Welcome to AHCCCS Hot Topics

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

Thank you.

Statewide Arizona Crisis Hotline

Call: 1-844-534-HOPE (4673) or

Text: 4HOPE (44673)

Chat: Solari Crisis Response Network

Arizona Crisis Hotlines by County

Local Suicide and Crisis Hotlines by County

Phone

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
1-877-756-4090

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens
Teen Lifeline phone or text: **602-248-TEEN (8336)**

How to access the crisis line in your area

Statewide:
Call: 1-844-534-HOPE (4673), **Text: 4HOPE (44673)** or
Chat: Solari Crisis Response Network

North GSA
- **Counties: Coconino, Mohave, Navajo, Yavapai:**
  Health Choice Arizona: **1-877-756-4090**

Central GSA
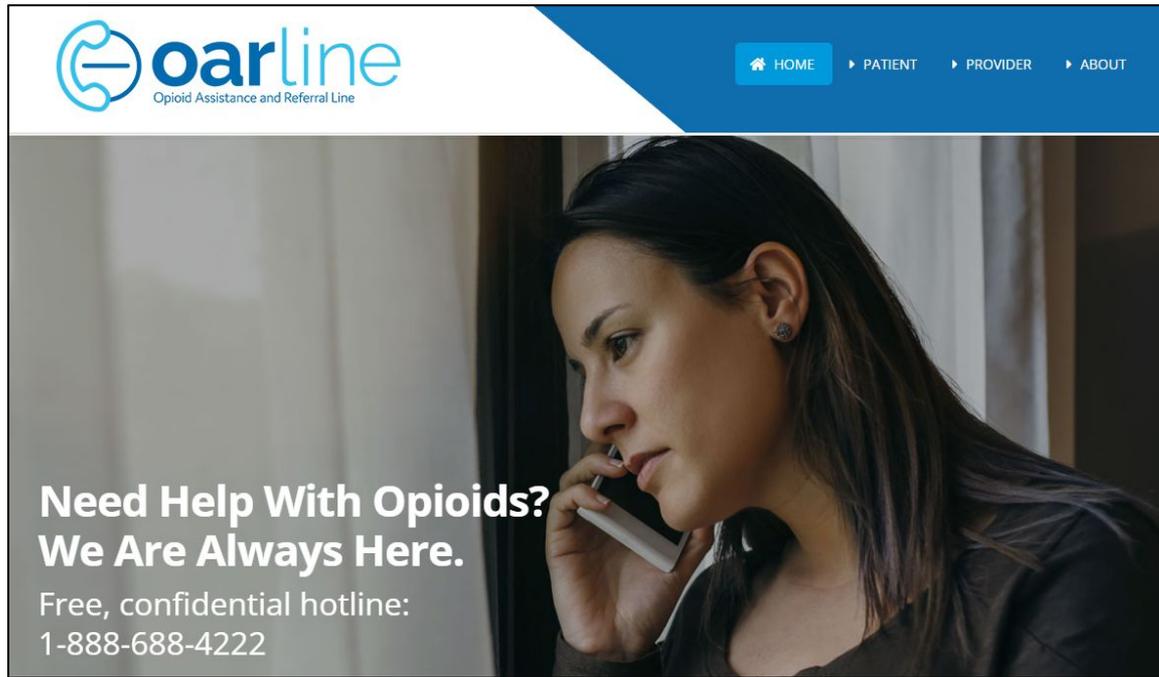- **Maricopa County,Pinal, Gila:** Mercy Care **1-800-631-1314**

South GSA
- **Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma:**
  Arizona Complete Health - Complete Care Plan
  1-866-495-6735

Tribal
- **Ak-Chin Indian Indian Community: 1-800-259-3449**

- **Gila River Indian Community: 1-800-259-3449**

- **Salt River Pima Maricopa Indian Community: 1-855-331-6432**

- **Tohono O'odham Nation: 1-844-423-8759**

AHCCCS
Arizona Health Care Cost Containment System

OARLine

Need Help With Opioids?
We Are Always Here.

Free, confidential hotline:
1-888-688-4222

www.azdhs.gov/oarline

Email:
AzOarline@gmail.com

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

Log in or create an account today at www.healthearizonaplus.gov

Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.
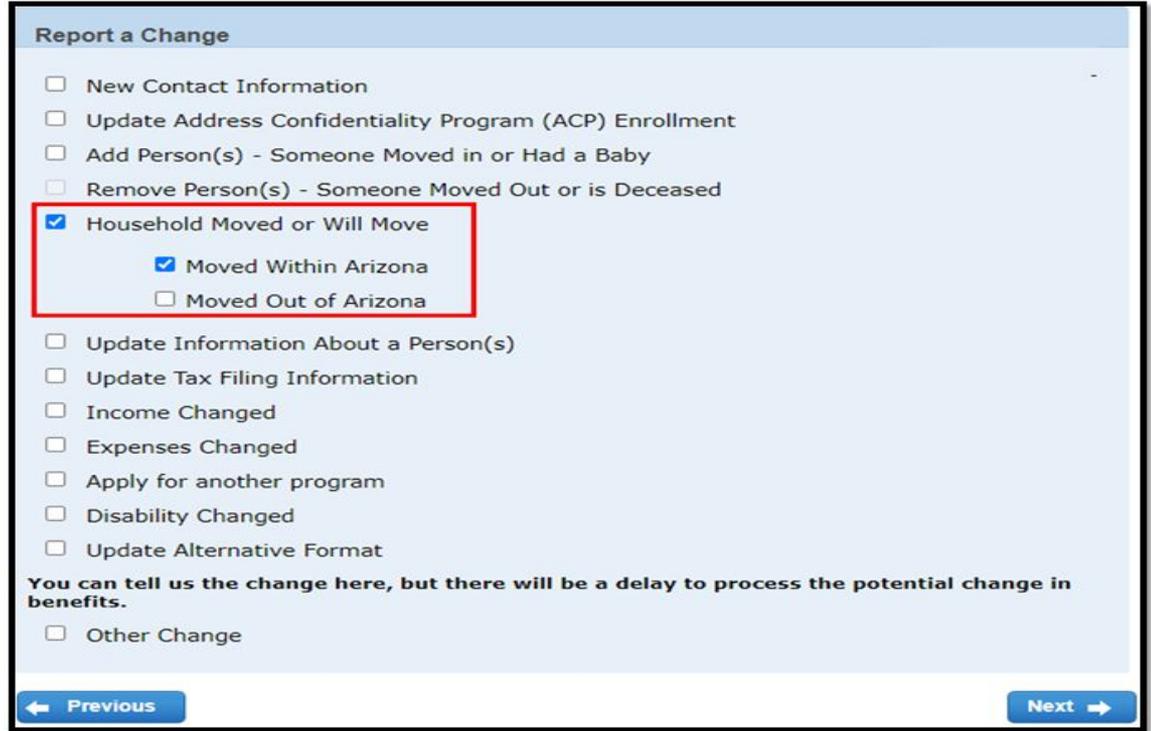
Zoom Webinar Controls

Navigating your bar on the bottom...

