

August 28, 2020


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, 2020 through June 30, 2020, 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 or Shreya Prakash at Shreya.Prakash@azahcccs.gov.

Sincerely,



Shelli Silver
Deputy Director- Health Plan Operations

AHCCCS Quarterly Report
April 1, 2020 – June 30, 2020

TITLE

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

Section 1115 Quarterly Report

Demonstration Year: 37

Federal Fiscal Quarter: 3rd (April 1, 2020 – June 30, 2020)

INTRODUCTION

As written in Special Terms and Conditions (STCs), 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, 2020 through June 30, 2020, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

¹ Population Groups	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr ²
Acute AFDC/SOBRA	1,139,166	2,857	57,767
Acute SSI	200,337	181	6,022
Prop 204 Restoration	365,534	945	12,967
Adult Expansion	127,504	337	8,652
LTC DD	35,640	25	225
LTC EPD	33,461	38	2,786
Non-Waiver	103,320	177	2,172
Total	2,004,962	4,560	90,591

¹ Data is loaded and reported 45 days after the end of the quarter. This report differs from previous reports in that data is unduplicated and is updated quarterly. Data that contains no Medicaid funding (state only) is excluded from this report. State only Regional Behavioral Health Authority (RBHA) Plans have no Medicaid funding and are excluded from this CMS report

² Number of involuntary disenrollment are impacted (reduced) due to maintenance of effort requirements in place related to the Families First Coronavirus Response Act

Table 2 is a snapshot of the number of current enrollees (as of July 1, 2020) by funding categories as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan ³	1,401,297
Title XXI funded State Plan ⁴	41,053
Title XIX funded Expansion ⁵	461,077
• Prop 204 Restoration (0-100% FPL)	363,240
• Adult Expansion (100% - 133% FPL)	97,837
Enrollment Current as of	7/1/2020

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

Arizona’s current 1115 Waiver is set to expire on October 1, 2021. Arizona received a three month extension from the Centers for Medicare and Medicaid Services (CMS) to submit the Waiver Renewal application, as a result of the COVID-19 pandemic. Arizona will be submitting the Waiver renewal application on December 31, 2020.

Waiver Evaluation Update

In accordance with STC 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 Waiver Demonstration. In addition, AHCCCS is also required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 Waiver Demonstration by December 31, 2020 and March 30, 2023 respectively.

AHCCCS has contracted with Health Services Advisory Group (HSAG) to serve as the independent evaluator for Arizona’s 1115 Waiver Demonstration. In SFY 2019, AHCCCS worked with HSAG to develop Evaluation Design Plans for 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 (TI) Program
- AHCCCS Works program
- Retroactive Coverage Waiver

On July 17, 2019, AHCCCS submitted the Waiver Evaluation Design Plans for the AHCCCS Works and Prior Quarter Coverage Waivers. On November 13, 2019 AHCCCS submitted the Waiver Evaluation Design Plans for the AHCCCS Core programs (ACC, ALTCS, CMDP, and RBHA) and Targeted Investments program to CMS.

³ SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1

⁴ KidsCare

⁵ Prop 204 Restoration & Adult Expansion

On December 30, 2019, CMS recommended that Arizona include additional revisions to the design plans such as changing the methods for the pre-test/post-test analysis from a comparison of means to a time series model to control for secular trends and shifts in beneficiary characteristics; elaborate on sample sizes for the beneficiary surveys; and longer baseline periods in the evaluation designs for ALTCS, CMDP, RBHA, and TI.

On February 28, 2020, AHCCCS submitted the revised Waiver Evaluation Design Plans with the changes recommended by CMS. CMS provided an additional round of feedback on May 27, 2020. CMS recommended AHCCCS to include further changes to the design plan to account for the implication of the COVID-19 pandemic on Arizona's 1115 Waiver Demonstrations. CMS also requested Arizona's seven design plans to be integrated into a single comprehensive document. AHCCCS worked with its independent evaluator to incorporate all of the recommendations and submitted the revised draft design plan on July 24, 2020. On August 19, 2020, CMS reviewed the document and proposed minor changes to the document. AHCCCS is currently working with the independent evaluator to incorporate CMS' feedback and will resubmit the revised draft design plan.

Targeted Investments Program Update

The following is a summary of the accomplishments and activities of the AHCCCS Targeted Investments (TI) Program during the period April 1, 2020 to June 30, 2020:

- TI Program Year 4 milestone performance measures targets were finalized and disseminated to Program participants.
- In collaboration with Arizona State University, monthly Quality Improvement Collaborative (QIC) sessions for TI Program participating providers continued, engaging Program participants in peer learning and process improvement guidance.
- The TI team held a QIC meeting exclusively for managed care organizations (MCOs) to clarify their role in the Collaborative, member assignment related to attribution and member engagement, and opportunities for aligning TI participant and MCO provider network measure requirements.
- The participant Attestation Portal update process continued in preparation for Year 4 incentive payment processing.
- There was continued engagement with AHCCCS MCOs to ensure alignment of TI Program and MCO provider performance expectations, and to identify opportunities to sustain integrated care delivery accomplishments through VBP arrangements.
- The TI team engaged numerous program participants to learn about the impact of COVID-19 on integrated care activities and to learn how they can be best supported in their continuing integration efforts.
- The TI team engaged with numerous stakeholders related the co-located Justice clinics including courts, probation departments, Arizona Department of Corrections, and MCOs to identify and select indicators for best engaging high risk individuals recently released from incarceration in the services offered by the clinics.
- The TI team made presentations to internal and external stakeholders on the Program and its impact on enhancing the integration of physical and behavioral health care to AHCCCS members served by TI Program participants.
- Work continued with the state health information exchange (Health Current) to support Program participants' efforts to best utilize data received through bi-directional data exchange with the HIE, including engagement with the QIC.

Legislative Update

The legislature passed several bills in the 2020 Legislative session that will have impacts on the Agency including:

- **HB 2244-** Requires AHCCCS to request CMS approval for the provision of dental services beyond current service limitations when provided at IHS/638 facilities which are eligible for 100% FMAP
- **HB 2668-** Establishes a new hospital assessment which can be used to create a hospital directed payment program, increase practitioner and dental rates, and pay for administrative expenses. Funds cannot be used to pay for base reimbursement levels
- **SB 1523-**The Mental Health Omnibus bill requires commercial insurers to report on mental health parity, establishes state-only funding to pay for BH services in schools for uninsured/underinsured children, and creates the suicide mortality review team at the Arizona Department of Health Services

The Arizona Legislature adjourned *Sine Die* on May 26th, 2020; the general effective date for legislation is August 25th, 2020.

