Community Quality Forum

November 18, 2021
3-5pm

AHCCCS
Arizona Health Care Cost Containment System

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

AHCCCS
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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

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Quality Improvement Update

Georgette Kubrussi 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:**
  - 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.
  - 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.
  - 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**
  - Planning underway for campaign to launch Summer 2022
  - Key components:
    - Backpack drives
    - Provide school supplies from official supply lists
  - 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.

Developmental Screening	CYE 2016 Rate	CYE 2018 Rate	CYE 2019 Rate	Year to Year Change[1]	Statistical Significance[2]
ACC/Acute					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday	21.1%	27.1%	29.8%	41.2%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	27.5%	34.1%	40.1%	45.8%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	23.1%	29.3%	34.6%	49.8%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	23.6%	29.9%	34.4%	45.8%	**P<0.001**

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.

PIP Updates: Developmental Screening

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

Developmental Screening	CYE 2016 Rate	CYE 2018 Rate	CYE 2019 Rate	Year to Year Change[1]	Statistical Significance[2]
DCS CHP					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday	23.8%	31.1%	39.5%	66.0%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	36.2%	48.6%	51.7%	42.8%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	29.0%	33.5%	43.0%	48.3%	**P<0.001**
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	30.0%	37.7%	44.5%	48.3%	**P<0.001**

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.

PIP Updates: Developmental Screening

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

Developmental Screening	CYE 2016 Rate	CYE 2018 Rate	CYE 2019 Rate	Year to Year Change[1]	Statistical Significance[2]
ALTCS-DD					
Percentage of Members Screened in the Twelve Months Preceding their First Birthday[3]	N/A	N/A	N/A	N/A	N/A
Percentage of Members Screened in the Twelve Months Preceding their Second Birthday	24.4%	31.3%	29.9%	22.5%	P=0.320
Percentage of Members Screened in the Twelve Months Preceding their Third Birthday	25.1%	22.3%	23.8%	-5.2%	P=0.742
Percentage of Members Screened in the Twelve Months Preceding their First, Second, and Third Birthday	24.9%	25.1%	25.8%	3.6%	P=0.768

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:
  - Requirements for PCPs to be trained in the use and scoring of developmental screening tools as indicated by the American Academy of Pediatrics (AAP)
  - Requiring that abnormal screening findings be referred for appropriate follow up
  - Requirements for providers to conduct general developmental screening at the 9, 18, and 30 month EPSDT visits
  - 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

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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.

HAVE THESE MOMENTS BACK. . .SAFELY
It's up to ALL of us. Protect yourself, your family, and your community by getting vaccinated.

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 (NEMT) through your AHCCCS Health Plan.

AHCCCS Health Plan	Number to call to arrange non-emergency transportation (NEMT)
Banner University Family Care	800-582-8686, Option 3
Banner University Family Care: Long Term Care	833-318-4146, Option 3
Mercy Care	1-800-624-3879
Mercy Care RBHA	1-800-564-5465
United Health Care	1-888-700-6822
Care1st	602-778-1800 or 1-866-560-4042
Health Choice Arizona	602-386-3447 or 1-800-322-8670
Molina Complete Care	1-800-424-5891, Option 1 or 1-833-474-5060
Arizona Complete Health	1-888-788-4408

To find a vaccine site near you, go to www.azdhs.gov/FindVaccine or call 2-1-1.

AHCCCS Arizona Health Care Cost Containment System

Rev. 211108

TENGA ESTOS MOMENTOS DE NUEVO. . . SEGURAMENTE
Depende de TODOS nosotros. Protéjase a sí mismo, a su familia y a su comunidad vacunándose.

Las vacunas COVID-19 son:

✓ **Seguro** y **efectivo**
✓ **Gratis**
✓ **Disponible para** todas las persona mayores de 5 años
✓ **No se** necesita cita

No hay costo de transporte hacia y desde cualquier lugar de vacunación.

Opción 1: Llame al 2-1-1 (de 8 a.m. a 5 p.m.) para conectarse directamente con un navegador para programar el transporte.
Opción 2: Organice el transporte que no sea de emergencia (NEMT) a través de su plan de salud de AHCCCS.

Plan de salud de AHCCCS	Número al que llamar para organizar el transporte que no sea de emergencia (NEMT)
Cuidado familiar de Banner University	800-582-8686, Opción 3
Cuidado familiar de Banner University: Cuidado a largo plazo	833-318-4146, Opción 3
Mercy Care	1-800-624-3879
Mercy Care RBHA	1-800-564-5465
United Health Care	1-888-700-6822
Care1st	602-778-1800 o 1-866-560-4042
Health Choice Arizona	602-386-3447 o 1-800-322-8670
Molina Complete Care	1-800-424-5891, Opción 1 o 1-833-474-5060
Arizona Complete Health	1-888-788-4408

Para encontrar un sitio de vacunas cerca de usted, vaya a www.azdhs.gov/FindVaccine o llame 2-1-1.