Audio Settings
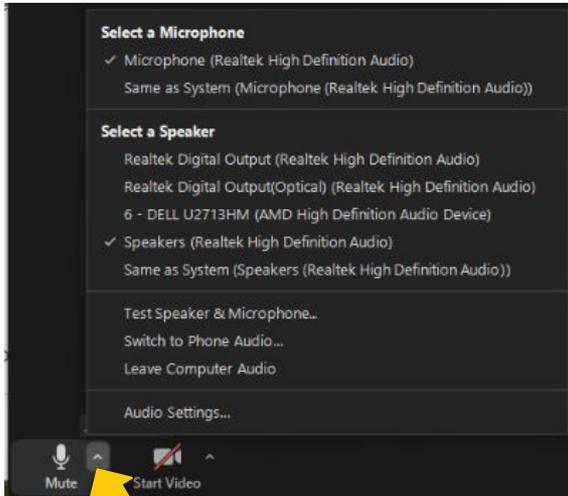
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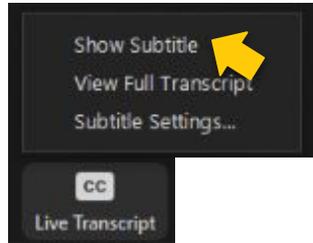
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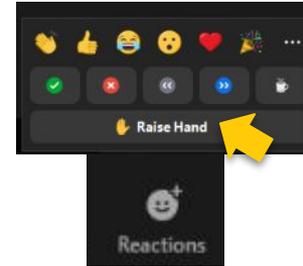
Chat

KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Webinar Tips

Mute your mic when you aren't speaking.

Limit background noise and distractions.

Use gallery view to all participants.
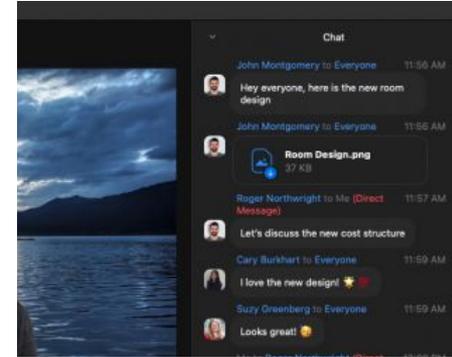
Use chat feature (or Q&A when available) to ask questions or share resources.

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Full Implementation: Community Health Worker (CHW)/Community Health Representative (CHR)

Alex Demyan, DCAIR Assistant Director

Community Health Worker/Community Health Representative

A **frontline public health worker** who is a trusted member of the community to help people:

- Navigate health care system,
- Encourage preventive care,
- Manage chronic illnesses,
- Maintain healthy lifestyles, and
- Assist in culturally and linguistically relevant ways.

PEER SUPPORT

PCP

PSYCHIATRIST

MEMBER

SPECIALIST

CASE MANAGER

CHW/CHR

CHWs/CHRs in Arizona

- Arizona has a long-standing CHW/CHR workforce in communities and organizations across Arizona.
- At least five AHCCCS contracted health plans (MCOs) currently utilize CHWs & utilize them for nearly the full range of CHW core competencies.
  - Health plans pay for CHW/CHR using administrative funds but cannot count these costs as medical services or submit encounters to AHCCCS.
- 19 of the 22 Tribes in Arizona employ CHRs.
  - CHRs have traditionally been funded through the IHS system.
  - CHRs currently make up roughly 30% of the CHW workforce in Arizona.

CHW Voluntary Certification Rule

- The final [CHW Voluntary Certification Rules](#) were approved by the Governor's Regulatory Review Council (GRRC) and were filed with the Secretary of State on September 7, 2022.
- The rules are effective as of November 6, 2022.
- The ADHS Special Licensing department is accepting applications as of November 7, 2022 through an online portal.

Overview of State Plan/
State Plan Amendments (SPAs)

- The Medicaid State Plan is AHCCCS' legal agreement with the federal government, covering topics such as reimbursable services and reimbursement methodologies.
- In order to reimburse for a new service, state must capture the service in the State Plan or a Waiver of the State Plan.
- Following publication of the the ADHS CHW Rule, AHCCCS prepared and submitted a State Plan Amendment, seeking authority to reimburse for CHW services.

CHW SPA Negotiations

October 5 - November 19, 2022 AHCCCS received community feedback and public comments on the SPA.

December 2022 - February 2023 AHCCCS negotiated the SPA with CMS.

December 8, 2022 AHCCCS Submitted the SPA to CMS.

February 22, 2023 CMS approved the SPA

Reimbursable Service Codes

- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each billed in 30 minutes increments.
    - 98960- education and training provided for an individual patient for each 30 minutes of service.
    - 98961- for a group of two to four patients.
    - 98962- or a group of five to eight patients.
- A maximum of four (4) units per day, up to 60 units per month, per member can be claimed.
    - If additional services are medically necessary, prior authorization would be required.

Services Provided by a CHW/CHR

- A certified CHW/CHR can perform the full Scope of Practice as specified in A.A.C. R9-16-802; **however,**
- For Medicaid covered services to be billed, when serving Medicaid members:
  - CHW/CHR services must be medically necessary and recommended by a physician or other licensed practitioner.
  - The certified CHW/CHR must work under the direction of an eligible AHCCCS-registered provider.

CHW/CHR Employer Roles and Responsibilities

- Once an employer is registered with AHCCCS, it must ensure any CHW/CHR it submits Medicaid claims for are certified.
- The employer can submit claims using the allowed codes for the covered services provided by its CHWs/CHRs.
- The employer must maintain accurate and current records of all CHW/CHR certification document.
- Providers may employ CHWs/CHRs who are not certified, but they **will not** be able to bill Medicaid for service provided by non-credentialed CHWs/CHRs.

Reimbursement Pathways

Phase One - **Effective April 1, 2023**

CHW/CHR obtains certification ➡ CHW/CHR is employed by a currently registered provider. ➡ CHW/CHR delivers a covered service within their scope of practice. ➡ Registered provider submits a claim for the covered service provided by the CHW/CHR. ➡

Phase Two- **Effective March 4, 2024**

CHW/CHR obtains certification ➡ CHW/CHR is employed by a CHW/CHR organization.

CHW/CHR organization will enroll with AHCCCS through the AHCCCS provider enrollment process. ➡ CHW/CHR delivers a covered service within their scope of practice. ➡ CHW organization submits a claim for the covered service provided by the CHW/CHR. ➡

Medicaid Claim Reimbursement

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Arizona Health Care Cost Containment System

List of Eligible Providers for Phase One

- 638 FQHC (PT C5)
- BH Outpatient Clinic (PT 77)
- Clinic (PT 05)
- Community/Rural Health Center (PT 29)
- Federally Qualified Health Center (FQHC) (PT C2)
- Hospital (PT 02)

- Integrated Clinic (PT IC)
- MD-Physicians (PT 08)
- Physician's Assistants (PT 18), and
- Registered Nurse Practitioner (PT 19)
- DO-Physician Osteopath (PT 31)

*All providers must have COS01 in their Provider Profile to bill for CHW services

Phase Two- CHW Organization PT

- Effective March 4, 2024- AHCCCS has established a new Provider Type (PT) Called "CHW Organization"
- Allows for CBOs, localities, Tribal organizations and other institutions employing ADHS certified CHW/CHRs to enroll with AHCCCS
- Existing providers not included in phase one who are interested in CHW/CHR reimbursement may also enroll with AHCCCS as a "CHW Organization"
- The "CHW Organization" PT is considered a "high-risk" provider.