State Plan Update

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

SPA #	Description	Filed	Approved	Eff. Date
Title XIX				
SPA 19-008 – “DSH Budget”	To bring the CHIP state plan into compliance with provisions of the SUPPORT Act that require Behavioral Health (BH) services to be explicitly detailed in the CHIP State Plan document.	9/30/2019	5/13/2020	10/1/2019
SPA 19-007- “DSH Pool 5”	Updates the MACPro system to reflect the Arizona eligibility criteria.	9/30/2020	5/13/2020	10/1/2019
SPA 20-001 “COVID-19”	Amends the State Plan to provide the state discretion to waive copayments and other cost sharing requirements for a specified period of time in response to COVID-19.	3/24/2020	4/1/2020	3/1/2020
SPA 19-004 “Pharmacy VBP”	Provides the state the authority to enter into value based payment (outcome-based) agreements with pharmacy drug manufacturers.	9/05/2019	4/28/2020	7/1/2019
SPA 20-002 “CHIP COVID-19”	Updates the CHIP State Plan to provide the state flexibility to waive cost sharing requirements and to provide additional flexibilities around enrollment and renewal timeframes in response to COVID-19.	3/16/2020	4/24/20	1/27/2020
SPA 20-003 “Jan NF Rates”	Updates the State plan to update the NF rates.	3/30/2020	4/9/2020	1/1/2020
SPA 20-004 “COVID-19 2”	Amends the disaster relief SPA template to provide the state additional flexibilities to address the COVID-19	4/2/2020	4/9/2020	3/1/2020

SPA #	Description	Filed	Approved	Eff. Date
	pandemic			
SPA 20-005 “COVID-19 3”	Amends the disaster relief SPA template to provide the state additional flexibilities to address the COVID-19 pandemic	2/13/2020	5/22/2020	3/1/2020
20-006 “COVID-19 5”	Amends the disaster relief SPA template to provide the state additional flexibilities to address the COVID-19 pandemic	6/11/2020	8/4/2020	3/1/2020
20-007 “COVID-19 6”	Amends the disaster relief SPA template to provide the state additional flexibilities to address the COVID-19 pandemic	6/11/2020	Withdrawn	N/A
20-008 “Tribal Dental Limit”	To remove the \$1,000 dental benefit limit for members served in IHS/Tribal facilities as passed in House Bill 2244.	6/30/2020	N/A	10/1/2020
20-009 “COVID-19 4”	To remove the “Optional COVID testing group” from the state’s disaster relief SPA.	6/30/2020	7/29/2020	3/24/2020
20-010 “EPSDT ND”	To clarify the coverage of NDs under the EPSDT Benefit	6/30/2020	7/14/2020	4/1/2020
20-011 “NF AIR”	Changes the reimbursement for IHS/638 operated NFs to reflect the OMB set OP AIR.	6/30/2020	N/A	10/1/2020
20-012 “CHIP SUPPORT Act BH Services”	To bring the CHIP state plan into compliance with provisions of the SUPPORT Act that requires Behavioral Health (BH) services to be explicitly detailed in the CHIP State Plan document.	6/30/2020	N/A	7/1/2019

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, 2020 – June 30, 2020.

Advocacy Issues ⁶	April	May	June	Total
Billing Issues	7	11	11	29
<ul style="list-style-type: none"> • Member reimbursements • Unpaid bills 				
Cost Sharing	1	0	1	2
<ul style="list-style-type: none"> • Co-pays • Share of Cost (ALTCS) • Premiums (Kids Care, Medicare) 				
Covered Services	9	13	8	30

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

ALTCS • Resources • Income • Medical	8	12	11	31
DES • Income • Incorrect determination • Improper referrals	15	14	12	41
KidsCare • Income • Incorrect determination	1	0	0	1
SSI/Medical Assistance Only • Income • Not categorically linked	27	23	14	64
Information • Status of application • Eligibility Criteria • Community Resources • Notification (Did not receive or didn't understand)	34	49	29	112
Medicare • Medicare Coverage • Medicare Savings Program • Medicare Part D	4	3	5	12
Prescriptions • Prescription coverage • Prescription denial	8	5	11	24
Fraud-Referred to Office of Inspector General (OIG)	0	0	0	0
Quality of Care-Referred to Division of Health Care Management (DHCM)	11	12	15	38
Total	125	142	117	384

Issue Originator⁷	April	May	June	Total
Applicant, Member or Representative	109	126	103	338
CMS	4	1	1	6
Governor's Office	2	7	5	14
Ombudsmen/Advocates/Other Agencies	6	3	1	10
Senate & House	4	5	7	16
Total	125	142	117	384

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

OPT-OUT FOR CAUSE

Attached is a summary of the opt-out requests filed by individuals determined to be seriously mentally ill (SMI) in Maricopa County and Greater Arizona, broken down by months, MCOs, 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

STATE CONTACT(S)

Mohamed Arif
Federal Relations Administrator
AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD- 4200
Phoenix, AZ 85034
Mohamed.Arif@azahcccs.gov

Shreya Prakash
Waiver Manager
AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD- 4200
Phoenix, AZ 85034
Shreya.Prakash@azahcccs.gov