AHCCCS Arizona Health Care Cost Containment System

Rev. 210928

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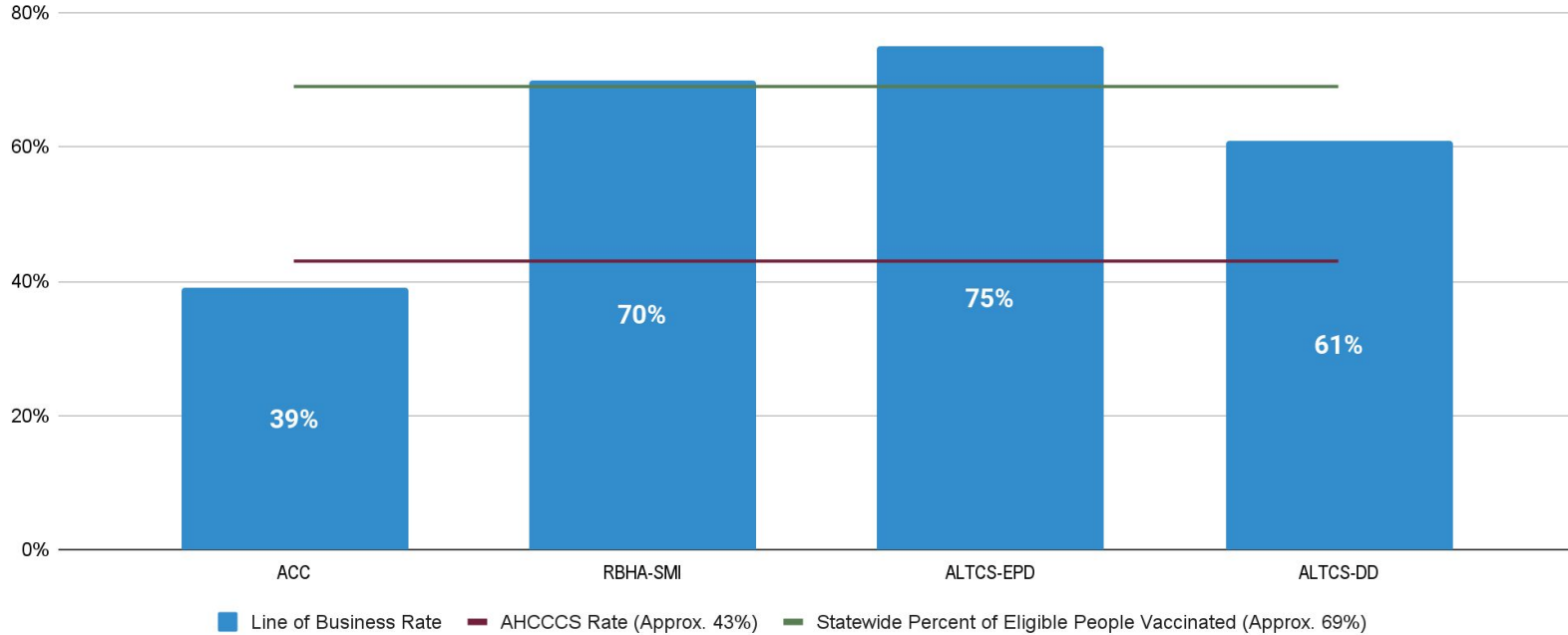
*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and supplemental data from the Arizona State Immunization Information System (ASIIS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.

