August 29, 2019

Kelsey Smyth
Project Officer, Division of State Demonstrations, Waivers & Managed Care
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
Mailstop: S2-01-16
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Smyth:

In accordance with Special Terms and Conditions paragraph 52, enclosed please find the Quarterly Progress Report for April 1, 2019 through June 30, 2019, which also includes the Quarterly Quality Initiative, and the Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Mohamed Arif at Mohamed.Arif@azahcccs.gov and Shreya Prakash at Shreya.Prakash@azahcccs.gov

Sincerely,

Dana Hearn
Assistant Director
Division of Community Advocacy & Intergovernmental Relations

AHCCCS Quarterly Report
April 1, 2019 – June 30, 2019

TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report
Demonstration Year: 36
Federal Fiscal Quarter: 3rd (April 1, 2019 – June 30, 2019)

INTRODUCTION

As written in Special Terms and Conditions, paragraph 52, the State submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration.

ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for April 1, 2019 through June 30, 2019, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

Population Groups	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr
Acute AFDC/SOBRA	1,152,792	2,836	262,999
Acute SSI	195,154	488	21,964
Prop 204 Restoration	551,039	786	63,712
Adult Expansion	122,544	312	30,075
LTC DD	34,466	51	2,360
LTC EPD	34,238	87	4,963
Non-Waiver	43,175	202	15,527
Total	2,133,408	4,762	401,600

Table 2 is a snapshot of the number of current enrollees (as of July 1, 2019) by funding categories as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan [1]	1,333,777
Title XXI funded State Plan [2]	34,610
Title XIX funded Expansion[3]	399,639
• Prop 204 Restoration (0-100% FPL)	322,823
• Adult Expansion (100% - 133% FPL)	76,816
Enrollment Current as of	7/1/19

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

The Arizona Health Care Cost Containment System (AHCCCS) received an 1115 Waiver Amendment approval from the Centers for Medicare and Medicaid Services (CMS) to implement community engagement requirements (known as the AHCCCS Works program) for some able bodied AHCCCS members ages 19 to 49, and to limit retroactive coverage for some applicants to the beginning of the month in which the Medicaid application is filed. AHCCCS successfully implemented the Retroactive Coverage Waiver on July 1, 2019 and the AHCCCS Works program is scheduled to begin no sooner than spring/summer of 2020.

A draft implementation plan describing the state's approach to administering the AHCCCS Works program, including exemptions, coordination with other agencies, member protections and outreach was submitted to CMS for approval on July 1, 2019. CMS is currently reviewing Arizona's draft implementation plan. Arizona recently participated in a CMS learning collaborative webinar on state experiences with drafting the implementation plan for community engagement demonstrations.

AHCCCS hosted various community meetings and tribal roadshows across the state to provide the public with information on upcoming AHCCCS initiatives and to gather feedback from stakeholders including members and their families, advocates and providers. The flyers with information about various forums, their agendas, venues and the PowerPoint slides are available in Attachment 4.

In order to evaluate the effectiveness and success of the demonstrations and to identify future opportunities for improvement, AHCCCS must conduct an independent evaluation of its 1115

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[1] SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1
[2] KidsCare
[3] Prop 204 Restoration & Adult Expansion

Waiver Demonstrations. This evaluation will be designed to meet the waiver demonstration Special Terms and Conditions (STCs), including testing specific hypotheses that evaluate the following programs:

- AHCCCS Complete Care (ACC) Program
- Arizona Long Term Care System (ALTCS) Program
- Comprehensive Medical and Dental Program (CMDP)
- Regional Behavioral Health Authorities (RBHA)
- Targeted Investments Program
- AHCCCS Works
- Retroactive Coverage Waiver

AHCCCS is working with an independent third party to develop waiver evaluation design plans for all these programs. AHCCCS submitted draft evaluation design plans for the AHCCCS Works program and Retroactive Coverage Waiver to CMS on July 17, 2019. Those design plans are currently under CMS review. The draft evaluation plans for the other AHCCCS programs will be submitted to CMS in November 2019.

Targeted Investments Program Update

Below is a summary of the Targeted Investments (TI) program implementation activities conducted by AHCCCS or AHCCCS Managed Care organizations (MCOs) from April 1, 2019 through June 30, 2019:

- Held regional forums around the state to present year 3 Milestone requirements for the TI Program.
- Distributed Year 2 incentive payments of approximately $65.5M to program participants who were determined to have met Milestone requirements.
- Developed and/or distributed the following resources and reference information for participants:
    - Year 3 Attestation Portal to be used by program participants to submit attestations and information required for Milestone completion validation
    - Year 3 document validation criteria, providing guidance on content of required documentation to program participants[4]
    - Technical assistance for participants on Year 3 Milestones, including relevant external resources [5]
- Produced and posted video with interviews of high performing participants describing their experiences and lessons learned for the TI program.
- Developed video informing individuals exiting incarceration about justice co-located clinics.
- Toured and met with multiple TI program participant provider locations to provide guidance and support their efforts.

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[4] Year 3 attestation criteria, link to portal and other guidance:
https://www.azahcccs.gov/PlansProviders/TargetedInvestments/AttestationPortal/
https://www.azahcccs.gov/PlansProviders/TargetedInvestments/FAQs/ParticipantTestimonials.html
[5]
http://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf

https://cdn.ymaws.com/www.azmed.org/resource/resmgr/Publications/2015_Adol_Consent_Conf_Bookl.pdf?hhSearchTerms=%22confidentiality%22

- Enhanced the Administrative Utility program, enabling compilation of attestation and validation data needed to determine participants' incentive payments.
- Coordinated with the State's Health Information Exchange to implement required data elements and process for program participants to achieve bi-directional data exchange capability in order to meet the relevant Milestone.
- Implemented on-going engagement and communication activities for program participants including newsletter, blast emails and individual consultations.
- Continued work on post TI program sustainability strategies for supporting co-location behavioral health care in primary care settings.
- Advanced analysis and selection of program years 4 and 5 TI participant performance measure Milestones.

Successfully submitted the revised TI Program Sustainability Plan to CMS on July 17, 2019

Legislative Update

The legislature passed a number of bills in the 2019 Legislative session that will have impacts on the Agency including:

- **SB 1244** (caregivers; assisted living; training) was an agency supported bill which aligns the training and testing requirements for direct care workers with the training and testing requirements of assisted living caregivers. This alignment allows for easier transitions for workers between in-home care and caregiving in an assisted living facility.

- **SB 1246 (**behavioral health; foster children) allows for the integration of physical and behavioral health under a single plan (the Comprehensive Medical and Dental Program) for foster children across the state.

- **SB 1535 (**AHCCCS; opioid treatment programs; requirements) requires opioid treatment programs to submit a series of reports to ensure community engagement and adherence to best practices in order to qualify for AHCCCS reimbursement. SB 1535 also creates a new process for the establishment of criteria regarding Opioid Treatment Program centers of excellence and creates the Opioid Use Disorder Review Council.

- **HB 2754/HB 2747** (budget bills) contain appropriations for state agencies and programs. Specific to the AHCCCS Administration, the budget included the following items:

  1. Eliminates a mandatory enrollment freeze on the KidsCare program due to declining Federal funding participation and fully funds the program.
  2. Creates a licensure type for Secure BH residential facilities
  3. Provides additional state funds for Graduate Medical Education
  4. Additional funding for long term care providers

The Arizona Legislature adjourned Sine Die on May 28th, 2019; the general effective date for legislation is August 27, 2019

State Plan Update

During the reporting period, the following State Plan Amendments (SPA) were filed and/or approved:

SPA #	Description	Filed	Approved	Effective Date
Title XIX				
SPA 19-002 "Other Provider" Rate Update	Updates the State Plan to reflect a new NEMT provider type (TNC) reflected in FFS fee schedule effective 5/1/19	06/28/2019	Pending	05/1/19
SPA 18-015 - DSH 2019	Renews DSH program for 2019	12/27/18	05/28/19	10/27/2018
SPA 17-007A - DSH Pool 5	Updates the State Plan to reflect updated DSH Pool 5 participating facilities	05/10/18	05/06/19	6/1/2018
SPA 19-001 - Nursing Facility Rates	Updates the State Plan to make changes to NF payments.	03/13/19	04/13/19	01/01/19
Title XXI				
SPA 19-003 CHIP MCO Regs	Updates section 3 of the CHIP State Plan to reflect requirements identified in the 2016 MCO regulations.	06/28/19	Pending	07/1/18

CONSUMER ISSUES

In support of the quarterly report to CMS, presented below is a summary of advocacy issues received in the Office of Client Advocacy (OCA) for the quarter April 1, 2019 – June 30, 2019.

Advocacy Issues[6]	April	May	June	Total
9+Billing Issues • Member reimbursements • Unpaid bills	7	16	3	**26**
Cost Sharing • Co-pays • Share of Cost (ALTCS) • Premiums (Kids Care, Medicare)	0	0	0	**0**

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[6] Categories of good customer services, bad customer service, documentation, policy, and process are captured under the category it may relate to.

Covered Services	15	13	13	**41**
ALTCS • Resources • Income • Medical	10	6	7	**23**
DES • Income • Incorrect determination • Improper referrals	41	11	16	**68**
KidsCare • Income • Incorrect determination	9	0	1	**10**
SSI/Medical Assistance Only • Income • Not categorically linked	5	7	7	**19**
Information • Status of application • Eligibility Criteria • Community Resources • Notification (Did not receive or didn't understand)	58	91	74	**223**
Medicare • Medicare Coverage • Medicare Savings Program • Medicare Part D	7	2	0	**9**
Prescriptions • Prescription coverage • Prescription denial	9	6	5	**20**
Fraud-Referred to Office of Inspector General (OIG)	0	2	6	**8**
Quality of Care-Referred to Division of Health Care Management (DHCM)	10	9	6	**25**
Total	**171**	**163**	**138**	**472**

Issue Originator[7]	April	May	June	Total
Applicant, Member or Representative	154	140	123	417
CMS	6	4	3	13
Governor's Office	7	7	6	20

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[7] This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

Ombudsmen/Advocates/Other Agencies	3	4	5	12
Senate & House	1	8	1	10
Total	**171**	**163**	**138**	**472**

OPT-OUT FOR CAUSE

Attached is a summary of the opt-out requests filed by individuals with SMI in Maricopa County and Greater Arizona, broken down by months, health plans, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

QUALITY ASSURANCE/MONITORING ACTIVITY

Attached is a description of AHCCCS' Quality Assurance/Monitoring Activities during the quarter. The attachment also includes updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance/Monitoring Activities

Attachment 3: Arizona Medicaid Administrative Claiming Random Moment Time Study Report

Attachment 4: AHCCCS Public Forums and Tribal Roadshows Material

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DATE SUBMITTED TO CMS

August 29, 2019

Attachment 1: SMI Opt Out for Cause

April - June 2019

Opt Outs by Month: April 2019 - June 2019

Number of Opt Outs by County/Health Plan
(April 2019 - June 2019)

Mercy Care = 2

Arizona Complete Health-
Complete Care Plan = 0

Steward Health Choice Arizona = 0

Maricopa

Reason for Opt Out
(April 2019 - June 2019)