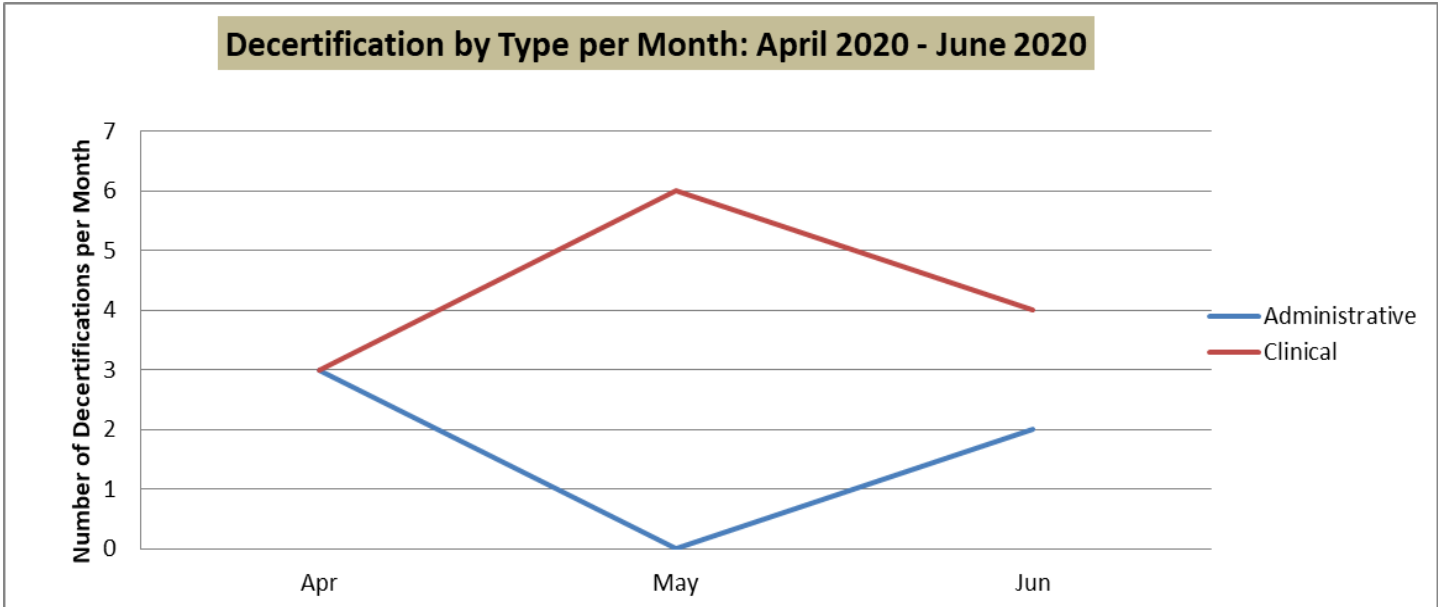
DATE SUBMITTED TO CMS

August 28, 2020

ATTACHMENT 1

Opt Out for QTR 3 (April 1, 2020 – June 30, 2020)
Charts generated by AHCCCS Office of Data Analytics (AODA)

- There were no opt out requests submitted for April, May or June 2020



ATTACHMENT 2

Quality Assurance/Monitoring Activity

Demonstration/Quarter Reporting Period

Federal Fiscal Quarter 3/2020 (April 1, 2020 – June 30, 2020)

Introduction

This report describes AHCCCS’ quality assurance and monitoring activities that occurred during the third quarter of Federal Fiscal Year 2020, 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 Managed Care Act requirements. This report will highlight AHCCCS activities and goals for the statewide care delivery model that occurred predominately between April 1, 2020 and June 30, 2020 along with other activities related to ongoing quality and performance improvement during the quarter.

The reported activities will be those occurring under the oversight of AHCCCS Division of Health Care Management (DHCM), including Quality Management (QM), Performance Improvement (PI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), System of Care, and the Arizona Long Term Care System (ALTCS). Additional activities within other areas of AHCCCS, such as Office of the Director (OOD), Workforce Development, Office of Individual and Family Affairs (OIFA), Division of Grants Management, (DGA) and Information Systems will also be reported, given their impact on quality and performance.

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 numerous AHCCCS teams are involved.

Innovative Practices and Delivery System Improvement

Ongoing Integration Strategies:

Since March, AHCCCS Leadership has continued to address and ameliorate the effects of COVID 19 on our system’s ability to continue its integrated efforts. AHCCCS has continued to act as a conduit between the Governor’s Office, the Arizona Department of Health Services, the MCOs, and their providers to ensure that they, Community Stakeholders, and AHCCCS members have had the most up-to-date information possible regarding service delivery guidelines and changes.

The FAQ section, which was immediately added to the AHCCCS website at the outset of the COVID emergency, continues to be updated regularly. The FAQs were updated throughout the April through June quarter with the last update of the quarter posted on June 17, 2020. Content during that time period includes:

- **General COVID-19 Questions:**
 - Updated 4/2/2020 to confirm that AHCCCS has suspended premium

- payments for KidsCare and Freedom to Work and copayments for Transitional Medical Assistance,
 - Updated as of 4/24/2020 to provide the most recent guidelines made available from Centers for Disease Control (CDC) and Arizona Department of Health Services (ADHS),
 - Updated 5/6/2020 to provide information on newly implemented grants to address the COVID-19 emergency,
 - Updated 5/6/2020 to provide information on antibody testing and the Families First Coronavirus Response Act (FFCRA),
 - Updated 5/8/2020 to clarify that loss of coverage will not occur under FFCRA and continuation of AHCCCS eligibility renewal activities,
 - Updated 6/10/2020 to confirm that the COVID-19 stimulus payment and Unemployment Insurance Federal Pandemic Unemployment Compensation (FPUIC) will not affect Medicaid eligibility.
- **Clinical Delivery:**
 - Updated 5/4/2020 to confirm suspension of Program Integrity/Corporate Compliance audits through the end of the COVID-19 emergency,
 - Updated 6/5/2020 to provide further guidance regarding prior authorization processes, Health Plan requirements and deliverables.
- **Billing and Claims:**
 - Updated 4/22/2020 for newly defined ICD-10 diagnosis codes,
 - Updated as of 5/7/2020 to accommodate variance in lab tests.
- **Rates:**
 - Updated 5/5/2020 to provide rate information for COVID-19 testing,
 - Updated 6/17/2020 to provide updated information on distribution of the Provider,
 - Updated 4/27/2020 to continue Relief Funds to eligible Medicaid and CHIPD providers,
- **Uninsured Testing:**
 - Updated 5/6/2020 to facilitate COVID testing

Specific examples of AHCCCS COVID-19 activities pertinent to all MCOs:

- AHCCCS continues to hold at least weekly meetings with the MCOs in order to disseminate information and discuss challenges or barriers experienced by the MCOs.
- AHCCCS received federal approval to implement programmatic changes, including the suspension of Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments during the COVID-19 emergency. AHCCCS continues to monitor and make system updates as needed during this emergency.
- AHCCCS has maintained its relaxation of requirements for certain on-site audits, but maintains requirements for several reports, such as notification of Quality of Care Concerns, Incident/Accident/Death reports, and Seclusion and Restraint reports.

