

AHCCCS FTP Server report access overview

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IOC for the Mentally Ill Overview

- The Independent Oversight Committees are established by Arizona Revised Statute 41-3803/3804 and the Arizona Administrative Code (A.A.C.), R9-21-105
- The A.A.C (or “SMI Rules”) R9-21-105 requires the following:
 - At least one IOC per every 2,500 persons in the GSA – Currently each GSA only has one IOC – Northern, Southern and Central
 - The Arizona State Hospital also has an IOC – so we have four committees currently operating within the state
 - Each Committee is composed of at least seven but not more than 15 members

IOC Deliverables

- The IOC's are responsible for reviewing all:
 - Incident Accident and Death Reports
 - Seclusion and Restraint reports
 - Special Assistance active list maintained by OHR
 - Appeal and Grievance outcomes for Special Assistance members.
 - An IOC may also request information, investigate or assist members or member guardians as requested by the public.

What does the IOC do with this information?

- Make site visits to residential environments where members are receiving behavioral health treatment.
- Request an Agency, Contractor or Provider investigation or conduct an investigation independently.
- Submit written objections to specific problems or violations of client rights by department employees or service providers to an Agency director.
- Make recommendations to an Agency director and the legislature regarding laws, rules, policies, procedures and practices to ensure the protection of the rights of clients receiving behavioral health and developmental disability services.
- Each committee shall issue an annual report of its activities and recommendations for system changes to an Agency Director, the president of the senate, the speaker of the house of representatives and the chairpersons of the senate health and human services committee and the house of representatives health committee, or their successor committees.
- A committee may request from the Department or an Agency, the services of a consultant or department employee to advise it on specific issues. The consultant may be a member of another independent oversight committee, a department employee or a service provider. Subject to the availability of monies, the department shall assume the cost of the consultant.

Why do the deliverables have to be redacted? ARS 41-3804

- The IOC's receive member information or records without the designation of personally identifiable information unless the personally identifiable information is required for the official purposes of the committee.
 - To receive unaltered records the Committee must submit, in writing, a request for specific records and must attest to the specific, official purpose for the request.
 - Each person who receives information or records pursuant to this subsection shall maintain the information or records as confidential and sign an agreement to comply with all confidentiality requirements.

What Is PII?

- In Accordance with Arizona Revised Statute 41-3804; Personally Identifiable Information is defined as:
 - "personally identifiable information" includes a person's name, address, date of birth, social security number, tribal enrollment number, telephone or fax number, e-mail address, social media identifier, driver license number, places of employment, school identification or military identification number or any other distinguishing characteristic that tends to identify a particular person.
 - **A violation of this subsection is a class 2 misdemeanor.**

FTP Server Report List and Access

- **Special Assistance Report** – available the 25th day of the month.
- **Appeal decision letters for Special Assistance members**—available upon occurrence.
- **Grievance Investigation decision letters for Special Assistance members** - available upon occurrence.
- **Report of each use of Seclusion and Restraint** – available by the 25th day of the month.
- **Incident, Accident and Death (IAD) reports** – available by the 25th day of the month.
- Any additional documentation formally requested by the IOC.

FTP Server Registration

To request access to the FTP server an IOC member must complete two forms:

1. The Electronic Data Exchange Request Form found at

<https://www.azahcccs.gov/PlansProviders/Downloads/ISD/ElectronicDataExchangeForm.doc>

2. The External User Affirmation Statement found at

<https://www.azahcccs.gov/PlansProviders/Downloads/ISD/ExternalUserAffirmationStatement.pdf>

The link to the FTP itself is;

<https://sftp.statemedicaid.us/EFTClient/Account/Login.htm>

FTP Server

AHCCCS – ELECTRONIC DATA EXCHANGE REQUEST
 Email completed form to "AHCCCSDataExchange@azahcccs.gov" or print and fax to: 602-252-2163 Attention: ISD Data Security

I. Requested Data Exchange Access (Check all that apply)

Request to: ☐ Add User ☐ Delete User ☐ Change User
 Data Access: ☐ Upload ☐ Download ☐ Delete ☐ Rename Date: __/__/__

II. EFT User – Trading Partner User Information (Health Plan/Program Contractor/Vendor/Other)

Entity Name: _____ Submitter ID(s): _____ (See I on instructions)
 E-Mail Address: _____
 Service Account Contact E-Mail Address: _____
 Street Address: _____ City, State, Zip: _____
 Telephone: _____ IP Address: _____
 User First Name: _____ Phone: _____
 User Last Name: _____ Last four of SSN: _____

Note: If this is for an automated service account, you must include a source IP address. A user name and password for the service account will be returned through the EFT server. All individual accounts must also include a first and last name, the last four numbers of the SSN, and an email address. Any request received without this information will not be processed.