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

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

Chart values: American Indian Health Program = 49%; Tribal ALTCS = 64%
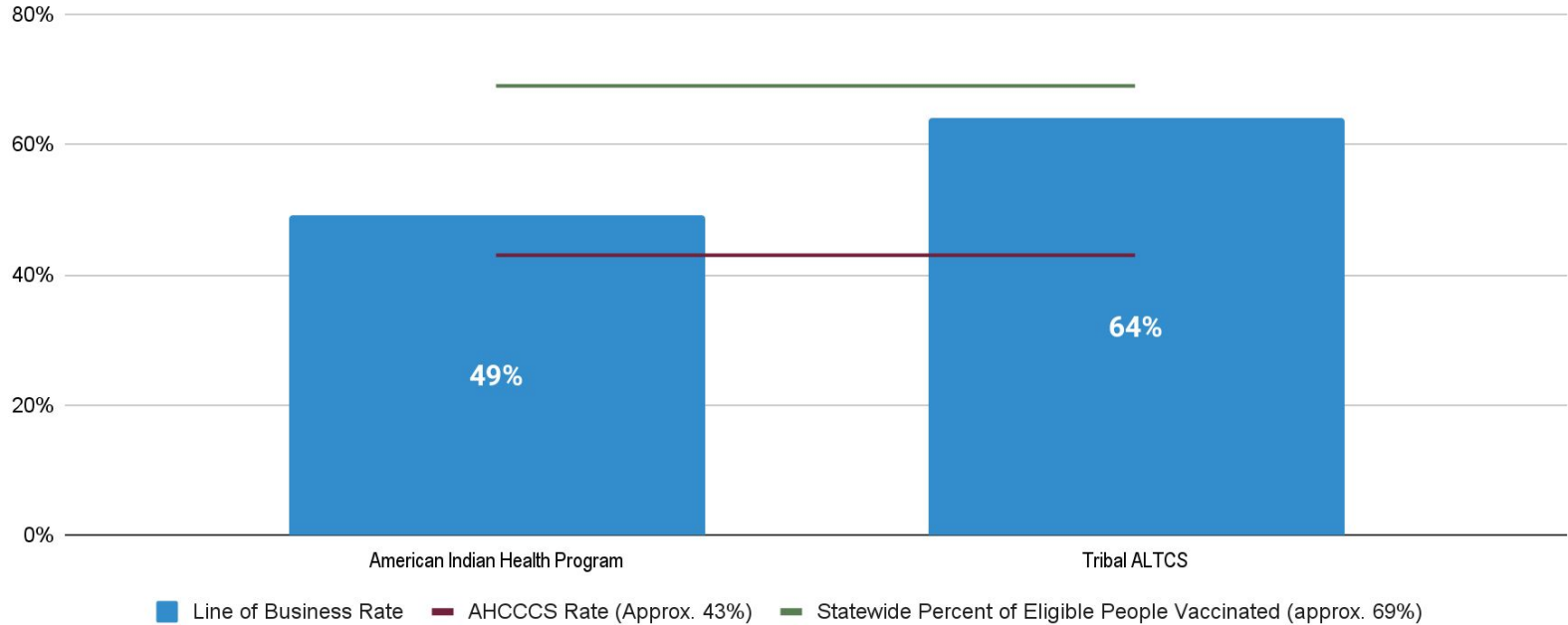
*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information 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
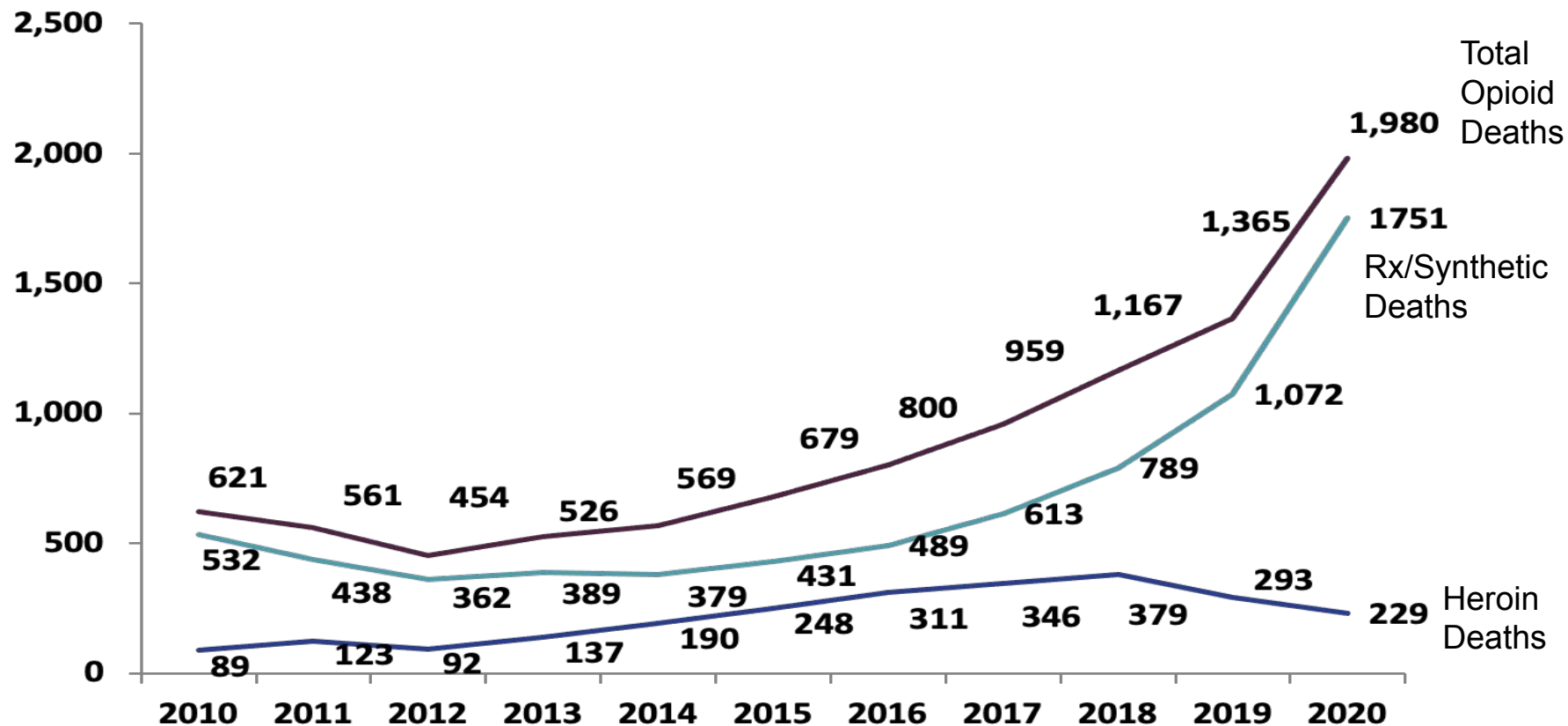
Verified Fatal and Non-Fatal Opioid Overdose Events