AHCCCS Complete Care:

As of the third quarter of FFY20, the focus with the integrated care contracts has been to continue monitoring for consistency and divergence across all MCOs contracted throughout Arizona. Strategies are ongoing to secure evaluation of network adequacy, contract compliance, service delivery, care coordination, and use of evidence-based models.

Efforts began during the first quarter to formally address MCO adherence to AHCCCS policies via development of revised Operational Review tools that will identify requirements for integrated care. During the third quarter, AHCCCS has maintained its activities to modify existing policies to ensure they incorporate integrated care procedures and methods. Also, during the third quarter, in order to further integrated care concepts, AHCCCS began to identify how System of Care Principles, historically utilized under Arizona's behavioral health system, can be incorporated into AHCCCS Complete Care policies and operations. The System of Care model emphasizes a culturally competent, coordinated team approach to member care with timeliness and accessibility to evidence-based care at its core.

ALTCS/DDD:

Following implementation of DDD's new subcontracted integrated MCOs on October 1, 2019, AHCCCS has maintained its meetings with DDD to discuss any issues or concerns related to implementation of the new model, with technical assistance provided as necessary. During the third quarter, AHCCCS focused on monitoring DDD contract requirements through deliverables, quarterly meetings and technical assistance on an as-needed basis

Although the Direct Care Worker (DCW) Training Program has been in effect since 2013, due to COVID 19 concerns, AHCCCS has suspended the 90-day training requirement, thus allowing DCWs to provide care while receiving training. During this time AHCCCS encourages the agencies to utilize remote learning opportunities to support the DCWs then evaluate in-person skills following the COVID-19 emergency.

ALTCS/EPD:

AHCCCS has been working on a variety of activities to enhance compliance with CMS requirements and HCBS rules. These activities occurred in conjunction, not only with various Member Councils, but also with 19 American Indian participants (including nine Tribes plus the Navajo nation) and members of the Sonoran University Center of Excellence for Developmental Disabilities (UCEDD). During the third quarter, specific activities have included:

- Completion of training slides and packets for Train-the-Trainer two-day trainings related to Person Centered Planning,
- Revisions to AHCCCS Medical Policy Manual (AMPM) Chapters related to ALTCS/EPD guidelines and processes for Case Management and Person Centered Service Planning (PCSP),
- Completion of a draft Frequently Asked Questions (FAQ) fact sheet for members. Information was developed in collaboration with Contractor's Member Councils and the PCSP Workgroup membership,
- PCSP information has been added to the AHCCCS HCBS webpage.

Due to COVID-19, several related activities have been postponed:

- PCSP training scheduled for April; new date has not yet been determined,
- June PCSP Tool implementation postponed until October 1, 2020.

Stakeholder Involvement

The success of AHCCCS remains attributable to concentrated efforts by the Agency to cultivate partnerships with its sister agencies, contracted MCOs, providers, and the community. AHCCCS maintains these ongoing collaborations to address common issues and maintain or improve high quality health care delivery to Medicaid recipients and KidsCare members, including those with special health care needs. Concentrated efforts persist to include stakeholder and member 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/EPSTD 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), remain in operation. These two entities continue to work in tandem to ensure stakeholder involvement and feedback occurs on a regular basis.

Behavioral Health Continuum of Care Stakeholder Workgroup:

AHCCCS began a Behavioral Health Continuum of Care Stakeholder Workgroup in 2019, which culminated in a January 2020 summary report. This report outlined recommendations and concerns addressed during quarterly meetings held in 2019. One of the major ideas from the Stakeholder workgroup identified the need to have distinct sub-workgroups that focus on three primary populations: (1) persons living with a Serious Mental Illness (SMI), (2) children, (3) adults with General Mental Health/Substance Use (GMHSU) concerns. Within each sub-workgroup, discussions centered on the unique service delivery needs of these primary populations. Recommendations were tendered and elevated to AHCCCS administration.

As of the third quarter, the Workgroup meetings have begun to identify system needs for the three primary populations mentioned above. A major topic being addressed is the differential service delivery requirements for SMI and GMHSU members. Additionally, the Workgroup is focusing on streamlining assessment and service planning to promote improved member outcomes, advance models of integrated care, and support methodology to better identify achievement of member outcomes.

Behavioral Health Planning Council:

Each state is required to establish and maintain a behavioral health planning council to carry out the statutory functions as described in 42 U.S. Code 300x-3 for adults with Serious Mental Illness, individuals with a Substance Use Disorder (SUD), and children with Severe Emotional Disturbance (SED).

The mission of the Arizona Behavioral Health Planning Council is to advise the State in

planning and implementing a comprehensive community-based system of behavioral health and mental health services. The majority (51% or more) of a state’s planning council should be comprised of members and family members. During the third quarter of FFY20, the Council voted in a new Council Chair and Vice Chair. 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 ensure collaboration among key state agencies and facilitate member input into the State’s mental health services and activities,
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State

Office of Individual and Family Affairs:

The OIFA has maintained an ongoing advisory council, inclusive of all stakeholders, since 2010. 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.*” Based on their high performance over the last several months, OIFA has increased their goal to 750 stakeholder contacts per month.

One strategy for engaging the community includes publishing a weekly newsletter, which offers updates on AHCCCS policies and activities to more than 2,000 community stakeholders. Recent newsletters have included information on:

- AHCCCS Competitive Contract Expansion,
- Access to continued education for peer support specialists and family support specialists,
- Making tribal consultation/public comment on AHCCCS Policies accessible to community members, and
- Community resources

Since the beginning of the COVID-19 pandemic, OIFA has been using their weekly newsletter to communicate with stakeholders as a means to both gather and disseminate critical information. The OIFA has lent its newsletter as a platform for community organizations who have conducted a variety of surveys capturing the experiences of the pandemic from both member and provider perspectives. These outside surveys have helped to inform AHCCCS of current trends and needs in the community during this unprecedented time.

The OIFA regularly hosts Community Forums engaging with members and family members statewide, to inform the community **and** gather feedback on the upcoming AHCCCS initiatives. These forums allow for Q&A from stakeholders and provide AHCCCS with opportunities to gather responses on specific questions related to member health and or

changes in the system of care. Due to the outbreak of COVID-19, the number of forums conducted this quarter was reduced. During this quarter OIFA held:

- Community Forums with a total engagement of 102 members. OIFA’s total engagement for the quarter was 2,204 stakeholder contacts. These contacts were made through meetings and collaborative efforts with the community, with the overwhelming majority of these contacts happening over Zoom and other teleconferencing platforms.

