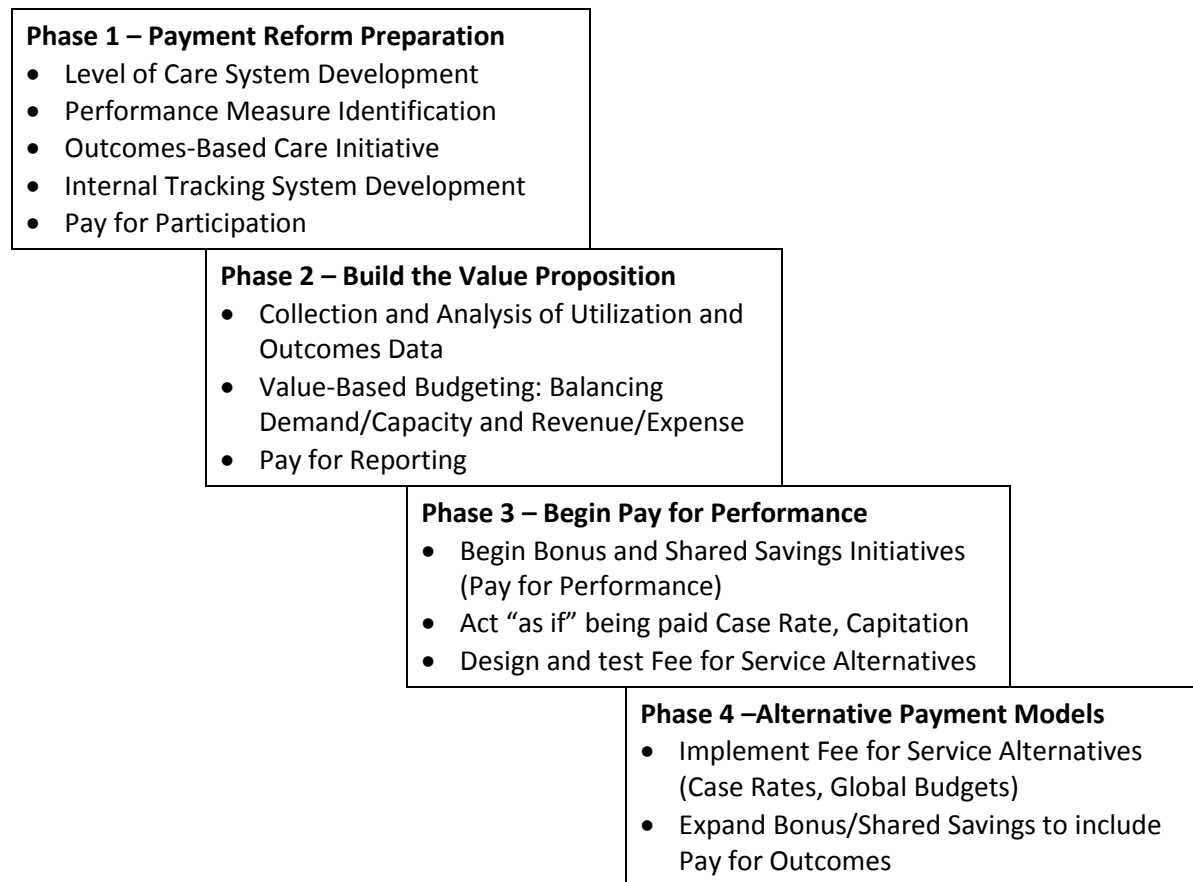


Behavioral Health Payment Reform Provider Readiness Self-Assessment Questionnaire

Overview

As the Arizona public behavioral health system transitions to the new RBHA design, all RBHAs will be required to implement payment reform initiatives that help the Medicaid system transition from paying for volume to paying for value. This self-assessment has been designed to gather data on the Arizona behavioral health delivery system's readiness to participate in this effort.

Our current framework suggests that the Arizona public behavioral health system of care will benefit from moving into payment reform in four phases that may look like the following:



We have created a readiness self-assessment based on this framework, paying careful attention to the capabilities that need to be in place to produce outcomes in a pay for performance and alternative payment model world. This assessment includes readiness questions with “station breaks” that describe why certain areas of questions are important to your success.

Compiling results from this self-assessment will allow us to adjust the health reform phasing framework based on actual readiness of the delivery system and focus the Payment Reform Toolkit effort to emphasize support for the early phases.