CHW Organization Enrollment Process

- As "high-risk" providers, organizations enrolling as a "CHW Organization" will need to complete the following:
  - o Submit a complete application through the APEP Portal
  - o Complete a fingerprint-based criminal background (FBCB) check
  - o Complete a site visit
  - o Submit the list of certified CHW/CHRs that will be billing
  - o Pay an enrollment fee
- Providers should anticipate this process to take 60-90 days from the date of application

Where to Register as CHW Organization

- The APEP portal can be found at www.azahcccs.gov/APEP
- Click the User Registration button to begin the registration process. The portal will then walk you through the process to register

Applying To Be an AHCCCS Provider

Providers new to APEP:

User Registration

Existing APEP users:

Existing Users

If you need to reset your APEP Password, please see the APEP Password Reset Procedure .

If you need to add, change, or remove a Domain Administrator, please see Domain Access in APEP .

If you are unable to use APEP to submit your application, the AHCCCS Provider Enrollment Application form may be used. The form will only be accepted if the provider has extenuating circumstances that explain why they cannot use the AHCCCS Provider Enrollment Portal System (APEP). Circumstances must be outlined in a written statement along with submission of the AHCCCS Provider Enrollment Application form .

Providers are required to make arrangements for and only accept payment by way of electronic funds transfer (EFT) *within 30 calendar days* following the effective date of the agreement that is signed upon submitting an enrollment application. Active providers will be given a grace period to comply with this requirement. All active providers will receive a notice from AHCCCS explaining how to enroll in EFT. Upon receiving this notice, an active provider will be required to comply with the EFT requirement *within 30 days* of the notice.

Information Required Through APEP

- **Provider basic information:** Entity name, Correspondence information, Practice Location, Tax ID, billing associations
- **Ownership Disclosures:** This includes disclosure of ownership and control interests as well as disclosing any adverse actions the disclosed individuals may have (such as felonies, state exclusions, terminations and other actions)
- **Employee details:** This application step APEP has an excel spreadsheet for providers to download, complete appropriate information for the certified CHW staff and re-upload. It is critical to review the details on the spreadsheet for completeness and correctness to avoid any delays in processing.
- **Uploads:** All providers must upload a signed W-9 tax form. In addition, CHW organizations must sign the CHW Organization Provider Type Profile.

This is a summary of the APEP application requirements and is not inclusive of every element required for the application.

Submitting Claims to For Reimbursement (MCO)

- Once enrollment processes have been completed, AHCCCS registered CHW Organizations will need to credential and contract with AHCCCS-contracted health plans, as appropriate, to serve members enrolled in a MCO.
  - Please reach out to the individual health plan provider network department.
- Once approved as a contracted provider within the health plan's network, please work with the MCO billing department for appropriate billing practices.
- Individual health plan information can be found here:
  - https://www.azahcccs.gov/healthplans

Submitting Claims for Reimbursement (FFS/AIHP)

- Once enrollment processes have been completed, AHCCCS registered CHW Organizations may bill AHCCCS directly for medically necessary services delivered to FFS/AIHP members.
- Billing guidance can be found in the AHCCCS billing manuals.
  - Fee-for-Service Provider Billing Manual
  - IHS/Tribal Provider Billing Manual

Partnership with UCONN: Quality Improvements for Children's BH Services

Kim Estep

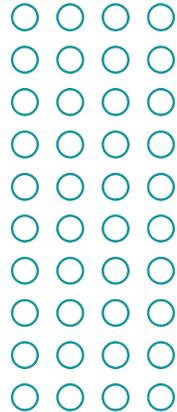Denise Sulzbach

Sara Strader

AHCCCS
Arizona Health Care Cost Containment System

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Arizona Transformation Efforts

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AHCCCS VISION:	**AHCCCS MISSION:**
Shaping tomorrow's managed health care from today's experience, quality, and innovation.	Reaching across Arizona to provide comprehensive, quality health care for those in need.

Core Values

1. **Passion:** Good health is a fundamental need of everyone. This belief drives us, inspires and energizes our work.
2. **Community:** Health care is fundamentally local. We consult with, are culturally sensitive to, and respond to the unique needs of each community we serve.
3. **Quality:** Quality begins as a personal commitment to continual and rigorous improvement, self-examination, and change based on proper data and quality improvement practices.
4. **Respect:** Each person with whom we interact deserves our respect. We value ideas for change, and we learn from others.
5. **Accountability:** We are personally responsible for our actions and understand the trust our government has placed on us. We plan and forecast as accurately as possible. Solid performance standards measure the integrity of our work. We tell the truth and keep our promises.
6. **Innovation:** We embrace change, but accept that not all innovation works as planned. We learn from experience.
7. **Teamwork:** Our mission requires good communication among interdependent areas inside and outside the agency. Internally, we team up within and across divisions. Externally, we partner with different customers as appropriate.
8. **Leadership:** We lead primarily in two ways: by setting the standards by which other programs can be judged and by developing and nurturing our own future leaders.
9. **Courage:** This value calls on us to be honest and transparent with one another for the purpose of strengthening our culture and advancing our program.

Change can be hard and confusing… AND EXCITING!

Pathways to help aren't always easy or helpful

Systems often opt for solutions to unnamed needs that do NOT meet families' needs how and when they would find it most helpful

Good options are not fully funded or supported to quality

Can we envision a system in which families get what they need, when and where they need it?

Systems tend to rely on fail-first approaches

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For system changes to be helpful, care standards need to be established, monitored, and changed based on data for not only youth and families who access care but those who get

