

EXHIBIT A: OFFEROR'S CHECKLIST

The Offeror must complete the Offeror's Checklist. The Offeror's Checklist must be submitted with the Proposal and shall be the initial pages of the Proposal. The Offeror's Checklist includes all submission requirements for the Proposal. It is the Offeror's responsibility to ensure it has submitted all requirements in the RFP notwithstanding the items included in the Offeror's Checklist.

In the column titled "Offeror's Page No.," the Offeror must enter the appropriate page number(s) from its Proposal where AHCCCS may find the Offeror's response to the specified requirement. Refer also to the **requirements** outlined in RFP Section G: Instructions to Offerors.

Enter Offeror Name:	Crisis Response Network	
OFFEROR'S CHECKLIST		
Submission Requirement	RFP Section	Offeror's Starting and Ending Page No. (e.g. 1-3)
Offeror's Completed and Signed RFP Solicitation Page and Offer and Acceptance Form	RFP Section A Bidders' Library	2
Offeror's Signed Signature Page(s) for each Solicitation Amendment	Refer to Bidders' Library	3-5
Completed and Signed Offeror's Certification Regarding Boycott of Israel	RFP Section H, Exhibit B	6
Conflict of Interest Disclosure	RFP Section G	7
Proposed Subcontracts Template	RFP Section H, Exhibit E	8
Method of Approach		
Submission Requirement 1 [3 page limit for narrative portion, 5 page limit for workflows, charts, diagrams and written descriptions – Total of 8 page limit for this submission requirement]	RFP Section G	9-16
Submission Requirement 2 [2 page limit]	RFP Section G	17-18
Submission Requirement 3 [3 page limit]	RFP Section G	19-21
Submission Requirement 4 [4 page limit]	RFP Section G	22-25
Cost Bid Submission Workbook [Excel]		
Pricing Schedule Template worksheet	RFP Section G	26
Detailed Budget Template worksheet	RFP Section G	27
Experience and Expertise of the Firm and Key Personnel		
Submission Requirement 1 [5 page Limit]	RFP Section G	28-32
Insurance		
Intent to Provide Certificate of Insurance	RFP Section G	33



Notice of Request for Proposal

SOLICITATION # YH18-0017

SMI ELIGIBILITY DETERMINATION

SECTION A: OFFER AND ACCEPTANCE FORM

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also certifies Small Business Status.

Arizona Transaction (Sales) Privilege Tax License No.: 26-0446321

For clarification of this offer, contact: Name: Justin N. Chase

Federal Employer Identification No.:

Justin.chase@crisisnetwork.org

Title: President & CEO

E-Mail Address:

Phone: 602-845-3307

Crisis Response Network, Inc.

Signature of Justin N. Chase

Signature of Person Authorized to Sign Offer Justin N. Chase

Company Name 1275 W Washington Street Suite 108

Address Tempe AZ 85281

Printed Name President & CEO

City State Zip

Title

CERTIFICATION

By signature in the Offer section above, the Offeror certifies:

- 1. The submission of the offer did not involve collusion or other anti-competitive practices.
2. The Offeror shall not discriminate against any employee or applicant for employment in violation of Federal Executive Order 11246, State Executive Order 2009-09 or A.R.S. §§41-1461 through 1465.
3. The Offeror has not given, offered to give, nor intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer.
4. The Offeror is / X is not a small business with less than 100 employees or has gross revenues of \$4 million or less.
5. The Offeror is in compliance with A.R.S. §18-132 when offering electronics or information technology products, services, or maintenance; and
6. The Offeror certifies that it is not debarred from, or otherwise prohibited from participating in any contract awarded by federal, state, or local government.

ACCEPTANCE OF OFFER (to be completed by AHCCCS)

Your offer, including all exhibits, amendments and final proposal revisions (if any), contained herein, is accepted. The Contractor is now bound to provide all services listed by the attached contract and based upon the solicitation, including all terms, conditions, specifications, amendments, etc., and the Contractor's Offer as accepted by AHCCCS.

The Contractor is cautioned not to commence any billable work or to provide any material or service under this Contract until Contractor receives purchase order, contact release document or written notice to proceed.

This contract shall henceforth be referred to as Contract No. CONTRACT SERVICE START DATE: AWARD DATE:

MEGGAN HARLEY, CPPO, MSW, AHCCCS Chief Procurement Officer




Douglas A. Ducey, Governor
 Thomas J. Betlach, Director

SOLICITATION AMENDMENT #1		
YH18-0017 SMI Eligibility Determination	Solicitation Due Date: April 2nd, 2018 May 14th, 2018 3:00 pm Arizona Time	Chief Procurement Officer: Meggan Harley Email: <u>SMIEligDet_RFP@azahcccs.gov</u>

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. The attached Answers to Questions are incorporated as part of this solicitation amendment.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Justin N. Chase, LMSW, CPHQ, FACHE	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE: President & CEO	TITLE: Chief Procurement Officer
DATE: 5/14/18	DATE:

SOLICITATION AMENDMENT #2		
YH18-0017 SMI Eligibility Determination	Solicitation Due Date: May 14th, 2018 3:00 pm Arizona Time	Chief Procurement Officer: Meggan Harley Email: SMIEligDet_RFP@azahcccs.gov

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. RFP Section G, Instructions to Offerors

5. Proposal Information

- a. Requirements for Electronic Submission of Proposal: An Offeror shall upload its Proposal to the secured location on the SFTP server. The Offeror is required to request and obtain access to the unique SFTP folders listed below and as delineated in RFP Exhibit C in order to gain access to the Data Supplement as described in Section G and for the Offeror to be able to upload its Proposal. Instructions for access to the SFTP server are included in RFP Section H, Exhibit C. The number of individuals permitted to sign up for the SFTP per Offeror is limited to three. The SFTP is organized as shown below:

Folder: RFP YH18-0017

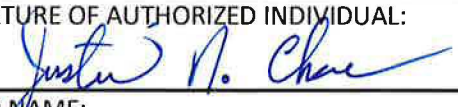
- o Sub-Folder: Bidder files
 - Sub-Folder: Data Supplement
 - Sub-Folder: <Offeror's Name>
 - Sub-Folder: Cost Bid Submission
 - Sub-Folder: Proposal

2. Exhibit C: SFTP Instructions

The deadline to request access to the SFTP is: ~~Thursday, April 05, 2018~~ Tuesday, May 1st, 2018. No requests for access will be considered after this date. Failure of any Offeror to request access to the SFTP server by this date will result in the Offeror being unable to submit a proposal for this RFP.

3. Solicitation Amendment #1

Solicitation Amendment #1 is corrected to revise the Solicitation Due Date to be May 14th, 2018 3:00 pm Arizona Time.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Justin N. Chase, LMSW, CPHQ, FACHE	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE: President & CEO	TITLE: Chief Procurement Officer
DATE: 5/14/18	DATE:

SOLICITATION AMENDMENT #3		
YH18-0017 SMI Eligibility Determination	Solicitation Due Date: May 14th, 2018 3:00 pm Arizona Time	Chief Procurement Officer: Meggan Harley Email: SMIEligDet_RFP@azahcccs.gov

A signed copy of this amendment must be submitted with your solicitation response.

This Solicitation is amended as follows:

1. The solicitation contact person is updated to be:

Meggan Harley, Chief Procurement Officer
602-417-4538
SMIEligDet_RFP@azahcccs.gov


2. RFP Section D, Paragraph 9, Administrative Requirements

Subcontracts: The Contractor may delegate responsibility for services and related activities under this Contract, subject to the limitations outlined in this section, but remains ultimately responsible for compliance with the terms of this Contract. The Contractor shall oversee, and is accountable for any functions and responsibilities that it delegates to any subcontractor.

Subcontracts or delegated agreements with another entity for the purpose of conducting or rendering SMI Eligibility Determinations are prohibited. Additionally, the Contractor shall not delegate the administration or performance of the notice or grievance and appeal processes. Contracting with qualified clinicians who meet the requirements set forth within this Contract, in order to complete SMI Eligibility Determinations, is permitted.

3. Section G, Paragraph 6, Contents of Offeror's Proposal

Each submission requirement below must be submitted utilizing 8½" x 11" one sided, single spaced, type written pages and must be limited to the page limit indicated. Double spacing must be utilized between paragraphs. All responses (including narrative text, headers, footers, graphics, tables, etc.) shall be in Calibri 11 point font or larger with borders no less than ½". Erasures, interlineations, or other manual modifications in the Proposal are prohibited. All pages of the Offeror's Proposal must be numbered sequentially. Numbering of pages shall continue in sequence through each separate section. Each section of the Proposal shall be clearly labeled and contain all information requested in this Solicitation.

OFFEROR HEREBY ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THIS SOLICITATION AMENDMENT.	THIS SOLICITATION AMENDMENT IS HEREBY EXECUTED ON THIS DAY, IN PHOENIX, AZ.
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: SIGNATURE ON FILE
TYPED NAME: Justin N. Chase, LMSW, CPHQ, FACHE	TYPED NAME: Meggan Harley, CPPO, MSW
TITLE: President & CEO	TITLE: Chief Procurement Officer
DATE: 5/14/18	DATE:

SECTION H: EXHIBITS

EXHIBIT B: OFFEROR'S CERTIFICATION REGARDING BOYCOTT OF ISRAEL Contract/RFP No. YH18-0017

EXHIBIT B: OFFEROR'S CERTIFICATION REGARDING BOYCOTT OF ISRAEL

Recognizing legislation has been enacted to prohibit the State from contracting with companies currently engaged in a boycott of Israel, to ensure compliance with A.R.S. §35-393.01, this form must be completed and returned with the response to the solicitation and any supporting information to assist the State in making its determination of compliance.

As defined by A.R.S. §35-393.01:

1. "Boycott" means engaging in a refusal to deal, terminating business activities or performing other actions that are intended to limit commercial relations with Israel or with persons or entities doing business in Israel or in territories controlled by Israel, if those actions are taken either:

(a) In compliance with or adherence to calls for a boycott of Israel other than those boycotts to which 50 United States Code section 4607(c) applies.

(b) In a manner that discriminates on the basis of nationality, national origin or religion and that is not based on a valid business reason.

2. "Company" means a sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, and includes a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate.