AZ Provider Readiness Self-Assessment

As the Arizona public behavioral health system transitions to the new RBHA design, all RBHAs will be required to implement payment reform initiatives that help the Medicaid system transition from paying for volume to paying for value. This self-assessment has been designed to gather data on the Arizona behavioral health delivery system's readiness to participate in this effort.

We recommend that provider organizations complete the following seven steps.

Step 1: Identify a lead for this mini-project.

Step 2: The lead reviews the survey and decides who should be on the ad hoc team to complete the self-assessment (1 hour).

Step 3: Give the survey to each person on the ad hoc team and have them read it (30 minutes per person).

Step 4: Meet as a small groups to answer as many questions as possible and determine homework assignments to answer the rest of the questions (1-2 hour meeting).

Step 5: Everyone complete their homework (1 hour per person).

Step 6: Meet a second time as a group to finish the answers and do a final review (1 hour meeting).

Step 7: Enter the answers into Survey Monkey (20 minutes).

After reviewing the survey questions, decide whether it's best to complete a single survey for your organization or whether you should complete separate surveys for different program area. Consider completing more than one survey if the answers to several questions are dramatically different for different program areas.

Important Survey Monkey Note: Once you begin entering information into the Survey Monkey, you have to finish entering all responses. You cannot enter some of the responses and come back later to finish your entries. That's why this is Step 7.

Readiness Self-Assessment Table of Contents

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AZ Provider Readiness Self-Assessment

Section A: General Information

***1. Please provide the following information:**

***NOTE: After reviewing the survey questions, decide whether it's best to complete a single survey for your organization or whether you should complete separate surveys for different program area. Consider completing more than one survey if the answers to several questions are dramatically different for different program areas.**

Name of Organization:

Program Area:

Contact Person Name:

Contact Person Email Address:

Number of Clients served annually (unduplicated)

Total Number of FTEs

Number of Direct Service BH Clinician FTEs (non-Medical):

Number of Direct Service Medical FTEs:

AZ Provider Readiness Self-Assessment

Section B: Client Needs, Levels of Care, and Caseload Management

Station Break – Level of Care System

Payment reform requires patients/clients to be tagged with a clinical cohort in order to compare quality and efficiency in an “apples to apples” manner. For example, those studying the medical care system would never mix people receiving a knee replacement and people having heart surgery into the same quality and efficiency study.

This is more nuanced, but equally important for those with behavioral health disorders. It is not appropriate to mix adults with mild to moderate depression into the same study with adults with a serious and persistent mental illness who are being admitted to a psychiatric hospital more than twice per year.

The behavioral health solution, which is being widely adopted throughout the country, is to develop and agree upon a standardized Level of Care System with clear Authorization Criteria, and Utilization Management Guidelines. This clinical cohort framework moves beyond diagnosis, adding other dimensions such as Risk, Functional Status, Co-Morbidity, and Recovery Environment.

Without Behavioral Health Levels of Care, it will be extremely difficult to move to value-based purchasing.

***2. Thinking about the complexity, risk, and needs of the population served by your organization, please estimate the percentage (e.g., 25%) of patients/clients in each of the four categories (responses should total 100%)**

% Low Behavioral Health/Low Physical Health Complexity, Risk, and Needs

% High Behavioral Health/Low Physical Health Complexity, Risk, and Needs

% Low Behavioral Health/High Physical Health Complexity, Risk, and Needs

% High Behavioral Health/High Physical Health Complexity, Risk, and Needs

***3. Does your organization estimate the behavioral health needs and severity of your clients/patients?**

No

Yes (please specify what instrument/tool is used)

***4. Does your organization have a defined Level of Care (LOC) system in place?**

No

Yes (please specify what instrument/tool is used)

AZ Provider Readiness Self-Assessment

***5. Please answer the following Level of Care (LOC) questions (if you answered No to the LOC question above, please mark "Don't Know/NA" for each question.**

	Rarely or Never	Sometimes	Almost Always	Don't Know/NA
Have supervisors been trained on the LOC system?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have direct service clinicians been trained on the LOC System?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are clients assigned a Level of Care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is LOC used by clinicians to determine duration and intensity of care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are reports provided to clinicians and supervisors that provide information on actual services provided, sorted by Level of Care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is LOC information used in clinical supervision to identify utilization and quality problems and support client-level problem solving?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are LOC data aggregated at the department and organization level and used on a regular basis for quality improvement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AZ Provider Readiness Self-Assessment

Section C: Access, Scheduling, and Engagement in Mental Health and Substanc...