CARE PATHWAY: Families' Experiences TO and THROUGH the System
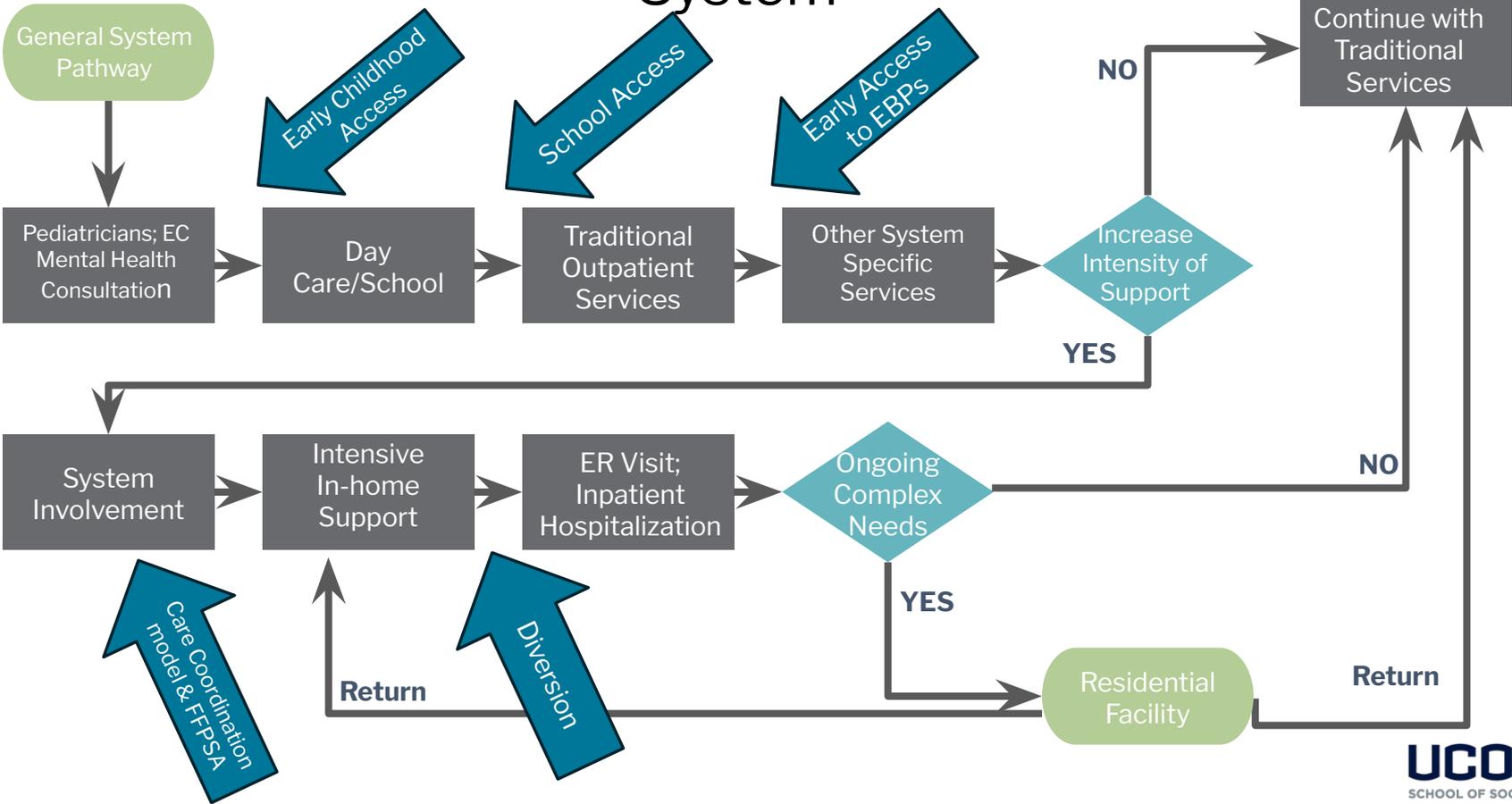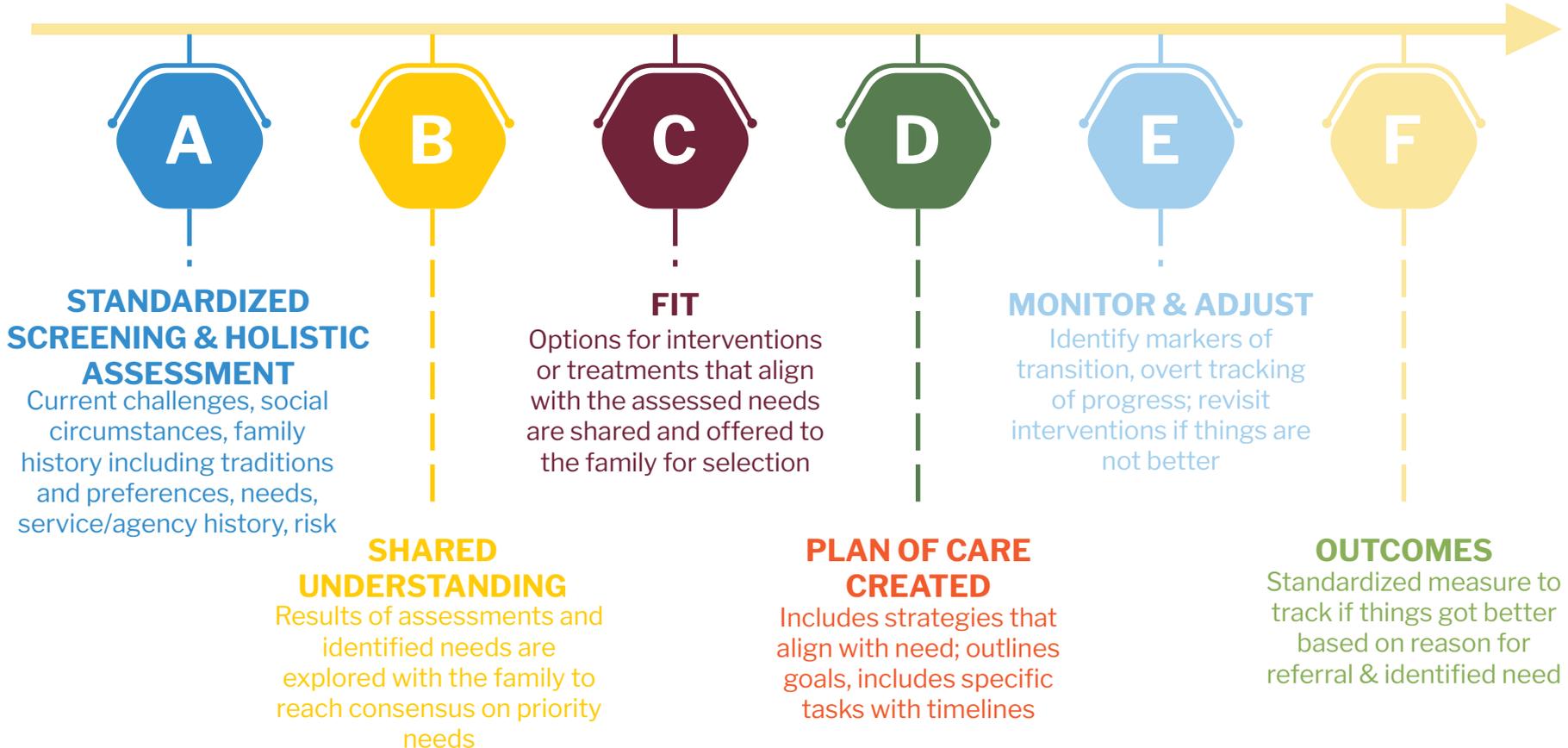
Care Pathways
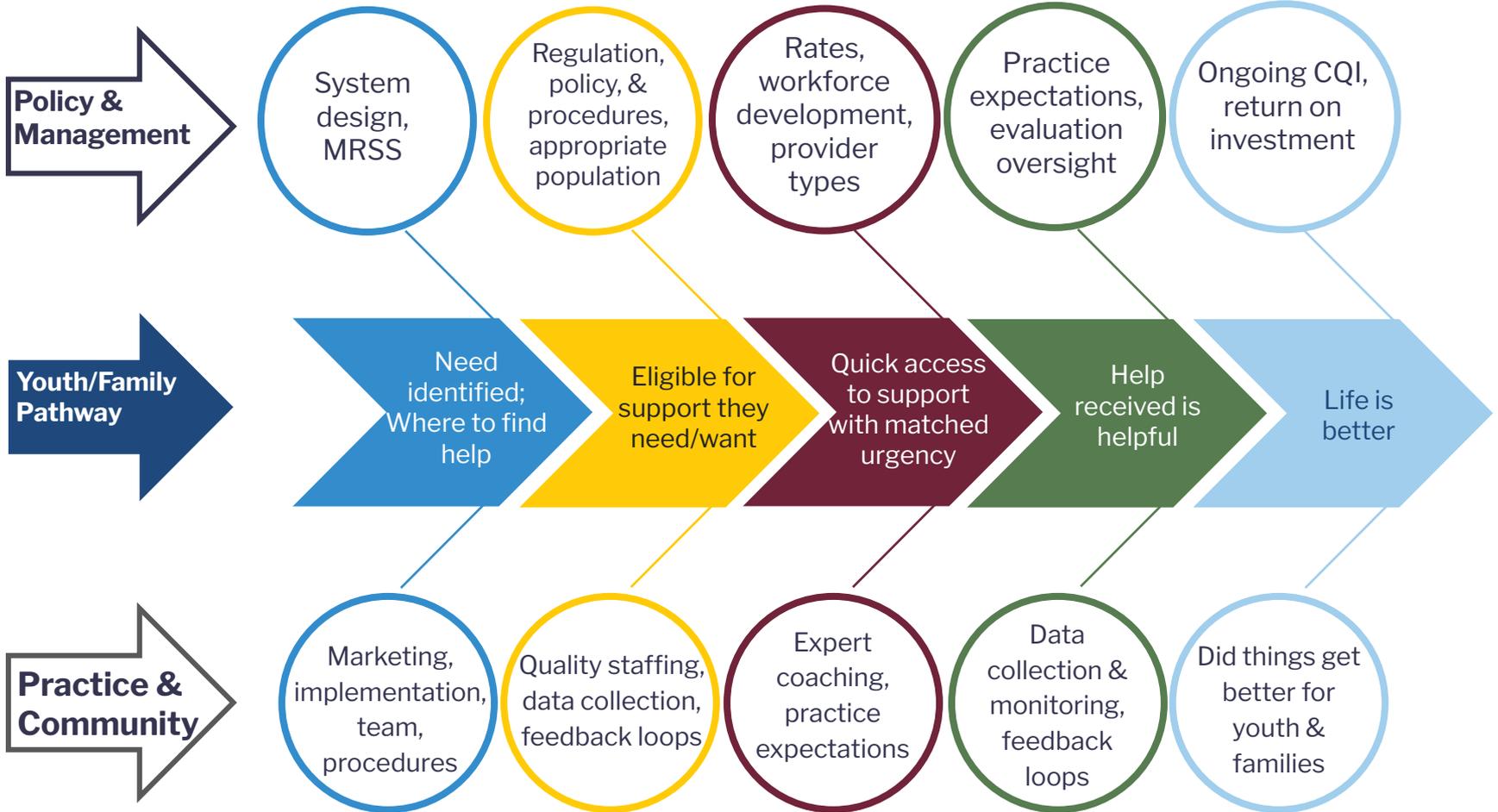
Systems of Care can help