3. "Direct holdings" means all publicly traded securities of a company that are held directly by the state treasurer or a retirement system in an actively managed account or fund in which the retirement system owns all shares or interests.

4. "Indirect holdings" means all securities of a company that are held in an account or fund, including a mutual fund, that is managed by one or more persons who are not employed by the state treasurer or a retirement system, if the state treasurer or retirement system owns shares or interests either:

(a) together with other investors that are not subject to this section.

(b) that are held in an index fund.

5. "Public entity" means this State, a political subdivision of this STATE or an agency, board, commission or department of this state or a political subdivision of this state.

6. "Public fund" means the state treasurer or a retirement system.

7. "Restricted companies" means companies that boycott Israel.

8. "Retirement system" means a retirement plan or system that is established by or pursuant to title 38.

All Offerors must select one of the following:

 My company **does not** participate in, and agrees not to participate in during the term of the contract a boycott of Israel in accordance with A.R.S. §35-393.01.

 My company **does** participate in a boycott of Israel as defined by A.R.S. §35-393.01.:
By submitting this response, proposer agrees to indemnify and hold the State, its agents and employees, harmless from any claims or causes of action relating to the State's action based upon reliance on the above representations, including the payment of all costs and attorney fees incurred by the State in defending such an action.

Crisis Response Network

Company Name
1275 W Washington Street Suite 108

Address
Tempe AZ 85281

City State Zip

 Justin N. Chase

Signature of Person Authorized to Sign
Justin N. Chase, LMSW, CPHQ, FACHE

Printed Name
President & CEO

Title



May 11, 2018

Re: Solicitation# YH18-0017 – SMI Eligibility Determination

To Whom It May Concern:

Crisis Response Network hereby attests that there are no potential conflicts of interest with any AHCCCS Managed Care Organizations, AHCCCS registered providers, and entities listed in RFP Section G, Paragraph 6, Award.

A handwritten signature in black ink, appearing to read "Justin N. Chase", is written over a horizontal line.

Justin N. Chase, LMSW, CPHQ, FACHE
President and CEO

5/11/18

Date



**REQUEST FOR PROPOSAL
YH18-0017**

EXHIBIT E: PROPOSED SUBCONTRACTS TEMPLATE

	Subcontractor Name	Contract Number	Physical Address	Mailing Address	Phone Number	Email Address	Description of Purpose of Subcontract
1.	Steven Wiggs, PC	N/A	835 W Warner Rd Suite 101-444 Gilbert AZ 85233	835 W Warner Rd Suite 101-444 Gilbert AZ 85233	(480) 223- 7949	stevenwiggs@icloud.com	Alternate attorney-legal services for SMI administrative hearing appearances
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

METHOD OF APPROACH – SUBMISSION REQUIREMENT #1

In 2014, Crisis Response Network (“CRN”) established the Seriously Mentally Ill (“SMI”) Eligibility and Care Services (“ECS”) program to implement the SMI eligibility determination and decertification processes in Maricopa County. Based on this successful implementation, CRN was awarded the contract to administer the process for greater Arizona in 2015. Accordingly, CRN has overseen the day-to-day operation of the SMI evaluation process for the entire state of Arizona since October 1, 2015.

To date, CRN’s ECS program has conducted **34,473** SMI evaluations; evaluated **261** applicants for decertification; assisted **3,847** individuals through the appeals process and participated in **3,251** of these appeals; and, represented AHCCCS at **226** fair hearings. Despite the tremendous volume of applicants going through the evaluation process, CRN has achieved a **99.8%** timeliness compliance rate for all steps in the SMI evaluation process. (See Diagram #1 – CRN ECS Program Overview)

Over the past four years, as CRN has managed the implementation and operation of the SMI determination and decertification process across the state of Arizona, it has learned invaluable lessons which have enabled it to implement and facilitate efficiencies and improved processes. Further, CRN has invested the proceeds of its contract in skilled and caring staff and infrastructure. As a result, CRN has methodically built a URAC accredited evaluation process that AHCCCS can highlight as a best practice model.

COMMUNITY PRESENCE

Presence in communities at the local level is essential for the successful administration of a statewide evaluation process. CRN has created a community-based SMI determination process by establishing three (3) ECS community access points or centers located in Flagstaff, Tucson and Tempe. Additionally, CRN has partnered with ten (10) diverse provider agencies in nineteen (19) cities across Arizona. These partnerships provide safe and secure locations for individuals to meet with the CRN clinical team. (See Diagram #2 – ECS Community Access Point Centers)

The ECS centers in Southern and Northern Arizona function as access points for individuals to interact with the ECS clinical team within their own communities. These centers are primarily accessed by applicants in the appeals process. Each center provides meeting rooms for informal conferences and telemedicine equipment. Additionally, CRN’s clinical team routinely conducts trainings for evaluators at these centers. To date, CRN has facilitated more than **90** trainings across greater Arizona, training **1,253** clinicians on best practices for assessment preparation.

In addition to the functions performed by the Northern and Southern Arizona offices, CRN’s Tempe office operates as the hub for application packet processing and for the management of the appeals process. By processing applications and appeals in a single location, CRN is able to ensure a consistent clinical approach by all staff involved in the determination process.

STAFFING

CRN’s SMI ECS program is comprised of three teams (Clinical, Grievance & Appeals, and Eligibility) who work in concert to ensure service delivery is clinically sound, timely and compliant with stakeholder expectations. The three teams work together to render SMI benefit determinations and ensure individuals are connected with the appropriate level of care. (See Diagram #3 – ECS Program Organizational Chart)

The Clinical Team is comprised of ten (10) licensed psychologists and a board certified psychiatrist. The primary role of the clinical team is to render clinically appropriate SMI determinations and ensure adherence to the clinical guidelines set forth by AHCCCS. In addition to making determinations, the psychologists also conduct face-to-face evaluations and participate in informal conferences with individuals.

The Grievance & Appeals Team consists of nine (9) staff members tasked with guiding individuals through each phase of the appeal process. Ensuring that each step of the process is facilitated in accordance with the parameters established

by AHCCCS. Team members also oversee informal conferences, send out required correspondence and arrange transportation, as necessary, for the individual to participate in conferences, hearings and further evaluations. The Eligibility Team's primary responsibility is to support the work of the clinical team. They are tasked with collecting all relevant applicant information and documenting it CRN's electronic health record. Additionally, this team of nine (9) staff members serves as the single point of contact for the individual during the determination process.

SMI DETERMINATION PROCESS

The SMI eligibility determination process begins when an individual requests to be assessed for SMI benefits. The applicant will be examined by a qualified evaluator as designated by the RBHA. Once the evaluation is complete, the evaluation, along with other necessary and required documentation, is submitted to CRN's ECS program. (See Diagram #4 – SMI ECS Program Workflow)

CRN receives 98% of SMI applications through a custom built SMI submission portal. This portal accessed via a webpage where providers are able to submit evaluation packets directly to CRN. When an evaluation is submitted through the portal, the evaluator is automatically sent an email indicating that CRN has received the application packet and they are provided with a unique seven (7) digit code to reference the application. Through the use of the portal, CRN is able to record the exact moment the application is submitted, which provides accountability for the timelines of submission. Further, the provider who submits the application has documentation that the packet has been received.

Upon receipt of an evaluation packet, CRN generates a letter which notifies the applicant that the evaluation packet has been received and provides contact information for the Eligibility Specialist assigned to process their application. At the same time that the notice is sent, a CRN psychologist is assigned to review the applicants' file/packet. The CRN psychologist will evaluate the entire SMI packet and make a determination within three (3) business days to determine if the applicant meets SMI criteria as set forth by AHCCCS. If an applicant allows for an additional twenty (20) days to make a determination for the purpose of obtaining additional records or entering into a ninety (90) day substance abuse evaluation period, the doctor may choose to utilize this additional time.

When CRN assumed administration of the SMI determination process in 2014, applicants bore the burden of obtaining and gathering their mental health records. Because individuals living with a Serious Mental Illness may, by definition, be functionally impaired, many experienced difficulty with this process. CRN determined that making applicants collect their records without any assistance was not only unfair, it placed an unnecessary barrier between applicants who meet SMI eligibility criteria and SMI services they need. CRN changed this process. Since 2014, if the CRN psychologist pends for an additional 20 days to obtain records, a CRN staff member assists each applicant in collecting their mental health records.

After a CRN psychologist renders an SMI determination, a Notice of SMI Determination is sent to the applicant and an automated email is sent to the provider who prepared and submitted the SMI evaluation packet to notify them of the outcome. Both the applicant and the provider are notified of the applicant's right to appeal and are given instructions on how to do so.

APPEALS PROCESS

After CRN receives an appeal request, a notice is sent to the applicant indicating the appeal has been received. The same day that the notice of appeal is sent by mail, a CRN Grievance & Appeals Specialist located in the applicant's local ECS center calls the individual to introduce themselves and explain the process. The assigned Grievance & Appeals Specialist will be the applicant's point of contact and will assist the applicant through the appeals process.

An informal conference is scheduled within seven days of CRN receiving the applicant's request to open an appeal. One of the ECS program's greatest successes has been the active participation of applicants in these informal conferences. Currently, **82%** of individuals filing for an appeal participate in their informal conference. When CRN assumed administration of the SMI determination process from the RBHAs, it discovered that approximately **30%** of applicants

attended their informal conference. Further, the RBHAs did not make it a practice for psychologists to participate in the informal conference. CRN established psychologist participation in all informal conferences. Psychologist participation in the informal conference not only allows them an opportunity to meet the individual, providing an opportunity to evaluate their condition, it also allows the applicant to voice their concerns and state their request to the decision maker in their determination. Through CRN's practice of psychologist participation in the informal conference, CRN has reduced the number of state fair hearings by **90%**.

Currently, 60% of individuals participate in informal conferences in person. CRN has been able to achieve this level of participation by providing transportation for applicants. CRN provides transportation for all applicants living within forty miles of an ECS center. If an applicant needs transportation to participate in the informal conference, CRN's Grievance and Appeals Specialist will set up transportation on the applicant's behalf. This service accounts for approximately 15% of applicants participating in informal conferences.

In addition to providing transportation for individuals, CRN has built a video conferencing system across the state to conduct informal conferences for individuals living in rural areas. Specifically, CRN has partnered with ten (10) behavioral health providers in 19 cities across greater Arizona where applicants can access CRN video conferencing equipment so they can participate in informal conferences. To date, CRN has successfully conducted **334** informal conferences using our video conference system.