Station Break – Rapid Access to Care

Rapid Access to Care is one of the core elements of a Behavioral Health Center of Excellence and is widely recognized as a key performance indicator (KPI). This is because delays in access can result in no care, high no show rates, more acute care, higher cost care, and even higher prevalence of behavioral health disorders.

Clients, the general community, and partner organizations such as primary care clinics, hospitals, managed care plans and social service agencies have extremely positive opinions of organizations that are welcoming and able to see a new client/family with same day or next day access. This positive regard is further enhanced when the client/family is able to receive follow up care when they need it.

Without Rapid Access to Care, it will be extremely difficult to succeed in a value-based purchasing environment.

***6. How many days does it take from the initial call to receive a face-to-face intake/assessment?**

Don't know

of days

***7. How many days does it take to receive an appointment to develop the treatment plan following the intake/assessment?**

Don't know

of days

***8. How many days does it take to have an appointment with a Prescriber following the intake/assessment?**

Don't know

of days

***9. Does your organization have a waiting list for services (defined as a request or identified need for service that cannot be provided due to lack of appointment capacity?)**

No

If Yes, how many clients are currently waiting for services?

AZ Provider Readiness Self-Assessment

*10. Does your organization:

	No	Yes
Use an open access model (i.e., new or returning consumers can obtain access to appropriate care, within two hours for emergent care, 24 hours for urgent care and no later than 7 days for routine care requests)?	<input type="radio"/>	<input type="radio"/>
Track no shows for individual services?	<input type="radio"/>	<input type="radio"/>
Track no shows for group services?	<input type="radio"/>	<input type="radio"/>
Track the number of no shows for each clinician/direct care staff?	<input type="radio"/>	<input type="radio"/>
Have a specific no show appointment policy and procedure?	<input type="radio"/>	<input type="radio"/>
Actively involve consumers in the development and on-going management of a self care plan?	<input type="radio"/>	<input type="radio"/>
Have a specific transfer/discharge protocol for cases that are not actively engaged in treatment?	<input type="radio"/>	<input type="radio"/>

*11. Do you understand the reasons (root causes) for no shows?

- No
- Yes

*12. Have you implemented strategies to reduce no show rates?

- No
- Yes - Provide an example of a change that was made.

*13. Do you routinely measure consumer satisfaction?

- No
- Yes - What instrument do you use?

*14. Does your organization use engagement strategies to support no-show reduction, medication adherence and retention in services?

- No
- Yes - Describe the top two most effective strategies

AZ Provider Readiness Self-Assessment

Section D. Clinical Practices and Outcomes-Based Care

Station Break – Outcomes-Based Care

A Behavioral Health Center of Excellence is known for providing care that works. This success is based on: 1) doing a great job identifying client/family needs; 2) knowing the evidence base of what works; 3) engaging the client in care planning; 4) ensuring that all of the client's care is coordinated; 5) regularly monitoring progress with validated outcomes measurement tools; and 6) changing the care plan if the desired progress isn't occurring.

An organization that is able to provide this type of care has higher client/family success rates and will thrive in a value-based purchasing environment.

*15. What evidence-based practices are routinely used by clinicians in your organization?

*16. Does your organization:

	No	Yes
Provide on-going training and supervision in the use of evidence-based practices?	<input type="radio"/>	<input type="radio"/>
Routinely screen and assess clients for trauma?	<input type="radio"/>	<input type="radio"/>
Offer trauma-informed EBP and best practice treatments?	<input type="radio"/>	<input type="radio"/>
Provide treatment for co-occurring mental health and substance use disorders?	<input type="radio"/>	<input type="radio"/>
Develop care plans that include measurable targets (e.g., PHQ-9) and adjust the care plan if goals are not being met?	<input type="radio"/>	<input type="radio"/>

*17. Does your organization use clinical tools to routinely measure effectiveness of care and client improvement?

- No
- Yes (Please list the tools that are routinely used by clinicians)

AZ Provider Readiness Self-Assessment

*18. Does your organization have the capacity to measure improvement in the following areas for INDIVIDUAL health management?