DEFINITION OF SYSTEMS OF CARE

1. a comprehensive spectrum of effective services and supports for children, youth, and young adults with or at risk for mental health or other challenges and their families

3. incorporates mental health promotion, prevention, early identification, and early intervention

2. evidenced informed interventions to address the needs of all children, youth, and young adults organized into a coordinated network of care

4. builds meaningful partnerships with families and youth to help them thrive at home, in school, in the community, and throughout life.

Stroul, B.A., Blau, G.M., & Larsen, J. (2021). The Evolution of the System of Care Approach. Baltimore: The Institute for Innovation and Implementation, School of Social Work, University of Maryland.
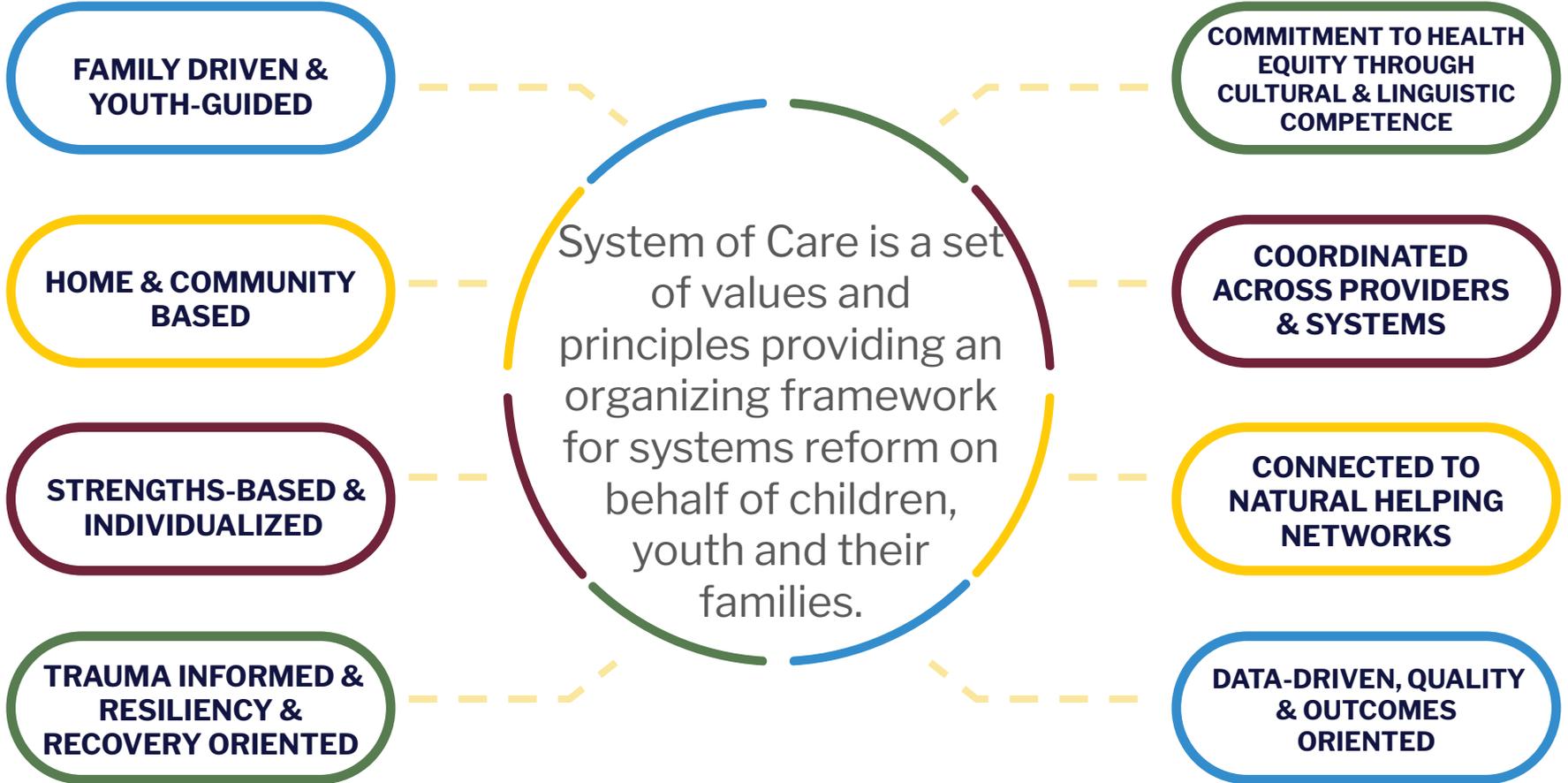
SYSTEM OF CARE COMPONENTS

CARE COORDINATION CONTINUUM

Integrated continuum nested within a common value base & metrics across the continuum

Peer Parent & Youth Support

All children and youth: Pediatric primary care services, including promotion of social-emotional development; developmental and behavioral health screening; and family psychosocial screening with a broader focus on social determinants of health occurring in primary care, behavioral health, school-based, or other community setting

Identified Need

Child Behavioral Health Consultation Programs, which include behavioral health consultation to primary care practitioners, early childhood settings and schools and coordination by behavioral health occurring in primary care, behavioral health, school-based, or other community setting

