OVERVIEW

The purpose of the Psychiatric Rehabilitation Progress Report (PRPR) is to demonstrate the effectiveness of rehabilitation services and the promotion of recovery in the lives of individuals served through:

- Measuring adherence to the Interagency Service Agreement (ISA) between AHCCCS and the Arizona Department of Economic Security/Rehabilitation Services Administration (ADES/RSA) Vocational Rehabilitation (VR) program, including the Statewide Collaborative Protocols, for ACC-RBHA Contractors.
- Monitoring the promotion of employment services for the members served through both the Contractor and RSA/VR.
- Monitoring the provider service array to ensure an adequate network of employment choices for the members served, including providers specializing in employment services.
- Assessing employment outcomes as a quality-of-life indicator for *all* individuals, regardless of diagnosis.

GENERAL INSTRUCTIONS

- ACC = AHCCCS Complete Care line of business; ACC-RBHA = the RBHA line of business.
- ACC Contractors: Only one PRPR is to be completed by the Contractor, separated out by region.
- ACC and ACC-RBHA Contractors: One PRPR for ACC and one PRPR for ACC-RBHA, separated out by regions within each.
- The submission of the PRPR shall include a cover page within the PRPR (not in a separate document) that only lists the following: Contractor name; Region(s) served; Federal Fiscal Year (FFY), and Quarter. This information will also be included in the footer on each page.
- For ACC-RBHA Contractors, RSA programmatic data is submitted to the AHCCCS/DMCS Employment Administrator separately. The information requested in this report is accessible to the Contractor without any needed coordination with RSA/VR.

TIMEFRAMES

- The Contractor shall complete and submit a Psychiatric Rehabilitation Progress Report.

FFY	SUBMISSION	DUE TO AHCCCS
FFYQ1	October-December	January 15
FFYQ2	January-March	April 15
FFYQ3	April-June	July 15
FFYQ4	July-September	October 15

METHODOLOGY

A. REFERRALS TO REHABILITATION SERVICES ADMINISTRATION/VOCATIONAL REHABILITATION (RSA/VR)

For ACC-RBHA Contractors, a "referral" is defined as both a referral packet being provided by the Behavioral Outpatient Clinic/Integrated Clinic to RSA/VR and the member being placed into RSA/VR status code 00, which reflects the member has expressed interest in participating in the RSA/VR program. Due to the ISA, AHCCCS receives the data of new referrals from RSA/VR.

For ACC Contractors, a "referral" means connecting interested members to the RSA/VR program and documenting in the member's file. ACC Contractors are to track members being referred to RSA/VR, as reported by the Behavioral Outpatient Clinics/Integrated Clinics, utilizing the following format for tracking referrals made to RSA/VR:

REFERRALS TO:	MONTH - YEAR	MONTH - YEAR	MONTH - YEAR	TOTAL
RSA/VR, as reported by Provider sites				

Monitoring: The Contractor must meet or exceed certain target goal numbers by the end of Quarter 4 of the Federal Fiscal Year (FFY).

- **ACC-RBHA**: Increase the number of RSA/VR mutual members served by a predetermined target percentage. Target percentages may differ with each ACC-RBHA and will be determined based on the total number of mutual members served, while taking enrollment numbers into consideration.
  - Data will be obtained through quarterly deliverables from RSA/VR.
  - The baseline number each FFY will be the "*Total Served in Quarter*" from the RSA/VR deliverable for Quarter 3, minus the number of successful closures from that quarter.
  - The AHCCCS Employment Administrator will annually inform each ACC-RBHA Contractor's Employment Administrator via email of their respective baseline number and target percentage for the upcoming FFY by no later than September 30.
  - Detailed updates must be provided each quarter. Updates that only state the goal number is continuing to be worked on will not be accepted.
  - Updates must include the following:
    - RSA/VR data (from the previous quarter's RSA/VR data, since new RSA/VR data is received after each quarterly PRPR deliverable submission),
    - How the Contractor is working with providers to increase the number of mutual RSA/VR members, and
    - List of underperforming health home provider locations (as determined by the Employment Administrator and based on the number of referrals made to RSA/VR over time while taking location enrollment numbers into account) and strategies being implemented to make improvements.

