Community Quality Forum

November 18, 2021
3-5pm
Community Quality Forum Agenda

- Welcome
- Community Quality Forum Purpose
- FFY22 Clinical Priorities
- Quality Improvement Update
  - Back to School EPSDT Efforts
  - Developmental Screening Updates
    - PIP
    - AMPM 430 Policy
- COVID-19 Pandemic
  - COVID-19 Vaccination Strategy & Data Review
- Substance Use Disorder Initiatives
  - Data Review
  - SOR Updates
  - ASAM Update
- Children’s Mental Health Initiatives
  - Behavioral Health in Schools Update
  - Foster Care Dashboard Review
  - Autism Spectrum Disorder (ASD) Data Review
Community Quality Forum Purpose

Dr. Sara Salek
CMO
Community Quality Forum

The AHCCCS Community Quality Forum evaluates physical and behavioral health system performance in alignment with our integrated care model in collaboration and consultation with community stakeholders to drive system improvement efforts.
FFY22 Clinical Priorities

Dr. Sara Salek
CMO
Quality Improvement Update

Georgette Kubruusi Chukwuemeka
Performance Strategy Administrator
Division of Health Care Management
Back-to-School EPSDT Efforts
Back-to School EPSDT Efforts

• In an effort to improve well-child and well-care visit rates, AHCCCS is planning to launch a Back-to-School campaign.

• **Background:**
  o During the May 2021 AHCCCS Medical Directors meeting, statewide well-child and well-care visit rates were presented, indicating declining rates from 12/2019 - 8/2020 due to the COVID-19 Public Health Emergency and rates lower than national averages.
  o AHCCCS met with the MCOs on multiple occasions to discuss potential statewide strategies to implement to drive up well-child and well-care visit rates.
  o A general consensus among the MCOs was reached in September to move forward with a Back-to-School campaign, with approval from the Quality Steering Committee.
Back-to School EPSDT Efforts

• **Current State**
  o Planning underway for campaign to launch Summer 2022
  o Key components:
    ▪ Backpack drives
    ▪ Provide school supplies from official supply lists
  o Next steps:
    ▪ Contact potential partners to begin collaborative efforts
Developmental Screening Updates
Developmental Screening Updates: Performance Improvement Project (PIP)

• The Developmental Screening PIP was launched in CYE 2016 to increase the number of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the twelve months preceding their first, second, or third birthday.
  o Goal: To demonstrate a statistically significant increase in the number and percent of children receiving a developmental screening followed by sustained improvement for one consecutive year.
  o Included: ACC/Acute, DCS CHP, and ALTCS DD
  o The PIP is considered closed (as of the end of CYE 2019).
PIP Updates: Developmental Screening
CYE 2016 - CYE 2019 data is displayed in the table below for the **ACC/Acute** population.

<table>
<thead>
<tr>
<th>Developmental Screening</th>
<th>CYE 2016 Rate</th>
<th>CYE 2018 Rate</th>
<th>CYE 2019 Rate</th>
<th>Year to Year Change¹</th>
<th>Statistical Significance²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their First Birthday</td>
<td>21.1%</td>
<td>27.1%</td>
<td>29.8%</td>
<td>41.2%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Second Birthday</td>
<td>27.5%</td>
<td>34.1%</td>
<td>40.1%</td>
<td>45.8%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Third Birthday</td>
<td>23.1%</td>
<td>29.3%</td>
<td>34.6%</td>
<td>49.8%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday</td>
<td>23.6%</td>
<td>29.9%</td>
<td>34.4%</td>
<td>45.8%</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

¹ Year to Year Change is reflective of the change in rate between CYE 2016 and CYE 2019.
² Significance levels (p values) noted in the table demonstrate whether the differences in performance between CYE 2016 and CYE 2019 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

The CYE 2016 and CYE 2018 ACC/Acute Aggregate rates are inclusive of the DCS CHP population.

CYE 2017 was reflective of the intervention year; as such, rates have not been included.
# PIP Updates: Developmental Screening

CYE 2016 - CYE 2019 data is displayed in the table below for the **DCS CHP** population.