At times applicants are uncomfortable using video conferencing equipment and wish to see a CRN psychologist or Grievance Specialist in person. Therefore, CRN staff travel to rural areas to meet with applicants in person, as needed. In these instances, CRN partners with the local RBHA or a regional provider to provide a safe meeting space for the informal conference.

HEARINGS

An applicant may request an administrative hearing by contacting AHCCCS or CRN. The applicant's request for hearing is sent to the Arizona Office of Administrative Hearings ("OAH") where a hearing is scheduled before an administrative law judge. Because OAH only operates a single office, located in Maricopa County, applicants from greater Arizona generally participate by phone, or may travel to OAH if they wish to participate in person. CRN offers applicants the option to participate by phone from the ECS centers in Tucson, Flagstaff or at a location convenient to them. A CRN attorney and psychologist attend in person at the OAH offices for all administrative hearings.

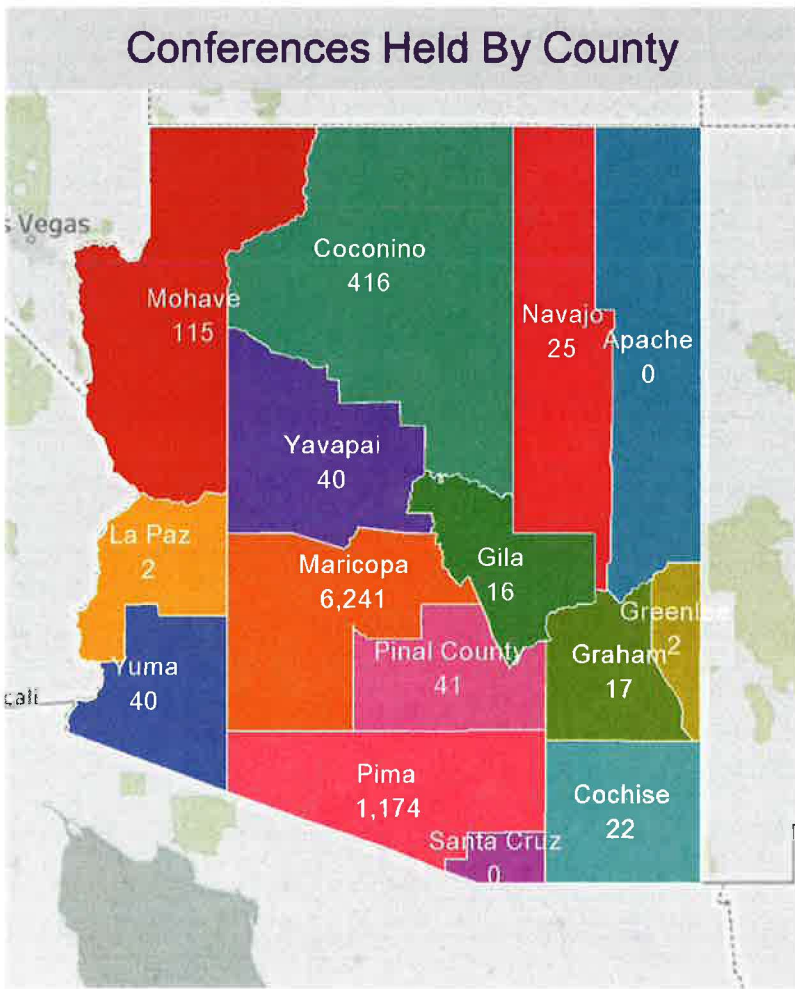
DECERTIFICATION PROCESS

The decertification process follows the same clinical formulation as an SMI determination. The applicant or SMI provider can request an evaluation for decertification. Once the evaluation is complete, it is submitted to CRN for a decertification determination. This process requires a comprehensive review of the individual's current medical records and other collateral material which can be used to render a determination of the individual's diagnostic and current level of functioning. An individual has the right to appeal and fair hearing on decertification decisions.

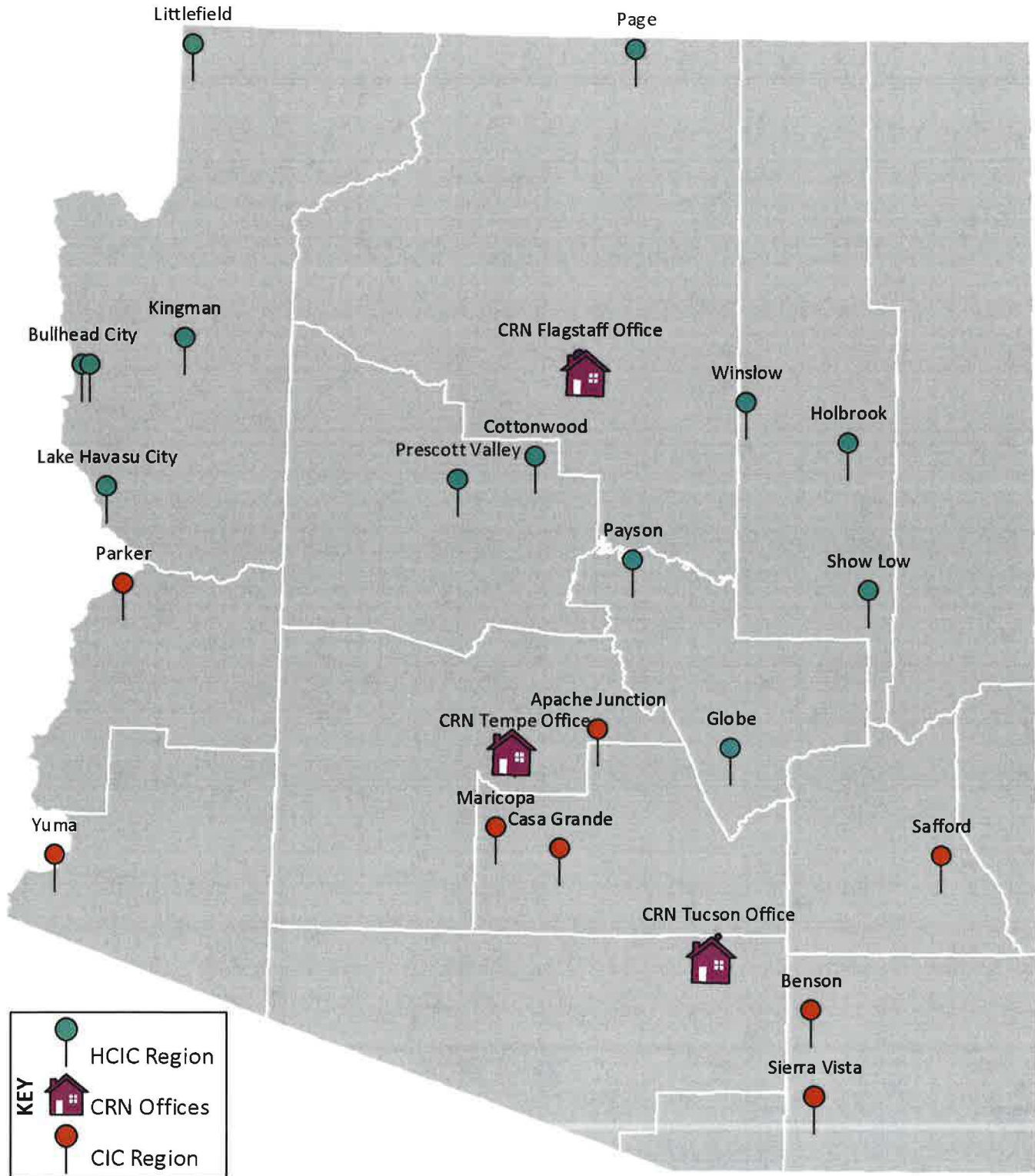
Because of the complexity and potential for decompensation, significant clinical review of the individual's risk of deterioration, protective and risk factors are carefully evaluated. Every decertification request is staffed by CRN's Chief Medical Officer prior to final determination.

If it is determined that the individual no longer meets diagnostic and functional criteria for the SMI designation, CRN staff clearly document the rationale for the decertification and notify AHCCCS and key stakeholders involved in the care provision for the individual.

Packets Processed 34,473	Fair Hearings 226	Within Timelines 99.98%
Appeals 3,847	Court Ordered Evals 5,327	Decertifications 261



Community Access Points



CRN has an office centrally located in Tempe with two satellite offices, one in Tucson and the other in Flagstaff. CRN has equipped 21 accessible community locations with video conferencing software to cater to rural areas across Arizona.