Trading Partner Authorization: (Entity point of contact/Security Liaison for all Electronic Data Exchange requests)
 Name: _____ Position: _____ Email Address: _____ Date: __/__/__

Trading Partner Technical Representative: (Entity point of contact for all technical issues)
 Name: _____ Email Address: _____

III. Data Exchange Submitter Information (Operates on behalf of one or more Trading Partners)

Submitter Name: _____ ID Number: _____
 Street Address: _____ City, State, Zip: _____
 Phone: _____ FAX: _____
 E-Mail Address: _____
 Contact Person: _____ Phone: _____
 Technical Representative: _____ Phone: _____

IV. Data Exchange Information Types/ AHCCCS Information Owner Authorization (Check all that apply)

Type of data to exchange: _____ Type of data to exchange: _____
 Other: _____ Other: _____

AHCCCS Data Owner: _____ AHCCCS Data Owner: _____
Note: Data Owner information to be completed by AHCCCS personnel

V. User Affirmation Requirement

Each individual accessing AHCCCS computer systems is required to read and sign an Affirmation Statement.
 Fax all Affirmation Statements to : 602-252-2163 Attention: ISD Data Security

Affirmation Statement: ☐ Attached ☐ On File

Note: Any new individual account requests received without an Affirmation Statement will not be processed.
Note: All password reset requests should be referred to AHCCCS ISD Customer Support at (602)417-4451

VI. AHCCCS ISD Information (To be completed by AHCCCS personnel)

User ID: _____ Password: _____ Date: __/__/__ Setup: _____ To Prod: __/__/__

Permissions Granted: ☐ Upload ☐ Download ☐ Delete ☐ Rename
 Group Name(s): _____

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Section I – Check Add User box and define users data access needs
Section II – Entity name (AzSH IOC), Entity Submitter ID (Not Applicable), User name and individual email address, street address, telephone
Section IV – Type of data being exchanged (IOC Documents)
Section V – Check Affirmation Attached check box

FTP Server

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

EXTERNAL USER AFFIRMATION STATEMENT

I understand that all users who have access to the AHCCCS computer network and data are bound by applicable laws, rules and AHCCCS directives, including but not limited to, AHCCCS Administrative Policies and Procedures, AHCCCS Privacy and Security Policies (HIPAA), ARS 13-2316, ARS 41-770, and ARS 38-448.

Use of AHCCCS Data:

- I will share (i.e., verbal, hardcopy, electronic) AHCCCS data only with people who are authorized to receive the data.
- I will only access/add/change/copy/delete AHCCCS data related to my assigned job duties.
- I will never use AHCCCS data for non-work related purposes.

Logon IDs and Passwords:

- I will never use another person's AHCCCS Logon ID and password.
- I will never ask another person to reveal his/her AHCCCS Logon ID and password.
- I will never reveal my AHCCCS Logon ID and password to anyone, at any time.
- I understand that no one else may use my AHCCCS Logon ID and password and that I am responsible for all actions taken with my Logon ID.

Use of State Resources:

- I will use state equipment in a legal and ethical manner.
- I understand that the use of equipment provided by the agency is subject to monitoring.

Use of Software:

- I will not download or install computer software. Only ISD Network Services has the authority to install and license software.
- Unless authorized, I do not have the right to copy, change or distribute computer software or its related documentation.

Misuse of Equipment, Software or Data:

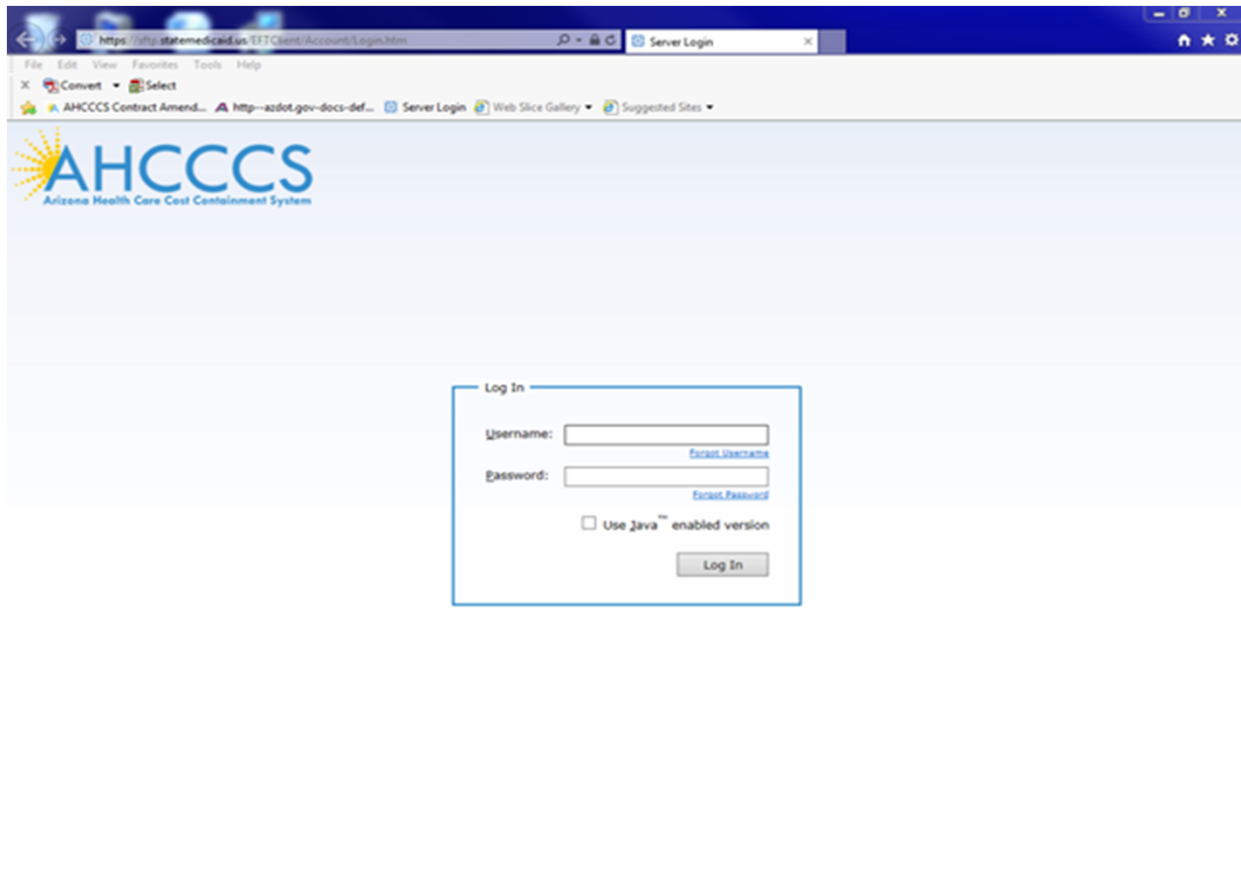
- I understand that if I become aware of any misuse of AHCCCS equipment, software or data I must promptly notify AHCCCS ISD Customer Support at 602-417-4451.
- I understand that AHCCCS will take appropriate action to ensure that applicable federal and state laws, regulations, and directives governing confidentiality and security are enforced.
- I understand that the misuse of AHCCCS equipment, software or data may result in prosecution or disciplinary action if I am an employee of another state agency.

My signature below confirms that I have read and understood this form. I accept responsibility for adhering to all applicable laws, rules, and AHCCCS directives. Failure to sign this statement will mean that I will be denied access to AHCCCS data, computer equipment, and software.

Print Legal Name of User (Last, First, M.I.)	Signature	Date
----------------------------------------------	-----------	------

The Affirmation Statement must be submitted with the request form.

FTP Server



The screenshot shows a web browser window with the address bar displaying "https://http.statemedical.us/FTPClient/Account/Login.htm". The page features the AHCCCS logo at the top left. In the center, there is a "Log In" form with the following fields and options:

- Username:** A text input field with a "Forgot Username" link below it.
- Password:** A text input field with a "Forgot Password" link below it.
- ☐ Use Java™ enabled version
- Log In** button

Enter "username" and
"password" and click
LOG IN

Main Screen

https://sftp.statemedicaid.us/#/ Web Transfer Client

AHCCCS
Arizona Health Care Cost Containment System

File View Help Account Search

My Folders

My Folders

	Name ↑↓ ▼	Size ↑↓ ▼	Date ↑↓ ▼
<input type="checkbox"/>	ASH		9/28/2017 17:28:17
<input type="checkbox"/>	NHRC		7/14/2017 20:45:58
<input type="checkbox"/>	SHRC		6/20/2017 21:52:24
<input type="checkbox"/>	ShareINFO		6/18/2015 16:35:35

Transfers

▶ Completed - 0

▼ In Progress - 0

No files in this activity zone

▼ Pending - 0

No files in this activity zone

- “My Folders” includes all folders user has access to. Click on ► symbol to open drop down inclusive of folders for each specific committee.
- Note all committee folders are also listed in the center of the screen.