- **ACC**: Increase the average number of annual referrals to RSA/VR by a minimum of 10%.
  - Utilizing previously submitted Contractor data, annual target numbers will be the total number of referrals over the previous four (4) quarters plus 10%.
  - Annually, after receipt of the October PRPR deliverable submission, the AHCCCS Employment Administrator will inform each ACC Contractor's Employment Administrator via email of their respective target number for the upcoming FFY.
  - Detailed updates must be provided each quarter. Updates that only state the goal number is continuing to be worked on will not be accepted.
  - Updates must include the following:
    - Referrals to RSA/VR data (provider reported),
    - How the Contractor is working with providers to increase the number of mutual RSA/VR members, and
    - List of underperforming health home provider locations (as determined by the Employment Administrator and based on the number of referrals made to RSA/VR over time while taking location enrollment numbers into account) and strategies being implemented to make improvements.

B. PROVIDER SERVICE ARRAY

In order to provide a diverse range of employment services between the ADES/RSA service system and the AHCCCS service system (e.g., prevocational and extended supported employment services), ACC and ACC-RBHA Contractors will utilize, as needed and appropriate, service providers who are contracted with both the Contractor and ADES/RSA. The Contractor shall develop and implement contracts with community providers to meet the vocational needs of members within the region and ensure that there is an adequate number of dedicated staff to provide those services.

The following table shall include:
- *Provider Name* – Name of agency.
- *Counties Served*– List of counties the agency provides services within the region.
- *Funding Source* – Whether only contracted with the Contractor or mutually contracted with ADES/RSA.
  - Contractor only
  - Contractor and ADES/RSA
- Serve Non-Title XIX? – Whether the agency reports they are able to provide Behavioral Health employment services to Non-Title XIX members.
  - Both Psychoeducational Services and Ongoing Support to Maintain Employment are covered Non-Title XIX/XXI behavioral health services.
  - Note: Employment services for qualified Non-Title XIX members must be actively coordinated with providers who are contracted to provide such services to Non-Title XIX members, or who are contracted to use State allocated funds and/or federal grant funding, as applicable to member needs.
- New Provider? – Whether the agency is new to this list.

Mark those agencies that are mutually contracted with both the Contractor and ADES/RSA in **bold print**.

PROVIDER NAME	COUNTIES SERVED	FUNDING SOURCE	SERVE NT19? Y/N	NEW PROVIDER? Y/N

C. ACC AND ACC-RBHA WORKFORCE COMPETENCIES

In effort to ensure provider staff at each Integrated Clinic (Provider Type IC) and each Behavioral Outpatient Clinic (Provider Type 77) offering behavioral health services, especially fully dedicated employment/rehabilitation provider staff, are receiving the appropriate support to achieve competence in the Workforce Competencies as specified in this Policy, the Contractor shall monitor provider activities that support staff development and professional development. The Contractor will ensure appropriate staff are receiving the technical assistance and support necessary to achieve these competencies.

In the corresponding employment workforce competencies below, provide updates on Contractor activities and strategies that support:
- Providers, supervisors, and/or staff to achieve desired competencies.
- Monitoring provider compliance to ensure all employment staff are competent to provide employment services.

1. MEMBER ENGAGEMENT

Ensuring that providers are engaging in employment discussions with members explicitly expressing interest in employment or employment-related supports and services, as well as with members NOT explicitly expressing interest in employment or employment-related supports and services.

2. BILLING CORRECTLY FOR EMPLOYMENT SERVICES

Ensuring that providers understand the service descriptions of Medicaid-funded employment/rehabilitation services, including billing correctly when providing employment services and matching progress notes with the services being provided.

3. ARIZONA DISABILITY BENEFITS 101 (AZ DB101)

Ensuring that provider employment staff are creating active, personal AZ DB101 accounts; offering assistance to members with setting up their own AZ DB101 accounts; completing AZ DB101 estimator sessions (full versions and quick estimates) with members; accurately interpreting and analyzing results with members who may require an extra level of understanding; and when necessary, assisting members in accessing the different types of Social Security and/or AHCCCS work incentives.

4. REHABILITATION SERVICES ADMINISTRATION/VOCATIONAL REHABILITATION

Ensuring that providers are educating members about the RSA/VR program; supporting members to make informed decisions about RSA/VR; referring members interested in employment to the RSA/VR program; and educated on RSA/VR processes, services, and terminology, including, but not limited to, eligibility criteria, Order Of Selection (OOS), and VR status codes.

5. OTHER

Use this section to report any updates or activities related to supporting staff development and professional development that are outside of those areas listed above in #1-4. Examples may include ad hoc deliverable reporting, additional technical assistance, or any other employment-related updates and notable activities. Leave this section blank if there are no additional updates or activities.