Diagram #3 – SMI ECS Organizational Chart

SMI ELIGIBILITY & CARE SERVICES PROGRAM

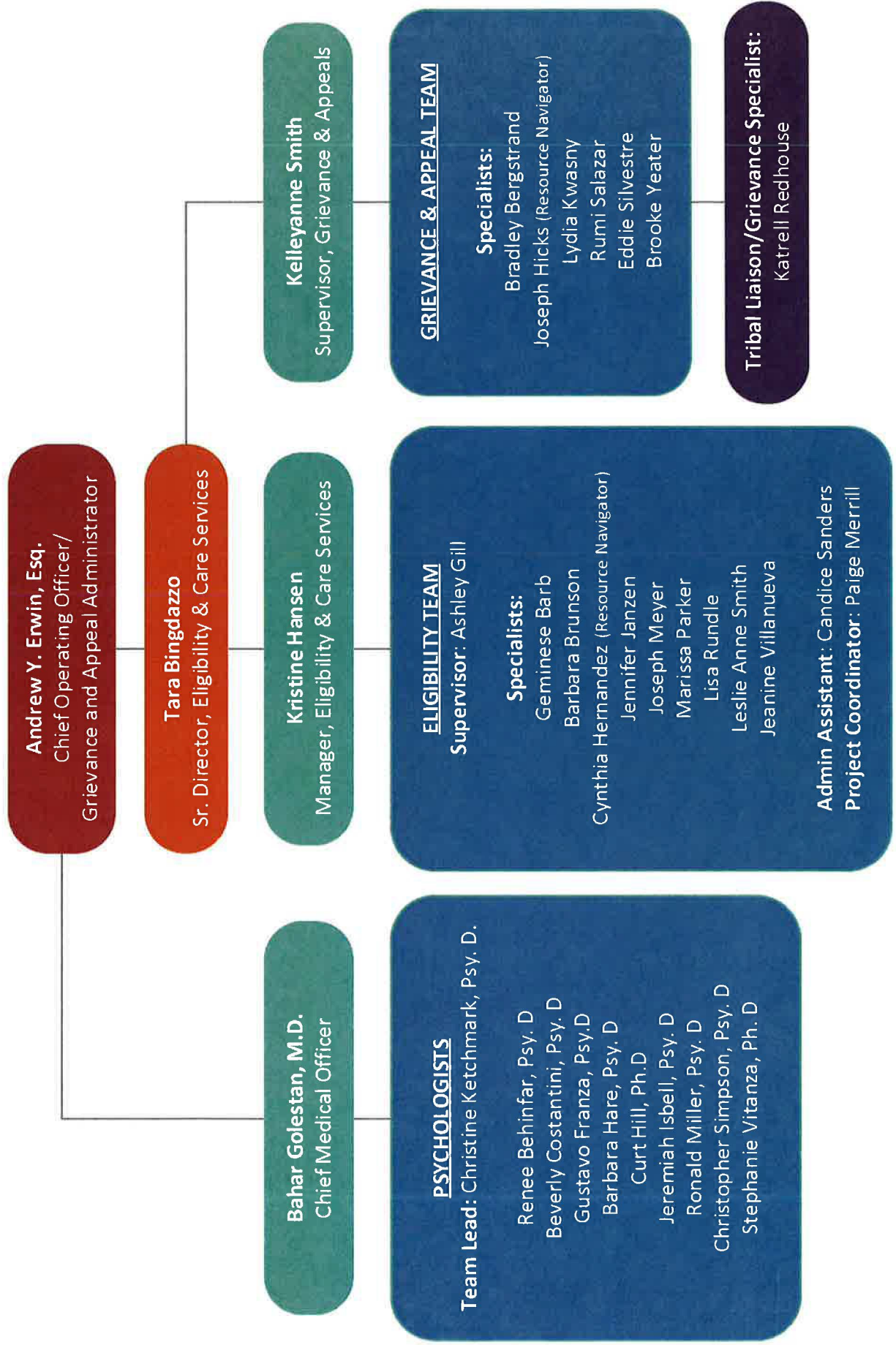


Diagram #4 – SMI ECS Workflow

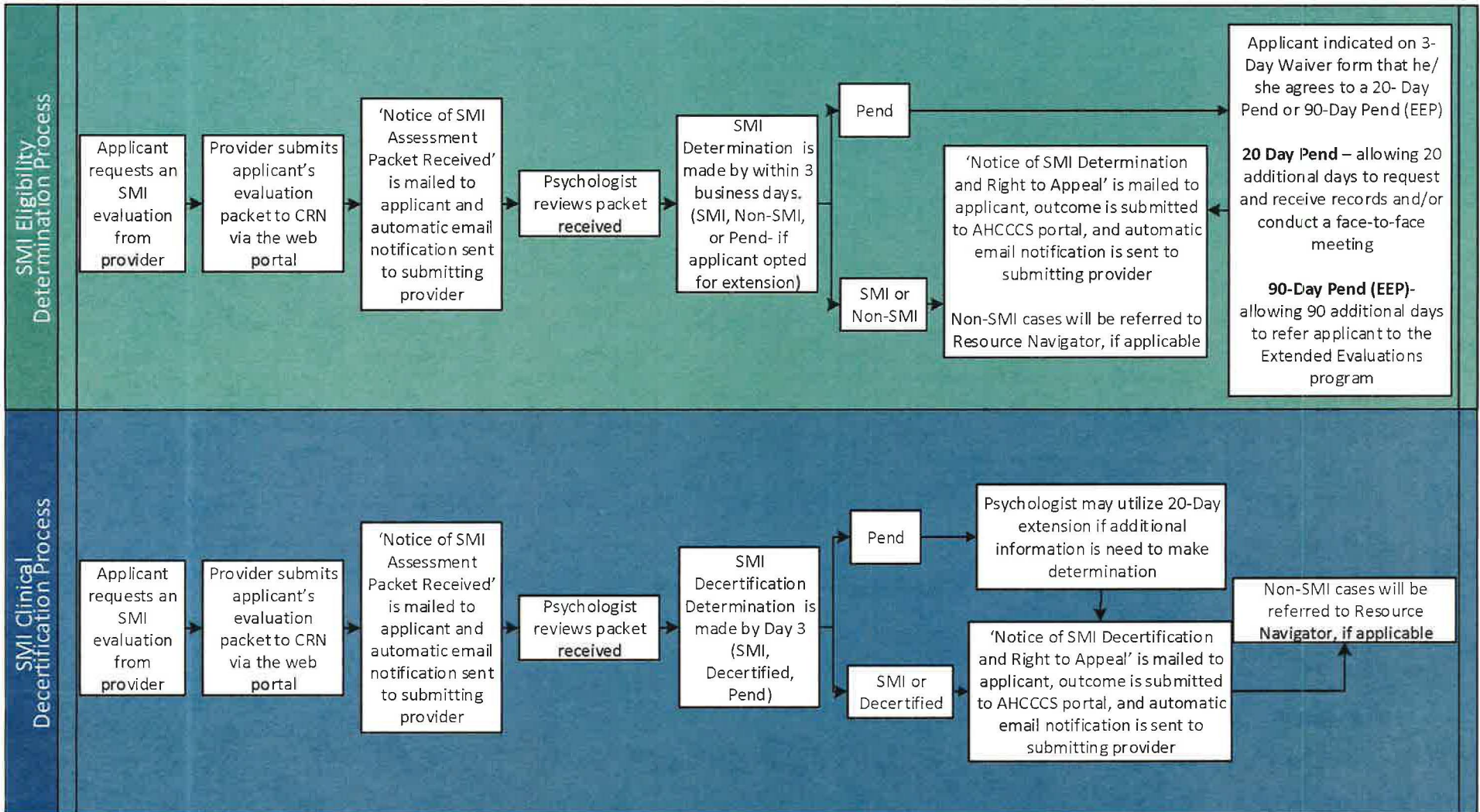
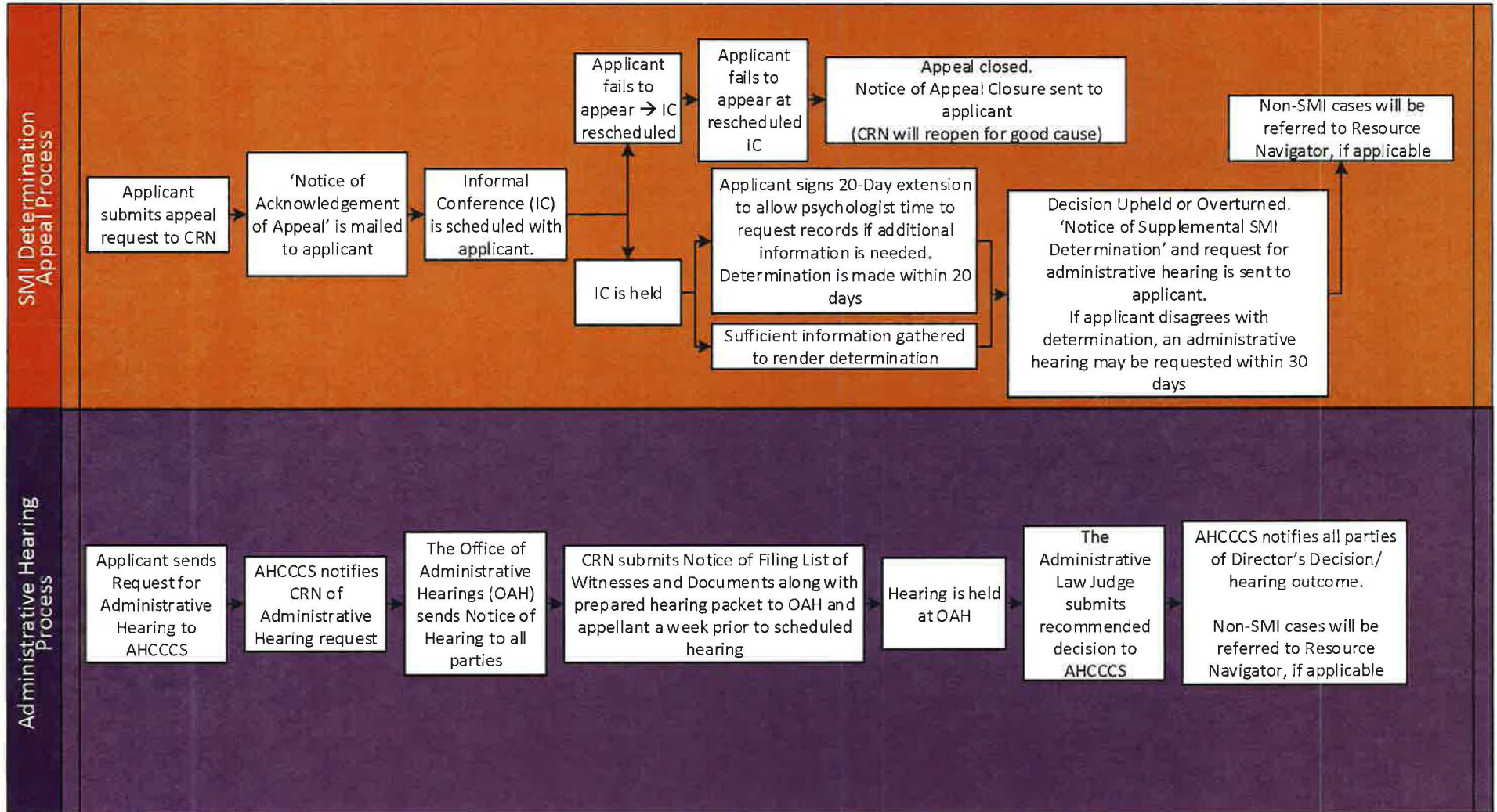


Diagram #4 – SMI ECS Workflow



METHOD OF APPROACH – SUBMISSION REQUIREMENT #2

Over the course of the past four years, CRN has balanced conducting accurate assessments and meeting stringent timelines. The narrative below outlines how CRN plans to continue this practice of rendering SMI Eligibility Determinations pursuant to the timeliness requirements and ensuring accuracy and adherence to clinical guidelines. CRN has built a system for processing determinations that maximizes the time clinical staff has to devote to making each determination and providing them with the tools to enhance the quality of their work.