Initial Opt Out Decisions
(April 2019 - June 2019)
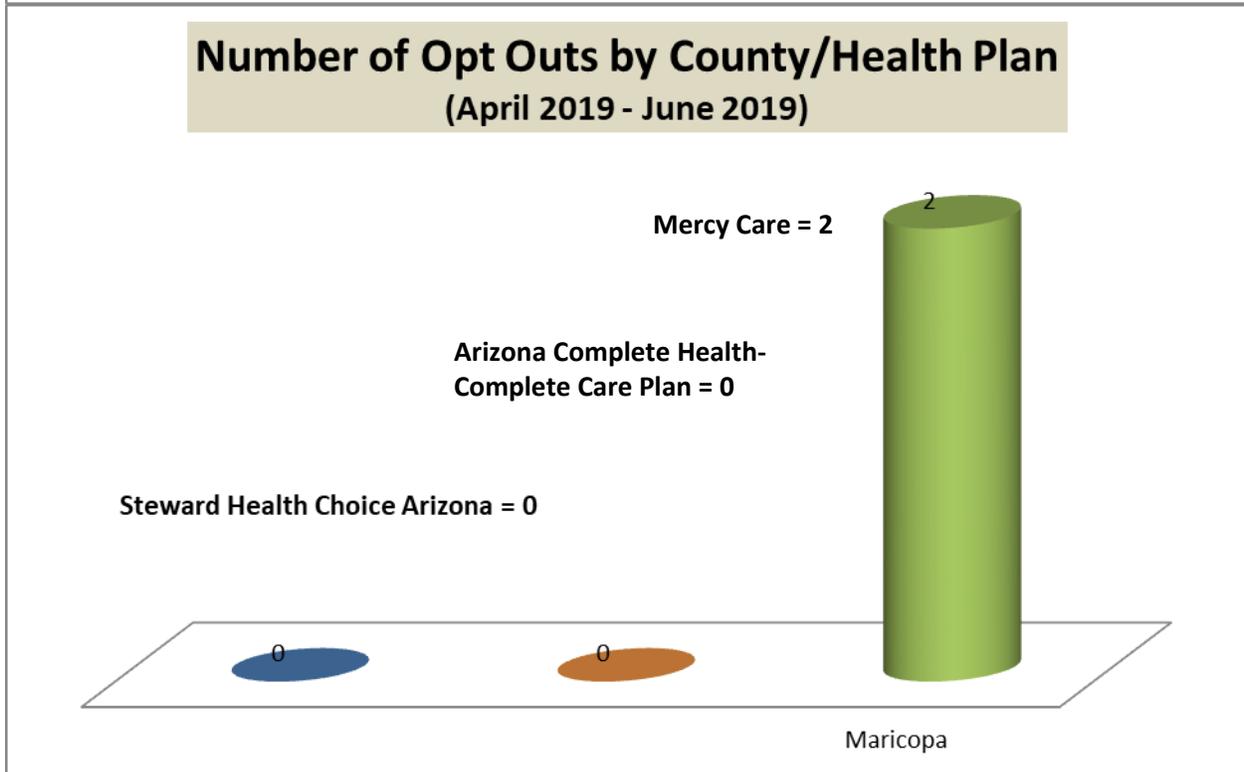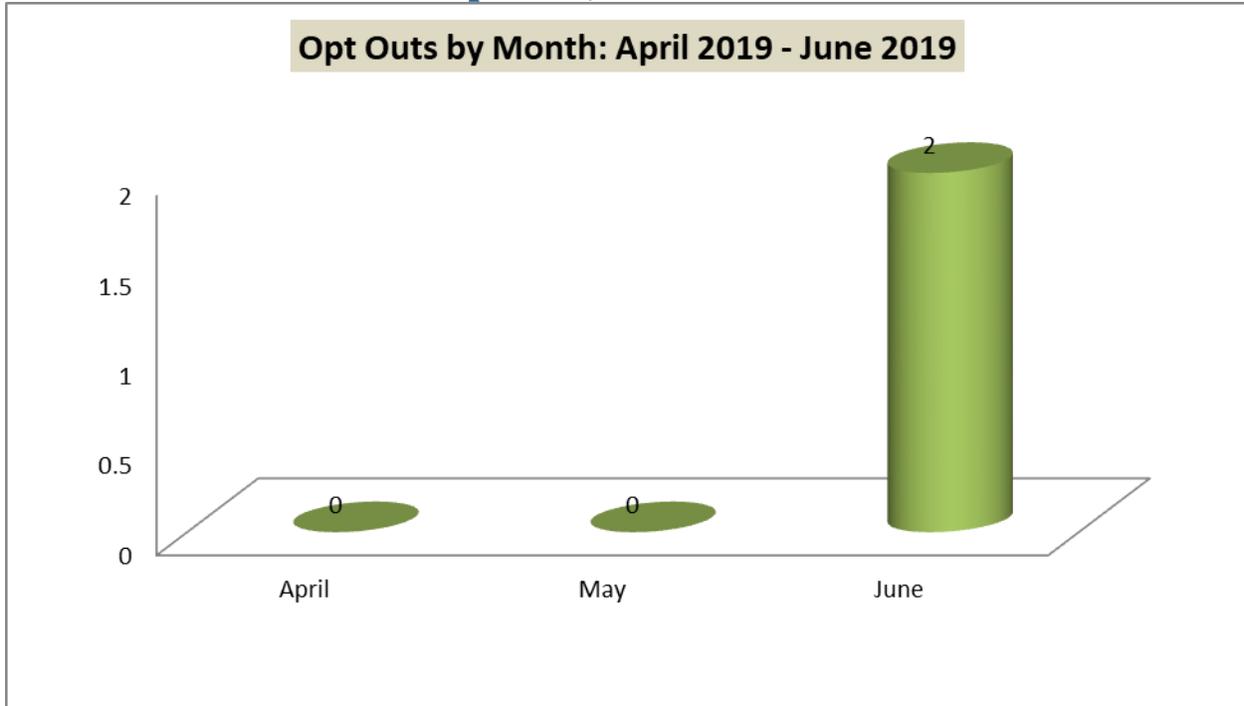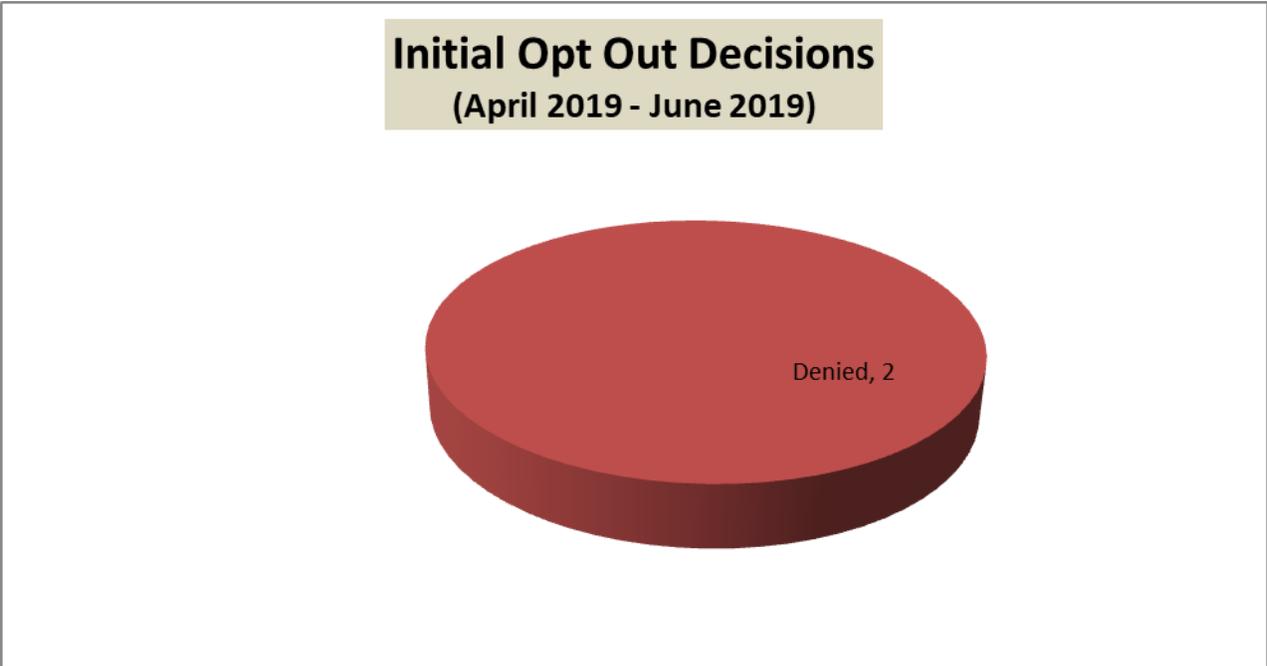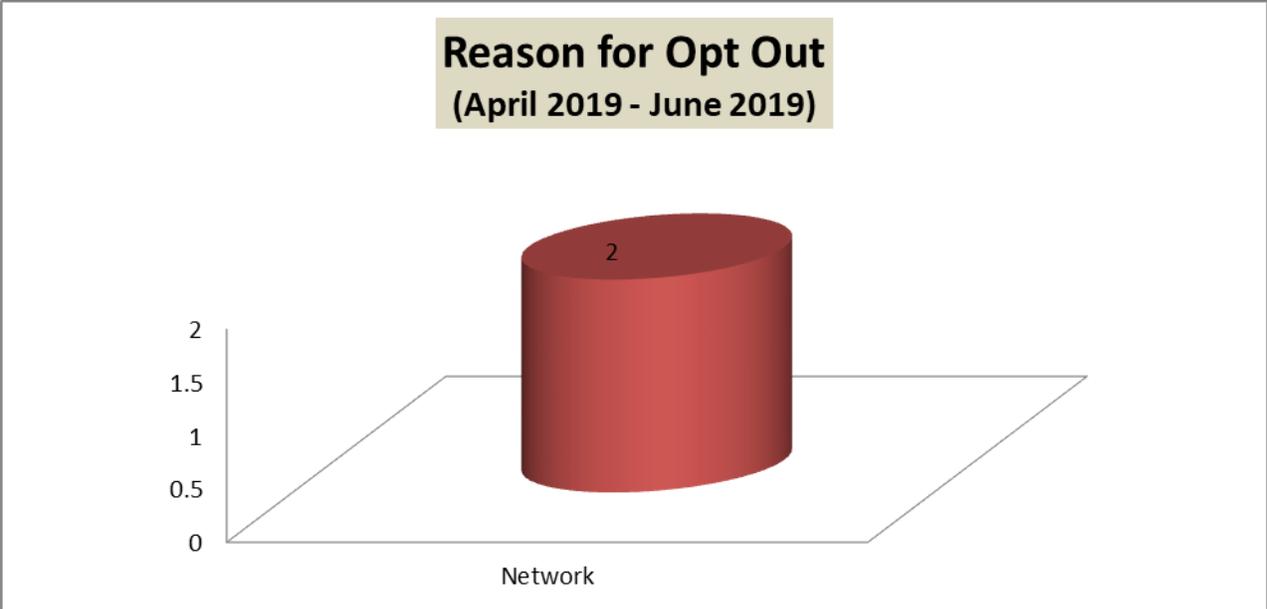
Appeal Outcomes (April 2019 - June 2019)			
Approved	**Withdrawn**	**Denied**	**Pending**
0	0	1	1

9

Decertification by Type per Month: April 2019 - June 2019
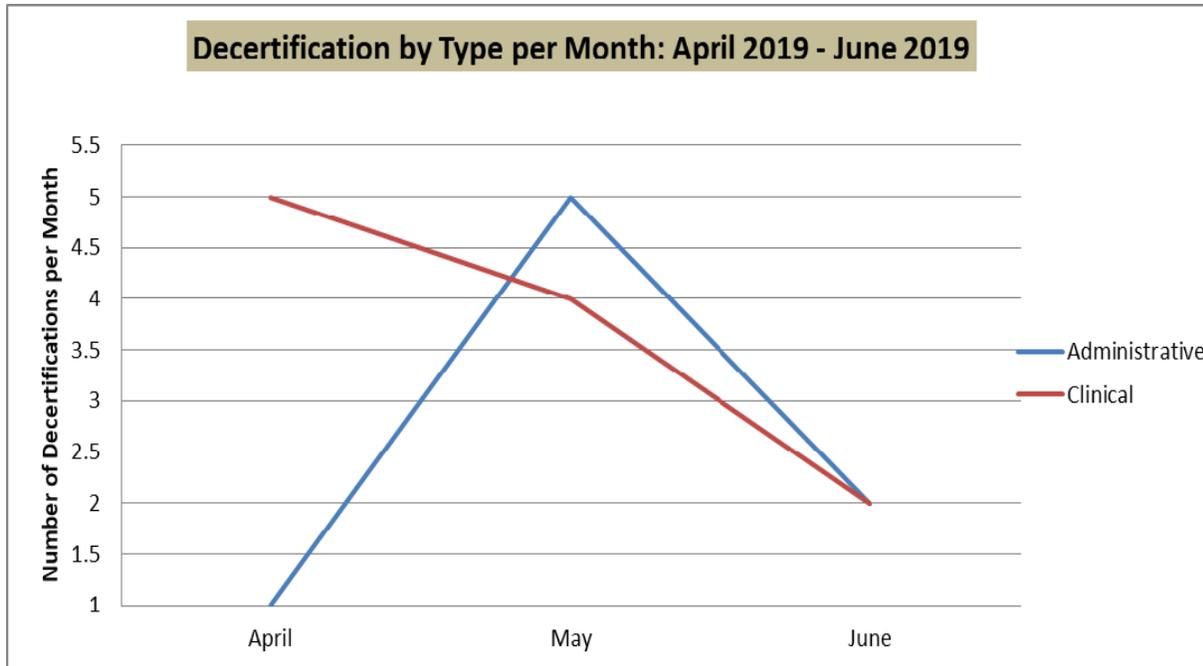
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

Attachment II to the
Section 1115 Quarterly Report

Quality Assurance/Monitoring Activity

Demonstration/Quarter Reporting Period
Demonstration Year: 38
Federal Fiscal Quarter 3/2019 (4/1/19 – 6/30/19)

Prepared by the Division of Health Care Management
July, 2019

Introduction

This report describes the Arizona Health Care Cost Containment System (AHCCCS) quality assurance and monitoring activities that occurred during the third quarter of federal fiscal year 2019, as required in STC 52 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy, in accordance with the Balanced Budget Act requirements. This report will highlight AHCCCS activities and goals for the statewide model of care that occurred predominately between April 1st and June 30th, 2019, plus other activities related to ongoing quality and performance improvement during the quarter.