<table>
<thead>
<tr>
<th>Developmental Screening</th>
<th>CYE 2016 Rate</th>
<th>CYE 2018 Rate</th>
<th>CYE 2019 Rate</th>
<th>Year to Year Change&lt;sup&gt;1&lt;/sup&gt;</th>
<th>Statistical Significance&lt;sup&gt;2&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their First Birthday</td>
<td>23.8%</td>
<td>31.1%</td>
<td>39.5%</td>
<td>66.0%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Second Birthday</td>
<td>36.2%</td>
<td>48.6%</td>
<td>51.7%</td>
<td>42.8%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Third Birthday</td>
<td>29.0%</td>
<td>33.5%</td>
<td>43.0%</td>
<td>48.3%</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday</td>
<td>30.0%</td>
<td>37.7%</td>
<td>44.5%</td>
<td>48.3%</td>
<td>P&lt;0.001</td>
</tr>
</tbody>
</table>

The CYE 2016 and CYE 2018 ACC/Acute Aggregate rates are inclusive of the DCS CHP population. CYE 2017 was reflective of the intervention year; as such, rates have not been included.

<sup>1</sup> Year to Year Change is reflective of the change in rate between CYE 2016 and CYE 2019.

<sup>2</sup> Significance levels (p values) noted in the table demonstrate whether the differences in performance between CYE 2016 and CYE 2019 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤ 0.05. Significance levels (p values) in bold font indicate statistically significant values.
### PIP Updates: Developmental Screening

CYE 2016 - CYE 2019 data is displayed in the table below for the **ALTCS-DD** population.

<table>
<thead>
<tr>
<th>Developmental Screening</th>
<th>CYE 2016 Rate</th>
<th>CYE 2018 Rate</th>
<th>CYE 2019 Rate</th>
<th>Year to Year Change</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALTCS-DD</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their First Birthday</td>
<td>24.4%</td>
<td>31.3%</td>
<td>29.9%</td>
<td>22.5%</td>
<td>P=0.320</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Second Birthday</td>
<td>25.1%</td>
<td>22.3%</td>
<td>23.8%</td>
<td>-5.2%</td>
<td>P=0.742</td>
</tr>
<tr>
<td>Percentage of Members Screened in the Twelve Months Preceding their Third Birthday</td>
<td>24.9%</td>
<td>25.1%</td>
<td>25.8%</td>
<td>3.6%</td>
<td>P=0.768</td>
</tr>
</tbody>
</table>

The CYE 2016 and CYE 2018 ACC/Acute Aggregate rates are inclusive of the DCS CHP population. CYE 2017 was reflective of the intervention year; as such, rates have not been included.

1 Year to Year Change is reflective of the change in rate between CYE 2016 and CYE 2019.

2 Significance levels (p values) noted in the table demonstrate whether the differences in performance between CYE 2016 and CYE 2019 were statistically significant. The threshold for a result being considered statistically significant is traditionally reached when the p value is ≤0.05. Significance levels (p values) in bold font indicate statistically significant values.

3 Rates are not reported for the ALTCS-DD population.
Developmental Screening Updates: Policy

• AHCCCS Medical Policy Manual, Policy 430 "EPSDT Early and Periodic Screening, Diagnostic, and Treatment Services" was recently updated and is posted for public comment until 11/22/21.
• Includes updated requirements for Developmental Screenings such as:
  o Requirements for PCPs to be trained in the use and scoring of developmental screening tools as indicated by the American Academy of Pediatrics (AAP)
  o Requiring that abnormal screening findings be referred for appropriate follow up
  o Requirements for providers to conduct general developmental screening at the 9, 18, and 30 month EPSDT visits
  o Updating the requirements for accepted developmental screening tools to refer to the CMS Core Measure specifications (Development Screening in the First Three Years of Life, DEV-CH), but also includes examples of accepted tools (i.e. Ages and Stages Questionnaire, Third Edition and Parents’ Evaluation of Developmental Status (PEDS), Birth to Age Eight)
COVID-19 Pandemic

Dr. Sara Salek
CMO
AHCCCS COVID-19 Vaccination Strategy
Vaccine Administration

• Any AHCCCS-registered provider whose scope of practice includes vaccine administration may be reimbursed for COVID-19 vaccine administration
• Must be onboarded with the Arizona Department of Health Services (Provider Onboarding Form)
• Payment rates are date-specific. Please see the AHCCCS Vaccine FAQ #9.
• Mandated payment - 100% of rates, including mid-level practitioners
• Mandated suspension of in-network requirements for health plans
COVID-19 Vaccine Administration Rate

For dates of service on and after August 9, 2021:

- The AHCCCS fee-for-service rate for COVID-19 vaccine administration is $83.00 to administer single-dose vaccines.
- For a COVID-19 vaccine requiring a series of two doses, the initial dose administration payment rate is $83.00 and the second dose administration payment rate is $83.00.