OIFA One-Pagers:

Based on the Office’s conversations and feedback from the community, OIFA has created a series of “One-Pagers” available for the general public. These documents are one-page empowerment tools to provide all the necessary information to overcome barriers to care. Each can be easily corrected by providing clarification in a useful medium. To help with this effort, OIFA has created a portal on their webpage for stakeholders to suggest topics for future One-Pagers. Every One-Pager contains the member services contact information for all health plans and AHCCCS’ Clinical Resolution Unit on the back of the sheet. OIFA is in the process of translating all of their One-Pagers into Spanish. For a full list of OIFA’s One-Pagers visit the OIFA webpage on the AHCCCS website: azahcccs.gov/OIFA.

Arizona Stakeholders and AHCCCS MCH/EPSDT:

AHCCCS continues to work with other State partners to prepare for the upcoming flu vaccination season by encouraging all providers to re-enroll with the VFC Program. AHCCCS has also shared information on the local campaign administered by the Arizona Chapter of the American Academy of Pediatrics, to encourage in-person well child/EPSDT visits with the Contractors.

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.

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

A continuing example of MCH interagency involvement has included staff participation with the Task Force on Prevention of Prenatal Exposure to Alcohol and Other Drugs. AHCCCS involvement has demonstrated its commitment to addressing substance use in pregnant women, neonatal effects of substance use and importance of early intervention to reduce long term effects of substance use.

The table below profiles continuing activities for the Maternal Child Health Department. The table demonstrates continued community involvement with the Governor's Goal Council on Strategic Initiatives. Many of the activities within this table relate to ongoing grant performance for opioid and substance use treatment that is currently under AHCCCS purview.

INITIATIVE	LEAD AGENCY	AHCCCS INVOLVEMENT
Maternal Mortality Review Committee ARS 36-3501 (Component Of Child Fatality Review)	ADHS	Representation/ Participation
Maternal Health Task Force	ADHS	Representation/Participation
Maternal Mortality Breakthrough Action Plan	Governor Health Goal Council	Representation/Participation

SB 1040 Advisory Committee On Maternal Fatalities And Morbidity	Arizona Legislature	Representation/Participation
Maternal Health Innovation Grant (\$2.1M / year over five (5) years)	HHS	Letter Of Support Representation/Participation
Maternal Mortality Grant (\$450K/year over five (5) years)	CDC	Letter Of Support Representation/Participation
Task Force On Preventing Prenatal Exposure To Alcohol And Other Drugs	ADHS	Representation/Participation
SUD Block Grant	AHCCCS	Lead
SB 1290	AHCCCS	Lead/Chair of Committee

Arizona Stakeholder and ALTCS Case Management Unit:

The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders:

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

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 MCOs have consensus regarding licensure and service delivery requirements. The focus of the discussions involves clarification of definitions related to behavioral health service delivery that can be provided in nursing home settings.

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. Two considerations drive decisions for identification of priority areas: (1) the focused initiative has elements that are actionable; (2) there is potential for enhanced quality improvement, member satisfaction and system efficiencies. MCO input is also sought as part of the identification process when prioritizing areas for improvement. The

process persists in taking into account such factors as: (1) the prevalence of a particular condition and the population affected, (2) the resources required by both AHCCCS and its MCOs to conduct studies and shape improvement, (3) whether 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.

Ongoing Initiatives:

Collaboration with the Department of Child Safety:

AHCCCS is sustaining its efforts to improve physical and behavioral health care for children in the foster care system that are served under Comprehensive Medical and Dental Program (CMDP), Arizona’s Medicaid plan for children in Arizona’s Foster Care system. During the third quarter, AHCCCS expanded efforts to finalize the contract to fully integrate behavioral health and physical health services under a single contract. The intended implementation date is April, 2021.

AHCCCS continues to engage and administer oversight to the RBHAs that provide behavioral health services to these children via the activities listed below:

- Ongoing oversight to ensure regular collaboration with the Arizona Department of Child Safety (DCS), CMDP, and the RBHAs,
- Development and eventual publication of AMPM 320-W, the policy to outline requirements for Children’s Therapeutic Foster Care (previously known as Home Care Training to Home Care Client or “HCTC”). The intent of the policy is to standardize and strengthen training, supervision, and prior authorization procedures across the State,
- Reduction of DCS shelter placements for foster children (e.g. number of days in shelter, number of different shelter placements),
- Reduction of placement disruptions with completion of quarterly reviews for children with high number of placements,
- Strengthening the policy covering the “72 hour Rapid Response” process, which requires that a behavioral health service provider be dispatched within 72 hours to assess a child’s immediate behavioral health needs. Referrals are completed to obtain additional services through the behavioral health system,
- Strengthen AHCCCS policies related to timely and appropriate delivery of services to both foster and adoptive children with ACOM 449.

AHCCCS has begun to regularly report outcomes for children in CMDP on its website. These reports summarize the above objectives through quarterly dashboard updates. Specific metrics include, but are not limited to:

- CMDP enrollment (i.e. out-of-home placements) and shelter placement rates
- Enrolled/Served rates
- Utilization of crisis and respite services
- Service timeliness and communication volume (as required in policy)

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 and ALTCS plans to ensure understanding of the tool requirements and expectations. Ultimately, the tools were finalized such that all providers will be audited by a statewide, standardized set of tools (i.e. one for children, one for adults).

Final implementation of the audit tool process began as of October 1, 2019, with providers being audited using the standardized tools. Results for the first six month cycle were due April 2020. Results from the first cycle were analyzed by each Contractor and submitted to AHCCCS. Each report summarized provider trends related to expectations for statewide behavioral health service delivery and documentation. Results were generally positive across broad categorical requirements for assessment, intake activities, clinical chart documentation and service level requirements. Areas for improvement were noted within the reports and trending will continue as appropriate. Due to COVID-19, AHCCCS has suspended the audit process that would be occurring between the third and fourth quarter of this fiscal year (April through October) due to COVID-19. However, the tool is currently undergoing revision to provide greater focus on integrated care.

Workforce Development (WFD):

In 2016, AHCCCS began requiring in contract that ACC, ALTCS and RBHA MCOs create a Workforce Development Operation lead by a WFD Administrator. Operational activities focus on monitoring, assessing and planning for current workforce development needs, as well as forecasting and planning for future workforce needs.