The reported activities are those occurring under the oversight of AHCCCS Division of Health Care Management (DHCM), including Performance Improvement, Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), and the Arizona Long Term Care System (ALTCS). Additional activities within other areas of AHCCCS, such as Workforce Development, Grants, Community Affairs and Information Systems are also reported.

AHCCCS Strengths – Innovation and Community Involvement

AHCCCS is continually reviewing opportunities to improve the effectiveness and efficiency of Arizona's health care delivery system, as well as the methods utilized to promote optimal health for members. There are teams throughout the Agency that promote innovation and transparency for both internal and external processes. Below is an update on efforts in which the QM, QI, and MCH/EPSDT teams are involved.

Innovative Practices and Delivery System Improvement

Continuing Integration Strategies: AHCCCS continues to enhance the knowledge and understanding of behavioral health care by hiring additional expertise to support its workforce. During the second quarter, AHCCCS hired a behavioral health professional, licensed in Applied Behavioral Health Analysis, to provide administrative oversight of numerous medical management, utilization, quality review and programmatic activities. One of the first activities undertaken during the third quarter involved restructuring of current staff to develop an Integrated Care team to work alongside the Board Certified Behavior Analyst (BCBA). Each of the team members has the necessary behavioral health educational background (ranging from Masters level social work to Masters level family sociology and child development), along with extensive experience within both Arizona Medicaid and the behavioral health system. Additionally, each team member has demonstrated proficiency in all phases of child development from early childhood through adolescence. The primary focus of this newly formed team is to complete a strategic analysis of the current state of the Children's System of Care utilizing stakeholder input from the Department of Child Safety (DCS) and Lean strategies to ensure a uniform and efficient approach to problem solving, gap identification and data analytics.

AHCCCS Complete Care: As of Quarter three, the focus with the newly implemented, integrated care contracts has been monitoring for consistency and divergence across the seven plans contracted throughout Arizona. Strategies include continuous evaluation of network

adequacy, contract compliance, service delivery, care coordination and use of evidence-based models. Further, major efforts are taking place to ensure Contractors adhere to AHCCCS policies, which have been significantly modified to incorporate integrated care procedures and methods.

ALTCS/DDD: In preparation for implementation of DDD's new subcontracted integrated Contractors on October 1, 2019, AHCCCS has been meeting on a bi-weekly basis with DDD to ensure both readiness of the new sub-contractors as well as DDD's readiness for monitoring and oversight. The oversight and discussion has focused on transition and care coordination for impacted members and ensuring that care coordination activities and requirements are clearly outlined.

ALTCS/EPD: As reported within previous quarterly reports, the ALTCS/EPD Contracts were designed to utilize a fully integrated care perspective at both the systemic and direct care levels (e.g. use of community-based health homes, electronic health records, coordinated case management, and holistic treatment of behavioral and physical health). During Q2 and Q3, AHCCCS completed first-round Operational Reviews that focused on implementation of the contract implemented as of October 1, 2017. For the year-end report, AHCCCS will provide a summary of trends and findings from the results of the reviews for all four plans as related to the focused processes outlined below.

Focus of the Operational Reviews includes, but is not limited to:
- MCH/EPSDT: Processes to improve outcomes related to prenatal and perinatal care, immunization, preventive care, coordination between behavioral and physical health.
- Medical Management: Processes to improve over and underutilization, chronic disease management, implementation of clinical best practice guidelines and drug utilization review.
- Quality Management: Processes to improve quality management, credentialing and incident reporting and investigation tracking, as well as processes to improve on-sight monitoring of both HCBS and residential settings.
- Case Management: Processes related to ALTCS case management components including service planning development, review and reassessment, coordination of care, brokerage of services, and member advocacy to assist ALTCS members in achieving highest possible functional levels.
- Performance Improvement: Processes to support optimized health outcomes for members, including performance measures, performance improvement projects, and community engagement.

Stakeholder Involvement

The success of AHCCCS remains attributable to concentrated efforts by the Agency to cultivate partnerships with its sister agencies, contracted Managed Care Organizations (MCOs – also referred to as "Contractors"), providers, and the community. AHCCCS maintains these ongoing collaborations to address common issues and maintain or improve the high quality health care delivery, to Medicaid recipients and KidsCare members, including those with special health care

needs. Concentrated efforts persist to include member and stakeholder feedback in most facets of Agency operations, including Policy Committee, quarterly Quality Management meetings, related to the adult/child systems of care, and separate quarterly meetings for Maternal Child Health/EPSDT and Medical Management requirements.

Ongoing advisory councils and specialty workgroups, such as the Behavioral Health Planning Council and the Office of Individual and Family Affairs (OIFA) continue to operate. These two entities work in tandem to ensure stakeholder involvement and feedback occurs on a regular basis.

Behavioral Health Planning Council:

The State's Mental/Behavioral Health Planning Council ensures collaboration among key state agencies and facilitates member input into the state's mental health services and activities. The majority (51% or more) of a state's planning council should be comprised of members and family members. This Council is mandated to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit to the State any recommendations of the Council for modifications to the plans;
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems;
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State.

During the third quarter of FFY 19 council membership increased and there was a focus on council structure, training for membership and administrative responsibilities.

Office of Individual and Family Affairs:

The Office of Individual and Family Affairs (OIFA), has maintained an ongoing advisory council, inclusive of all stakeholders, since 2010. Information regarding their activities is being added as of this report to provide further evidence of AHCCCS' focus on stakeholder involvement and community engagement. The OIFA defines Community Engagement as "*Educating and sharing information through interactions with external stakeholders at meetings, trainings, community events, conferences, committees, workgroups and one-on-one interactions*". OIFA engages an average of over 750 stakeholders per month.

One strategy for engaging the community is to offer weekly newsletters on the AHCCCS website. This involves provision of updates on AHCCCS policies and activities to more than 1,800 community stakeholders. Recent newsletters have included information on:
- Mental Health Parity
- May Mental Health Awareness Fair
- Provider lists and service descriptions
- Community Resources

During the third quarter, the OIFA has been focusing on plans for a summit to update Arizona's OIFA founding documents, which were first initiated in 2007. These documents provided the strategies for OIFA involvement and advocacy for behavioral health services within the state of Arizona.

Arizona Stakeholders and AHCCCS MCH/EPSDT:

The MCH/EPSDT team is able to further efforts toward increasing statewide capacity for screening, referral and access to early intervention services by working with various State agencies, such as those listed within the table below.

Arizona Department of Health Services (ADHS)	Arizona Early Intervention Program (AzEIP)
ADHS Arizona Women, Infants, and Children's Program (WIC)	Arizona Head Start Association
ADHS Bureau of Tobacco and Chronic Disease	Arizona Health-E Connection/Health Information Network of Arizona
ADHS Bureau of USDA Nutrition Programs	Arizona Medical Association
ADHS Cancer Prevention and Control Office	Arizona Newborn Screening Advisory Committee
ADHS Children with Special Health Care Needs	Arizona Perinatal Trust
ADHS Emergency Preparedness Office	Arizona Strong Families
ADHS Immunization Program and Vaccines for Children Program	Attorney General's Health Care Committee
ADHS Office of Environmental Health – Targeted Lead Screening	First Things First
ADHS Office of Newborn Screening	Healthy Mothers/Healthy Babies
ADHS/HSAG Statewide Workgroup on Psychiatric Inpatient Readmissions	Injury Prevention Advisory Council
Arizona Chapter of the American Academy of Pediatrics	National Alliance on Mental Illness (NAMI)
Arizona Department of Child Safety	Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs
Arizona Diabetes Steering Committee	The Arizona Partnership for Immunization (TAPI)

Specific examples of MCH interagency involvement throughout FFY19-Q3:

The AHCCCS MCH staff participated with the Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs, to address substance use in pregnant women, neonatal effects of substance use and importance of early intervention to reduce long term effects of substance use. Additionally, MCH staff were involved in the Interagency Leadership Team (part of Strong Families AZ). Their intended purpose includes being a resource related to early intervention requirements for nurses and other home visitors who support families through home visitation.

Other community involvement included participation in the initial planning meetings with the Governor's Goal Council on Strategic Initiatives to address sexually transmitted diseases, childhood immunizations, and maternal mortality as well as participation in the Arizona Public Health Association Oral Health Summit during April 2019, as part of a panel discussion on access to care.

An initiative, which involves working with the Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs, continues to be an active program. This is a **multi-stakeholder** task force spearheaded by Arizona Department of Child Safety (DCS).

<u>**Arizona Stakeholder and ALTCS Case Management Unit:**</u>
The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders:

Statewide Independent Living Council	*DES/DDD Employment Specialists*
Long Term Care Ombudsman	*Governor's Advisory Council on Aging*
Regional Center for Border Health	*AARP*
ARC of Arizona	*Easter Seals Blake Foundation*
Rehabilitation Services Administration	*Arizona Health Care Association*
Raising Special Kids	*Governor's Office on Aging*
UCP of Southern Arizona	*Sonoran University Center on Excellence in Developmental Disabilities*
Arizona Association for Providers for People with Disabilities	*Arizona Autism Coalition*
Aging and Disability Resource Center	*Office of Children with Special Health Care Needs*

Relative to the above table of stakeholders, ALTCS/EPD staff continue to interface with the Arizona Health Care Association and Arizona Department of Health Services to clarify licensure standards for nursing facilities that serve individuals with behavioral health needs.   The focus is to ensure that nursing facilities and AHCCCS ALTCS/EPD Contractors have consensus regarding licensure and service delivery requirements.

Identifying Priority Areas for Improvement

AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources. Of importance is whether initiatives focused on the topic area are actionable and have the potential to result in enhanced quality improvement, member satisfaction and system efficiencies. Contractor input is also sought in prioritizing areas for improvement.

The process continues to take into account such factors as: (1) the prevalence of a particular condition and population affected, (2) the resources required by both AHCCCS and its Contractors to conduct studies and shape improvement, (3) if focus areas are currently priorities of CMS or state leadership and/or can be combined with existing initiatives, and (4) the feasibility of CMS priorities to be combined with current initiatives. As of Q3-FFY19, one key strategy to drive performance improvement is realignment efforts of performance measures specifically focused on CMS Children's and Adult Core measures. As of October 1st, 2019, utilization of non-Core HEDIS measures will be discontinued.

Ongoing Initiatives:

<u>**Collaboration with DCS:**</u>
A continuing activity has involved behavioral health care for children in the foster care system and served under Comprehensive Medical and Dental Program (CMDP), Arizona's health plan for children in Arizona's Foster Care system. AHCCCS' goal for these measures is to identify

whether access and timeliness standards are met, and assess overall utilization trends for CMDP children needing behavioral health care.