TIMELINESS

Since CRN began administering the SMI evaluation process, more than **34,000** SMI determinations have been rendered with a timeliness compliance rate of **99.98%**. While there are a number of factors that have helped CRN achieve this level of compliance, the three most critical are: 1) the automated caseload report, 2) control reporting, and 3) maximizing the psychologists' time evaluating each case.

AUTOMATED CASELOAD REPORT

One of the greatest challenges in managing the SMI determination process is meeting timelines. There are multiple steps in the evaluation process and each has a deadline that is triggered upon the completion of the previous step. As a result, there is a significant risk of missing deadlines if a consistent system to accurately identify each due date and to convey that information to the responsible staff members is not in place.

CRN built an automated caseload report by creating formulas that calculate deadlines for each step in the determination process. These deadlines were then loaded into a database and linked to CRN's Electronic Health Record (EHR). When CRN staff members perform tasks in the EHR, the information is pushed into the database and the appropriate deadline is generated. That deadline is then shown in a caseload report that can be viewed by the staff member and their team. The end result is each staff member knows their deadlines without performing manual calculations that would be prone to human error.

CONTROL REPORTING

The Eligibility Determination Supervisor, the Appeals Supervisor, the Manager and the Quality Management (QM) and Compliance Specialist utilize a Quality Management Work Plan as a guide to run daily, biweekly and monthly control reports that generate data on timeliness and accuracy of each step in the determination and appeal process. This allows for any errors to be identified in real-time in order for the supervisors to notify the responsible staff and have it corrected.

MAXIMIZING PSYCHOLOGISTS' TIME EVALUATING EACH CASE

CRN's most critical resource is its team of psychologists. CRN designed an operational procedure in which the support staff complete a quality review of all data and organize the information to be easily accessible by the psychologist upon receipt. This efficiency on the front end maximizes the psychologists' time allotted in which to evaluate the case, allowing for a thorough clinical process within the stringent timelines. Similarly, the appeals staff is responsible for reviewing and summarizing the case as well as briefing the psychologist on vital information prior to the informal conference. Additionally, the support staff conducts monitoring by running a series of control reports, prompting the psychologists to complete a step, if necessary. This alleviates the psychologists from otherwise time consuming surveillance.

ACCURACY AND ADHERENCE TO CLINICAL GUIDELINES

CRN is able to ensure the accuracy and adherence to clinical guidelines through regular testing and auditing of the clinical work through Inter-Rater Reliability (IRR) and auditing tools. These tools utilize CRN's technology allowing clinical leadership to have tremendous oversight without creating an undue burden of work that would unnecessarily slow the evaluation process.

INTER-RATER RELIABILITY TESTING

CRN utilizes data from the Inter-Rater Reliability testing to address any training needs of the psychologists and quantify the degree of agreement between staff members who render SMI Determinations. This process makes it possible to score the level of consensus among the clinical team members and identify areas that may require additional training.

CRN is contractually obligated to conduct IRR testing ten (10) times a year for each clinical staff member. Given the critical nature of ensuring that determinations are rendered consistently, CRN believes it is necessary to conduct such testing on a more frequent basis. Each psychologist completes **52** IRR tests a year, **five (5) times** the minimum standard established by CRN's contract. CRN is able to complete this testing thanks to the customized online IRR testing tool created by its Business Intelligence team which expedites the testing process.

The process begins each week when the CMO selects a case for CRN's psychologists to review. Identifying information is redacted from these records and then uploaded into the IRR testing tool. Each doctor then logs onto the testing tool, reviews the provided records and renders a determination. Once each psychologist completes the determination, it appears in an automated caseload report for the CMO to review. The CMO evaluates the determination and provides feedback to the psychologist. The feedback is sent to the psychologist and the test is recorded in CRN's database. The system is able to analyze the doctor's work in comparison to their peers and provides clinical leadership the ability to provide staff with targeted training. Further, the testing provides assurance to the clinical team that they are all providing determinations in adherence with the established guidelines.

CLINICAL REVIEW PROCESS

In addition to the IRR testing process, CRN built a clinical review tool to randomly audit individual cases. On a monthly basis, approximately 100 cases are randomly selected for a secondary review. Accordingly, CRN is able to have a member of clinical leadership review on average 13% of the determinations rendered. CRN is able to audit this relatively high number of cases thanks to the customized online tool created by its Business Intelligence team that automates the majority of the process. This process is initiated through the use of an algorithm that randomly selects 25 cases from the previous week to be reviewed. The randomly selected cases automatically appear within a clinical review caseload report. The examiner logs onto the review tool and reads all the records obtained during the evaluation process.

The reviewer will then score the psychologist's determination. The determination is evaluated against five (5) areas: sufficiency of the diagnostic evaluation, sufficiency of the functional evaluation, sufficiency of the reconciliation of issues that may complicate the determination, sufficiency of the utilization of the pend option and overall composition. Each area has a maximum of four (4) points each, for a total of 20 points per determination. The scoring is recorded within the tool. Once the review is complete, the score and notes are saved and the psychologist who rendered the decision is notified via email that the review has been completed. Each psychologist's average score is presented to them in reoccurring supervisions to identify areas of clinical strength and opportunities for improvement.

CONCLUSION

CRN recognizes that attached to every application and subsequent determination is an individual who is in need of behavioral health services and supports to begin or continue on their recovery. This acknowledgement is the scaffolding that helps shape CRN practices and service delivery every day. CRN is proud of the performance that has been achieved through the use of technology, intense clinical practice review and dedicated and compassionate staff. This awareness propels CRN to constantly re-evaluate its practices and identify opportunities for improvement, thereby ensuring that every individual served receives the highest quality of clinical assessment rendered within the timeframes set forth by AHCCCS.

METHOD OF APPROACH – SUBMISSION REQUIREMENT #3

CRN has leveraged its unique position as an unbiased third party in the public behavioral health system to engage and partner equally with all system stakeholders identified in the Contract Scope of Work to effectively administer SMI determinations. CRN has a shared interest with its partners of easing the process, improving access to care and connecting community members to the most cost efficient, appropriate services to meet their specific needs. Without external pressures or enticement of any benefit to gain, CRN is able to focus solely on the objective of rendering clinically appropriate determinations. The absence of having to balance external influences enables CRN to engage equitably with system stakeholders. CRN recognizes the value that the SMI determination process has on the community at large and identifies the effects it has on the various systems. As subject matter experts in this area, CRN shares useful information to those involved in the process and alternatively solicits meaningful feedback from its community partners.

REGIONAL BEHAVIORAL HEALTH AUTHORITIES (RBHAs)

CRN must maintain strong collaborative relationships with each of the RBHAs for the SMI determination process to function properly. Accordingly, CRN has established quarterly meetings, monthly reporting and daily communication to ensure that CRN and each RBHA are working in concert. Together, the organizations discuss the quality of provider evaluations, coordinate trainings and devise plans for community engagement.

CRN communicates on a daily basis with the RBHA eligibility teams to ensure that members are properly assigned to the appropriate service level as quickly as possible. On a nightly basis, every SMI determination is transmitted from the SMI portal to each RBHA; however, there is often a need to coordinate with the RBHAs to speed the process up or address any potential questions.

PROVIDERS

CRN has partnered with providers to help expeditiously support their members after an SMI determination is rendered. In 2014, CRN discovered a significant delay between the completion of the SMI determination and the RBHA notifying the provider of the outcome. To address this issue, CRN developed an automated email system to ensure providers are notified of determinations the day they occur. Through this process, providers are able to more quickly coordinate the transition of care for individuals determined SMI or non SMI.

Similarly, CRN has built partnerships with providers through the staffing of cases. CRN must contact the submitting provider to staff a case if there is any disagreement or need for clarification. Originally, the rate of successfully conducted staffings was low, therefore CRN began meeting with provider leadership to create a staffing model that produces a thorough discussion with the member's clinical team. These staffings have resulted in a more accurate determination process that benefits the applicants.

Even with high quality evaluations and successful staffings with clinical teams, at times CRN staff must assess an applicant in a face-to-face setting. Completing these face-to-face assessments within timelines is particularly difficult in the more rural areas of the state. To address this issue, CRN partnered with 10 providers across the state to establish 19 community access point centers. CRN has equipped these sites with video conferencing equipment to connect applicants directly with CRN staff. To date, CRN has facilitated 334 such meetings with community members through these access points. This strengthened CRN's partnership with local providers and greatly improved CRN's ability to assess SMI applicants in rural areas.

COMMUNITY OUTREACH

CRN provides community education through its community outreach team to educate the public about CRN's services including the SMI determination program. CRN designed a brochure that clearly explains, in plain accessible language, the purpose and process for obtaining an SMI determination. Last year CRN's outreach team attended 96 events and interacted with 73,659 people.

CRN works with the RBHAs to regularly attend their community forums. These events are hosted by each RBHA and facilitated at their provider locations throughout their respective service areas. CRN staff attend these meetings, provide a brief presentation and answer any questions community members might have. Materials are distributed to attendees containing additional information on how to access the SMI determination process.

CRN has built a comprehensive section on the CRN website tailored to community members. This section contains a page that outlines “How does the SMI determination process work?” in plain language. There is a page that outlines the SMI determination process timeframes. There is a page that lists Frequently Asked Questions (FAQ’s) regarding the determination process and provides contact information for each RBHA. Finally, CRN has a page that provides a list of helpful tips for those navigating the mental health system.

COURT ORDERED EVALUATION (COE) / COURT ORDERED TREATMENT (COT)

CRN has partnered with inpatient treatment facilities evaluating individuals undergoing COE/COT proceedings to build an SMI process that meets the needs of the treatment team and the court. To date, CRN has used this system in the processing of **5,327** individuals undergoing the COE/COT review. These cases are time-sensitive in a manner that often supersedes the state-mandated SMI timelines, because the judge’s decision to court-order an individual often relies heavily on the SMI determination. Therefore, CRN has elected the Eligibility Supervisor as the point of contact for hospital staff to coordinate care for these members. The Eligibility Supervisor is then notified by the hospital staff of a COE case and the court date and time is provided. CRN developed a “Psychologist On-Call” calendar to staff COE/COT cases received throughout the day with the inpatient psychiatrists as quickly as possible. When the Eligibility Supervisor receives the COE/COT notification, the case is assigned to the psychologist on call for that day in order to render a determination prior to the court date. Once a determination is made, the Eligibility Supervisor coordinates care with the hospital staff to ensure the communication reaches the judge before the applicant’s hearing.