My Folders



File ▾ View ▾ Help ▾ Account ▾

Search 🔍

My Folders

My Folders

ASH

NHRC

SHRC

ShareINFO

	Name ↑↓ ▾	Size ↑↓ ▾	Date ↑↓ ▾
<input type="checkbox"/>	ASH		9/28/2017 17:28:17
<input type="checkbox"/>	NHRC		7/14/2017 20:45:58
<input type="checkbox"/>	SHRC		6/20/2017 21:52:24
<input type="checkbox"/>	ShareINFO		6/18/2015 16:35:35

- “My Folders” will include ONLY the folders user has access to

Transfers
▶ Completed - 0
▼ In Progress - 0
No files in this activity zone
▼ Pending - 0
No files in this activity zone

Folder Access

The screenshot shows the AHCCCS My Folders interface. At the top is a blue navigation bar with 'File', 'View', 'Help', and 'Account' menus, and a search bar. Below this is a breadcrumb trail 'My Folders / ASH'. On the left is a tree view of folders: 'My Folders' (expanded), 'ASH' (expanded), 'IN', 'OUT', 'NHRC', 'SHRC', and 'ShareINFO'. Red arrows point from 'My Folders' to 'ASH' and from 'ASH' to 'OUT'. On the right is a table listing folders:

<input type="checkbox"/>	Name ↑↓ ▾	Size ↑↓ ▾	Date ↑↓ ▾
<input type="checkbox"/>	OUT		2/13/2018 17:15:45
<input type="checkbox"/>	IN		2/7/2018 19:15:50

- Click on for the committee you would like to access.
- Committee folder will open two separate folders, IN and OUT

OUT Folders

▼ My Folders

ADOA

▼ ASH

IN

▼ OUT

Decision Letters

Incident Accident Death Reports

Requested Documents

Seclusion and Restraint Reports

Special Assistance Reports

<input type="checkbox"/>	Name ↑↓ ▾	Size ↑↓ ▾	Date ↑↓ ▾
<input type="checkbox"/>	Decision Letters		8/5/2019 09:05:21
<input type="checkbox"/>	Seclusion and Restraint Reports		7/31/2019 20:37:47
<input type="checkbox"/>	Incident Accident Death Reports		7/31/2019 20:31:49
<input type="checkbox"/>	Special Assistance Reports		7/26/2019 09:05:54
<input type="checkbox"/>	Requested Documents		6/28/2019 16:28:06

Open Data

My Folders

- ADOA
- ASH
 - IN
 - OUT
- MCHRC
- NHRC
- SHRC
- ShareINFO

	Name ↑↓	Size ↑↓	Date ↑↓	Transfers
<input type="checkbox"/>	20180618151414029.pdf	1.24 MB	7/5/2018 16:34:01	Completed
<input type="checkbox"/>	20180618151548710.pdf	1.32 MB	7/5/2018 16:34:02	
<input type="checkbox"/>	20180618151704685.pdf	1.27 MB	7/5/2018 16:34:03	In Progress
<input type="checkbox"/>	20180618152629024.pdf	1.20 MB	7/5/2018 16:34:03	No files in this activi
<input type="checkbox"/>	20180618152759087.pdf	1.38 MB	7/5/2018 16:34:03	Pending - 0
<input type="checkbox"/>	Withdraw Decision Letter 6-28-2018 (redacted).pdf	272.07 KB	7/5/2018 16:34:04	No files in this activi
<input type="checkbox"/>	Decision Letter 4 6-28-2018 (redacted).pdf	289.70 KB	7/5/2018 16:34:05	
<input type="checkbox"/>	Decision Letter 3 6-28-2018(redacted).pdf	288.53 KB	7/5/2018 16:34:06	
<input type="checkbox"/>	ASH Grievance 2 6-28-2018(redacted).pdf	115.92 KB	7/5/2018 16:34:07	
<input type="checkbox"/>	Acknowledgement Letter 2 6-28-2018(redacted).pdf	319.08 KB	7/5/2018 16:34:07	
<input type="checkbox"/>	ASH Grievance 6-28-2018(redacted).pdf	196.63 KB	7/5/2018 16:34:08	
<input type="checkbox"/>	Acknowledgement Letter 6-28-2018(redacted).pdf	317.99 KB	7/5/2018 16:34:10	
<input type="checkbox"/>	Decision Letter H012318S0005 (redacted).pdf	285.74 KB	7/5/2018 16:34:11	
<input type="checkbox"/>	Redacted Seclusion,Restraint Summary Report Concerning All Enrolled Persons.May ...	163.50 KB	7/5/2018 16:34:12	
<input type="checkbox"/>	2018.06-Restraint Summary Report - All members.xlsx	98.96 KB	7/5/2018 16:34:13	
<input type="checkbox"/>	Redacted Report of Each Use of Seclusion,Restraint Concerning All Enrolled Persons....	21.74 MB	7/5/2018 16:34:13	
<input type="checkbox"/>	2018.06Each Use of Seclusion Restraint - All members.xlsx	96.36 KB	7/5/2018 16:34:14	
<input type="checkbox"/>	May 2018 PM 7.3.1 Reports Redacted 4of4.zip	3.28 MB	7/5/2018 16:34:18	
<input type="checkbox"/>	May 2018 PM 7.3.1 Reports Redacted 1of4.zip	26.85 MB	7/5/2018 16:34:20	
<input type="checkbox"/>	May 2018 PM 7.3.1 Reports Redacted 2of4.zip	33.03 MB	7/5/2018 16:34:22	
<input type="checkbox"/>	May 2018 PM 7.3.1 Reports Redacted 3of4.zip	31.05 MB	7/5/2018 16:34:22	
<input type="checkbox"/>	20180618151704685.pdf.pn5nd7u.partial	1.27 MB	7/5/2018 16:34:27	
<input type="checkbox"/>	20180703072313350.pdf	1.59 MB	7/12/2018 16:48:06	
<input type="checkbox"/>	20180703072351279.pdf	1.56 MB	7/12/2018 16:48:06	
<input type="checkbox"/>	20180703072510506.pdf	1.54 MB	7/12/2018 16:48:06	
<input type="checkbox"/>	20180703072546150.pdf	1.44 MB	7/12/2018 16:48:06	
<input type="checkbox"/>	20180703072616292.pdf	727.01 KB	7/12/2018 16:48:06	