Moderate Need

Cross-system, coordinated care with appropriate infrastructure occurring in primary care, behavioral health, school-based, or other community setting

Significant Need/High Risk

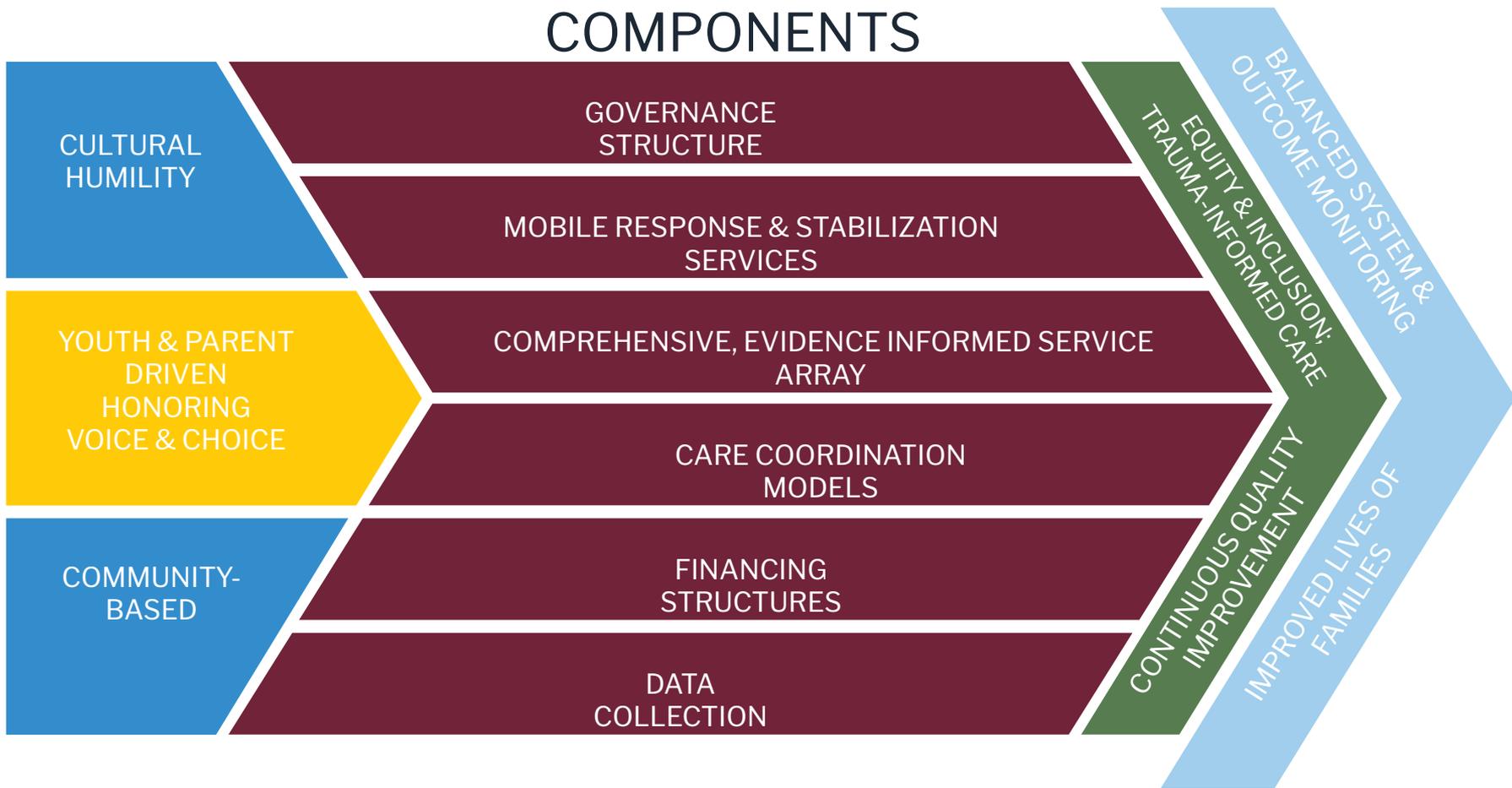Intensive Care Coordination using High Fidelity Wraparound occurring in specialized community-based provider like a care management entity

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Pires, S., Fields, S, et.al., 2018 *Care Integration Opportunities in Primary Care for Children, Youth and Young Adults with Behavioral Health Challenges: Expert Convening.* National Technical Assistance Network for Children's Behavioral Health

SYSTEM CHANGE/TRANSFORMATION FOCUS

Policy

e.g., Population, Agency, Financing, Regulations, Rates

Management

e.g., Data, CQI, System organization, Population accountability

Frontline Practice

e.g., Assessment, Services & supports, Workforce development, Care planning & management,

Community

e.g., Partnerships with families, Non-traditional services & supports, Buy-in

ACROSS ALL LEVELS

Human Service Collaborative

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Care Coordination Continuum & Provider Types

Mobile Response and Stabilization

Navigation, Information, Referral & Warm Line

Intermediate Care Coordination (FOCUS)

Intensive Care Coordination (Wraparound)

MCOs, Family Support Organizations

Public Mental Health Services (TCM), Child Welfare, & Juvenile Justice

CMEs, CCOs, specialized providers

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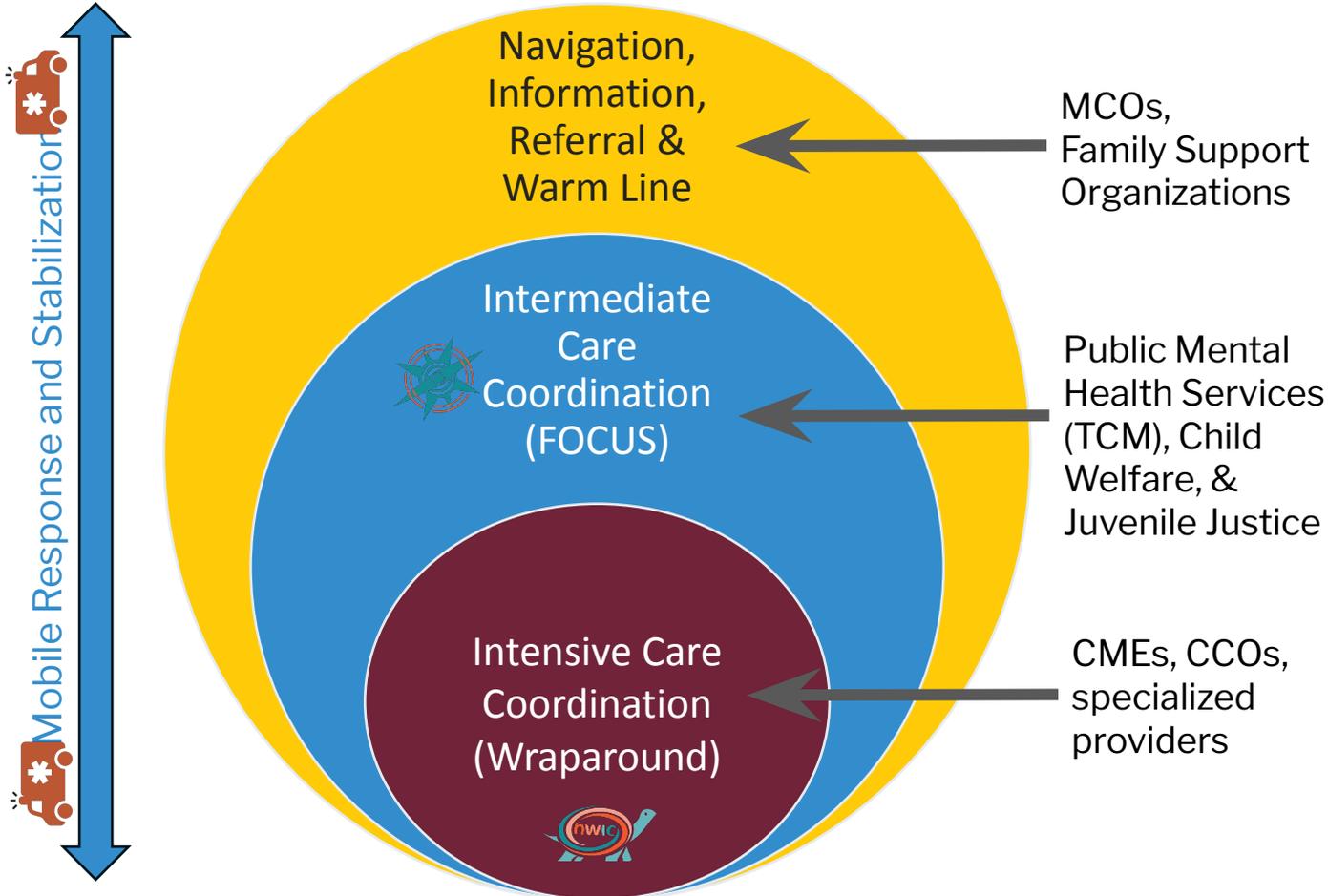
National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314