For dates of service on and after August 12, 2021:

- The AHCCCS fee-for-service rate for third dose COVID-19 vaccine administration is $83.00.
The COVID-19 vaccines are:

- Safe and effective
- Free
- Available to everyone age 5 and over
- No appointment needed

There is no cost for transportation to and from any vaccination site.

Option 1: Call 2-1-1 (8 a.m.-5 p.m.) to connect directly with a navigator to schedule transportation.
Option 2: Arrange for Non-Emergency Transportation (NETM) through your AHCCCS Health Plan.

<table>
<thead>
<tr>
<th>AHCCCS Health Plan</th>
<th>Number to call to arrange non-emergency transportation (NETM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banner University Family Care</td>
<td>800-582-8686, Option 3</td>
</tr>
<tr>
<td>Banner University Family Care: Long Term Care</td>
<td>833-318-4146, Option 3</td>
</tr>
<tr>
<td>Mercy Care</td>
<td>1-800-624-3879</td>
</tr>
<tr>
<td>Mercy Care Ribha</td>
<td>1-800-564-5465</td>
</tr>
<tr>
<td>United Health Care</td>
<td>1-888-700-6822</td>
</tr>
<tr>
<td>Care1st</td>
<td>602-778-1800 or 1-866-569-4042</td>
</tr>
<tr>
<td>Health Choice Arizona</td>
<td>602-386-3447 or 1-800-322-8670</td>
</tr>
<tr>
<td>Molina Complete Care</td>
<td>1-800-424-5891, Option 1 or 1-833-474-5060</td>
</tr>
<tr>
<td>Arizona Complete Health</td>
<td>1-888-788-4408</td>
</tr>
</tbody>
</table>

To find a vaccine site near you, go to www.azdhs.gov/FindVaccine or call 2-1-1.
COVID-19 Vaccine Strategies: Mobile Vaccinators

- Leveraging onboarded mobile providers that can travel to congregate care settings as well as home-based settings
- All interested staff and residents can be vaccinated at the same time
- AHCCCS health plans coordinating directly with counties, congregate care/home-based settings, and on-boarded mobile providers
Vaccine Education and Promotion

- AHCCCS continues to collaborate directly with the Arizona Department of Health Services (ADHS), County Health Departments, and other stakeholders on the most effective member outreach strategies.
- AHCCCS has leveraged the MCOs to provide PCPs data on their COVID-19 vaccine rates.
- Additionally, for members with specialized health care needs, including the AHCCCS long term care populations, the AHCCCS MCOs conduct direct member outreach through care managers to assist with member access to COVID-19 vaccine.
AHCCCS Beneficiary COVID-19 Vaccination Rates

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of October 15, 2021

- ACC: 39%
- RBHA-SMI: 70%
- ALTCS-EPD: 75%
- ALTCS-DD: 61%

Line of Business Rate  AHCCCS Rate (Approx. 43%)  Statewide Percent of Eligible People Vaccinated (Approx. 69%)

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and supplemental data from the Arizona State Immunization Information System (ASIIS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
AHCCCS Beneficiary COVID-19 Vaccination Rates*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of October 15, 2021

- American Indian Health Program: 49%
- Tribal ALTCS: 64%

*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.
Substance Use Disorder Initiatives
More than 5 Arizonans a day died from opioids last year.
Verified Fatal and Non-Fatal Opioid Overdose Events

MEDSIS, July 2019- June 2021 (n=10,594)

Bar chart showing the distribution of opioid overdose events by age group:
- 0-14: 1.6%
- 15-24: 23.4%
- 25-34: 29.6%
- 35-44: 17.9%
- 45-54: 11.8%
- 55-64: 9.7%
- 65-74: 4.1%
- 75+: 1.9%
Percent of Substances involved in Verified Fatal and Non-fatal Opioid Overdose Events (n=9,932)  MEDSIS, July 2019- June 2021