HOSPITALS, ACUTE CARE FACILITIES AND INPATIENT HOSPITALS

CRN has partnered with local hospitals, acute care facilities and inpatient placements to process determinations for their respective patients as quickly and accurately as possible. Roughly **40%** of all packets received by CRN are for hospitalized individuals. Due to limited inpatient bed availability across the state, these facilities often need an expedited SMI determination for discharge planning. To further complicate matters, these individuals have no prior involvement with the behavioral health system and hospital staff are faced with someone experiencing their first mental health episode.

CRN must connect with hospital staff to ensure all pertinent clinical information is gathered on inpatient cases. The psychologist conducts this staffing before the patient is released, as the SMI determination can significantly affect discharge planning. If the individual is experiencing their first mental health episode this staffing is critical, for there are no previous records to review in the determination process.

HEALTH PLANS/ AHCCCS COMPLETE CARE (ACC) PLANS

CRN has engaged and partnered with all Arizona Medicaid health plans to coordinate care of “Dual Eligible” members (individuals dually eligible for both Medicaid and Medicare). When individuals are determined to be eligible for General Mental Health (GMH) services, the health plan is responsible for their behavioral health treatment. CRN is authorized to process any packet submitted by a RBHA provider agency. Therefore, the AHCCCS SMI portal is built to enter information regarding these agencies. When an individual who is dually eligible is determined non-SMI, the responsibility of their behavioral health treatment returns to the health plan. In order to provide the health plan with the SMI notification, CRN built an automated email notification system to advise them of the status of the determination.

Similar to the dual eligible members, it is necessary for CRN to coordinate SMI determinations with the ACC plans. CRN has already meet with every ACC plan in preparation for the October 1, 2018 implementation. CRN is currently building out the same notification system described above to ensure there is proper coordination between CRN, the ACC plan and the member. Additionally, CRN has outreached AHCCCS to initiate development of this system in the AHCCCS SMI portal to prevent any disruption in services for individuals during the implementation stages.

TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITIES (TRBHAs)

To address these populations' unique needs, CRN hired a Tribal Liaison in 2016 and designated him the point of contact for all tribal members going through the SMI process. The TRBHAs that have opted to participate in the SMI determination process did so at different times. Therefore, the build out of CRN's system was completed when each TRBHA opted in. CRN customized the orientation for each TRBHA as they requested. CRN frequently outreaches TRBHA leadership to engage them with the process, offering ongoing support, training or technical assistance. To date, CRN has provided **seven** (7) trainings to **112** TRBHA staff with the three (3) Tribal Nations that are currently participating.

JAIL STAFF

To date, CRN has processed nearly **500** appeals for incarcerated individuals. Striving to ensure that all applicants actively participate in their informal conferences, the Grievance and Appeals staff are tasked with carrying out coordination with jail staff. Once the appeal is filed, the Grievance and Appeals Specialist contacts the jail facility to identify the jail liaison. If that jail staff was not originally involved in the filing, the Specialist informs them an appeal was filed by the individual. The Grievance and Appeals Specialist will schedule an informal conference complying with jail staff regulations regarding the inmate's schedule, and working with the CRN psychologist to ensure all vital information is relayed between the two parties. All coordination of care must be communicated via the jail liaison.

RESOURCE NAVIGATION

CRN is currently implementing this new program in ECS with two Resource Navigators. The goal of this program is to significantly enhance CRN's coordination of care with other community resources involved in or affected by the SMI determination process. Their primary focus will be on frequent utilizers of emergency services and hospitals to identify individuals that are of high cost to the system. Specifically, those being determined non-SMI will be connected to appropriate resources to get the care they need while decreasing system cost. Therefore, outreach to first responders and hospital staff is currently under way to initiate these relationships. Additionally, these navigators will focus on increasing collaboration with Adult Probation, homeless resources and the Veteran's Association.

CONCLUSION

Cross sector collaboration is the most effective method to ensure the forward momentum of the SMI determination process overall. With CRN at the center, it is incumbent upon ECS to drive these communications and connect various system stakeholders in a manner that best serves community members.

METHOD OF APPROACH – SUBMISSION REQUIREMENT #4

CRN has developed and implemented a fully operational plan for training system stakeholders involved in the SMI Eligibility Determination process. By engaging in this campaign with these stakeholders, CRN has been able to improve the quality of data submitted, reduce administrative errors and expedite processing time for member determination and access to care. This proactive intervention successfully increased the overall quality of the applications being received and significantly reduced the amount of follow-up required by CRN psychologists, allowing them the maximum amount of time to render clinically appropriate determinations.

In the first contract year, CRN committed efforts to training the provider network in Maricopa County. Experiences from this undertaking were applied to greater Arizona and the RBHAs beginning in 2015. These efforts produced positive outcomes and allowed for the opportunity to offer clinical training. CRN now has an established collaborative and systematic method, a foundation on which to expand in the coming months to broaden the accessibility across the state.

TRAINING MODULE

CRN conducts two audits on every SMI evaluation packet submitted. The initial audit is administrative to ensure all the required paperwork is included, properly completed with the correct signatures and guardianship paperwork, if applicable. The second audit is completed by the CRN psychologist on the clinical content. Based on these results, CRN conducts targeted training ranging from clinician-specific to systemic. This process is shared with the RBHAs via monthly reports as well as a provider dashboard which is accessible on the CRN website. The information below outlines CRN's utilization of this training model to effect positive change.

MARICOPA COUNTY

In the first year of CRN rendering SMI determinations for Maricopa County (2014), there was a significant issue with errors in the packets submitted by central Arizona providers, resulting in an inordinate amount of time spent by CRN staff to correct them. In September 2014, CRN initiated a collaborative relationship with the MMIC System of Care, specifically with the GMH/Substance Abuse (SA) Program Coordinator, to develop an approach to deliver training to the provider network. In January 2015, CRN began generating data on packet errors and sharing with MMIC monthly. From January to June 2015, CRN identified errors in **60.33%** of all packets received.

With the data that was being produced, CRN began zeroing in on specific providers with higher error rates, contacting leadership directly and offering on-site training. One provider consistently had the highest error rate above all others. CRN conducted an agency-wide training that was recorded and utilized for that provider's new employee orientation thereafter and posted on the CRN website as a resource for provider staff. The training can be found at <http://www.crisisnetwork.org/smi/provider/#training>.

Throughout the remainder of 2015, in addition to proactive outreach to providers with high error rates, CRN responded directly to provider requests for on-site training. Due to CRN's active engagement with the provider network, the packet error rate in Central Arizona dipped to **29%** by December 2015. The amount of time CRN staff spend correcting errors has reduced dramatically.

At this point in time, CRN continues to work with the RBHAs and providers to ensure their applications meet CRN's standards. CRN does this through quarterly meetings with the RBHAs and ongoing training. To date CRN has provided **25** trainings to Maricopa County providers with a total of **517** people trained. Additionally, in an effort to sustain the progress made, CRN developed dashboards to display packet error rates on the CRN portal. Dashboards can be filtered by region and narrowed down by provider. This has allowed the provider network to gauge their progress over time as well as measure up to other agencies.

GREATER ARIZONA

CRN's experience with Maricopa County provided valuable lessons when operations expanded to greater Arizona. The opportunity was seized to proactively engage with Northern and Southern Arizona providers before implementation on

October 1, 2015. Collaborative monthly meetings were conducted with the RBHAs. CRN requested to work directly with provider leadership to outreach and offer training.

CRN began proactively engaging providers throughout Arizona in July 2015 to develop relationships and provide comprehensive trainings. One of the primary challenges faced when CRN was awarded the Greater Arizona contract was the historical methodology used to submit applications. The previous practice included faxing documentation and in-person submission, whereas CRN's process was based through the electronic portal that was developed previously for Maricopa County. This practice was met with hesitation and concern and required extensive engagement and training by CRN to Greater Arizona providers. However, the proactive approach employed proved to be very effective and providers soon embraced the electronic submission process.

Similar to Maricopa County, CRN has continued to invest in ongoing training for Greater Arizona. To date CRN has provided **90** trainings outside Maricopa County with a total of **1,253** people trained. Additionally, CRN has modified the dashboards used in Maricopa County to also display packet error rates for Greater Arizona providers.

TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITIES

CRN has embraced the opportunity to welcome the TRBHAs into participating in the SMI determination process. In partnership with the Arizona Department of Health and AHCCCS, CRN participated in multiple discussions with TRBHA leadership to discuss the SMI evaluation process in detail. Understanding the vast cultural considerations that were expressed, CRN was sensitive to the needs shared and offered to provide additional information and education prior to making their decision.

The TRBHAs that ultimately opted into the SMI application and determination process were offered training to best meet their needs. White Mountain Apache requested on-site training at their facility in Whiteriver, Arizona. Navajo Nation requested training be conducted stateside and CRN facilitated the training for their members at its Tempe location, Gila River requested five (5) separate trainings over the course of several weeks which CRN provided. To date, **112** TRBHA staff members have been trained on the SMI eligibility and determination process.

RESULTS OF QUALITY MANAGEMENT AND TRAINING

Through CRN's proactive engagement and education initiative, it has significantly improved the quality of applications submitted statewide. These outcomes are directly correlated to improved access to care for Arizonans in need of SMI services. Prior to the education and partnership building efforts undertaken by CRN and its community partners, more than one out of every four applications received contained errors that prevented timely determination. Today that error rate has been reduced to **2.5%** demonstrating a **90.7%** reduction in error submission. CRN is committed to ongoing training and education for its provider partners and looks forward to further improve the quality of submissions. Beyond the in-person efforts, CRN continues to enhance and leverage its technology to drive quality. The implementation of data quality checks, 'edits' and instant notification of errors to providers via email will support higher quality applications and expedited decision rendering.