MEDSIS, July 2019- June 2021 (n=10,594)
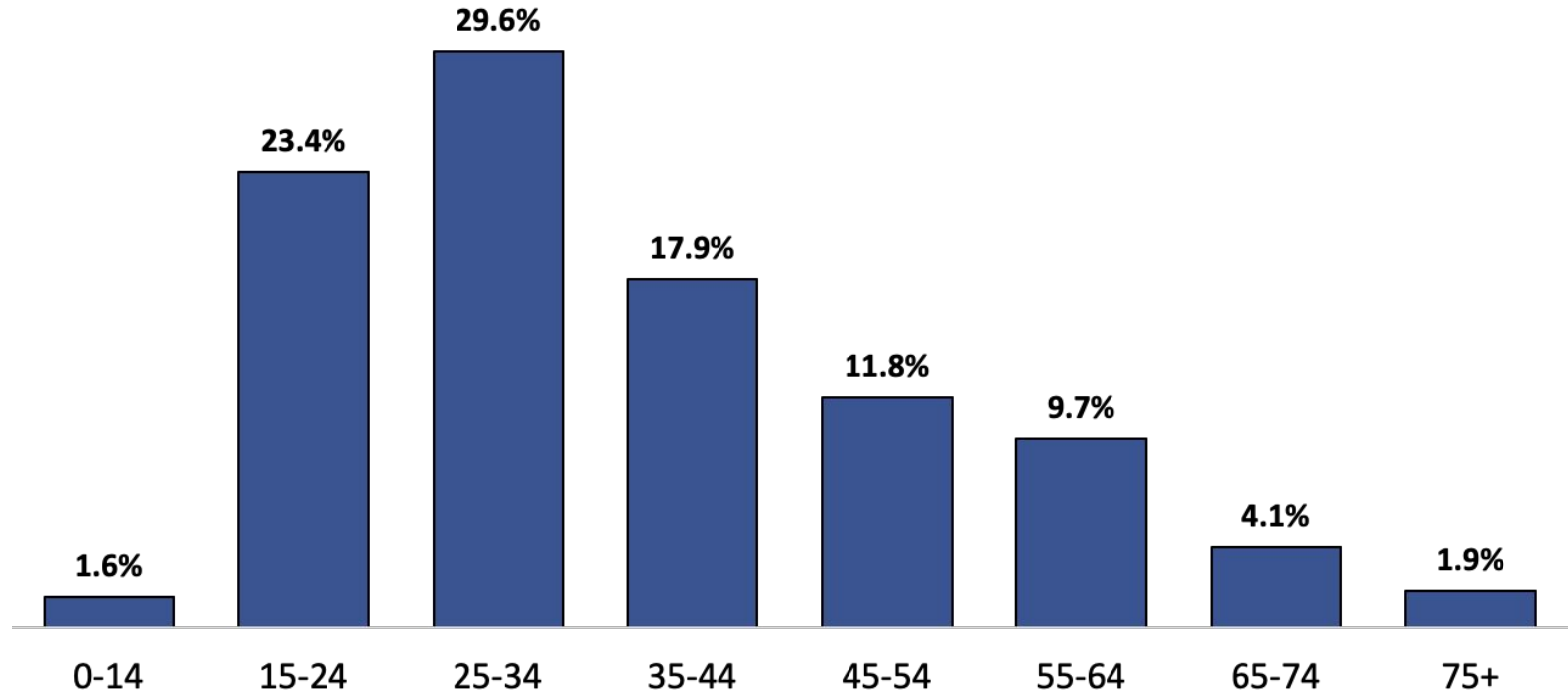
Percent of Substances involved in Verified Fatal and Non-fatal Opioid Overdose Events (n=9,932)   MEDSIS, July 2019- June 2021

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%
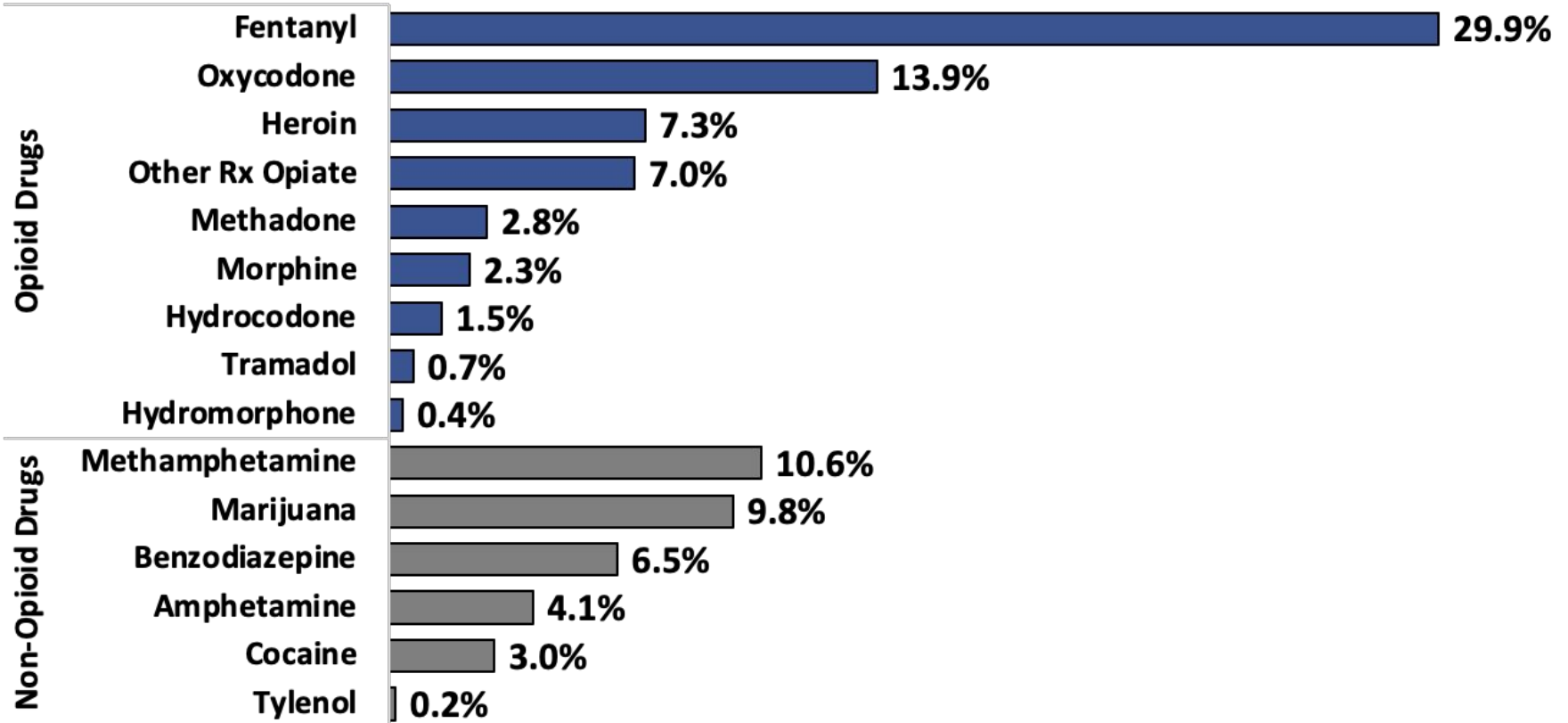
AHCCCS Substance Use Strategies