**Opioid Drugs**
- Fentanyl: 29.9%
- Oxycodone: 13.9%
- Heroin: 7.3%
- Other Rx Opiate: 7.0%
- Methadone: 2.8%
- Morphine: 2.3%
- Hydrocodone: 1.5%
- Tramadol: 0.7%
- Hydromorphone: 0.4%

**Non-Opioid Drugs**
- Methamphetamine: 10.6%
- Marijuana: 9.8%
- Benzodiazepine: 6.5%
- Amphetamine: 4.1%
- Cocaine: 3.0%
- Tylenol: 0.2%
AHCCCS Substance Use Strategies

- Primary prevention
- Stigma reduction/public education
- Naloxone, naloxone, naloxone
- Practitioner education
- Identification and navigation to evidence based treatment
  - Recovery/Peer Support
  - MAT
Prevention—PAX GBG
Stigma Reduction Campaign – Women and Substance Use

General Audience Creative – Hope Heals

Website: azhealth.gov/HopeHeals
Count of Naloxone Doses

C & E: Claims and Encounters; Opioid Grants: Opioid State Targeted Response (STR), State Opioid Response (SOR), State Opioid Response II (SOR II); Block Grant: Substance Abuse Block Grant; *FFY2021: Incomplete data through 03/31/21 for C&E and 06/31/21 for grants
# 24/7 Access Points

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CODAC Health, Recovery and Wellness</td>
<td>380 E. Ft. Lowell Road, Tucson, AZ 85705</td>
<td>520-202-1786</td>
</tr>
<tr>
<td>Community Bridges, East Valley Addiction Recovery Center</td>
<td>560 S. Bellview, Mesa, AZ 85204</td>
<td>480-461-1711</td>
</tr>
<tr>
<td>Community Medical Services</td>
<td>2806 W. Cactus Road, Phoenix, AZ 85029</td>
<td>602-607-7000</td>
</tr>
<tr>
<td>Intensive Treatment Systems, West Clinic</td>
<td>4136 N. 75th Ave #116 Phoenix, AZ 85033</td>
<td>623-247-1234</td>
</tr>
</tbody>
</table>
Members Diagnosed with an OUD & Those Utilizing MAT (FFY 2018-2020)

Overall 44% Percent Change in MAT from 2018 to 2020
Members Receiving MAT for OUD, by Drug Type

- **Methadone**: 14,560 in 2018, 17,229 in 2019, 19,749 in 2020
  - Percentage Change from 2018 to 2020: 36%

- **Buprenorphine**: 6,518 in 2018, 9,945 in 2019, 11,124 in 2020
  - Percentage Change from 2018 to 2020: 71%

- **Naltrexone**: 1,177 in 2018, 1,507 in 2019, 2,031 in 2020
  - Percentage Change from 2018 to 2020: 73%
Arizona Opioid Assistance & Referral Line
(The Az OAR Line)
1-888-688-4222

Opioid Questions? We can help with....
✓ Referrals for treatment or pain specialists.
✓ Concerns about opioid use and weaning.
✓ Using opioids for acute and chronic pain.
✓ Education about naloxone (Narcan®) or other supplies.
✓ Questions about opioid use during pregnant or breastfeeding.
✓ New opioid laws and prescribing guidelines.

Calls are free and confidential
Answered by medical experts 24/7
Opioid Services Locator

Are you looking for opioid use disorder services in the area?
Enter a zip code to find a program that is right for you or for your loved one.

Disclaimer: The Opioid Use Disorder (OUD) Service Locator is made available by the Arizona Health Care Cost Containment System (AHCCCS) to assist the public in locating general information about medication-assisted treatment and opioid use disorder services. The OUD Service Locator is intended solely to provide convenient electronic access to possible resources for medication-assisted treatment and opioid use disorder services. It can be used as a helpful tool in finding providers by zip code that may be available to provide these services. The inclusion of providers in the OUD Service Locator is not an endorsement of the quality or competence of the listed provider.

AHCCCS serves to offer the most current, correct, and complete information in the OUD Service Locator. Please keep in mind that this information is subject to change. Therefore, the information in the OUD Service Locator may not reflect the most current information. Note that the OUD Service Locator includes links to websites maintained by other entities. AHCCCS is not responsible for those websites or for the information or opinions expressed in those websites.