AHCCCS continues regular collaboration with the Arizona Department of Child Safety (DCS). It is anticipated that these collaborative efforts will improve system delivery for DCS children enrolled with CMDP. The goal of these collaborative activities is to:

- Standardize and strengthen training, supervision, and prior authorization procedures across the state for Therapeutic Foster Care (previously known as Home Care Training to Home Care Client or "HCTC"),
- Reduce DCS shelter placements, both the number of days in shelter and the number of different shelter placements of foster children,
- Strengthen 72 hour rapid response process, a required practice for children's first entry into custody through Arizona's Department of Child Safety (DCS). The process requires that a behavioral health service provider be dispatched within 72 hours to assess a child's immediate behavioral health needs; referrals are completed for additional services through the behavioral health system,
- Collaborate to increase fidelity to children's behavioral health initiatives and
- Strengthen AHCCCS policies related to timely and appropriate delivery of services to both foster and adoptive children.

Behavioral Health Audit Tool:
During 2017, AHCCCS began an initiative to develop a consistent, statewide tool and process for monitoring behavioral health service delivery. Initially, contracted RBHA staff were brought together to evaluate relevancy of current requirements. Feedback from these meetings was used to build two draft tools, one for children and one for adults. These tools were further reviewed by the newly contracted ACC plans to ensure understanding of the tool requirements and expectations. As of Q3, plans are underway for incorporation of these audit tools into the ALTCS/EPD and ALTCS/DDD Contracts as of October 1, 2019.

As of Q3, the audit tools continue to undergo final revision. Meetings with all Contractors are planned for July through September to address final implementation that will focus on consistent practice and inter-rater reliability expectations.

Workforce Development (WFD):
In 2016, AHCCCS began an organized statewide campaign designed to assist its acute Contractors, behavioral health and long term care provider networks to develop their workforce. With the overall goal of acquiring and retaining the most interpersonally, clinically, culturally, and technically capable healthcare workforce, AHCCCS created an Office of Healthcare Workforce Development to oversee the workforce development efforts of all Contractors (ACC, RBHAs, ALTCS/EPD and DDD).

Currently the ACC/RBHA Health Plan Alliance is working to establish a standard set of job specific competencies and provider staff orientation programs, as required by various AHCCCS policies. This includes customizing job specific basic training programs and operating a single learning management system.

The ALTCS EPD and DDD Health Plan Alliance is working together with providers and industry leaders to address the impending shortages of direct care/direct support workers. Together with AHCCCS and providers, the Alliance has participated in a legislative process that increases reciprocity in training and testing between In-home care and assisted living caregivers, thus allowing workers the flexibility to move between settings. The Alliance has also created unique partnerships with secondary education sectors to bring newly graduated students into the long term care workforce as direct care workers.

Finally, the newly formed AZ Healthcare Workforce Alliance consists of all Health Plans and will focus on strategic issues facing Arizona's development of a workforce that can extend across AZ and offer high quality healthcare to those in need.

Community Initiatives:

AHCCCS Opioid Initiative: The overarching goal of this initiative is to reduce the prevalence of Opioid Use Disorders (OUD) and opioid-related overdose deaths. The initiative approach includes advancing and supporting state, regional, and local level collaborations and service enhancements plus development and implementation of best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. Strategies include:

- Increasing access to Naloxone through community-based education and distribution, as well as a co-prescribing campaign for individuals receiving opioid prescriptions in excess of 90 morphine equivalent daily doses and combinations of opioids and benzodiazepines;
- Increasing access to and participation and retention in Medication Assisted Treatment;
- Increasing access to recovery support services;
- Reducing the number of opioid-naïve members unnecessarily started on prescription opioid pain management;
- Promoting best practices and improving care process models for chronic pain and high-risk members, and

AHCCCS continues to revise policies as changes are dictated by current contract, grant requirements, State regulation, and best practices.

AHCCCS' Medication Assisted Treatment – Prescription Drug Opioid Addiction Program (MAT-PDOA) grant focuses on the need for medication assisted treatment to treat opioid use disorder for adults involved with the criminal justice system. This program has three primary goals:

- Create a bridge to connect those incarcerated to treatment services when re-reentering into the community;
- Reduce stigma associated with MAT for individuals in the criminal justice system; and
- Support individuals participating in drug courts, probation and parole.

Based on the most current numbers available, January 1, 2017 through June 30, 2019 (encompassing this reporting period), the MAT-PDOA program has enrolled 266 participants into the program to receive services. Among those enrolled, program outcomes include

reductions in crimes committed, nights spent in jail, and drug-related arrests. The program has also produced an increase in gainful employment, housing and retention in treatment.

MAT-PDOA providers have expanded collaboration and engagement efforts with Correctional facilities, Re-entry Centers, Department of Parole, Department of Probation and Drug Courts. The program has also expanded services to Graham County correctional facilities and drug court to assist an area that has been heavily impacted by the opioid epidemic and among the other counties has one of the highest overdose rates. Preliminary data from MAT-PDOA recipients shows a 58% reduction in crimes committed, 56% reduction in nights spent in jail, 36% reduction in arrests, and a 43% reduction in drug arrests.

The Opioid State Targeted Response (STR) grant, awarded to AHCCCS in May 2017, and the State Opioid Response (SOR) grant, awarded to AHCCCS in September 2018 are designed to enhance community-based prevention activities and treatment and recovery activities that include 24/7 access to treatment sites in "hotspot" areas throughout the state; additional Opioid Treatment Programs (OTPs) and extended hours in current OTPs; increasing the availability of peer supports; providing additional care coordination efforts among high risk and priority populations, and adding recovery supports for housing and employment.

- Arizona has opened six 24/7 Centers of Excellence (COE) for Opioid Treatment on Demand. The COE is an Opioid Treatment Program (3) or a stabilization unit (3) in a designated "hotspot" that is open around the clock, seven days a week for intakes and warm handoff navigation on a post intake basis. Arizona has also opened four Medication Units in rural Arizona to make medication assisted treatment more accessible within those communities. One additional Medication Unit and two additional OTPs are scheduled to open in rural Arizona in the next few months. In addition, Arizona has added 1,045 certified DATA-waivered practitioners. As of June 30th, 2019, (which encompasses the FFY19-Q3 reporting period), 17,717 individuals have been connected to OUD treatment through the STR and SOR grants.
- AHCCCS launched a concentrated effort through the STR and SOR grants to increase peer support utilization for individuals with Opioid Use Disorder. Through the STR and SOR grants, additional peer support navigators have been hired in identified hot spots in Arizona, and efforts to include peer support navigation in the Centers of Excellence, jails, and emergency departments and at first responder scenes in the hotspot areas have been increased. As of June 30th, 2019, over 20,830 individuals have received peer support and recovery services through the STR and SOR grants.
- Through STR/SOR, 125,347 naloxone kits have been distributed, resulting in 14,908 reported reversals. The numbers in STR Year 3 are dramatically lower from the prior two years, as it is a no-cost extension year in which a limited number of providers with unspent funds are continuing to utilize their dollars.
- 87,719 people received opioid prevention services.
- Special populations for STR and SOR include justice-involved individuals; pregnant and parenting women; tribal populations; veterans, service members and military families; and individuals with brain injuries and spinal cord injuries.

- OUD treatment and recovery service delivery numbers for STR and SOR are provided within the table below:

	STR			SOR	
	Year 1	Year 2	Year 3	Year 1	Cumulative Total
Recovery Support Services	3,379	11,235	1,431	4,785	20,830
Treatment Services	4,362	10,545	780	2,030	17,717
Unduplicated Count	6,143	15,232	1,492	5,605	28,274

Use of Evidence Based Practice: Additional AHCCCS efforts to combat the opioid epidemic and substance use disorder include a partnership with the Regional Behavioral Health Authorities (RBHAs) throughout the state to implement an evidenced based practice (EBP) to assist in addressing the opioid epidemic and affordable housing crisis. Each RBHA has contracted with Oxford House, Inc. utilizing SAMHSA SUD grant funds. Oxford House is a worldwide network of over 2,500 sober living houses. The Oxford house model provides support to individuals with an SUD and co-occurring mental health issues, who would benefit from practicing the Social Model of Recovery – one which allows individuals a residential setting, peer support and the time they need to bring about behavior change that promotes permanent sobriety and recovery. This is an initial step in assisting those with behavioral health needs that also have many needs related to social determinants of health (SDOH). Oxford House Inc. will assist in addressing housing, employment, income, and social connectedness. This resource can be part of a continuum of services addressing SDOH, in addition to the clinical and recovery services currently available within Arizona's RBHA system. Currently, there are six open houses, with a 7th house scheduled to open toward the end of August.

AHCCCS has implemented statewide use of the American Society of Addiction Medicine (ASAM) Continuum Assessment Tool. The tool will be accessible to all contracted SUD providers for assessment and treatment. Use of the ASAM model will facilitate a more standardized approach to assessment, treatment, level of care recommendations and utilization management based on the algorithms available via the Continuum model. AHCCCS is monitoring SUD providers to ensure fidelity to the ASAM model. Network adequacy will also be monitored to ensure AHCCCS members receive needed services within a timely manner.

New Initiatives:

Social Determinants of Health: AHCCCS hosted the Arizona Medicaid Innovation Challenge on March 29th, 2019, to address challenges and potential efforts to improve member care and engagement. Focus of the gathering revolved around sharing the latest technological advances in identification of Social Determinants of Health and improved member engagement. This event brought together various vendors, identified by local Medicaid managed care organizations, to present and share the latest advances in digital options for identifying risk, improving care coordination and member engagement, as well as streamlining referral processes.

Improving Oversight of HCBS Rules:

As a new initiative, AHCCCS has begun to focus on improving oversight of adherence to HCBS Rules. As of the third quarter, the following has been completed.

- Public forums were held via webinar and video conferencing; public comment was also sought via standard outreach techniques.

- Based on public comment and feedback from these forums, workgroups involving consumers, family members and providers were created to offer input on the assessment tools.

- All workgroup members were oriented on HCBS Rules.

- Collaboration between Quality Management/Monitoring and Case Management teams was initiated to support development of integrated tools that will limit duplication of effort with providers. This process involved creation of standard work templates, workgroup charters and project work plans.

- AHCCCS also began to meet with Workforce Development Officers from Managed Care Organizations to identify need for provider trainings to be developed through Workforce Development staff.

CMS Core Measure Set Alignment:

Historically, AHCCCS has utilized HEDIS, CMS Adult Core Set, and CMS Child Core Set measures to monitor and evaluate Contractor performance. During the third quarter, AHCCCS has been evaluating this strategy and has made a determination that beginning with CYE 2020, AHCCCS will transition from HEDIS measures and move toward the incorporation of all CMS Adult and Child Core Set measures, as well as the CMS LTSS measures for applicable Contractors in preparation for the required reporting of all CMS Core Set measures in 2024.

Revised Policy Language That Promotes Improved Outcomes:

AHCCCS Medical Policy Manual (AMPM) policies related to quality management and performance improvement are currently under revision to clarify and enhance Quality Improvement (QI) related requirements. AHCCCS is adding enhanced requirements for Contractor Inter-Rater Reliability policies, data analysis efforts, and participation in additional community initiatives. Contractors will be required to implement targeted interventions for overarching community concerns. Also, extensive revisions to Contracts have been completed in order to clarify QI related expectations.

As a result of feedback from Contractors, an additional policy is under revision to address the need for more specific requirements related to engagement and re-engagement of AHCCCS members. Enhancements will identify timelines and service level requirements for specialty populations based on differential clinical risk factors.

Further, a new policy is being developed to outline specific requirements related to the crisis process for mobile crisis response teams, as well as telephone crisis call centers. The policy will also address requirements for development of at-risk crisis planning for members at increased clinical risk for crisis events.

System of Care Enhancements: Historically, system of care policies and guidelines has addressed requirements, functions and processes within the behavioral health system. However, during Q3, these policies are being re-examined to address a system of care that involves integration of physical and behavioral health services. The goal is to incorporate Targeted Investment initiatives and milestones to guide policy development.

Regular Monitoring and Evaluation of Contractor Compliance

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement and performance improvement outcomes through the following methods.