In addition, the WFD Operation must also be able to provide technical assistance directly to providers in order to help them with recruitment, selection, training, deployment and retention issues as needed. The overall goal is to assist the provider networks to acquire and retain the most interpersonally, clinically, culturally, and technically capable healthcare workforce. The AHCCCS Office of Healthcare Workforce Development oversees the workforce development efforts of all ACC, RBHA, and ALTCS MCOs and, in 2021 effective with its integration effort, CMDP.

AHCCCS' Workforce Development Policy ACOM 407 was revised and approved by the AHCCCS Policy Committee and will be effective October 1, 2020. Revisions to ACOM 407 were made to accomplish the following objectives:

- Include the new CMDP integrated contractor,
- Strengthen workforce development planning at the network and statewide levels by standardizing the workforce data being collected and reported by the Contractors,
- Implementation of recommendations from Governor Ducey's Taskforce on the Prevention of Abuse and Neglect of Vulnerable Populations. This involved insertion of contract language directing Contractors to hold providers accountable for enactment of practices to safeguard the health and safety of people in their care,

including:

- Creation of training that includes realistic scenario-based instructions for staff that build staff skills in the recognition and prevention of abuse and neglect,
- Development of techniques for supervision and support to reduce burnout of residential or in-home staff, paid and non-paid family member caregivers.

Working collaboratively, the ACC/RBHA Health Plan Alliance continued the long term project of transforming Arizona’s training system structure. The goal is to change the current training-based requirements to a system of targeted training that is based upon evaluating practitioner competency. The primary activities accomplished during the last quarter were:

- Expansion of the number of standard job and service specific competencies,
- Creation of uniform orientation and basic education and training programs for provider staff,
- Activation of a comprehensive restructuring of the process for evaluating, training and development of the statewide Child and Family Team Process, a key component of Arizona’s children’s system of care,
- Development of a new statewide system for evaluating, training and supporting staff as they transition to an updated specialized children’s behavioral health assessment tool.

The ALTCS EPD and DDD Health Plan Alliance continue to work in partnership with providers and industry leaders to address the impending shortages of direct care/direct support workers.

- The ALTCS Alliance, the NCIA Board, and leaders from the assisted living and in-home care industries are working to implement two new pieces of legislation that increases reciprocity in training and testing between in-home care and assisted living caregivers.
 - SB1244 gives workers the flexibility to move between in-patient and in-home settings without requiring them to take potentially redundant trainings,
 - SB1210 allows assistant caregivers and new caregivers an option to acquire the skills and knowledge needed to be a caregiver via either on-the-job training options or a more traditional training route.
- The Alliance continues to expand unique partnerships with secondary education sectors to bring newly graduated students into the long term care workforce as direct care workers, with support of AHCCCS and the ALTCS Workforce Development Advisory Committee and the Workforce Development Alliance of the EPD and DDD ALTCS plans.
- MCOs are jointly contracted with PHI International, which is an organization that offers consulting related to the unlicensed, long term care, direct care workforce. This relationship allows creation of an Arizona specific survey of the unlicensed Direct Service caregiver personnel. The survey is intended to achieve two goals: (1) describe the reasons that caregivers both stay and leave their jobs and (2) assist leaders of long term care service agencies to develop more personalized strategies

to improve retention.

• **Community Initiatives:**

Behavioral Health in Schools:

In the last few years, AHCCCS partnered with the Arizona Department of Education on two innovative projects bringing together the professions of behavioral health and education. The first is the SAMHSA-funded Project AWARE, which began in 2018. The five-year grant aims to increase access to behavioral health providers and suicide prevention resources in public and charter schools. It is estimated some 12,000 Arizonans will receive training during the grant period.

Further, AHCCCS worked with the Department of Education from fiscal years 2018-2020, via an Interagency Service Agreement to fund, with State-only dollars, mental health training to public and charter school staff statewide. In the first year of this funding, more than 350 school staff participated. AHCCCS has also incentivized providers to partner with schools to provide behavioral health services on campus. This has resulted in a 200% increase in these services, with more than 16,000 of Arizona's students receiving services on a school campus in fiscal year 2020.

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 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

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

The Opioid State Targeted Response (STR) grant and the State Opioid Response (SOR) grant were awarded to AHCCCS in May 2017 and September 2018, respectively. These grants are designed to enhance community-based prevention, treatment, and recovery, including 24/7 access to treatment sites in “hotspot” areas through Arizona. Additional Opioid Treatment Programs (OTPs) have extended hours, thereby increasing the availability of peer supports,

access to additional care coordination efforts among high risk and priority populations, and additional recovery supports for housing and employment. STR ended on April 30, 2020.

- Arizona has opened four 24/7 access points for opioid treatment. The 24/7 access point is an Opioid Treatment Program 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 three Medication Units and four OTPs in rural Arizona to make medication assisted treatment more accessible within those communities. As of May 31, 2020, (which encompasses the FFY20-Q3 reporting period), 37,787 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. First responder scenes in the hotspot areas have been increased. As of May 31, 2020, over 32,535 individuals have received peer support and recovery services through the STR and SOR grants.
- Special populations for STR and SOR include justice-involved individuals, pregnant and parenting women, tribal populations, veterans, service members, military families, and individuals with brain and/or spinal cord injuries.

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

	STR			SOR		
	Year 1 05/01/2017- 04/30/2018	Year 2 05/01/2018- 04/30/2019	Year 3 05/01/2019- 04/30/2020	Year 1 09/30/2018- 09/29/2019	Year 2 09/30/2020- 05/31/2020	Cumulative Total
Recovery Support Services	3,379	11,235	2,816	4,576	10,529	32,535
Treatment Services	4,362	10,545	4,277	10,459	8,194	37,787
Unduplicated Count	6,143	15,232	4,578	12,467	11,716	50,136

Use of Evidence Based Practice:

Additional AHCCCS Efforts to Combat the Opioid Epidemic:

Oxford House:

Each RBHA is contracted with Oxford House, Inc. utilizing SAMHSA Substance Abuse Block Grant (SABG) funds. Oxford House is a worldwide network of over 2,500 sober living houses and Arizona was the forty-seventh (47) state to adopt the Oxford House

model. The Oxford House model provides support to individuals with a Substance Use Disorder (SUD) diagnosis or a co-occurring disorder (SUD and 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 individuals 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, Arizona has a directory of twenty-five (25) houses, within the directory.