To ensure that you have the most up to date provider information, it is very important that you contact the provider and health plan directly to verify details. We recommend that you check provider participation status and whether the provider is registered with AHCCCS. Health plans will be able to inform you whether a provider is part of a particular health plan network. We also recommend that you verify availability and whether the provider is accepting new patients.

The AHCCCS Administration does not provide individual advice or counseling. If you would like specific advice or counseling, please contact a licensed practitioner or professional, a social services agency representative, or an organization in your local community.

To report inaccurate information found in the OUD Service Locator, please contact opioid.svclocator.support@azahcccs.gov.
# Real-Time Availability

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone Numbers</th>
<th>Services Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cactus Integrated Care</td>
<td>1520 East Pima Street, Phoenix, AZ 85034</td>
<td>(877) 891-9142</td>
<td>Health Plans - Accepting 8 Plans, County Served - Serving 1 Counties, Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone, OUD Services Provided - No Additional Services</td>
</tr>
<tr>
<td>East Valley Addiction Recovery Center (EVARC)</td>
<td>560 South Balview, Room A, Mesa, AZ 85204</td>
<td>(877) 891-9142</td>
<td>Health Plans - Accepting 8 Plans, County Served - Serving 1 Counties, Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone, OUD Services Provided - No Additional Services</td>
</tr>
<tr>
<td>West Valley Access Point</td>
<td>824 North 99th Avenue, Suite 107-108, Avondale, AZ 85323</td>
<td>(877) 891-9142</td>
<td>Health Plans - Accepting 8 Plans, County Served - Serving 1 Counties, Medication-Assisted Treatment (MAT) - Buprenorphine, Methadone, Naltrexone, OUD Services Provided - No Additional Services</td>
</tr>
</tbody>
</table>
ASAM CONTINUUM® Updates

• Beginning October 1, 2022, AHCCCS providers who conduct substance use disorder (SUD) and co-occurring assessments for MCO-enrolled members are required to utilize the ASAM CONTINUUM®.

• The ASAM CONTINUUM® is not required to be used for FFS members including American Indian Health Plan (AIHP), Tribal Regional Behavioral Health Authorities (TRBHA) & Tribal Arizona Long Term Care System (ALTCS) members.
Children’s Mental Health Initiatives
Behavioral Health in Schools

Dr. Megan Woods
Behavioral Health Services in Schools

• Students in Arizona can access behavioral health services, even in the school setting!

• AHCCCS, through its contracted Managed Care Organizations (MCOs) and partnerships with the Arizona Department of Education (ADE), helps school administrators and leaders connect with behavioral health providers statewide to meet students' needs.
Behavioral Health Services in Schools

• Various funding sources include: Medicaid, Medicaid School-Based Claiming Program, Mental Health/Substance Abuse Block Grants, and the Children’s Behavioral Health Service Fund.

• Students served include Title XIX (Medicaid) and Non-Medicaid eligible.

• Staff that provide these services may be employed/contracted by the school district and MCO-contracted behavioral health providers working in schools.

• No wrong door-referral, regardless of eligibility.
Children’s Behavioral Health Service Fund (CBHSF or Jake’s Law)

Behavioral health services available to:

- Arizona students in pre-K through grade 12 public institutions
- Regardless of insurance coverage
- With a referral from an educational institution (services do not need to be provided on school campus).

Schools can refer students for counseling for anxiety, depression, social isolation, stress, behavioral issues, or any other mental health services at no charge. Services are covered by tax dollars.

azahcccs.gov/AHCCCS/Initiatives/BehavioralHealthServices/
# Behavioral Health in Schools

## Running Year Total (June 2021-October 2021)

<table>
<thead>
<tr>
<th></th>
<th># of Total Referrals from schools</th>
<th># of Total CBHSF referrals</th>
<th># of Total CBHSF Individuals Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP</td>
<td>919</td>
<td>149</td>
<td>224</td>
</tr>
<tr>
<td>AzCH</td>
<td>884</td>
<td>68</td>
<td>59</td>
</tr>
<tr>
<td>Health Choice</td>
<td>19</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1822</td>
<td>225</td>
<td>283</td>
</tr>
</tbody>
</table>
Behavioral Health in Schools

### Running Year Total (June 2021-October 2021)

<table>
<thead>
<tr>
<th>Description</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total of Schools that have submitted referrals:</td>
<td>203</td>
</tr>
<tr>
<td>Total of Schools that have submitted referrals qualified for CBHSF:</td>
<td>113</td>
</tr>
</tbody>
</table>
Project Aware Initiatives