Assessment #8

Making the Case for a Comprehensive Children's Crisis Continuum of Care

August 2018

Alexandria, Virginia

Eighth in a Series of Ten Briefs Addressing: Bold Approaches for Better Mental Health Outcomes across the Continuum of Care

This work was developed under Task 2.2 of NASMHPD's Technical Assistance Coalition contract/task order, HHSS283201200021I/HHS28342003T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

MRSS Design and Intent

Specifically designed as an **immediate** response to:

- *Meet the self-defined needs of children, young adults, and their parents/caregivers*
- *Deescalate and resolve a crisis before more restrictive and costly interventions become necessary*
- *Ensure connection to necessary services and supports*

Key services that **shift from overuse of high-end services and supports to home- and community-based services**

- FOCUS was designed to support <u>decreased system involvement</u> while working to <u>build connections and supports</u> for families through <u>community-based</u> resources.

- FOCUS was created to <u>modernize traditional case management models</u> and <u>operationalize values</u> within a SOC framework for youth with lesser or intermediate complexity of needs.

FOCUS

Leading the Way in Coordinated Care

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What is Wraparound

Wraparound is an ecologically based approach to **_care planning_** designed to **_support youth with complex needs and their families_**.

What is Care Coordination

Care coordination, managed by a **dedicated care coordinator,** is the **deliberate** organization of services and supports in partnership with the child, youth, young adult and/or family to ensure **continuity of care** across settings and **facilitate** appropriate access and delivery of needed social, behavioral, and somatic health care. Organizing care involves **ongoing engagement, review, and adjustment** of relevant providers, natural supports, and other resources to successfully **align needs with services and supports**.

Interruption Points
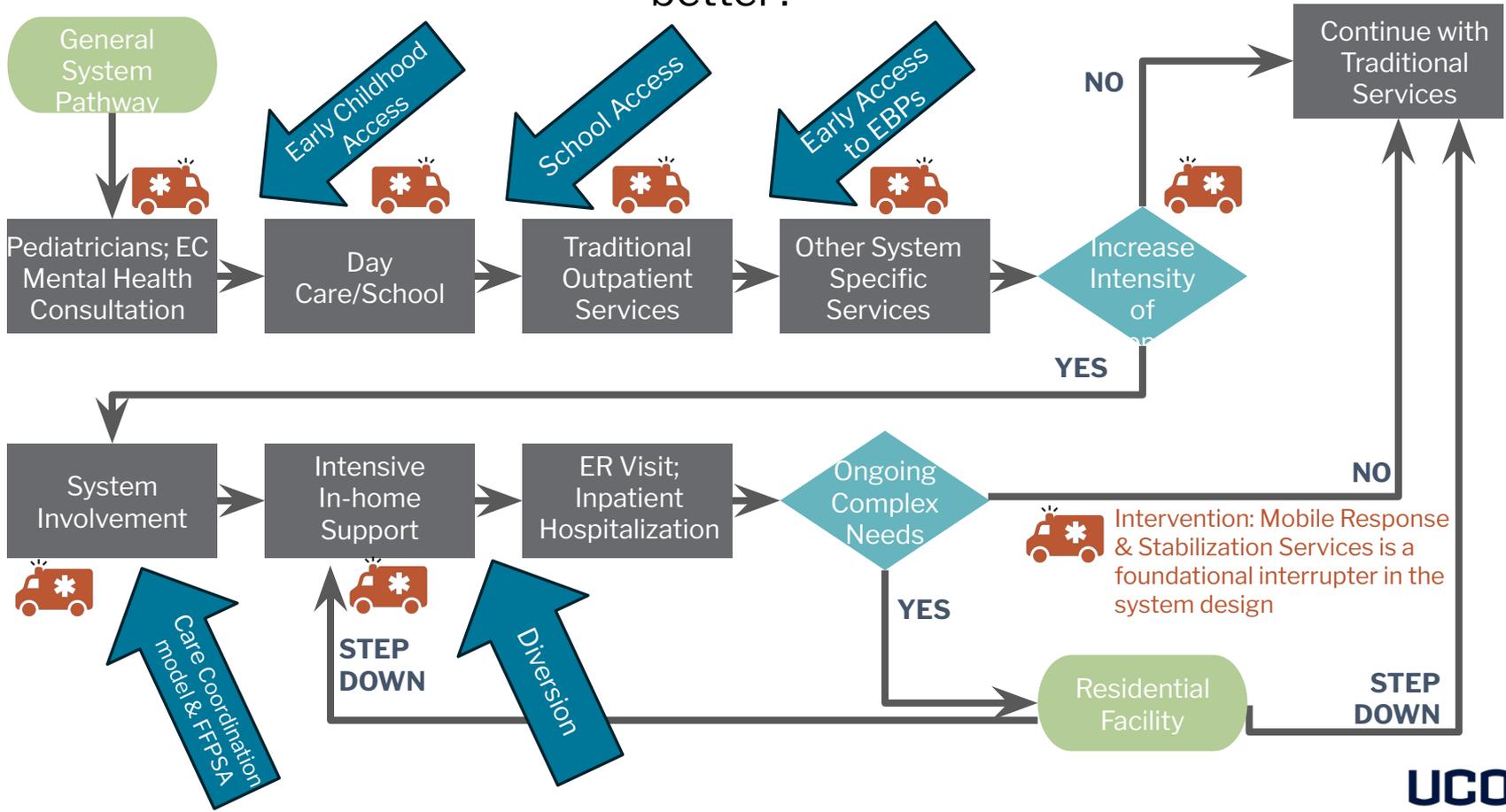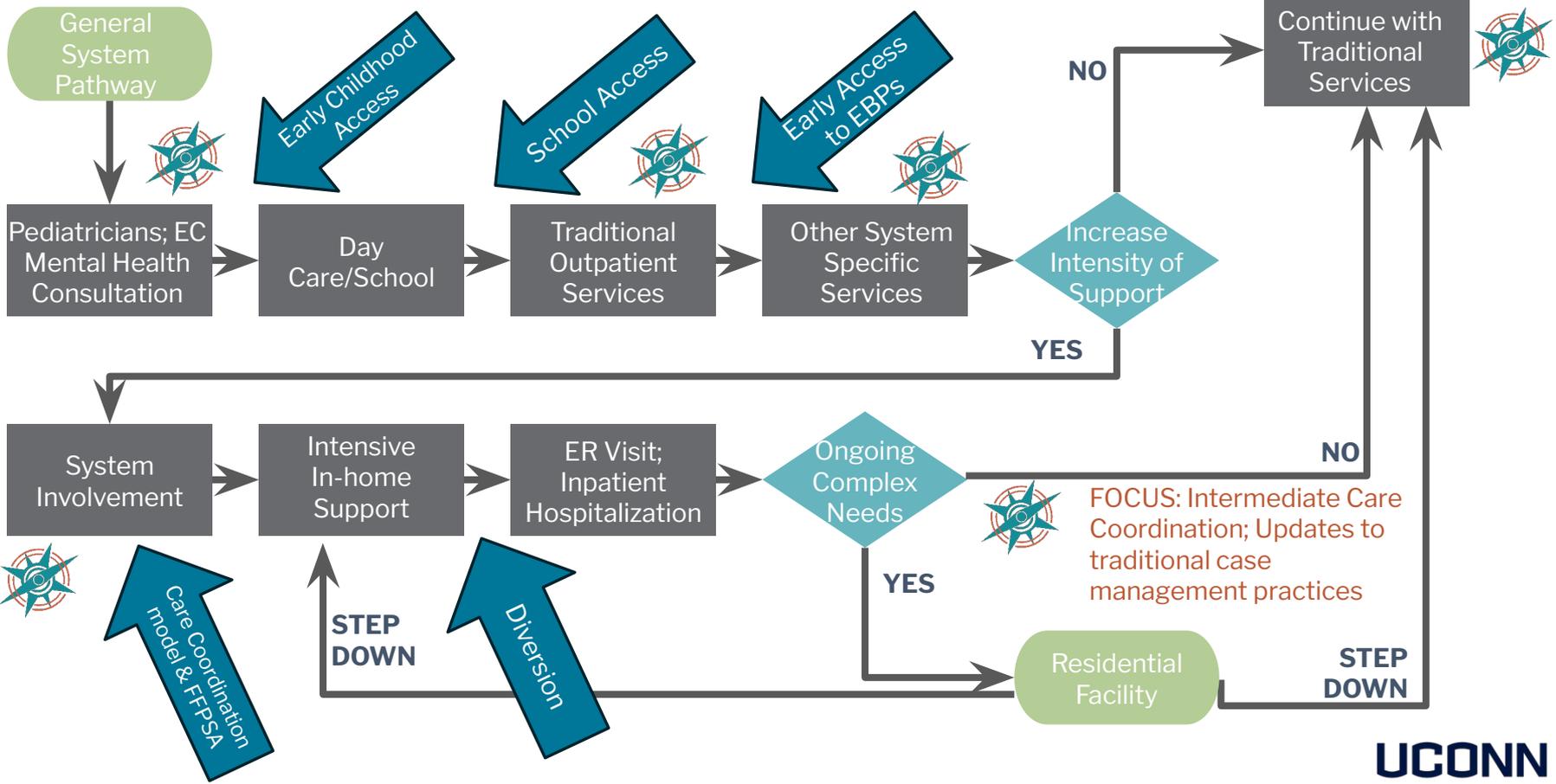
Places in the pathway(s) that system leaders need to intervene to change the experiences of families and address the identified problem. Interruption points are opportunities for system leaders to change care pathways and/or create new pathways.

