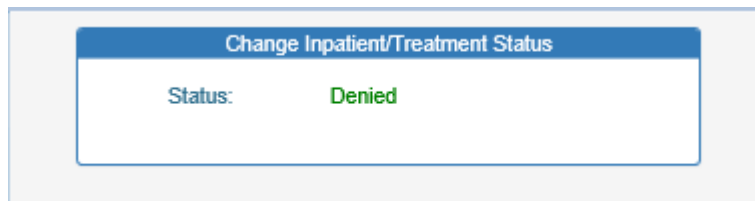
Special Assistance Request

When a reviewer clicks on the “Deny” button, the notification will be moved to the ‘Denied’ grid. The status window in the Treatment Information in Part A will be updated with “Denied” status.

Figure 75-Denied Status

Change Treatment/Inpatient Information Denied Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6430	Amy Adams	02/15/2019	Denied

Figure 76-Denied Status



4. Guardian Advocate Information

Pending requests from Providers or Health Plans can be approved or denied. Reviewer can view the change using ‘View Detail’ button from Pending Grid. When a reviewer clicks on the ‘View Detail’ button, they can see the original data and new requested data. There will be two buttons available, ‘Approve’ and ‘Deny’ to approve or reject the request.

Figure 77-Pending Requests

QM Portal > Home User Admin OHR FAQ Technical Assistance Log Out

Home Search

OHR Administration

Additional Member Information

Assigned Provider Agency

Treatment/Inpatient Information

Guardian/Advocate Information

Part C Closure Request

Change Guardian Information Request			
CASE ID	Submitted By	SUBMISSION DATE	View Detail ←
SA-2019-6433		02/20/2019	

Change Guardian Information Approved Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6431	Amy Adams	02/20/2019	Approved
SA-2019-6450	Amy Adams	04/12/2019	Approved

Change Guardian Information Denied Request			
CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6429	Amy Adams	02/19/2019	Denied

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Figure 78-New Data

Phone:

Guardian/Advocate Information (New)

Guardian/Advocate

Is anyone already meeting the special assistance needs?

Is the Clinical Team in agreement with the below identified support meeting the Special Assistance Needs?

Is the Member in agreement with the below identified support meeting the Special Assistance Needs?

Is the Person in Need of Special Assistance Aware that You are Submitting this Notification?

If Person was not informed please explain below:

Relationship to member:

Figure 79-Existing data

Is anyone already meeting the special assistance needs?

Is the Clinical Team in agreement with the below identified support meeting the Special Assistance Needs?

Is the Member in agreement with the below identified support meeting the Special Assistance Needs?

Is the Person in Need of Special Assistance Aware that You are Submitting this Notification?

If Person was not informed please explain below:

Relationship to member:

Contact Information

Name:

Address:

City:

State:

Zip:

Phone:

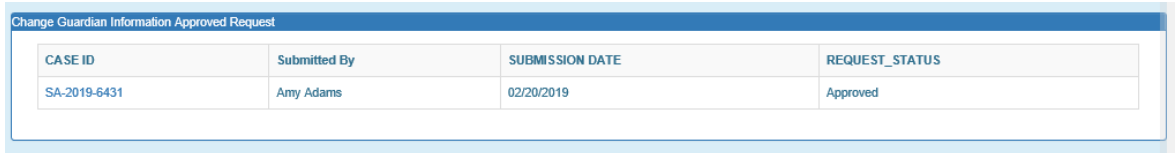
Email:

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When a reviewer clicks on the “Approve” button, the notification will be moved to the ‘Approved’ grid and the Status window in the Guardian Advocate Information section of Part A will be updated with the “Approved” status.

Figure 80-Approved Status



CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6431	Amy Adams	02/20/2019	Approved