CLINICAL TRAINING

Shortly after successfully stabilizing the quality of packets being submitted, CRN psychologists identified opportunities for improvement in the clinical quality of the evaluations and records being submitted. Specifically, there were provider agencies in certain geographic areas which tended to produce a higher quality of clinical assessment than others. Poor quality assessments result in difficulty gathering pertinent clinical criteria to render an SMI determination. These determinations must be staffed with the submitting provider. Attempts to track down the appropriate clinical staff at the provider agency can cause significant delay in the determination process and utilization of the 20-day pend option, rather than executing a determination on the third day.

In April 2016, CRN created the Clinical Feedback Form where CRN psychologists record scoring on the documentation regarding symptoms and diagnoses, areas of functioning, and other factors such as substance abuse, medical conditions,

non-SMI diagnoses and treatment history. This data can be generated by the individual's provider, by geographic area and by date range. Evaluation of this data enables CRN to pinpoint clinical areas of weakness and outreach clinical staff to offer coaching.

CRN's approach in this endeavor is entirely collegial to demonstrate how the information resulted in an inefficient determination. An explanation on what clinical information would have been most helpful is provided, cultivating how best to deliver information in the future. The response has been collaborative and has shown marked improvement in problematic areas. Further, it has helped develop healthy rapport with clinical staff across the provider network.

COLLABORATION WITH RBHAs EDUCATION BY GEOGRAPHIC SERVICE AREA

CRN meets regularly with the RBHAs to review data generated by CRN and ascertain the most appropriate areas to target in the coming review period to improve packet quality. Due to high turnover rate and numerous provider changes in Southern Arizona in early 2017, it was decided that a concerted effort to impact the entire Cenpatico network would be most effective.

On May 10, 2017 and May 3, 2018, in partnership with Cenpatico's SMI team, CRN hosted Southern Arizona SMI Collaboratives in Tucson. These were full day summits in which both the packet evaluation and submission process as well as a comprehensive clinical training were provided. Months prior to the event, CRN solicited input from the providers on what clinical topics would be most helpful. As a result, CRN presented breakout sessions on considerations for substance abuse, DDD, medical issues and the transition-aged youth population in the SMI determination process. The agenda for these events were disseminated to the provider network weeks in advance to allow planning for the most appropriate audience to attend each breakout. The provider network responded with gratitude and requested these be reoccurring events to ensure incoming staff are kept abreast of the process.

ENHANCING SYSTEMATIZED DATA QUALITY AND TRAINING

CRN is transitioning into a more systematized approach for training the provider network on the SMI determination process. With input gathered from all three RBHAs, CRN will establish a data quality threshold to which providers are expected to adhere. This threshold will include criteria for percentages of packets with errors, percentage of those unable to be processed and longevity of not meeting the standard. Providers that fail to meet the agreed upon expectation will be required to attend training within a time frame issued by the RBHA.

Quality improvement will be evaluated to gauge whether improvements have been achieved to the expected outcome. CRN will conduct deductive troubleshooting to narrow down issues to specific staff, providing hands-on technical assistance at the provider level to resolve. If the issue persists, CRN will provide operational guidance to the agency to further streamline their processes and help develop more efficiencies.

BROADENING TRAINING ACCESSIBILITY – NEW DEVELOPMENTS

CRN envisions an even more proactive approach for training providers. Currently, providers are identified after having produced poor quality packets or a training is provided upon request. While these training requests will continue to be obliged, CRN is currently building out a calendar of reoccurring trainings to be offered throughout the year. This will empower provider agencies to plan accordingly for their own new employee orientation and expected turnover. CRN has training facilities in its Tempe, Tucson and Flagstaff offices. The scheduled trainings will be presented in these facilities and made available via video conferencing and telephone to the entire provider network. The calendar will be available on the CRN website with the ability for individuals to sign up online.

The website will have a contact submission form for providers to request specific clinical guidance or trainings. This will enable CRN to tailor trainings to address trends in the community as identified by the clinicians on the front line in direct care. CRN will categorize these requests and inquiries across GSAs to offer specific training to provider agencies encountering similar issues. This methodology opens opportunities for providers to interact that may not otherwise

have the occasion. Ideas shared in these productive encounters will be applied for constructive system improvements, shared across the provider network, RBHAs and escalated to AHCCCS when appropriate.

For those interested in a less interactive experience, the standard information regarding the packet criteria with useful suggestions will be provided on the website alongside the critical clinical components. Users may scroll through this resource on their own time. Should it raise questions, they may use the contact submission form to submit inquiries and receive responses in their chosen manner.

CONCLUSION

CRN is dedicated to continuous quality improvement ensuring its practices yield appropriate and timely access to care for the community members it serves. Comprehensive and clinically appropriate determinations are critical in connecting members with the appropriate level of care. Accurate assignment of the SMI benefit allows members to access services designed to address their specific needs and provide the appropriate array of care to facilitate their recovery. Conversely, identifying members with behavioral health concerns that do not meet the clinical and functional criteria for SMI eligibility allows for appropriate community based service referrals. With rising demand and limited behavioral health resources available, it is critical that community members in need are guided to the right level of care. CRN is proud to have been selected to partner with AHCCCS and the RBHAs across the state of Arizona and we are excited to be considered for this critically important role in service delivery for the upcoming contract cycle.

SMI Determination Pricing Schedule

SMI Determination/ Clinical Decertification Annual
Budget Grand Total (See Detailed Budget Template
Tab)

\$	5,296,436

Divide by 9,468 annual SMI Determinations/Clinical
Decertifications

\$	9,468
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**Rate per SMI Determination/Clinical
Decertification to be bid**

\$	559.40
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Detailed SMI Determination/Clinical Decertification Budget

	SMI Determination/ Clinical Decertification Annual Budget
Budget	
Personal Services	\$ 2,809,175
Employee Related Service	\$ 589,927
Travel Expense	\$ 41,090
Occupancy Expense	\$ 242,775
Supplies	\$ 268,214
Other Operating Expense	\$ 497,652
Indirect or Administration	\$ 847,603
Grand Total	\$ 5,296,436

Budget Assumptions	Number of Staff	Total Salary
Key Personnel		
Chief Medical Officer	1.0	\$ 220,005
Grievance Administrator	0.3	\$ 43,279
Total Key Personnel	1.3	\$ 263,284
Other Personnel		
Program Leadership	0.9	\$ 79,182
SMI Eligibility Staff	11.0	\$ 543,948
Grievance Staff	8.0	\$ 483,279
Administrative Staff	2.0	\$ 83,113
Total Additional Personnel (see below)		
Total Other Personnel	21.9	\$ 1,189,522
	23.2	\$ 1,452,806
Add Additional Personnel Titles as needed:		
Psychologist	10	999,273
IT	1.41	91,614
QM & Compliance	1.46	77,628
Business Intelligence	1.41	123,017
Project Manager	0.61	49,949
Training	0.28	14,888
Total	15.17	1,356,369

Note 1: Yellow highlighted cells require input. Non-Highlighted cells contain a formula.

Note 2: Data from Data Supplement should be used to calculate costs assumed for this bid. Additional cost considerations should be made for SMI Determinations, Clinical Decertifications, and SMI appeals that are in progress as of December 31, 2018 that will be the responsibility of the awarded contractor. This information can be estimated using the data contained in the Data Supplement.

Please Provide Assumptions used to develop the SMI Determination/Clinical Decertification Budget:

EXPERIENCE AND EXPERTISE OF THE FIRM AND KEY PERSONNEL – SUBMISSION REQUIREMENT #1

Since being awarded the SMI Determination contract for Maricopa County in 2013 and the Greater Arizona award in 2014, CRN has ascertained invaluable insight while developing a best practice model of SMI determination for the State of Arizona. Over the past four years CRN has rendered **34,473** determinations and achieved an overall timeliness/compliance rate of **99.98%**. During this same time period, CRN has administered more than **3,800** appeals in which quarterly audits results demonstrate over **99%** compliance with the AHCCCS regulations governing the appeal process. While CRN is pleased with our results to date, it understands that there is always opportunity for improvement and must continually seek to enhance and refine its processes. CRN's overarching goal is to ensure that the communities we serve receive clinically appropriate and timely determinations.

STAFF EXPERIENCE

The successful outcomes that CRN's SMI Determination program has achieved are directly correlated to the staff's experience and expertise. Currently, the program is comprised of 32 full time-staff who are all dedicated to ensuring comprehensive, clinically sound and timely determinations. What follows is an overview of the team structure and support.

CLINICAL TEAM

CRN's team of 10 licensed psychologists is led by Chief Medical Officer (CMO), Bahar Golestan, M.D. Dr. Golestan graduated Magna Cum Laude from the University of Arizona, where she also obtained her Doctor of Medicine degree. Dr. Golestan has experience with agencies providing children's services as well as those helping serve other unique populations, including but not limited to, Department of Developmental Disabilities (DDD), Indian Health Service (IHS), Veterans Affairs (VA) Administration, homeless and uninsured populations. Additionally, Dr. Golestan has experience working with individuals with multiple co-morbid disorders that are frequently experienced by the SMI population, including but not limited to, substance use disorders.

Dr. Golestan has been with the CRN team since the inception of the SMI determination program and has participated in the development of all of CRN's current clinical policies and procedures. Dr. Golestan also facilitates training for each psychologist who renders SMI determinations on behalf of CRN. In addition to overseeing the clinical team, Dr. Golestan is responsible for working with her counterparts at other organizations. Specifically, Dr. Golestan has built strong collegial relationships with the CMOs at each of the RBHAs and their providers to improve the quality of SMI assessments. These relationships allow Dr. Golestan to staff difficult cases that require in-depth review to ensure that applicants get the appropriate level of service.

Dr. Golestan is supported by Psychologist Team Lead Christine Ketchmark, Psy. D. Dr. Ketchmark has been a member of the CRN team since the SMI determination program began in 2013. Prior to joining CRN, Dr. Ketchmark rendered SMI determinations on behalf of a RBHA and as a result has over 10 years' experience evaluating individuals for SMI services. She has been pivotal in the procedural development of the clinical SMI determination process and establishing a consistent assessment protocol used by providers statewide. Additionally, she has conducted outreach and education to the community and provider networks. Outside of the SMI process, Dr. Ketchmark has clinical experience in inpatient and outpatient settings, prisons and school populations.