Do you want to open or save 20180618151414029.pdf (1.24 MB) from sftp.statemedicaid.us?

Open Save Cancel

Double click on the file you would like to open.

Pop up at the bottom of the page will appear.

Two options are given, open or save.

Click on open.

Accessing Deliverable

The screenshot displays the AHCCCS web portal interface. At the top, there is a navigation bar with 'File', 'View', 'Help', and 'Account' menus, along with a search bar. Below this, a sidebar on the left shows a folder structure under 'My Folders' including ADOA, ASH, IN, OUT, MCIOC, NIOC, SIOC, and ShareINFO. The main content area shows a file list with columns for Name, Size, and Date. The file list includes various PDF and XLSX files, such as '2019 15 03 AZSH SpecA report March M-REPORT.xlsx' and '20190328101413567.pdf'. Overlaid on the file list are two security pop-ups. The first is an 'Internet Explorer Security' warning titled 'A website wants to' that asks if the user wants to open a program named 'Adobe Acrobat' from 'Adobe Inc.'. The second is a file download dialog asking 'Do you want to open or save 2019 15 03 AZSH SpecA report March M-REPORT.xlsx (35.9 KB) from sftp.statemedicaid.us?'. The dialog has 'Open', 'Save', and 'Cancel' buttons.

Internet Explorer
Security pop up

Select Allow to
completely open the
document

Deliverable



Douglas A. Ducey, Governor
Jami Snyder, Director

The document
selected will open up
as shown here.

July 15, 2019

[REDACTED]
c/o Arizona State Hospital
[REDACTED]
2500 East Van Buren Street
Phoenix, Arizona 85008

Re: Physical Abuse Allegation
AHCCCS/OALS Docket: B050319S0024

Dear [REDACTED]

The Arizona Health Care Cost Containment System/Office of Administrative Legal Services/Behavioral Health Grievances and Appeals (AHCCCS/OALS), received your grievance, forwarded by Arizona State Hospital (AzSH). In your grievance, you alleged "that [you were] 'man-handled' by Mental Health Program Specialist (MHPS) [REDACTED] after you ingested a small piece of 'candy' during a search of [your] room." Specifically, you alleged [REDACTED] jumped on your back and "that MHPS Roar began to push his knuckle on [your] jaw in an attempt to open [your] mouth and then 'grabbed the back of [your] neck with his hand and stuck his fingers in [your] mouth'."



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Questions?



Resources

FTP server Login Screen

- <https://sftp.statemedicaid.us/EFTClient/Account/Login.htm>

AHCCCS Help Desk

- 602-471-4451
- ISDCustomerSupport@azahcccs.gov

Arizona Administrative Code, R9-21

- www.azsos.gov/public_services/Title_09/9-21.htm

Arizona Revised Statutes:

- <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>

AHCCCS Office of Human Rights Webpage

- www.azahcccs.gov/AHCCCS/HealthcareAdvocacy