- 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

Snapshot of Good Behavior Game® Benefits
Computation of Relative Difference = (GBG/Control)-1

College Attendance Boys		+107%
College Attendance Girls		+52%
High School Graduation Girls		+25%
High School Graduation Boys		+19%

Academics

-26%	Special Education Services Girls
-32%	Violent Crime Among Hi-Aggressive Boys
-35%	Alcohol Abuse All Boys & Girls
-40%	Any Psychiatric Services All Boys
-50%	Any Drug Use All Boys
-51%	Suicidal Thoughts All Boys & Girls
-57%	Special Education Services All Boys
-60%	Anti-Social Personality Disorder, Hi-Aggressive Boys
-64%	Opiate Use by All Boys and Girls
-65%	Regular Smoking Among Aggressive Boys
-68%	Regular Smoking All Boys

Disorders

-100%   -50%   0%   +50%   +100%   +150%

Less ◄ ──────────── ► *More*

Stigma Reduction Campaign – Women and Substance Use

General Audience Creative – Hope Heals

Website: azhealth.gov/HopeHeals

Count of Naloxone Doses
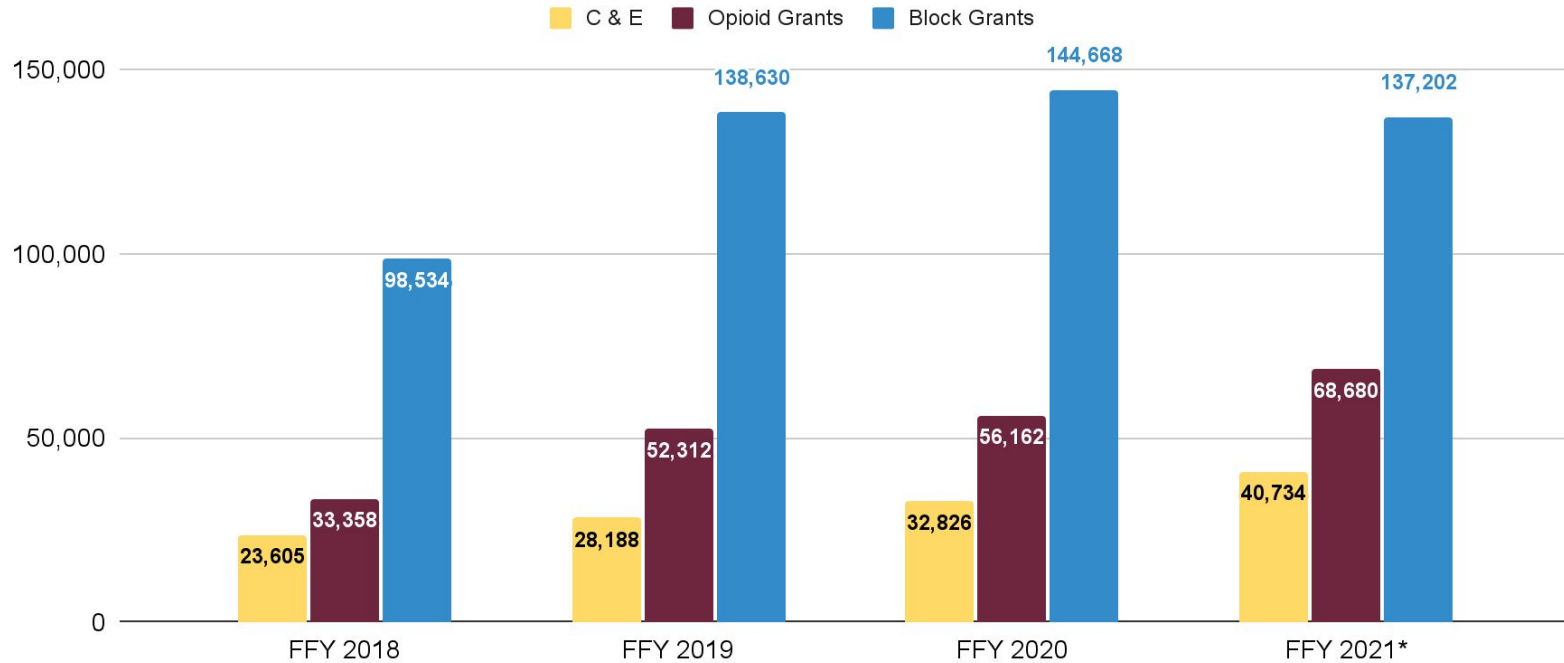
C & E: Claims and Encounters; **Opioid Grants:** Opioid State Targeted Response (STR), State Opioid Response (SOR), State Opioid Response II (SOR II); **Block Grant:** Substance Abuse Block Grant; *FFY2021:* Incomplete data through 03/31/21 for C&E and 06/31/21 for grants