D. WORK ADJUSTMENT TRAINING (WAT) MONITORING

In effort to monitor member length of stay in WAT programs by ACC-RBHA provider when utilizing Medicaid funding, utilize the following format for tracking. As a reminder, in order to maintain WAT as a time-limited service, review of progress meetings with members should occur on a regular basis (at least monthly) to review member successes and, if necessary, reevaluate and redesign goals and strategies for areas that need improvement. When listing the number of program participants, list the total number, which may include GMH/SU members. Do not enter any Protected Health Information (PHI).

PROVIDER & NAME OF WAT PROGRAM (1)	NUMBER OF MEMBERS IN PROGRAM(S) (2) (LESS THAN 3 MONTHS)	NUMBER OF MEMBERS IN PROGRAM(S) (2) (BETWEEN 3-6 MONTHS)	NUMBER OF MEMBERS IN PROGRAM(S) (2) (BETWEEN 6-12 MONTHS)	NUMBER OF MEMBERS IN PROGRAM(S) (2) (MORE THAN 12 MONTHS)	TOTAL NUMBER OF MEMBERS IN PROGRAM(S)
1) Each WAT program from the same provider to be listed separately. 2) If a member has moved between different WAT programs at the same Provider, without any medical or disability-related interruptions of service, use the start date of the very first WAT program.					

Monitoring: This is only applicable to ACC-RBHA Contractors. The Contractor must meet or exceed the following target percentage by the end of Quarter 4 of the Federal Fiscal Year (FFY).

- 90% of members in WAT programs in for less than six (6) months.

Each quarter, fill out the corresponding row in the table below.

Target Percentage	Quarterly Update				Total # in WAT more than 6 mo.*
	FFY/Q	Total # in WAT	Total # in WAT less than 6 mo.	%	
90% of members in WAT programs in for less than six (6) months.					
* An addendum to the PRPR is required for members in WAT for more than 6 months.					

* If an addendum is required, submit a list of those members that includes the following:
- Member's Name
- WAT Provider name/location
- Name of WAT program
- Number of months in WAT
- Justification for being in WAT for more than 6 months
- Date of completed job-readiness assessment (if none, schedule with member and mark "Pending").

E. **TARGET POPULATIONS AND EMPLOYMENT**

Analyzing employment services and supports across multiple populations is important to be able to determine whether or not there are any service gaps and/or access to care issues for certain populations.

There are two goals associated with this section. First, to increase and maintain Contractor engagement activities amongst various populations. This includes coordination and collaboration with the respective health plan subject matter experts. Secondly, the Contractor activities result in an increased number of members receiving employment services and supports.

1. In this section, utilize the template provided below to report on different employment-related strategies and evaluation for the following identified populations.
   a. Transition-Aged Youth (TAY) (16-24) members,
   b. Members with justice involvement,
   c. Members in AHCCCS Housing Programs,
   d. Members who identify as American Indian/Alaska Native enrolled with the health plan,
   e. Members in WAT utilizing Medicaid funding (*ACC-RBHA only*), and
   f. Members with Autism Spectrum Disorder (ASD).

2. For each identified population, provide the following:
   a. When the Targeted Strategy was added (FFY/Quarter) – These dates may carry over from contract year to contract year (FFY to FFY) when they are in-progress.
   b. Targeted strategies the Contractor plans to accomplish to increase the number of members receiving employment services and supports.
   c. Ongoing updates – Provide updates that support the targeted strategy.
   d. An indication that the targeted strategy is either "In-progress" or "Completed". When targeted strategies are completed, add to the "Accomplishments" table below and provide a brief evaluation of the outcome(s) and include any relevant data, if data is available. Include any barriers/gaps identified. Depending on the outcome(s), AHCCCS may request more details of the evaluation outside of the PRPR deliverable submission.

Goal 1: To increase and maintain Contractor engagement activities amongst various populations.
Goal 2: Contractor activities are designed to result in an increased number of members receiving employment services and supports.

POPULATION	FFY/Q ADDED	TARGETED STRATEGIES	ONGOING UPDATES	IN-PROGRESS/ COMPLETED
TAY				
JUSTICE-INVOLVED				
HOUSING				
AI/AN				
WAT (ACC-RBHA ONLY)				
ASD				

Effective Dates: 10/01/24;

TARGET POPULATIONS AND EMPLOYMENT – ACCOMPLISHMENTS

In the section below, identify a running list of completed strategies from the table above that were accomplished during the current contract year/Federal Fiscal Year (FFY), October 1 through September 30. For each completed strategy, provide a brief evaluation of the outcome(s) and include any relevant data, if data is available. Include any barriers/gaps identified.