On-site Operational Reviews: Operational and Financial Reviews (ORs) are used by AHCCCS to evaluate Contractor compliance related to access/availability and quality of services, including implementation of policies and procedures and progress toward plans of correction to improve quality of care and service for members. A complete OR is conducted every three years and includes a combination of onsite as well as desk reviews.

During the third quarter, AHCCCS completed the third of four ORs for Federal Fiscal Year 19. Two reviews were completed during the second quarter. The final OR is scheduled for July, 2019.

Clinical Oversight Committee: The Clinical Oversight Committee meets on a quarterly basis and was designed to ensure two key requirements:
- Transparency and frequent communication across all levels of AHCCCS plus the community of stakeholders and AHCCCS membership regarding quality initiatives, activities and outcomes.
- Development of a reporting mechanism for review by the Governor, the President of the Senate, the Speaker of the House of Representatives and other key Legislative members.

During the third quarter of FFY19, data and outcomes were reported on various monitoring activities including, but not limited to:
- Summary data for the count of foster care children in shelter settings over a 21 day time frame;
- Out of State placements for children needing behavioral health residential treatment, and
- Pharmacy overutilization and potentially fraudulent prescribing activities

Review and analysis of periodic reports: A number of contract deliverables are used to monitor and evaluate Contractor compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate. Quarterly reports are reviewed during the quarter following the reporting quarter. Beginning in April of 2019, AHCCCS began to focus on streamlining these reports. A cross-division analysis of report requirements and content is being combined with internal discussions to streamline reporting requirement, while also ensuring alignment with new federal and state requirements. Reports currently under review include Annual Plans and Integrated Health Care Reports.

Annual Plans: AHCCCS requires all lines of business to submit annual plans which address details of the Contractors' methods for achieving optimal outcomes for their members; annual plans are submitted for: QM/QI, EPSDT, MCH, Case Management, Provider Network Development and Management, Medical Management, Workforce Development, and Dental. A separate report is submitted for Quality Management and Quality Improvement (QM/QI). The Quality Improvement team is currently in the process of consolidating these annual deliverables to reduce burden on Contractors and further delineate expectations.

Performance Measures: AHCCCS currently utilizes an External Quality Review Organization to perform measurement calculations, thus helping to ensure validity and accuracy of Performance Measurement activities. As mentioned under the section covering, "Priority Areas for Improvement," AHCCCS will be realigning performance measure reports with CMS Children and Adult Core Measures.

Quarterly EPSDT and Adult Monitoring Reports: AHCCCS requires all Contractors to submit quarterly EPSDT and Adult Performance Measure Monitoring Reports. These reports are received and reviewed on a quarterly basis.

Providing Incentives for Excellence and Imposing Sanctions for Poor Performance: AHCCCS regularly monitors Contractors to ensure compliance with contractually-mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the Contractor must achieve. Those measures are evaluated for compliance, and determination of the need for imposing regulatory actions is assessed. At a minimum, measures that fail to meet the MPS require a Corrective Action Plan.

Review and analysis of Program-Specific Performance Improvement Projects: AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While Contractors may select and implement their own PIPs to address problems specific to their plans, AHCCCS mandates other program-wide PIPs in which Contractors must participate, and monitors performance until each Contractor meets requirements for demonstrable and sustained improvement. The QI team has implemented an enhanced PIP checklist in order to provide more comprehensive feedback to Contractors.

Specific PIPs: As of Q3, AHCCCS has determined the need to add a third PIP to further enhance outcomes for EPSDT requirements.
- **Back to Basics:** This is a newly developed PIP related to improvement of EPSDT-related requirements. The Back to Basics PIP has been selected for ACC, CMDP, DDD, and KidsCare Contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number of children and adolescent well-child/well-care visits, and to increase the number of children and adolescents receiving annual dental visits. This PIP is inclusive of the following measures: Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Annual Dental Visits. Due to a noted decline in performance measure rates, AHCCCS has identified these measures as areas of opportunity and

improvement for the overall well-being of children and adolescents. Increasing the rates for these measures also impacts other measures and focus areas such as childhood and adolescent immunizations, dental sealants for children at elevated caries risk, and developmental screenings.

Maintaining an Information System that Supports Initial and Ongoing Operations

Identifying, Collecting and Assessing Relevant Data

AHCCCS maintains a robust information system—the Prepaid Medical Management Information System (PMMIS)—that documents all members, their claims and encounter data, plus many other data points. PMMIS data feeds into the AHCCCS Data Warehouse, which is the centralized system, used for data analytics. There is a Data Integrity Warehouse team designed to support maintenance of valid, accurate, and reliable data for reporting and data transactions. This team is made up of system experts and data users from across the Agency. It meets at least quarterly to discuss any issues or opportunities around the data and systems. AHCCCS has focused on building data expertise within every division of the Agency, promoting data analytics as the cornerstone of operations and monitoring/oversight activities. The agency has a data governance manager who is responsible for data management best practices.

Establishing Realistic Outcome-Based Performance Measures

Payment Reform Efforts: During previous reports, AHCCCS reported implementation of a payment reform initiative (PRI) for the Acute Care, Children's Rehabilitative Services (CRS) and ALTCS populations, designed to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This PRI process is performed on a contract year basis. CRS and Acute Care are no longer contracted lines of business and thus not reported separately.

As such, AHCCCS has implemented an updated Value Based Purchasing (VBP) Alternative Payment Model (APM) for the ACC, ALTCS and RBHA populations that is designed to encourage Contractor activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This VBP APM process will be performed annually on a contract year basis. The contracts that the Contractors execute with health care providers, governed by APM arrangements, will have increases according to the tables immediately below

ACC	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE
CYE 19	50% - ACC
CYE 20	60% - ACC
CYE 21	70% - ACC

ALTCS	
YEAR	**INTENDED MINIMUM VALUE PERCENTAGE (ALTCS/EPD AND MA-DSNP)**
CYE 19	50%
CYE 20	60%
CYE 21	70%

RBHA		
	INTENDED MINIMUM VALUE PERCENTAGE	
YEAR	**SMI-Integrated**	**Non-Integrated**
CYE 19	35%	20%
CYE 20	50%	25%
CYE 21	60%	25%

Reviewing and Revising the Quality Strategy

AHCCCS continues its efforts to enhance the Agency's Quality Strategy report. Current initiatives are underway to reevaluate structure, content and data analysis. Part of the approach will be to incorporate synchronized reporting processes to ensure alignment across various AHCCCS reports that relate to quality (e.g. Strategic Plan, Quality Strategy, and External Quality Review Organization Report). The AHCCCS Quality Strategy, Assessment and Performance Report will be a coordinated, comprehensive, and proactive approach to drive improved health outcomes by utilizing creative initiatives, ongoing assessment and monitoring, and result-based performance improvement. Members, the public, and stakeholders provide input and recommendations regarding the content and direction of the Quality Strategy through stakeholder presentations and public comments. The Quality Strategy incorporates all required elements outlined in 42 CFR 438.340.

Attachment 3

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
April 2019 – June 2019

The April through June 2019 quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative, direct service, and personal care time study cost pools.

Active Participants

The "Medicaid Administrative Claiming Program Guide" mandates that all school district employees identified by the district's RMTS coordinator as being qualified to provide direct services or administrative activities participate in a RMTS. Staff rosters are updated by RMTS coordinators on a quarterly basis to ensure accuracy of participants in the time study. The table below shows the number of participants in the administrative, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	April - June 2019
Administrative	2,885
Direct Service	3,389
Personal Care	5,665

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85% return rate in the April to June 2019 quarter.

The return rate reflects number of responses received divided by the total number of moments generated per quarter.

Return Rate

Cost Pool	Moments Generated	Valid Response	Return Rate
Administrative	2,900	2,809	96.86%
Direct Service	3,300	3,192	96.73%
Personal Care	3,300	3,000	90.91%

Attachment 4

AHCCCS Public Forums and Tribal Roadshows Material

AHCCCS Public Forums
2019 Waiver and Initiatives Community Presentations

The Arizona Health Care Cost Containment System (AHCCCS) is hosting community meetings across the state to provide the public with information on upcoming AHCCCS initiatives and listen to feedback from stakeholders, including members, their families, advocates, and providers.

Agenda

Integration Outcomes and Next Steps in Medicaid Delivery

AHCCCS Complete Care began October 1, 2018. Hear updates on the progress of integration and planned next steps.

Request for Information (RFI) on Regional Behavioral Health Authority (RBHA) Services Transfer

On February 12, 2019, AHCCCS issued a request for information regarding the services provided by the Regional Behavioral Health Authorities (RBHAs). AHCCCS wants to engage stakeholders around important system design questions and decisions that need to be made in order to continue to effectively serve the populations enrolled in the RBHAs.

Waiver Updates

On January 18, 2019 AHCCCS received Waiver Amendment approval from the Centers for Medicare and Medicaid Services (CMS) to implement community engagement requirements for some able bodied AHCCCS members ages 19 to 49, and to limit retroactive coverage for some applicants to the beginning of the month in which the Medicaid application is filed. AHCCCS will provide an overview of the approved demonstration programs.

Location	Dates/Times	
Tucson La Frontera 504 W. 29th St., Tucson, AZ	**Session 1:** March 29, 2019 10:00 a.m. – 12: 00 p.m. Webinar: bit.ly/ForumMarch29	**Session 2:** March 29, 2019 1:30 p.m. – 3:30 p.m. Webinar: bit.ly/ForumMarch29-2
Phoenix Valle Del Sol 3807 N. 7th St., Phoenix, AZ	**April 3, 2019** 2:00 p.m. – 4:00 p.m. Webinar: bit.ly/ForumApril3	
Prescott Valley Family Involvement Center 8766 E. State Route 69, Suite G, Prescott Valley, AZ	**April 5, 2019** 10:00 a.m. – 12:00 p.m. Webinar: bit.ly/ForumFIC	
Flagstaff Flagstaff Medical Center, McGee Auditorium 1200 N. Beaver St., Flagstaff, AZ	**April 5, 2019** 2:00 p.m. – 4:00 p.m. Webinar: bit.ly/ForumFMC	
Phoenix AHCCCS 701 E. Jefferson, 3rd Floor Gold Room, Phoenix, AZ	**April 15, 2019** 2:00 p.m. – 4:00 p.m. Webinar: bit.ly/ForumApril15	

AHCCCS Tribal-Specific Community Presentations
2019 Waiver and Initiatives Community Presentations

The Arizona Health Care Cost Containment System (AHCCCS) is hosting community meetings across the state to provide the public with information on upcoming AHCCCS initiatives and listen to feedback from stakeholders, including members, their families, advocates, and providers.

Agenda

AHCCCS Works Exemption for Members of Federally Recognized Tribes

On January 18, 2019, AHCCCS received 1115 Waiver Amendment approval from the Centers for Medicare and Medicaid Services (CMS) to implement community engagement requirements for some able-bodied AHCCCS members ages 19 to 49. All members of federally recognized tribes and children and grandchildren of tribal members are exempted from the community engagement requirements. AHCCCS will provide an overview of the exemption process.