APPEALS TEAM

CRN's Grievance and Appeals team is comprised of nine (9) staff members who in total have over 103 years of experience in behavioral health. Since the inception of the SMI program this team has administered over **3,800** appeals. In that time, the team has been audited **14** times and has achieved an overall compliance rate of **99%**. The CRN appeals team has received zero issues noted in any of the appeals audited since the second quarter in 2014, nearly four years' time.

The Grievance and Appeals team is led by licensed attorney Andrew Erwin. Mr. Erwin graduated with honors from the University of California Los Angeles where he earned a Bachelor of Arts degree. He went on to receive his Juris Doctorate from Syracuse University College of Law. Mr. Erwin has a decade of experience practicing in the area of mental health. His work has primarily focused on court ordered treatment and the SMI determination process. Mr. Erwin has been with CRN since 2013 and has overseen the Grievance and Appeals team since the SMI program began. Mr. Erwin authored and implemented all of CRN's Grievance and Appeals policies and procedures. Mr. Erwin has prepared a preponderance of the administrative hearing documents filed with Office of Administrative Hearings. Additionally, Mr. Erwin has represented CRN at over **100** fair hearings.

CRN's Grievance and Appeals team members have at least ten years of experience in behavioral health. All but two of them have been with CRN since the expansion of the SMI program to Greater Arizona in 2015. CRN's most experienced staff member has worked in the SMI appeals process for 13 years, previously supporting appeals at the RBHA level. More senior members of the team bring significant experience as well, with multiple employees having accrued 15+ years of community behavioral health experience. As a result of the Grievance and Appeals team's significant experience they are able to ensure the timeliness of every appeal process while at the same time providing compassion and empathy to individuals going through the system.

DETERMINATIONS TEAM

The eligibility team is made up of eight (8) staff members who have processed over **34,473** SMI packets in the past four years. Despite the high volume of cases received, CRN has achieved a timeline compliance of **99.98%**.

Senior Director Tara Bingdazzo is responsible for the operational oversight of the SMI program. Mrs. Bingdazzo joined CRN in January 2015. A majority of her time was initially dedicated to traveling the state learning about the various communities and populations CRN would serve.

Mrs. Bingdazzo has over 13 years' experience working in public behavioral health in Maricopa County. Mrs. Bingdazzo has worked in direct care with the SMI population for four (4) years helping to implement an Assertive Community Treatment (ACT) team. Mrs. Bingdazzo also worked in Quality Improvement at the RBHA level in complaints, grievances and appeals, becoming well-versed in member rights. From there, she moved to RBHA System of Care as the General Mental Health/Substance Abuse (GMH/SA) Program Coordinator. In this role, she assisted in transitioning the RBHA from Magellan Health Services to Mercy Maricopa Integrated Care playing a vital role in the integrated care implementation.

TRIBAL LIAISON

Katrell Redhouse has been with CRN since 2015 as the Tribal Liaison, a role in which he serves as the primary point of contact regarding the coordination of the SMI determination and appeal process for all Native American individuals seeking SMI services. Katrell is the ambassador for CRN in communication with the TRBHAs, and serves as the liaison for tribal community members interested in information about the SMI process and CRN.

Katrell brings 18 years' of behavioral health experience to CRN having worked in correctional health settings, children and families, Native American communities and individuals with HIV and AIDS. He has a Master's degree in Social Work from Brigham Young University and worked as a therapist for ten years. In 2007, he began with the RBHA as a Treatment Coordinator, eventually moving on to serve as the Projects and Quality Initiatives Coordinator.

ADMINISTRATIVE SUPPORT

CRN's SMI Eligibility and Care Services department benefits from being a part of a larger organization. In particular, CRN's Business Intelligence and Compliance/QM departments provide direct support to the program. An overview of these key departments is outlined below.

BUSINESS INTELLIGENCE

CRN's Business Intelligence unit has transformed a system that was historically comprised of endless manual spreadsheets into a platform using the most up to date technology allowing for real time monitoring of each step in the determination process. This sophisticated system was built by CRN's highly qualified Business Intelligence team, comprised of industry professionals who are not just highly qualified in data analytics, but have a thorough understanding of the behavioral health system. Equipped with this knowledge, CRN is able to generate a comprehensive menu of reports to help guide business practices and ensure compliance.

CRN's Director of Business Intelligence, Caleb Fortner has worked in the behavioral health industry for over five years. In that time, he has become an expert in data analysis supporting timely execution of SMI determinations. He has developed a strong knowledge of the process and is able to develop reporting to accurately reflect CRN processes.

COMPLIANCE AND QUALITY MANAGEMENT

Integral to the ECS program is the provision of compliance and quality management to every facet of the determination process. The CRN Compliance and Quality Management department is a stand-alone division within the organization that reports to the CRN Board of Directors. Tasked with running daily control reports to audit in real time for timeliness and quality and compliance with state-mandated policy.

Compliance and Quality Management is also responsible for the processing of complaints regarding the ECS department. Complaints may be filed by any entity involved with or supporting the applicant, a provider, the RBHA, AHCCCS, CRN staff or a community member. A thorough investigation will be completed, producing an outcome and recommendations to ECS leadership. Investigation results may result in CRN policy and procedure review or disciplinary action with an ECS employee. This department is also responsible for compiling customer satisfaction survey results generated weekly from the submission process.

CRN has a comprehensive series of HIPAA-related policies that were vetted with CRN's legal team and are the responsibility of the Compliance and QM department to update annually and enforce throughout the organization. All record requests are processed by this department and reviewed by CRN's CMO to ensure risk management with all disclosures. A weekly audit of CRN staff's utilization of the Virtual Private Network (VPN) is run by this department to ensure data security in the electronic exchange of Protected Health Information (PHI).

CRN employs a comprehensive Fraud, Waste and Abuse monitoring system in place which includes: a comprehensive background check on all new employees and monthly OIG and List of Excluded Individuals/Entities (LEIE) for existing employees, contractors, vendors, and Board Members. This process ensures that CRN employees and affiliates remain in good standing and are not disbarred, suspended or otherwise excluded from providing Medicaid reimbursable services. The outcomes of these reviews are evaluated monthly by the CRN Compliance team.

DIVERSE POPULATIONS

CRN has demonstrated a committed investment in learning about all of Arizona's communities and how the SMI system specifically impacts each one of these diverse populations. Gaining a thorough understanding of differences between populations enables CRN to appropriately assess the individuals that make up our state. To address the unique needs of these populations CRN has built individual processes to assist them through the SMI system. The number of diverse populations that CRN has established relationships with are numerous. The following examples show how CRN meets the needs of diverse populations:

NATIVE AMERICAN COMMUNITY

In 2016, CRN was asked to establish the SMI program with four (4) Native American Tribes. Recognizing that establishing trust in CRN and the SMI process would be essential to the success of this initiative, CRN travelled across the state to meet with each tribe in their communities. Further, CRN made the decision to employ a Tribal Liaison to act as the single point of contact for all SMI applications and appeals from the tribes. This Tribal Liaison is a member of the Colorado River Indian Tribes. Specifically, the Tribal Liaison makes contact with the applicant and the evaluator every time an application is received from one of the participating tribes. Additionally, if an appeal is filed, the Tribal Liaison acts as CRN's representative and the applicant's mediator in the coordination of the informal conference. Through this process CRN has built relationships with each of the Tribes and has understanding of each group's unique needs.

DEVELOPMENTALLY DISABLED COMMUNITY

Through CRN's experience evaluating individuals with developmental disabilities it discovered that individuals, usually transitional aged youth, would fall through the cracks when applying for both SMI and DDD services at the same time. The SMI evaluator would find that the applicant did not qualify for services because they believed the applicant's functional impairment was the result of their developmental disabilities. In turn, the DDD evaluator would deny the same individual services indicating that their impairment was the result of a serious mental illness. To solve this issue, CRN invited the CMO from DDD to CRN to design a plan to coordinate the care of these individuals between the two programs. Through this meeting, CRN and DDD created a process where the two CMOs for each organization collaborate to determine which service is appropriate for each individual. In this situation, CRN identified a problem and created a solution that is able to ensure that this particularly vulnerable population receives the services they need.

LATINO COMMUNITY

CRN has long been aware that there are certain areas within Latino communities across the state where the stigma of mental illness is prevalent and often times a barrier to accessing behavioral health services. CRN recognizes one of the most important steps to better engagement is ensuring that there are staff members available who are able to speak the individual's primary language. Because of this awareness, CRN's ECS program employs bilingual staff members.

SUBSTANCE USE AND ABUSE

One of the most challenging aspects of the SMI determination process is evaluating individuals who have substance use disorders. Substance use disorders often mimic the symptoms of serious mental illnesses. As a result, CRN has restructured the 90-day substance abuse program in Maricopa County and implemented the process in Greater Arizona. This program monitors individuals with substance abuse disorders for an extended period of time. This gives CRN's staff the ability to better analyze whether an applicant's symptoms are the result of substance use or a qualifying diagnosis. Through this process, CRN has been successful in identifying a significant number of individuals with co-occurring disorders that would otherwise not be determined SMI.

Providing critical services in a culturally competent and informed manner has been key to CRN's successful engagement with the diverse communities it serves across in Arizona. CRN is committed to ongoing review of its practices to ensure the services it provides are done so in a culturally competent, thoughtful, informed and clinically appropriate manner.

CONCLUSION

Over the past four and a half years, CRN has developed a process that has demonstrated unparalleled success in the delivery of SMI determination services. This success is evidenced through CRN's ability to process high volumes of determination applications from across Arizona, providing outstanding customer service to those individuals involved in the appeal process and ensuring that every clinical decision rendered is made thoughtfully and only after a comprehensive review of all data. This work would not be possible without the dedicated staff CRN employs who represent true subject matter expertise. Understanding there is always room for improvement, CRN is committed to

continuous re-evaluation of our processes and seeking out new, more effective and efficient ways to serve individuals applying for SMI services.




May 11, 2018

Re: Solicitation# YH18-0017 – SMI Eligibility Determination

To Whom It May Concern:

If notified of contract award, Crisis Response Network will submit to AHCCCS for review and acceptance the certificate of insurance as required within five (5) business days of such notification.


Justin N. Chase, LMSW, CPHQ, FACHE
President and CEO

5/11/18
Date