Figure 81-Approved Status

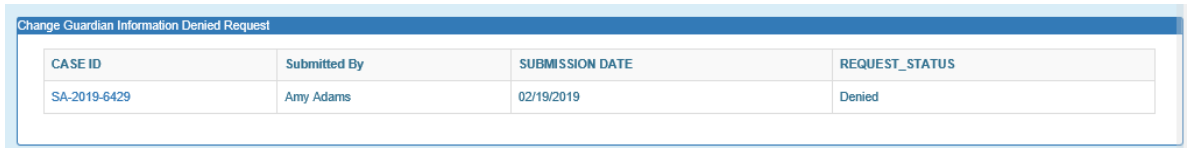


Change Guardian Status

Status: **Approved**

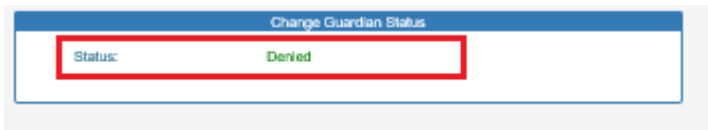
When a reviewer clicks on the ‘Deny’ button, the notification will be moved to the ‘Denied grid. The Status window in the Guardian/Advocate Information section in Part A will be updated with “Denied” status

Figure 82-Denied Status



CASE ID	Submitted By	SUBMISSION DATE	REQUEST_STATUS
SA-2019-6429	Amy Adams	02/19/2019	Denied

Figure 83-Denied Status



Change Guardian Status

Status: **Denied**

5. Part C Closure Request

Pending requests from Providers will be logged here. Reviewers can view requests clicking on the Case ID. Reviewer will navigate to the notification form and from there view the Part C. Reviewers can review the notification and choose the submission type from the ‘Submission Type’ dropdown list. This dropdown has following two options.

1. Part C reviewed – Pending OHR
2. Part C Rejected – Does Not Meet Criteria (DNMC)

If the reviewer approves the Part C, he can choose option 1, Part C reviewed – Pending OHR. This will update the Signature Log and will send an email to AHCCCS requesting to close Part C.

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If the reviewer decides to reject the Part C, they must choose option 2, Part C Rejected – Does Not Meet Criteria (DNMC). They must E-sign the notification. This will update the Signature Log and will send an email to the Preparer informing them that this notification has been rejected, and the data submitted by the Preparer will be cleared.

Figure 84-E-Signing

The screenshot displays two instances of the e-signing interface. The top instance shows the 'Signature (Health Plan/Contractors)' form with the 'Submission Type' dropdown set to 'Part C reviewed - Pending OHR'. The bottom instance shows the same form with the 'Submission Type' dropdown set to 'Part C Rejected - Does Not Meet Criteria (DNMC)'. Both forms include fields for 'Title of the person preparing this notification' and 'Please type your password to confirm e-signature', followed by an 'E-Sign' button. Below each form is a 'Signature Log (Health Plan/Contractors)' table.

Submitted By	Title	SUBMISSION DATE
Amy Adams	Director	04/29/2019
Amy Adams	Director	04/29/2019

Submitted By	Title	SUBMISSION DATE
Amy Adams	Director	04/29/2019
Amy Adams	Director	04/29/2019

4 Create Communication

The Communication section is an area where messages can be sent between Providers, Health Plans and OHR. The messages are captured and displayed in the Communication Log. An email will be sent to the clinical director and health plan containing only the Case No. (SA number) and the member date of birth notifying the recipient that a message is pending within the application for them to address. The user will need to open the record to view and respond to the communication.

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Figure 85 - Communication log Menu Item

The screenshot shows the AHCCCS QM Portal interface. At the top left is the AHCCCS logo. The navigation bar includes 'QM Portal>', 'Home', 'User Admin', 'OHR', 'FAQ', 'Technical Assistance', and 'Log Out'. Below this is a secondary navigation bar with 'Home', 'Member Search', 'SPA Search', and 'OHR ADMIN'. The main content area is titled 'Special Assistance Notification Form' with a 'Full Report' link on the right. On the left, there is a vertical menu with four items: 'Part A: Notification', 'Part B: Response', 'Part C: Notification', and 'Communication'. The 'Communication' item is highlighted with a red rectangular box. To the right of the menu is a 'Member's Information' table.

Member's Information:					
Member:	SELF MEMBERSMI	AHCCCS ID:	A08525212	Enrollment:	MERCY CARE PLAN
Gender:	M	Status:	Pending - New Notification	Start Date:	04-20-2019
D.O.B.:	03/06/1977	GSA:	42	End Date:	
Case No.:	SA-2019-6456	Guardian Status:	Yes	Plan Change As Of:	04-20-2019
				Eligibility Start Date:	04-01-2019

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Figure 86- Create a new Communication (Step 1)

The screenshot shows the 'Create a new Communication' step. On the left, the 'Communication' menu item is selected. The 'Member's Information' table is identical to the one in Figure 85. Below the table is a 'Communication Log' section with a table containing one entry:

Submitted By	Title	Message	SUBMISSION DATE
Amy Adams	Test	Test data	05/08/2019

Below the log is a 'Create Communication' section with a large text input area and a 'Create Communication' button highlighted with a red rectangular box.