	No	Yes
Functioning	<input type="radio"/>	<input type="radio"/>
Utilization of high cost services (e.g., ER, Psychiatric Hospitalization, etc.)	<input type="radio"/>	<input type="radio"/>
Ability to self-manage or consistent use supports to manage chronic conditions	<input type="radio"/>	<input type="radio"/>
Linkage to primary care services (e.g., client's medical home is documented, client has had a physical exam in the last 12 months, etc.)	<input type="radio"/>	<input type="radio"/>
Improved change in work, independent living, or social support status	<input type="radio"/>	<input type="radio"/>
Client satisfaction	<input type="radio"/>	<input type="radio"/>

*19. Does your organization have the capacity to measure improvement in the following areas for CLINIC POPULATION health management?

	No	Yes
Functioning	<input type="radio"/>	<input type="radio"/>
Utilization of high cost services (e.g., ER, Psychiatric Hospitalization, etc.)	<input type="radio"/>	<input type="radio"/>
Ability to self-manage or consistent use supports to manage chronic conditions	<input type="radio"/>	<input type="radio"/>
Linkage to primary care services (e.g., client's medical home is documented, client has had a physical exam in the last 12 months, etc.)	<input type="radio"/>	<input type="radio"/>
Improved change in work, independent living, or social support status	<input type="radio"/>	<input type="radio"/>
Client satisfaction	<input type="radio"/>	<input type="radio"/>

AZ Provider Readiness Self-Assessment

Section E: Integrated Care and Care Coordination

Station Break – Integrated Care and Care Coordination

A fundamental redefinition of Community Behavioral Health Organizations is rapidly occurring. Purchasers and payors are beginning to look at Community Behavioral Health Organizations as one of the key players in helping individuals with complex behavioral health disorders manage their whole health and wellness, not just their behavioral health disorders.

This effort began with Behavioral Health Centers of Excellence, which in was built into the Excellence in Mental Health Act passed by Congress and signed into law in 2014. The law created a new term, Certified Community Behavioral Health Clinic (CCBHC), which becomes a parallel structure to Federally Qualified Health Centers (FQHCs).

The new CCBHC definition includes the requirement to Coordinate Care with many community partners (federally qualified health centers, other primary care clinics, inpatient psychiatric facilities, substance use detoxification centers, hospitals, child welfare agencies, schools, juvenile and criminal justice agencies, Department of Veterans Affairs medical centers and clinics, and more.)

In addition, CCHBCs will be required to provide primary care screening and monitoring of key health indicators and health risk.

Together these two requirement redefine what it means to be a Community Behavioral Health Organization, enabling these organizations to do a better job ensuring better care, better health, and better cost for individuals with behavioral health disorders – the triple bottom line for value-based purchasing.

***20. An integrated service approach is one where primary care and behavioral health providers work collaboratively to address the whole health needs of patients/clients. Please select the description below that best fits the extent to which your organization uses an integrated approach to treatment and service delivery:**

- No Integration/Separate Treatment -- MH, SU, and Health are addressed by different clinicians (at separate organizations or departments) with limited information sharing between organizations/departments
- Unstructured Partnership -- Separate organizations or departments with direct communication about issues and treatment that is unstructured, but occurs sporadically and informally
- Structured Partnership -- Separate organizations or departments where clinicians have a specific protocol and release information for ongoing communication with other providers about all shared patients
- Co-located/integrated -- 2 of the 3 care domains (MH, SU, health) are provided at the same organization in the same physical location and intervention planning and services involve coordination among providers
- Integrated -- All 3 care domains (MH, SU, Health) are at the same entity/organization in the same physical location and intervention planning and services involve coordination among all providers
- Other (please describe)

AZ Provider Readiness Self-Assessment

***21. Please indicate which of the following preventative health services or screenings your organization provides: (check all that apply):**

- Measurement of height and weight (calculation of BMI)
- Blood pressure
- Heart rate and pulse
- Tobacco cessation
- Weight loss/management
- Chronic disease self management
- Health education
- Health risk assessment
- None

***22. The purpose of care coordination activities is to ensure patients'/clients' needs are being met while avoiding fragmentation or duplication of services. To what extent does your organization coordinate care with other organizations on the following elements: (Check all that apply)**

- Lab and test tracking
- Referral tracking
- Medication reconciliation
- Service utilization and outcome data
- Transitions between levels of care
- None of the above
- Other examples of care coordination (please specify)

AZ Provider Readiness Self-Assessment

***23. Patients/clients with or at risk of developing complex, chronic conditions may need referrals to medical providers (within or outside the organization). To what extent does your organization coordinate or manage and track referrals in the following ways: (Check all that apply)**