 Other topics of discussion include:

- **Request for Information (RFI) on Regional Behavioral Health Authority (RBHA) Services Transfer**
- **Retroactive Coverage**

Location	Dates/Times
Peach Springs Hualapai Tribal Multi-Purpose Building 470 Hualapai Dr. Peach Springs, AZ 86434	**May 24, 2019** 1:00 pm – 3:00 pm (Arizona Time) **Webex Link:** bit.ly/ForumPeachSprings **Meeting password:** WACRM2ya **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 804 328 128
Whiteriver Apache Behavioral Health Services, Inc. – Chief Dazen Pavilion 249 W Ponderosa St. Whiteriver, AZ 85941	**May 29, 2019** 2:00 pm – 4:00 pm (Arizona Time) **Webex Link:** bit.ly/ForumWhiteriver **Meeting password:** wumJrx78 **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 800 409 129
Native HEALTH Building C – Conference Rooms East and West (Second Floor) 4041 N Central Ave. Phoenix, AZ 85012	**June 5, 2019** 1:00 pm – 3:00 pm (Arizona Time) **Webex Link:** bit.ly/ForumNativeHEALTH **Meeting password:** it3yF6nk **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 807 411 582
Fort Defiance Navajo Tribal Utility Authority Fort Defiance, AZ (approx. 8 miles north of Window Rock on Route 12)	**June 7, 2019** 1:00 pm - 3:00 pm (Daylight Saving Time)/ 12:00 pm - 2:00 pm (Arizona Time) **Webex Link:** bit.ly/ForumWindowRock **Meeting password:** HJg37B2e **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 807 860 436
Yuma Fort Yuma Health Care Clinic 401 E. Picacho Rd. Winterhaven, CA 92283	**June 10, 2019** 2:30 pm – 4:30 pm (Arizona Time) **Webex Link:** bit.ly/ForumYuma **Meeting password:** WWCRTH65 **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 800 431 361
Tucson Tucson Indian Center 160 N. Stone Avenue Tucson, Arizona 85701 (Corner of Stone & Alameda)	**June 12, 2019** 2:00 pm – 4:00 pm (Arizona Time) **Webex Link:** bit.ly/ForumTucson **Meeting password:** QjXQVQMy **Join by phone:** 1-240-454-0879 (USA toll) **Access Code:** 807 522 680

Community Presentation

Organizational Structure Update

Tribal Liaison Reporting Structure

Division of Health Care Advocacy and Advancement

Division of Community Advocacy & Intergovernmental Relations

Prior to 2019

2019 Current

Director
Tom Betlach

Deputy Director
Jami Snyder

Assistant Director
Liz Lorenz

Tribal Liaison
Bonnie Talatke

Director
Jami Snyder

Assistant Director
Dana Hearn

Tribal Liaison
Amanda Bahe

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DCAIR (Division of Community Advocacy & Intergovernmental Relations)

- Federal Relations
  - Waiver
  - State Plan
  - Tribal Liaison
- Public Information Officer/Graphic Designer
- Advocacy & Stakeholder Group
  - Committees & Councils
  - Office of Individual and Family Affairs (OIFA)
  - Office of Human Rights (OHR)

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Retroactive (Prior Quarter) Coverage Overview

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Section 1115 Waiver

- Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law

- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers

- States must obtain approval from CMS before implementing 1115 waivers

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Waiver of Retroactive Coverage

- CMS has approved Arizona's waiver request to limit retroactive coverage to the month of application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible

- The waiver of Retroactive Coverage is **effective July 1, 2019**

Why is AHCCCS making this change?

This change to retroactive coverage re-establishes AHCCCS policy that had been in place until 2014. It encourages members to:

- Obtain and maintain health coverage, and

- Apply for Medicaid promptly to promote continuity of eligibility and enrollment for improved health status.

Does this affect American Indian members?

Yes, the retroactive coverage policy change will apply to American Indian members, except for:

- Children under the age of 19, and

- Women who are pregnant (including 60 days post-partum).

This topic has been presented at AHCCCS Tribal Consultation meetings and will continue to be an agenda item as a part of the public stakeholder outreach efforts.

Questions?

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Reaching across Arizona to provide comprehensive quality health care for those in need
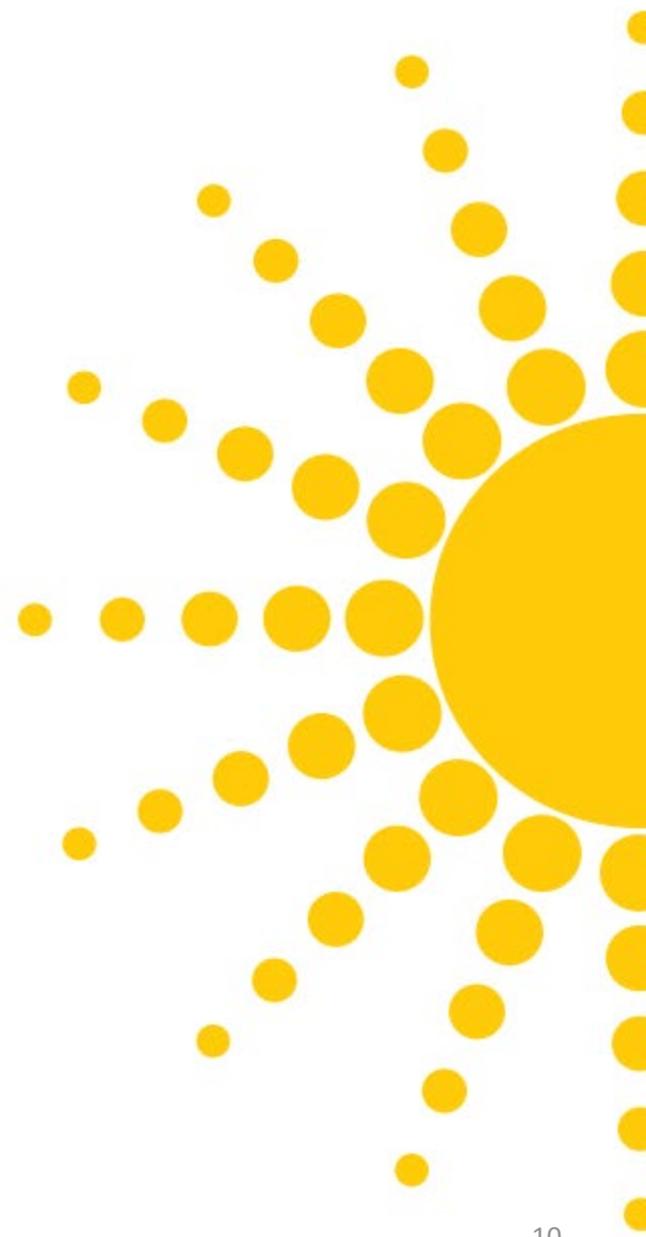
AHCCCS Works/Community Engagement

Overview of Exemption for American Indian and Alaska Native members

Reaching across Arizona to provide comprehensive quality health care for those in need

AHCCCS
Arizona Health Care Cost Containment System

Timeline and Law Requirement

2015
AZ law amended to include work requirements & 5-year lifetime limit for AHCCCS members

January - March 2017
AHCCCS Works Public Comment Period

December 19, 2017
AHCCCS Works Waiver submitted to CMS

December 19, 2017
AHCCCS Works Waiver submitted to CMS

Timeline and Law Requirement (Cont.)

January 18, 2019
CMS approves AHCCCS Works

2019 Community Presentations
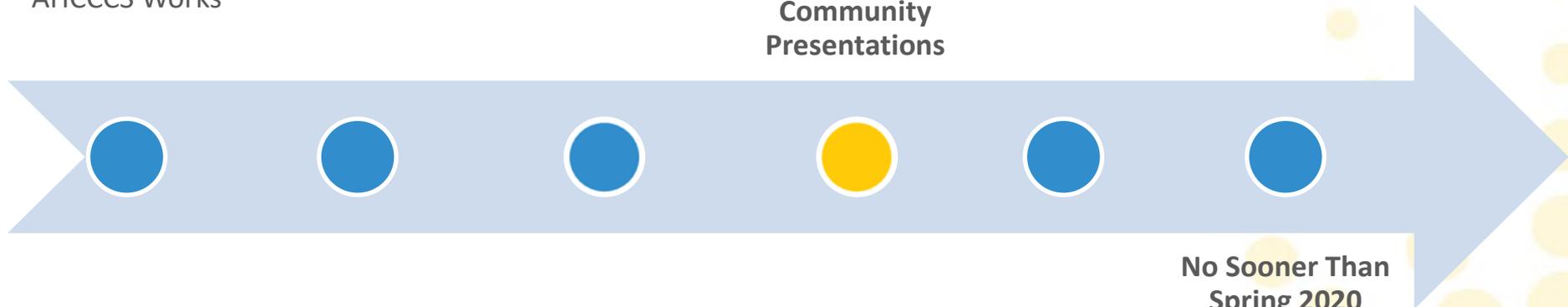
No Sooner Than Spring 2020

AHCCCS Works implementation will happen no sooner than Spring 2020

13

AHCCCS Works Requirements

- No sooner than **Spring 2020**, able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:

  - Be employed (including self-employment);
  - Actively seek employment;
  - Attend school (less than full time);
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  - Engage in Community Service.

* Adults = SSA Group VIII expansion population, a.k.a, Adult group

Reaching across Arizona to provide comprehensive quality health care for those in need

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Who is Exempt

- **Members of federally recognized tribes**

- Former Arizona foster youth up to age 26

- Members determined to have a serious mental illness (SMI)

- Members with a disability recognized under federal law and individuals receiving long term disability benefits

- Individuals who are homeless

- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program

- Pregnant women up to the 60th day post-pregnancy

- Members who are medically frail

- Caregivers who are responsible for the care of an individual with a disability

- Members who are in active treatment for a substance use disorder

- Members who have an acute medical condition

- Survivors of domestic violence

- Full-time high school, college, or trade school students

- Designated caretakers of a child under age 18

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AHCCCS Works Unique Program Features

1st

- First in the nation to exempt members of federally recognized tribes

- First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the suspension Period as long as they meet all other eligibility criteria

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Arizona Health Care Cost Containment System

Exemption for American Indian and Alaska Native members

- Members of federally recognized tribes and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement

- AHCCCS will use information in Health-e-Arizona Plus (HEAplus) to exempt individuals who have self-identified as tribal members

- Members seeking tribal exemption must ensure demographic information in HEAplus is updated

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Utilizing Information Already Submitted

To make sure AHCCCS Works information reaches you, verify that your contact information is correct. Login to healthearizonaplus.gov

Health-e-
Arizona **PLUS**

Exemption for American Indian and Alaska Native members

WHAT IF: I receive correspondence that I am exempt from participating in AHCCCS Works requirements?	No further action is required.
WHAT IF: I'm an American Indian/Alaska Native member who receives notice that I must participate in AHCCCS Works?	Identify yourself as an AI/AIN member to maintain AHCCCS benefits and eligibility. Log in to healthearizonaplus.gov

Health-e-
Arizona **PLUS**

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need

American Indian Information in HEAplus

Step 1

Race, Ethnicity and American Indian Information - PROCESS APPLICATION 💬 Notes

Race and Ethnicity

Name	Race	Ethnicity
John Joyner	▸ American Indian Do the persons listed below have the same race and ethnicity as John Joyner ? ○Yes ○No	▸ Not of Hispanic or Latino or Sp
Joy Joyner	▸ American Indian	▸ Not of Hispanic or Latino or Sp
Jimmy Joyner	▸ American Indian	▸ Not of Hispanic or Latino or Sp

Note: You do not have to give information on this screen. Any information you give will not affect eligibility. You may select more than one race and ethnicity for each person.

American Indian or Alaska Native

Is anyone you are applying for an American Indian or Alaska Native? ✓Yes ○ No ○ Decline to Answer

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American Indian Information in HEAplus

Step 2

American Indian or Alaska Native

Is anyone you are applying for an American Indian or Alaska Native? ● Yes ○ No ○ Decline to Answer

Select who is American Indian or Alaska Native

☑ John Joyner

Is John Joyner an enrolled member of a U.S. federally recognized tribe? ●Yes ○No

Select this person's tribe   GILA RIVER

IF Selected for Post-Eligibility Verification (PEV)

- AHCCCS will first check databases for supporting documentation verifying tribal membership

- If no documentation is in system, selected members must submit documentation to verify exemption

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IF Selected…

WHAT IF: I am selected to verify my tribal membership for my exemption?

Documentation can be uploaded to HEAplus directly by member or Community Assistors, taken to a local DES office, or mailed or faxed to DES.

Members of federally recognized tribes and their children and grandchildren may submit documentation including, but not limited to:

- Certificate of Degree of Indian Blood
- Tribal ID or Census Record
- Document provided by the tribe stating that the person is a member of the tribe
- Letter from IHS/638 facility stating individual is eligible to receive services from facility
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member

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Recap

Exemption for American Indian and Alaska Native Members

| Are you on AHCCCS? | **NO** → | You are NOT required to participate in AHCCCS Works. |

YES ↓

| Are you 19-49? | **NO** → | You are NOT required to participate in AHCCCS Works. |

YES ↓

| Are you on AIHP? | **YES** → | You have established tribal membership and you are NOT required to participate in AHCCCS Works. |

NO ↓

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Exemption for American Indian and Alaska Native Members (cont.)