Where can MRSS interrupt current experiences to make things better?

Where can FOCUS interrupt current experiences to make things better?

Where can Wraparound interrupt current experiences to make things better?

General System Pathway

Pediatricians; EC Mental Health Consultation → Day Care/School → Traditional Outpatient Services → Other System Specific Services → Increase Intensity of Support

Early Childhood Access

School Access

Early Access to EBPs

NO → Continue with Traditional Services

YES

System Involvement → Intensive In-home Support → ER Visit; Inpatient Hospitalization → Ongoing Complex Needs

Care Coordination model & FFPSA

Return

Diversion

Wraparound: Intensive/High Needs Care Coordination

NO

YES → Residential Facility

Return

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Making Help, Helpful…

Consistent access and availability across the state

Transparent standardization of intake, assessment, and eligibility is required to ensure timely and equitable access to care across the state

Needs and resources are matched

The system is structured in a way that ensures families get what they need, when and where they need it

Care standards are established, monitored, and adjusted based on data for not only families who access care but those who get excluded

Outcomes are important – What can we achieve with Systems of Care?

- **System rebalanced with more diversion & financing going to prevention & home & community-based supports**
- Increase behavioral health access & treatment disparities
- Decrease emergency room visits for behavioral health needs
- Decrease residential intervention use
- Reduce inpatient hospital stays
- Support school attendance & graduation
- Reduce suspension & expulsion rates
- Reduce juvenile justice involvement, detention, & commitment rates
- Decrease child welfare involvement, out of home stays, incident reports with child protection, & placement disruptions
- Eliminate expulsions & suspensions from childcare settings due to behavioral concerns
- Further engagement in primary care early childhood visits
- **Families and youth report:**
  - **Ease of access to needed services & supports**
  - **Satisfaction with provided services & supports**
  - **They are better off because of the services & supports provided**

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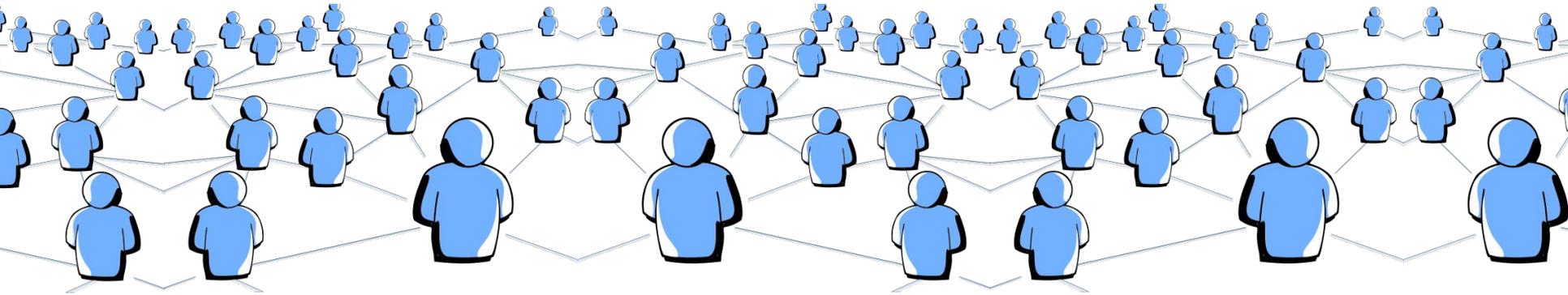
Learn about AHCCCS' Medicaid Program on YouTube!

Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative (WPCI)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)

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