- Do not coordinate or track referrals
- Informal coordination occurs but is not tracked
- Assist with accessing medical providers that take insurance/payer status of patient
- Conduct appointment scheduling
- Arrange/confirm patient has reliable transportation
- Send necessary information to the referral source to ensure continuity of care (including reason for referral and relevant data/information)
- Follow up with the patient and referral source that appointment was completed
- Track results and follow up needs
- Develop and enact appropriate response and follow up based on results of the referral(s)
- Other (please specify)

***24. To what extent does your organization use peer supports, i.e., individuals with the lived experience of patients/clients served by your organization, to provide services, such as wellness coaching, health education, outreach, benefits management, navigation, etc.? (Check all that apply)**

- Our organization does not use peer supports/peer providers
- Peer support personnel are members of the care team and participate in various team activities (treatment team meetings, communications, treatment plan development and support, document interactions in the health record)
- Peers receive training in the conditions, approaches, treatments, side effects, and interactions among mental health, substance related and other health conditions
- Peers receive regular supervision
- Peers are employed commensurate with their skills, abilities and education

Station Break – Supporting Infrastructure

The previous sections of this Self-Assessment focus on providing timely and effective care that generate value. Organizations moving toward this goal must have a core set of business practices in place to facilitate the clinical effort and then be able to manage under value-based purchasing arrangements that includes pay for performance and accountable payment models. The following two sections focus on the key pieces of agency infrastructure to support this effort.

AZ Provider Readiness Self-Assessment

Section F: Business Practices

For the following section, please rank your organization's Readiness to Successfully Accomplish the Work described in each item on a scale of 1-3 as follows:

1 = Completed: Our organization has fully addressed this item.

2 = In Process: Our organization is working on this item but we're not there yet.

3 = Not Yet: We haven't begun or are just starting.

*25. Third Party Billing and Collections

	1 = Completed	2 = In Process	3 = Not Yet
We have strong processes in place to collect billing information for new clients and update that information regularly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have contractual relationships with all of the major payors that serve our clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are effective at obtaining pre-authorizations and re-authorizations from our clients payors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We bill all services within seven days of our cut-off date (weekly, semi-monthly or monthly).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We follow-up on unpaid and partially paid claims from insurance companies on a regular basis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We use a sliding scale and effectively bill clients who are privately insured or self-insured.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All employees participate and have clear roles in supporting our billing and collection efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*26. Cost Accounting

	1 = Completed	2 = In Process	3 = Not Yet
We have developed a way to use cost data from our general ledger to calculate the cost of every service provided by our organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We are able to use this per service cost data to summarize costs by client, clinician, team, program, and other relevant groupings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We use this cost information to make internal resource allocation decisions, develop proposals for new programs, and determine where our organization is making and losing money.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*27. New Payment Models

	1 = Completed	2 = In Process	3 = Not Yet
We have utilization management guidelines in place that provide guidance to clinicians on the range of service that should generally be provided to clients at each level of care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We regularly report on how much service clients are receiving at each level of care and how this compares to our utilization management guidelines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinicians and supervisors use the utilization management guidelines and actual service utilization during clinical supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We could use utilization and cost data to price out what it costs the average client at each level of care and then use this information to develop case rates for payors.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AZ Provider Readiness Self-Assessment

*28. Quality Improvement

	1 = Completed	2 = In Process	3 = Not Yet
We have a well-developed quality management process with an annual quality plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our clinical staff are trained in quality improvement and use these skills on a regular basis to make improvements in how the system of care operates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our clinical support staff are trained in quality improvement and use these skills on a regular basis to make improvements in how the clients experience care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Our administrative staff are trained in quality improvement and use these skills on a regular basis to make improvements in how they do their work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*29. Compliance

	1 = Completed	2 = In Process	3 = Not Yet
We have a designated compliance officer who monitors compliance efforts and leads problem solving efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have implemented compliance and practice standards through the development of written standards and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We conduct internal monitoring and auditing through the performance of periodic compliance audits.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We conduct appropriate training and education on compliance-related practice standards and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We respond appropriately to detected violations through the investigation of allegations and the disclosure of incidents to appropriate government entities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We have developed open lines of communication with staff to keep them updated regarding compliance issues and activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We regularly enforce disciplinary standards through well-publicized guidelines and practices.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AZ Provider Readiness Self-Assessment

Section G: Information Technology

*** 30. Practice Management Software: What brand of software do you use for client billing, accounts receivable and collections management?**

*** 31. Electronic Health Records: Have you implemented an electronic health record?**

- No
- Yes (Please indicate what brand of software you use AND why you would or would not recommend it to others .)