24/7 Access Points

Provider	Address	Phone Number
CODAC Health, Recovery and Wellness	380 E. Ft. Lowell Road, Tucson, AZ 85705	520-202-1786
Community Bridges, East Valley Addiction Recovery Center	560 S. Bellview, Mesa, AZ 85204	480-461-1711
Community Medical Services	2806 W. Cactus Road, Phoenix, AZ 85029	602-607-7000
Intensive Treatment Systems, West Clinic	4136 N. 75th Ave #116 Phoenix, AZ 85033	623-247-1234

Members Diagnosed with an OUD & Those Utilizing MAT (FFY 2018-2020)

△ **Overall 44% Percent Change in MAT from 2018 to 2020**

Legend: Diagnosed OUD, Receiving MAT for OUD

- 2018: Diagnosed OUD 51,733; 40% 20,853
- 2019: Diagnosed OUD 56,737; 46% 26,176
- 2020: Diagnosed OUD 63,548; 47% 30,090
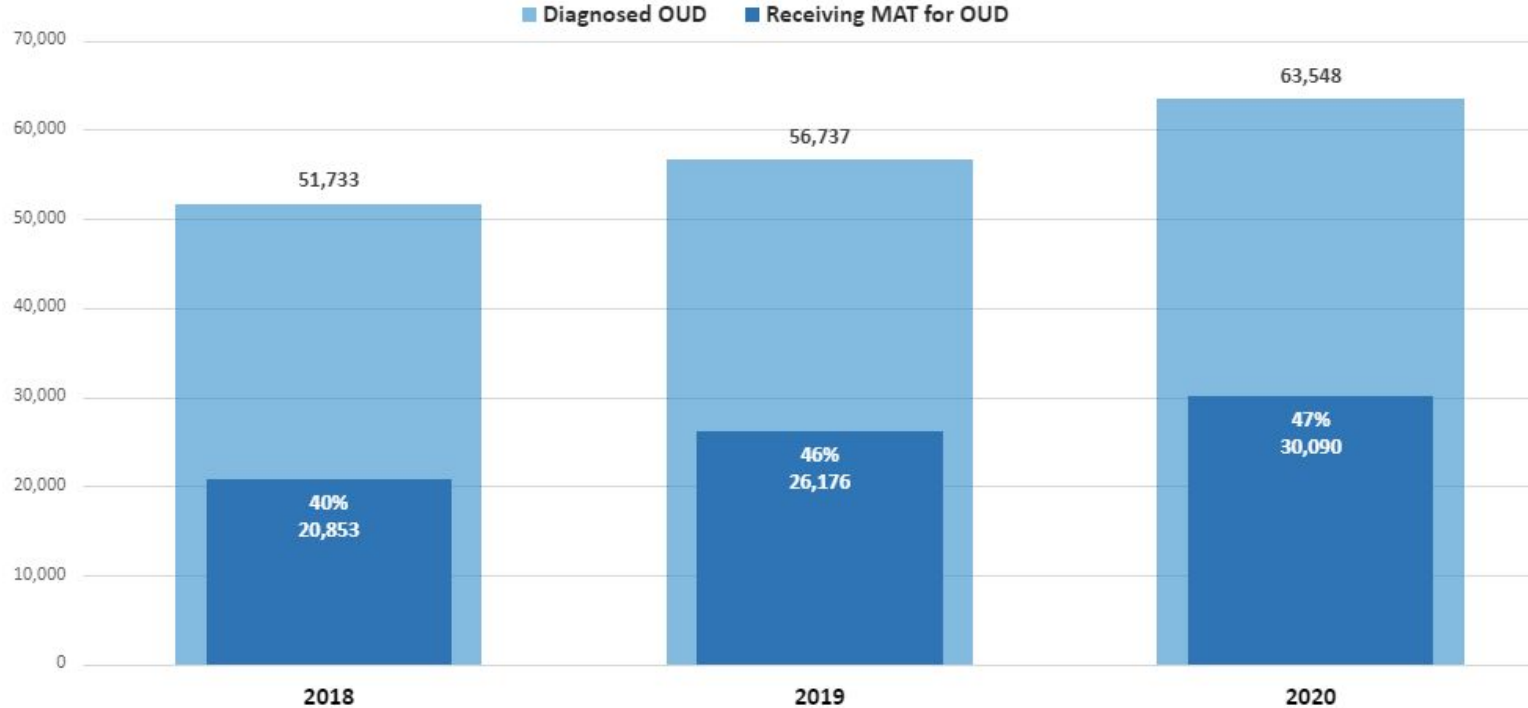
Members Receiving MAT for OUD, by Drug Type