Medication Assisted Treatment (MAT):

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. For those with an opioid use disorder (OUD), medication addresses the physical difficulties that individuals get when they stop taking opioids. MAT can help to reestablish normal brain function, reduce substance cravings and prevent relapse. The longer individuals are in treatment, the more they will be able to manage their dependency and move toward recovery. Arizona has sixty four (64) OTPs throughout the State that are certified through SAMHSA.

Harm Reduction:

Harm reduction models use a variety of strategies to reduce the harmful consequences associated with substance misuse. [Harm reduction](#) strategies seek to reduce morbidity and mortality associated with substance misuse for those for whom abstinence is not an immediate and/or feasible goal. The goal of harm reduction models is to reduce at-risk, moderate, and high-risk behaviors often associated with substance use disorders.

Naloxone Expansion Program:

Through a direct contract supported by the Substance Abuse Block Grant from April 1, 2020 to June 30th, 2020, a total of 12,207 individuals have been served. For these individuals receiving services, 554 Naloxone kits have been distributed with 965 reversals being reported and 181 people have been referred for treatment.

New Initiatives:**Social Determinants of Health:**

Growing national attention on Social Determinants of Health (the impact that social factors have on a person’s health and well-being) indicates that socioeconomic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS has addressed these complex issues through efforts to provide housing, employment, coordination with the criminal justice system, nonemergency transportation and home/community based services for members using Medicaid covered services. Concurrently, AHCCCS has also relied on a broad range of funding sources for services and supports not available under the Arizona Medicaid program. AHCCCS has developed a specific Whole Person Care Initiative (WPCI) to advance exploration of these issues and

their relationship with Social Determinants of Health:

- Transitional housing, particularly for individuals leaving a correctional facility, those being discharged from a behavioral health inpatient stay, and individuals experiencing chronic homelessness
- Non-medical transportation with a focus on access to healthy food and employment navigation services
- Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCS) services in their own homes including, but not limited to, peer support programs

Throughout the first three quarters of FFY20, three of the four planned community meeting forums were held for community and stakeholder feedback to ensure the Whole Person Care initiative meets the needs of its members. In an effort to support providers, MCOs, community-based organizations, and community stakeholders who collaborate to address the social service needs of AHCCCS members, partnerships continue with Arizona's Health Information Exchange (HIE), to explore technology that will facilitate screening for social risk factors with an option to seamlessly refer members to community resources. Throughout 2020, the HIE has been undertaking the evaluation of available solutions for a single, statewide, electronic, closed-loop referral platform for social service fulfillment. Such technology allows health care providers to screen patients for social risk factors, submit electronic referrals to local agencies, and see when a member's social service needs have been successfully fulfilled.

Over the next year AHCCCS will collaborate with its contracted managed care organizations, community-based organizations, tribal partners, providers, and other external stakeholders to develop his important initiative to improve our members' health.

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.

- HCBS setting specific workgroups consisting of AHCCCS, MCO, providers, and members were established to provide feedback on the HCBS assessment tool suites while AHCCCS works on finalizing the tools internally. AHCCCS, the workgroups, and CMS have worked to create a desk audit in place of on-site assessments in order to move forward with the HCBS assessments during the COVID-19 emergency.
- The workgroups have been preparing the final tool suite that will be used by the Quality Management units at each MCO to assess for provider HCBS compliance. The tool suite consists of a provider self-assessment, member file review, member interviews, and observations plus community interviews
- Interface continued with the MCO Quality Management teams to develop a collaborative HCBS assessment process and steps to operationalize the use of the tools
- AHCCCS has ongoing meetings with MCO Workforce Development Officers to define and offer the provider training sessions that will be offered in early 2020

CMS Core Measure Set Alignment:

Historically, AHCCCS has utilized National Committee for Quality Assurance (NCQA), HEDIS[®], the CMS Adult Core Set, and the CMS Child Core Set measures to monitor and

evaluate MCO performance. AHCCCS evaluated this strategy and made a determination that beginning with FFY20, AHCCCS would move toward the incorporation of additional CMS Adult and Child Core Set measures, as well as the CMS Long Term Services and Supports (LTSS) measures for applicable MCOs. AHCCCS has maintained select NCQA HEDIS[®] measures in contract in order to continue monitoring focus areas such as mental health utilization. This approach was proactively undertaken to prepare for the required reporting of all CMS Child Core Set measures in 2024. Mandatory reporting will be extended to behavioral health measures included in both the child and adult CMS Core Sets. AHCCCS will also look to transition its performance measure reporting to reflect a Calendar Year (January 1 – December 31), further aligning with the CMS Child and Adult Measure Set Technical Specifications. This transition is anticipated to begin with FFY21 reporting.

Revised Policy Language To Promote Improved Outcomes:

AMPM policies related to quality management recently underwent revision to clarify and enhance QI-related requirements. During the second quarter, policy revisions were made to address medical and behavioral health records maintenance and oversight required by the MCOs for their provider networks. The policy added requirements that focused on alignment and integration of behavioral and physical health record components when possible and clinically appropriate, including but not limited to:

- Equalization of sharing requirements across systems, similar demographic information,
- Family history,
- Past medical and behavioral health history,
- Referral tracking and documentation of coordination of care activities.

During the third quarter, the policy was posted for public comment feedback. Updates, based on feedback, will be finalized during August.

Further enhancements to the new crisis policy, which began during the third quarter of FFY19, are continuing into the third quarter of FFY20. As stated in prior reports, these will outline specific requirements for mobile crisis response teams, as well as telephone crisis call centers. The policy will also address cross-system coordination standards, engagement with first responders and requirements for development of at-risk crisis planning for members at increased clinical risk for crisis events. AHCCCS is seeking feedback from MCOs regarding what guidelines would be most helpful to ensure crisis planning and services meet the needs of the individuals they serve.

System of Care Enhancements:

Historically, System of Care policies and guidelines have addressed requirements, functions and processes within the children's behavioral health system. Since Q1, discussions have begun to broaden the System of Care model to incorporate adults, and to focus more on physical health, as part of the overall AHCCCS System of Care. Existing MCO deliverables are also being reevaluated to accommodate potential changes under discussion. One potential change being entertained is expansion of the Children's system fidelity audits to the ACC Contractors, as these audits have always been a requirement for the RBHA system.