Are you enrolled in an AHCCCS Complete Care (ACC) plan and a member of a federally recognized tribe? → **YES** →

NO ↓

Are you enrolled in an ACC plan and a child or grandchild of a federally recognized tribal member? → **YES** →

NO ↓

Are you eligible to receive services through IHS/638? → **YES** →

Self Identify via

Health-e-
Arizona **PLUS**
healthearizonaplus.gov

NO ↓

Do you qualify for other exemptions? (see next page) → **YES** → You are NOT required to participate in AHCCCS Works.

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Who is Exempt

- **Members of federally recognized tribes**
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program

- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18

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Next Steps: AHCCCS Works

February 18, 2019
Waiver Acceptance
Letter and Technical
Corrections

July 17, 2019
Waiver
Evaluation
Design Plan

**No sooner than
Spring 2020**
AHCCCS Works
program begins

June 17, 2019
Implementation
Plan

August 16, 2019
Monitoring
Protocol

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Reaching across Arizona to provide comprehensive
quality health care for those in need

Community Feedback

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AI/AN Exemption Feedback

- How do you best relay information in your community?

- Regarding tribal membership status, are there any unique statuses that AHCCCS should be aware of?

- Who are individuals or organizations that AHCCCS should be working with to get information regarding exemption to the public?

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Recent Integration Efforts

MCO Integration Progress To Date

% Program Funding

	1989	2013	2014	2015	2016	2018

98%

40%

20%

0

ALTCS /EPD
29,200

CRS 17,000

SMI Maricopa
18,000

SMI Greater AZ
17,000

AIHP/TRBHA
80,000

GMH/SA Duals
80,000

GMH/SA Adults
& Non CMDP
Children

Approximately
1.5 million

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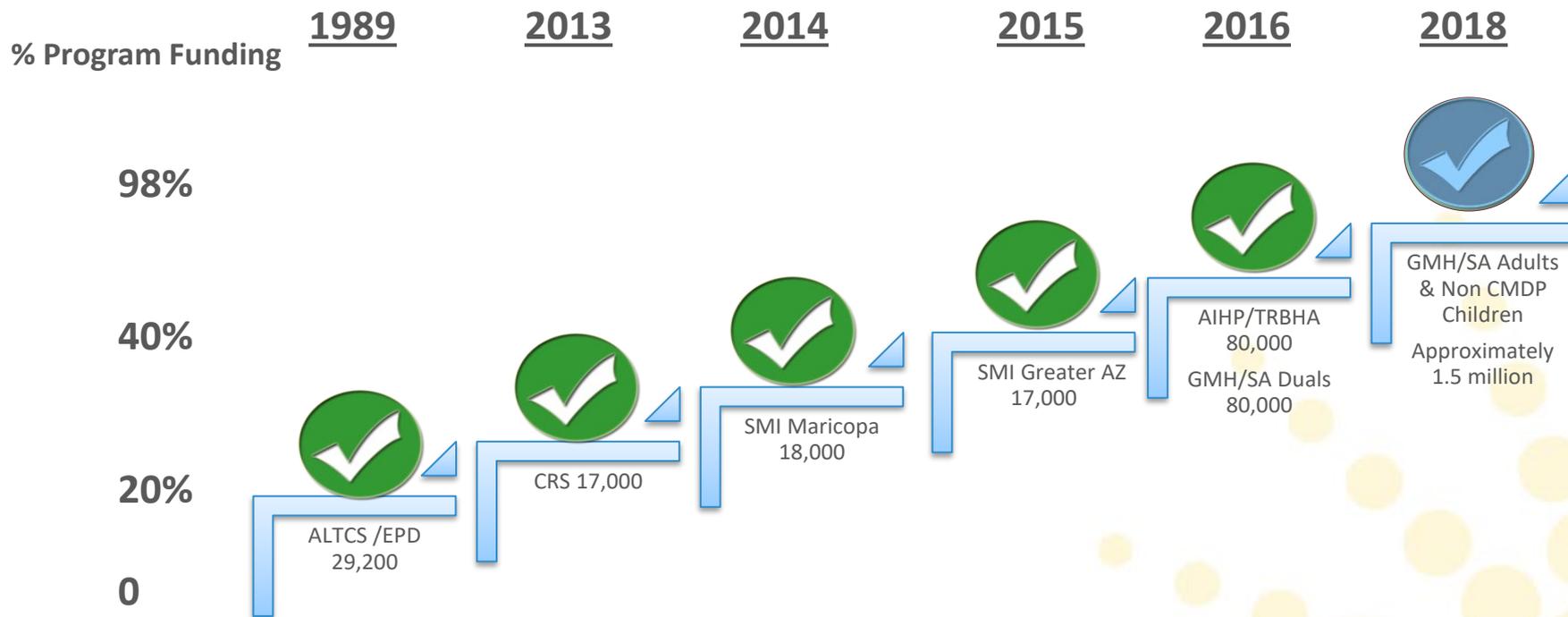
AHCCCS Complete Care

A HUGE step to integrate healthcare in a single ACC Health Plan that:

- Includes physical and behavioral healthcare service providers (including CRS – 18k)

- Manages the provider network for <u>all</u> healthcare services

- Provides comprehensive managed care for the whole person

Integration at all 3 Levels
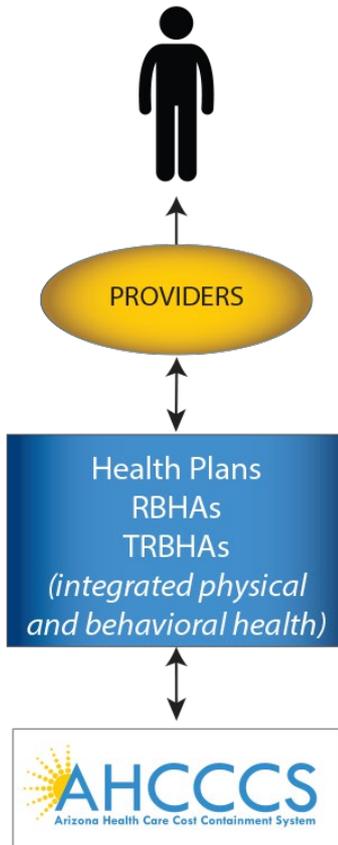
- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - $300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children's Rehabilitative Services (one plan)
- **Oct 2018 – ACC/AIHP - 1.5M Children/Adults**
- ALTCS DD – 2019/2020
- Foster Children - 2020

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Integration Effort Outcomes

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Methodology: SMI Evaluation Timeframe

Pre-Integration Baseline
October 1, 2012 – March 31, 2014

Post-Integration Period 1
April 1, 2014 – March 31, 2015

Post-Integration Period 2
April 1, 2015 – March 31, 2016

Post-integration Period 3
April 1, 2016 – March 31, 2017

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SMI Integration Evaluation Findings

- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
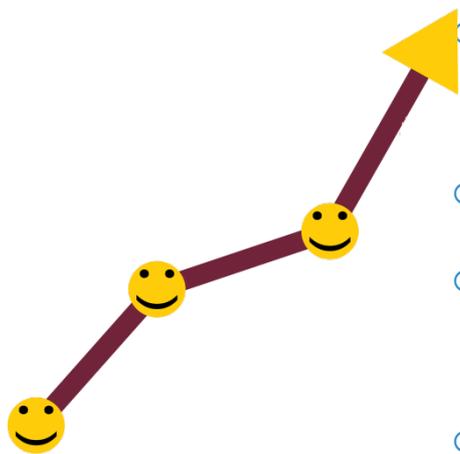
  - Adult access to preventive/ambulatory health services: **+2%**

  - Comprehensive Diabetes Care - HbA1c: **+ 4%**

  - Medication management for people with Asthma (50% compliance): **+ 32%**

  - Medication management for people with Asthma (75% compliance): **+ 35%**

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SMI Integration Evaluation Findings

- All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases
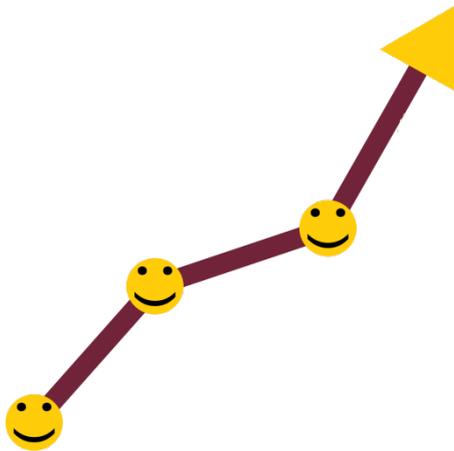
  o Rating of Health Plan: **+ 16%**

  o Rating of All Health Care: **+ 12%**

  o Rating of Personal Doctor: **+ 10%**

  o Shared Decision Making: **+ 61%**

  o Coordination of Care: **+ 14%**

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SMI Integration Evaluation Findings

- Of the 8 hospital-related measures:
  - 5 measures showed improvement
    - Emergency Department Utilization rate **decreased by 10%**
    - Readmission rate **declined by 13%**
    - Admissions for short term complications for diabetes **decreased by 6%**
    - Admissions for COPD/Asthma **decreased by 25%**
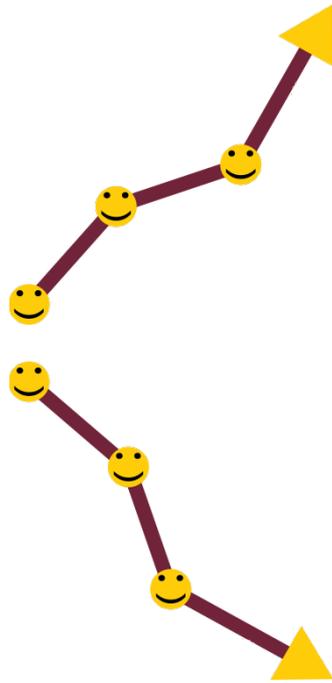
    - 30-day post hospitalization for mental illness follow up rate **increased by 10%**

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Integration... still to go...

AHCCCS Contract Timeline

	10/16	3/17	10/1/17				10/1/20
	Release ALTCS RFP	Award ALTCS	Transition ALTCS				5 Years Greater AZ MMIC Contract Expires

2016	2017	2018	2019	2020

Release Acute RFI — 1/17

Release ACC RFP — 10/17

Award ACC — 3/18

Transition ACC — 10/1/18

Award DDD Acute/BH — 4/1/18

DDD Acute/BH — 10/1/19

CMDP Integrated Care — 10/1/20

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RBHA Services Transfer RFI

Requests for Information (RFIs)

YH19-0084 RBHA Services Transfer

- **Due Date:** March 14, 2019, 3:00 P.M. Arizona Time
- **Deadline for Questions:** February 21, 2019 5:00 P.M. Arizona Time
- Notice of Request for Information 📄
    - Questions and Answers Form 📄
    - Solicitation Amendment 1 📄
    - Appendix 📄
    - Revised Appendix 3/8/19 📄
    - Solicitation Amendment 2 📄

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What is an RFI?