*** 32. If you have implemented an electronic health record, please indicate which of the following features are being used regularly by staff? (If not, please mark "NA".)**

- NA
- Appointment Scheduling
- Client Assessments
- Treatment Planning
- Wellness and Recovery Plans
- Progress Notes
- Crisis Plans

*** 33. Medication Management Software: Have you implemented a software package to electronically manage medications including medication lists, prescription writing, and medication tracking?**

- No
- Yes (Please indicate what brand of software you use.)

*** 34. Lab Tracking Software: Have you implemented a software package to track lab values for your clients?**

- No
- Yes (Please indicate what brand of software you use.)

AZ Provider Readiness Self-Assessment

***35. Clinical Outcomes Measurement Software: Have you implemented software to track individual client outcomes using standardized clinical instruments such as the PHQ-9 and GAD-7?**

- No
- Yes (Please indicate what brand of software you use.)

***36. Clinical and Quality Reporting Software: Have you implemented software that generates easy to use reports to help clinicians and managers study and improve the quality of care for individuals and groups of clients?**

- No
- Yes (Please indicate what brand of software you use.)

AZ Provider Readiness Self-Assessment

***37. IT Staffing: For each information technology function listed below, code if and how the work is accomplished (Check all that apply):**

Completed by IT employee of the organization

Completed by IT contractor who has a direct contract with your agency

Completed by the vendor

Completed by IT staff at your parent organization

Other (please explain)

This task is not accomplished

	IT employee	IT contractor	Vendor	Parent org IT staff	Other	Not done
Network administration and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Network security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web site administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remote access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intranet management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data backup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report design and development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report production	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing Software staff training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Health Records staff training and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For those where you selected other, please specify:


38. Reporting Requirements. What KEY data/information are you required to report to your RBHA, ADHS/DBHS, and AHCCCS? We are looking for a list of the most important data you submit, not everything.

AZ Provider Readiness Self-Assessment

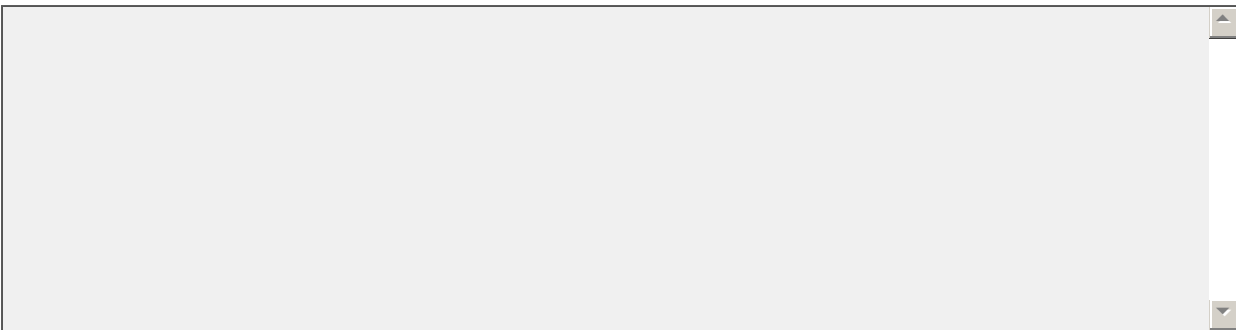
39. Payor Feedback. What KEY data/information is reported back to you from your RBHA, ADHS/DBHS, and AHCCCS? We are looking for a list of the most important data you receive, not everything.

Section H: Regulatory Burden

40. Non-Valued Added Regulations: What are the 5 to 10 most onerous regulatory requirements faced by your organization that add little or no value to the work you are doing to provide accessible, effective, accountable care to the clients and communities your organization serves?

A large, empty rectangular text input box with a light gray background and a thin black border. A vertical scrollbar is visible on the right side of the box.

41. Regulatory Barriers: What are the 5 to 10 most significant regulatory barriers faced by your organization that reduce your organization's ability to provide accessible, effective, accountable care to the clients and communities your organization serves? (Note: You can include the same requirements for this question and the previous one.)

A large, empty rectangular text input box with a light gray background and a thin black border. A vertical scrollbar is visible on the right side of the box.