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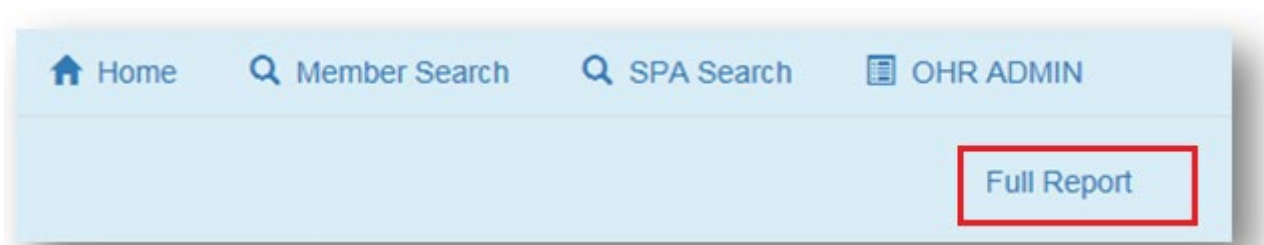
Figure 87- Create a new Communication (Step 2)

The screenshot shows a web form titled "Create Message" in a green header bar. Below the header, there is a "Title:" label followed by a text input field containing the placeholder text "Subject of message:". Below that is a "Message:" label followed by a large, empty text area. At the bottom right of the form, there are two buttons: "Send" (orange) and "Cancel" (red).

5 Report

Just below the OHR menu bar is the 'Full Report' link. The report generates the 'NOTIFICATION OF MEMBER IN NEED OF SPECIAL ASSISTANCE' form in PDF format. The form can be downloaded and saved in the Provider medical records as required by AMPM 320-R.

Figure 86-Report Link




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Office of Human Rights

Special Assistance Request

Figure 89-Notification of member in Need of Special Assistance



AHCCCS MEDICAL POLICY MANUAL
POLICY 139-E, ATTACHMENT A
NOTIFICATION OF MEMBER IN NEED OF SPECIAL ASSISTANCE

A Contractor, TRRIA, 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 139-E, must notify the AHCCCS Office of Human Rights within the 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, TRRIA, PROVIDER OR OTHER PERSON QUALIFIED)

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

MEMBER FIRST NAME	DEVOX	LAST NAME	LENNY	DOB	01/01/1950	GENDER	M
RESIDENCE TYPE	Nursing Home						
ADDRESS	123 Main St						
CITY	Phoenix	STATE	AZ	ZIP CODE	85001	PHONE NUMBER	
GUARDIANSHIP ASSIGNED	Yes	IF GUARDIANSHIP SELECT TYPE					
Health Plan/Contractor	MEDICARE PLAN	AHCCCS ID		ELIGIBILITY	Yes	CAA	10
PHYSICIAN HEALTH PROVIDER	ALLIANCE HEALTH SERVICES			PROVIDER ID	123456789		
SITE ADDRESS	1234 E. MAIN ST						
CITY	PHOENIX	STATE	AZ	ZIP	85001	SITE PHONE	602-799-1234
CASE MANAGER		EMAIL		PHONE			
CLINICAL DIRECTOR		EMAIL		PHONE			
CLINICAL SUPERVISOR		EMAIL		PHONE			
TRUMP NURSE		EMAIL		PHONE			

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

Medicaid Capacity

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

“Incomplete Notification” has been added to the Notification Lookup search page; - This option will allow plans to search the notifications which were created but not signed as well as new notification without having to pull all records and sort by notification status.

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Home Member Search

OHR ADMIN

Notification Lookup

Search for Notification

Last Name	First Name	Date of Birth
Case No.	AHCCCS ID	
Provider	Select HealthPlan	

Notification Status

- Incomplete Notification**
- Pending - New Notification
- Pending - Awaiting more info
- Pending - wait list
- Pending - Reject for missing info - re: more info criteria
- Active - Part b advocate
- Active - Part b guardian
- Active - Part b other (family, etc.)
- Part c Closed

No matching records found

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