A System of Care team was created within the Division of Health Care Management

(DHCM) to specifically address System of Care improvements. During the third quarter this team continues to identify and assess clinical audit and fidelity measurements that have historically been utilized. The focus is to identify potential duplication of effort across clinical measurement tools, enhance integrated requirements and streamline where possible. An additional plan is to expand and formalize Adult System of Care requirements into policy and Contract, so that the Adult System of Care would incorporate the written guidance and best practice models similar to what has been immortalized as part of the Children's System of Care.

Regular Monitoring and Evaluation of MCO Compliance

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

On-site Operational Reviews:

Operational Reviews (ORs) are used by AHCCCS to evaluate MCO 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.

As of the first quarter of FFY20, AHCCCS has established an interdisciplinary workgroup to address requirements that will accommodate contract changes for FFY20 that need to be incorporated into the Operational Review process. During the second and third quarters, additional planned activities have been temporarily set aside due to the COVID pandemic.

Clinical Oversight Committee:

The Clinical Oversight Committee meets on a quarterly basis and was designed to ensure two key requirements are enacted:

- 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 the Clinical Oversight meeting was held June 30th. Per the meeting agenda, the following topics were addressed:

- COVID-19 updates related to telehealth, crisis counseling grants and ALTCS workgroup activities
- Quality updates including a summary of the 2018 performance measure results, Vaccines for Children (VFC) program update, dashboard survey outcomes and NCQA accreditation
- Substance Use Disorder (SUD) strategy updates

- CMDP updates including CMDP dashboard review and the upcoming integrated contract (planned implementation date of 4/1/2021)

Review and analysis of periodic reports:

A number of contract deliverables are used to monitor and evaluate MCO compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate. Quarterly reports are reviewed during the quarter that follows the reporting quarter.

Fidelity to Service Delivery for Individuals with Serious Mental Illness:

AHCCCS contractor reviews were administered for the sixth year by Western Interstate Commission of Higher Education (WICHE). During the third quarter a change was made to utilize a virtual option to complete final fidelity reviews due to Covid-19. Member and provider feedback was positive and virtual options were requested, and will be utilized in future reviews. The expansion of services offered by consumer operated programs continues to grow and programs are partnering and sharing resources and ideas.

Supported Employment saw a decline in referrals in the months of March and April during which time employment sites and programs set up safe, Covid-19 approved environments for applicants to apply for employment. During the month of May, referrals rebounded. Reporting from clinical teams consistently show stronger support for member choice in housing and the importance of identifying the natural skill set of individuals. ACT teams are hiring staff with a high degree of experience in providing cross training for staff. ACT teams are utilizing telehealth so members throughout the State can receive needed services. Members became experienced in practicing social distancing before it became a requirement for the Covid-19 virus.

Quarterly EPSDT and Adult Monitoring Reports:

Historically, AHCCCS has required all MCOs to submit quarterly EPSDT and Adult Performance Measure Monitoring Reports. The EPSDT and Adult Monitoring report is intended to be inclusive of metrics including, but not limited to blood lead screening, EPSDT referrals, member and provider outreach. As of FFY20 Q-2, this deliverable was separated into two deliverables to reduce confusion and better delineate expectations. The report now has two distinct appendices within the AHCCCS Medical Policy Manual (AMPM). Appendix A has become the EPSDT and Adult Quarterly Report and Appendix B has become the Performance Measure Monitoring Report, which includes an emphasis on CMS Core Measures. Appendix A is currently suspended pending template revisions.

Performance Measure Monitoring Report:

The Performance Measure monitoring report is intended to be inclusive of standardized performance measures (i.e. CMS Child and Adult Core Set measures and select HEDIS measures). The initial submission of Appendix B, planned for the third quarter, has been suspended in light of the COVID-19 Emergency.

Providing Incentives for Excellence and Imposing Sanctions for Poor Performance:

AHCCCS regularly monitors MCOs to ensure compliance with contractually mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the

MCO 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 MCOs may select and implement their own PIPs to address areas of opportunity specific to their plans, AHCCCS mandates other program-wide PIPs in which MCOs must participate. In turn, AHCCCS monitors performance until each MCO meets requirements for demonstrable and sustained improvement. The QI team has implemented an enhanced PIP checklist in order to provide more comprehensive feedback to MCOs.

Back to Basics PIP:

This is a newly developed PIP related to improvement of EPSDT-related requirements. The Back to Basics PIP has been selected for the ACC, CMDP, and DDD MCOs, and includes Title XIX and Title XXI members with a baseline measurement year of FFY19. The purpose of this PIP is to increase the number of child 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.

AHCCCS included a presentation that provided an overview of the PIP structure and design at its Community Quality Forum conducted in June 2020. During this presentation, stakeholder feedback regarding potential future PIP topics/focus areas was requested.

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. AHCCCS has created a centralized office of data analytics (AODA) which includes a data governance team to support data management best practices.

During the latter half of FFY19, AHCCCS began to develop additional reporting mechanisms to receive and compile information directly from MCOs into the AHCCCS data warehouse. Additional efforts include development of an out of state reporting portal, which became active May 30th.

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. CRS and Acute Care are no longer contracted line of business and thus not reported separately.

AHCCCS has implemented an updated Value Based Purchasing (VBP) Alternative Payment Model (APM) for the ACC, ALTCS/EPD, ALTCS/DDD and RBHA populations. The APM is designed to encourage MCO 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 MCOs execute with health care providers, governed by APM arrangements, will have increases according to the tables immediately below.

ALTCS/DDD		
INTENDED MINIMUM VALUE PERCENTAGE		
Year	Sub-Contracted MCOs	LTSS
CYE 20	50%	20%
CYE 21	60%	35%

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

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

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

Reviewing and Revising the Quality Strategy

AHCCCS maintains its efforts to enhance the Agency’s Quality Strategy report. Cross-divisional meetings are held on a monthly basis. 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 42CFR-438.340. The next planned posting of the report will be 2021.

Attachment 3

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
April 2020 – June 2020

The April 2020 through June 2020 quarter for the Arizona Medicaid Administrative Claiming Program Random Moment Time Study (RMTS) was not completed due to the public health emergency.

AHCCCS submitted a request to CMS for an exception waiver to halt the quarterly time study and use an alternate method to establish the statewide results. This request was submitted to CMS on April 15th and the approval was received on April 21st.