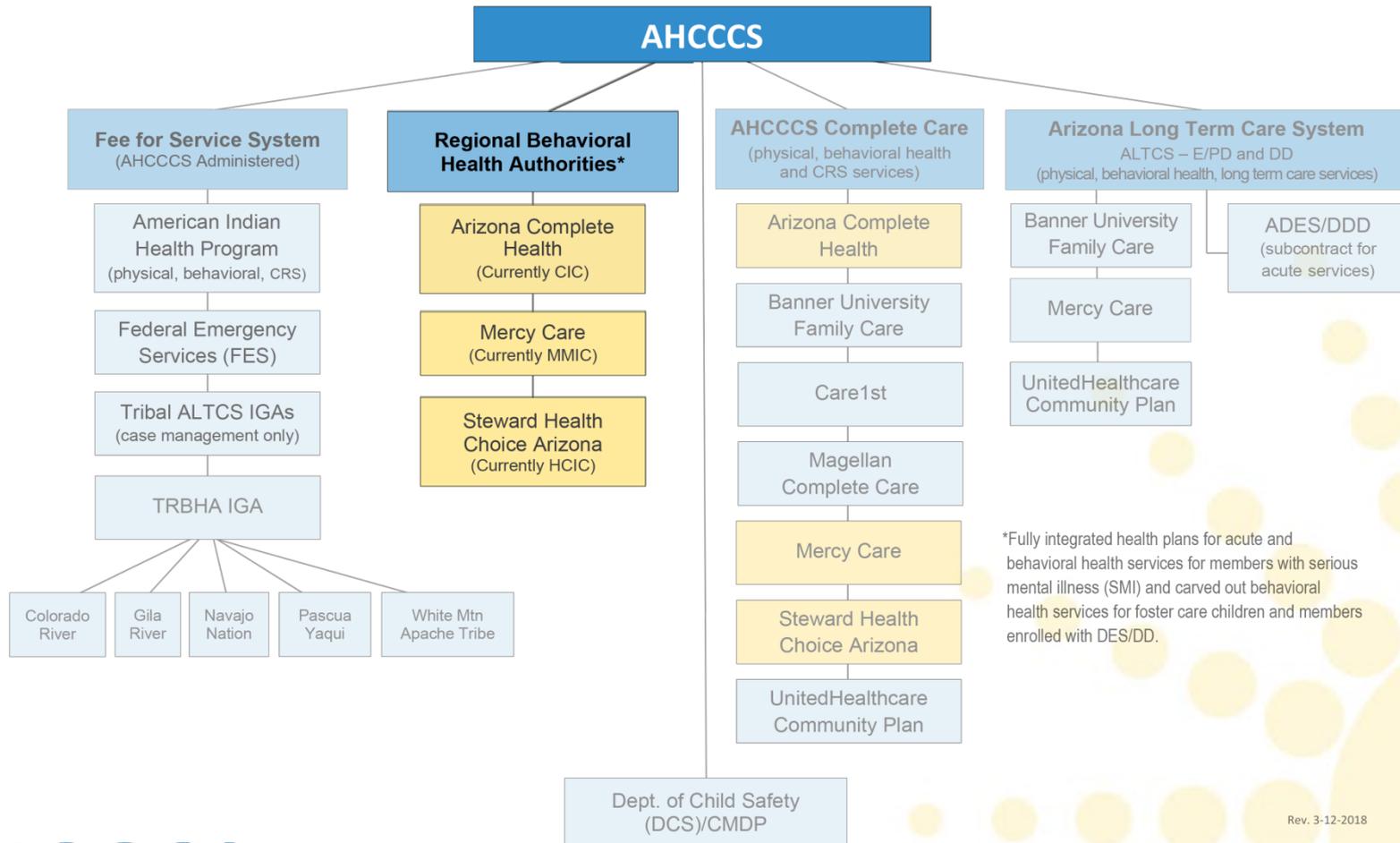- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.

- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.

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AHCCCS Care Delivery System
October 1, 2018

AHCCCS

Fee for Service System
(AHCCCS Administered)

- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
- TRBHA IGA
  - Colorado River
  - Gila River
  - Navajo Nation
  - Pascua Yaqui
  - White Mtn Apache Tribe

Regional Behavioral Health Authorities*

- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

AHCCCS Complete Care
(physical, behavioral health and CRS services)

- Arizona Complete Health
- Banner University Family Care
- Care1st
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan

Dept. of Child Safety (DCS)/CMDP

Arizona Long Term Care System
ALTCS – E/PD and DD
(physical, behavioral health, long term care services)

- Banner University Family Care
- Mercy Care
- UnitedHealthcare Community Plan
- ADES/DDD (subcontract for acute services)

*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

Rev. 3-12-2018

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Current status with RBHA services

Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

- Foster children enrolled in CMDP

- Members enrolled with DES/DD;

- Individuals determined to have a serious mental illness (SMI)

- Crisis services, grant funded, and state-only funded services
    - Populations:
        - Northern GSA Enrollment 5,725
        - Central GSA Enrollment 21,597
        - South GSA Enrollment 13,352

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Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map
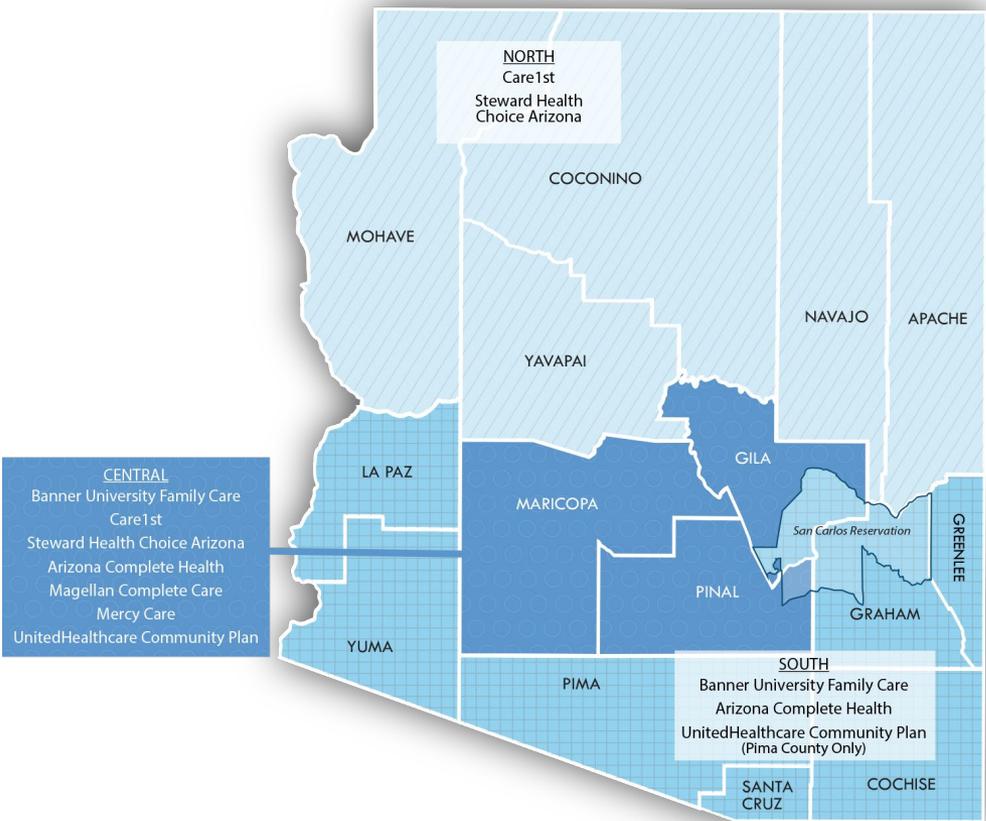
RBHA/TRBHA and Crisis Services Map
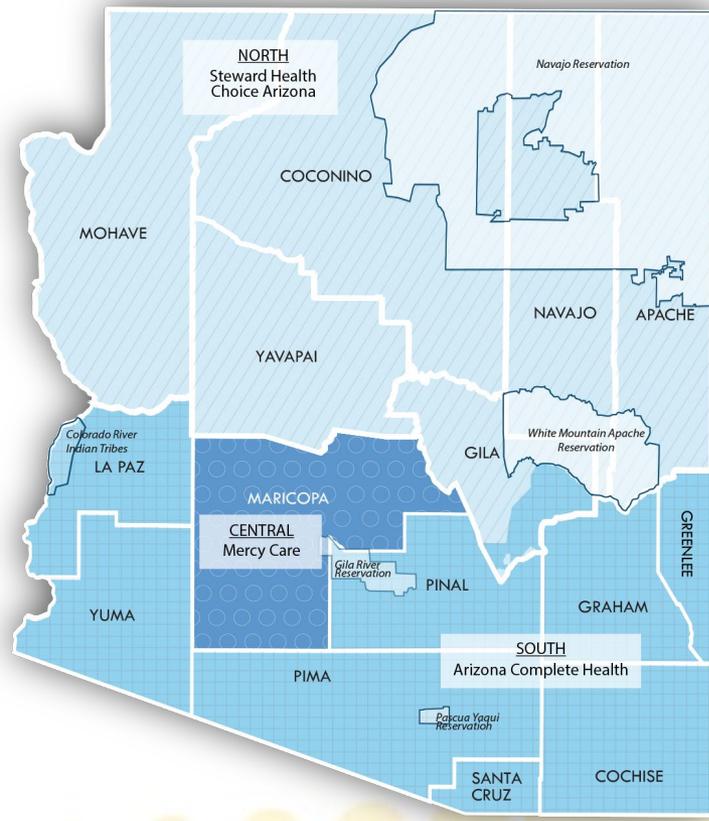
Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

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Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI population (includes CRS):
  - AIHP or AIHP and TRBHA; or
  - An ACC Plan
  - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment

AMERICAN INDIANS

OR

P B — ACC

P B — AIHP (TRBHA If Available)

Arizona Health Care Cost Containment System
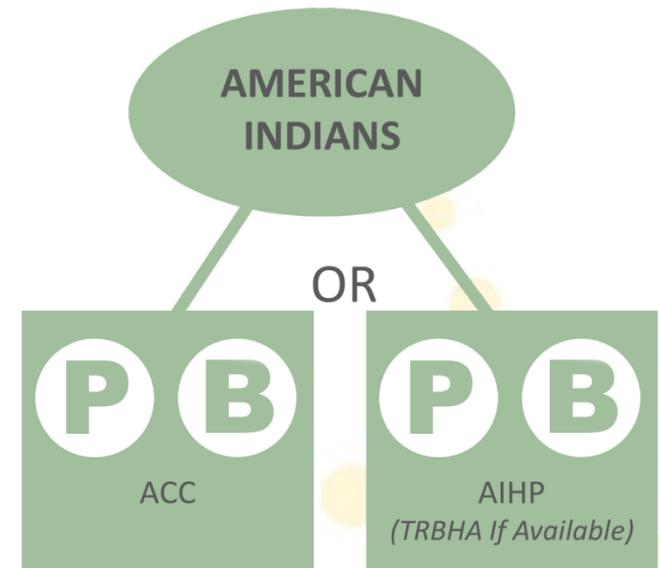
Current choices for American Indian members

American Indian Health Program (AIHP)

- A fee for service program delivered through AHCCCS that is responsible for integrated care for American Indian child and adult members who select AIHP and who have not been determined to have SMI.

- AIHP Integrated care services include both physical and behavioral health services, including services related to a CRS condition.

American Indian Health Program (AIHP)

- As of 10/1/18 – AIHP reimburses physical health services (including CRS) and behavioral health services (non SMI).

- AIHP Network – All AHCCCS registered providers - IHS/638 or non-IHS/638 providers; no contract required.

- Fee For Service providers – sign provider participation agreement - must comply with AHCCCS manuals, policies, guidelines; and federal, state, and local laws/rules/regulations.

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American Indian Members

- AHCCCS would like feedback regarding American Indian members continuing to have choice of enrollment for services:

  - Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?

  - Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options?

Next steps

- In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA

- No sooner than 10-1-20

February 2019
RFI Release

March 2019
RFI Responses due

Spring 2019
RFI Stakeholder Engagement

May 2019
Tribal Consultation RFI

Early 2020
Additional Stakeholder Engagement/Tribal Consultation prior to RFP Release

August 2020
Competitive Contract Expansion/RFP to ACC Plans/Vendors

September 2020
Responses due

Oct/Nov 2020
Awards Announced

November 2020 - September 2021
Community Education, Plan TA and Readiness

October 2021
ACC Plans/Vendors New Service Implementation

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Announcements

1. Mercy Care extended so all RBHA services will be transitioned at same time - Oct 2021

2. We will be limiting our RFP (or transfer of services) to the current ACC plans in each area - known contractors already with providers and members.

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Should decertification remain?

Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?

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What about Crisis Services?

- Should there be a single statewide vendor for crisis services? Single regional vendor?

- Should there be a single statewide number for crisis services?

- Other thoughts to improve the first 24 hours of crisis service delivery?

- For more info on crisis services now: www.azahcccs.gov/AHCCCS/Downloads/ACC/ View_Crisis_System_FAQs.pdf

Crisis and NTXIX Services on Tribal Lands

- What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?

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OIFA

- AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?

SMI Specific Responsibilities

- What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?

Next Steps

What other feedback should AHCCCS consider during our next step of integration?

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Questions?