Guidance for:

- Collaborative partnerships
- Model referral, suicide prevention and postvention policies
- Model consent forms
- Development of comprehensive school mental health teams
- Template for MOUs
AZ Educator Peer Support Program

- Pairs teachers and administrators in Arizona with a trained peer coach.
- Trained Educator Peers are teachers and administrators (in Arizona) just like you.
- Informal and confidential. In fact, you don't even have to submit your full name (first name and last initial only).

www.AZEDUCATOR.org
Foster Care Data Review

Lauren Prole
Will Buckley
Foster children are eligible for medical and dental care, inpatient, outpatient, behavioral health, and other services through The Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP).

Foster Care Data Dashboard posted on the Resources for Foster/Kinship/Adoptive Families web page
# Timeframe

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020-Q1</td>
<td>10/1/2019 – 12/31/2019</td>
</tr>
<tr>
<td>2020-Q2</td>
<td>1/1/2020 – 3/31/2020</td>
</tr>
<tr>
<td>2020-Q3</td>
<td>4/1/2020 – 6/30/2020</td>
</tr>
<tr>
<td>2020-Q4</td>
<td>7/1/2020 – 9/30/2020</td>
</tr>
<tr>
<td>2021-Q1</td>
<td>10/1/2020 – 12/31/2020</td>
</tr>
</tbody>
</table>
Crisis Services – HP Self Reported
Rapid Response – HP Self Reported (72-hour requirement)
TFC Utilization by Avg. Length of Stay – AHCCCS Calculated Preliminary
TFC Utilization – AHCCCS Calculated
Respite Utilization – AHCCCS Calculated

![Graph showing enrollment trends from 2020-Q1 to 2021-Q1 for AzCH Enrollment, HCA Enrollment, MC Enrollment, AzCH %, HCA %, and MC %.]
Grievances – HP Self Reported

- AzCH Number of Grievances
- HCA Number of Grievances
- MC Number of Grievances
- AzCH Number of Distinct Members
- HCA Number of Distinct Members
- MC Number of Distinct Members
ACOM 449 – Liaison and After Hours Call Volume – HP Self Reported
AHCCCS Clinical Resolutions – Jacob’s Law Call Volume

21-Apr  21-May  21-Jun  21-Jul  21-Aug
Newly Enrolled CMDP Members – Received services first 6 months of enrollment – AHCCCS Calculated
DCS-CHP Specific Enrolled/Served – Percentage Served – AHCCCS Calculated
Autism Spectrum Disorder Data Review

Dr. Megan Woods
ASD Advisory Committee Report Addendum

Updates included in major topic areas:

• Early Identification and Referrals
• Reducing System Complexity
• Evidence Based Treatment
• Building Network Capacity
• Adults with ASD
ASD Advisory Committee Report Addendum

Early Identification and Referrals

• Highlights projects that have decreased average age of diagnosis

• Outlines policy and contract requirements to bolster services aimed at early identification
ASD Advisory Committee Report Addendum

Reducing System Complexity

• Reviews integration efforts over the last several years, including DDD’s integrated contracts

• Includes information on system improvements to access specialists

• Reviews monitoring activities and oversight of system from AHCCCS’ level
ASD Advisory Committee Report Addendum

Evidence Based Treatment

- Includes information on updates of original Evidence Based Practice (EBP) tool since original report

- Includes policy/contract updates for provision of EBP

- Includes information on monitoring of services provided
ASD Advisory Committee Report Addendum

Building Network Capacity

• Highlights investments and incentives that have contributed toward increasing network capacity

• Includes information on trainings and resources available to improve upon providers’ level of expertise for serving individuals with ASD

• Reviews use of technology to increase access and service provision
Advisory Committee Report Addendum

Adults with ASD

- Reviews implementation of HCBS rules to improve outcomes
- Includes information on policy and contract requirements for service planning
Percent Change from FFY16 to FFY20 = 19.8%
Meeting Recap and Next Steps
Thank You.

2022 Meeting Dates:
February 17th, May 19th, August 18th, November 17th

Register in advance for this webinar:
https://ahcccs.zoom.us/webinar/register/WN_MCmjpLYNQH2kkBcYweaLxg