Members Receiving MAT for OUD, by Drug Type
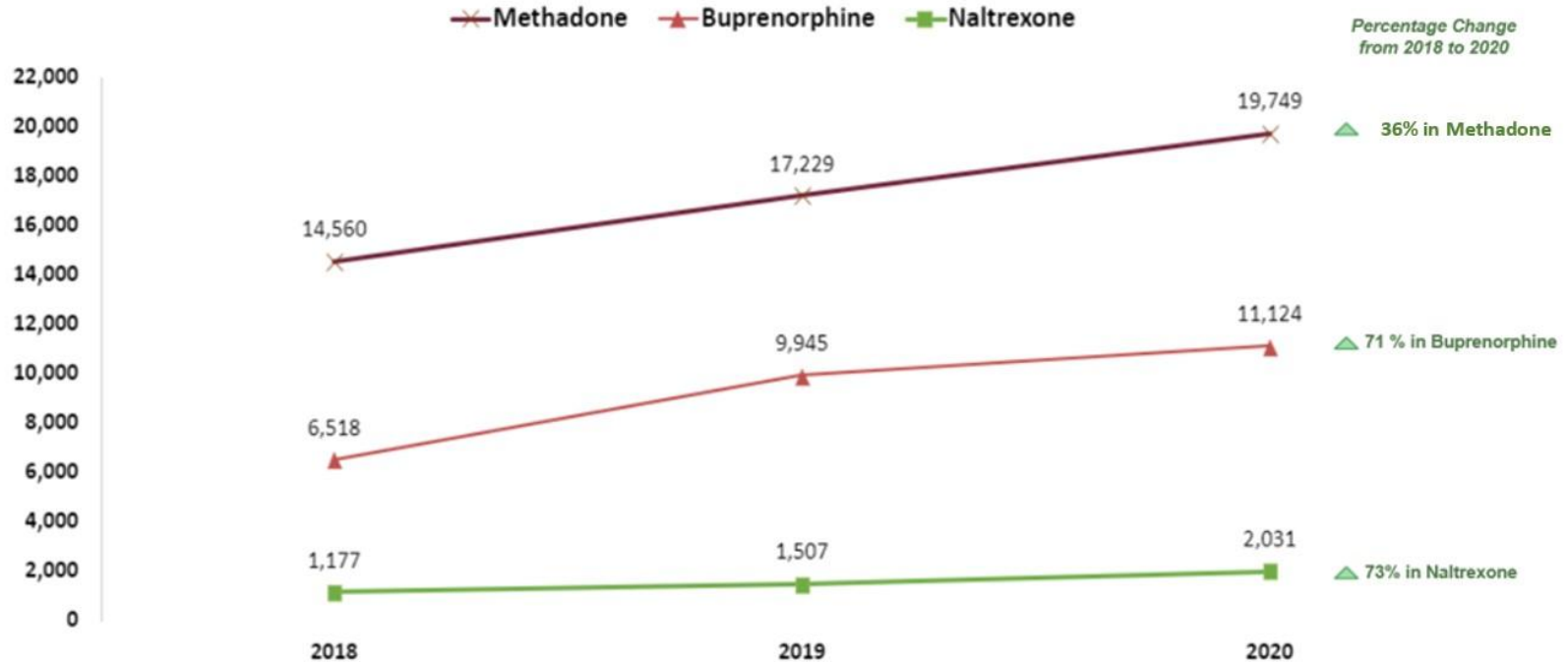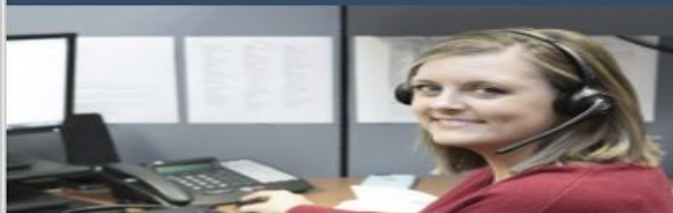
Arizona Opioid Assistance & Referral Line
(The Az OAR Line)
1-888-688-4222

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

ARIZONA DEPARTMENT OF HEALTH SERVICES

THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE PHOENIX
Center for Toxicology
& Pharmacology
Education & Research

The OAR line is a joint project between the Arizona Department of Health Services, The Arizona Health Care Cost Containment System and the Poison and Drug Information Centers of Arizona.

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Opioid Services Locator

Real-Time Availability

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)			
	# of Total Referrals from schools	# of Total CBHSF referrals	# of Total CBHSF Individuals Served
MCP	919	149	224
AzCH	884	68	59
Health Choice	19	8	0
Total	1822	225	283

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Behavioral Health in Schools

Running Year Total (June 2021-October 2021)	
Total of Schools that have submitted referrals:	203
Total of Schools that have submitted referrals qualified for CBHSF:	113

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

School & Behavioral Health Partnerships:

A Resource Guide

Developed by:

AHCCCS
Arizona Health Care Cost Containment System

PUBLISHED 04/23/2021
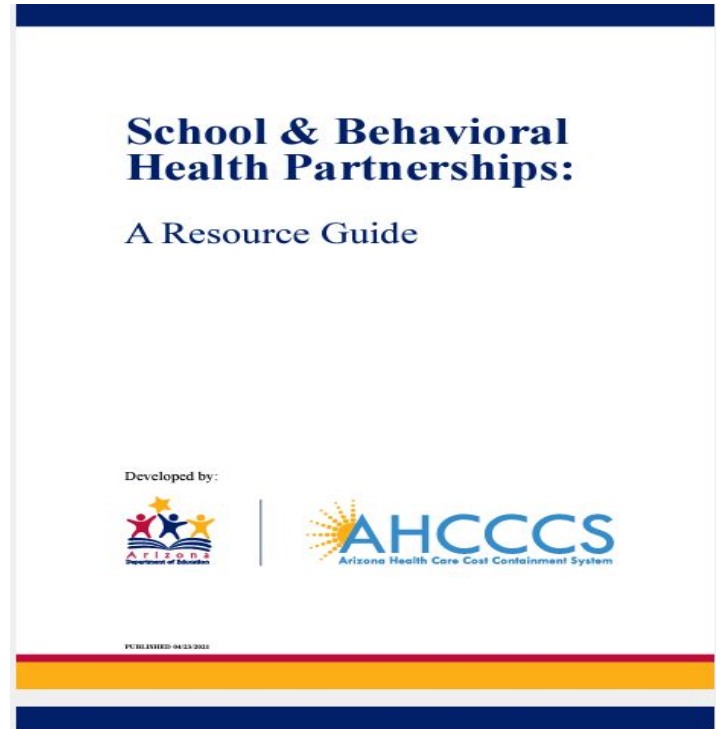
AZ Educator Peer Support Program

- **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

Educators Helping Educators

Don't tough it out alone.

If you are struggling and want to have an informal and confidential conversation with a peer, this is for you.

Foster Care Data Review

Lauren Prole

Will Buckley

AHCCCS
Arizona Health Care Cost Containment System

CHP Mercy Care Integration Update

- 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

Quarter	Date
2020-Q1	10/1/2019 – 12/31/2019
2020-Q2	1/1/2020 – 3/31/2020
2020-Q3	4/1/2020 – 6/30/2020
2020-Q4	7/1/2020 – 9/30/2020
2021-Q1	10/1/2020 – 12/31/2020

Crisis Services – HP Self Reported
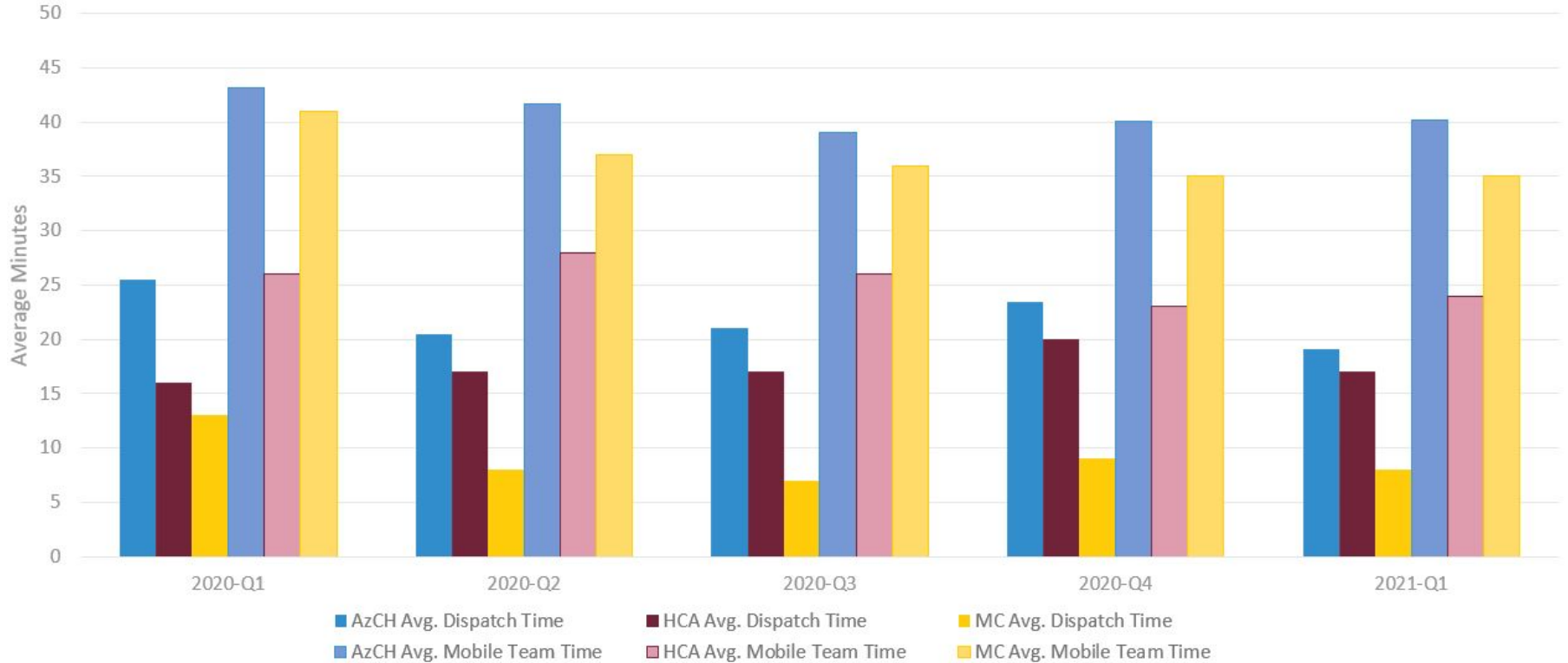
Rapid Response – HP Self Reported (72-hour requirement)
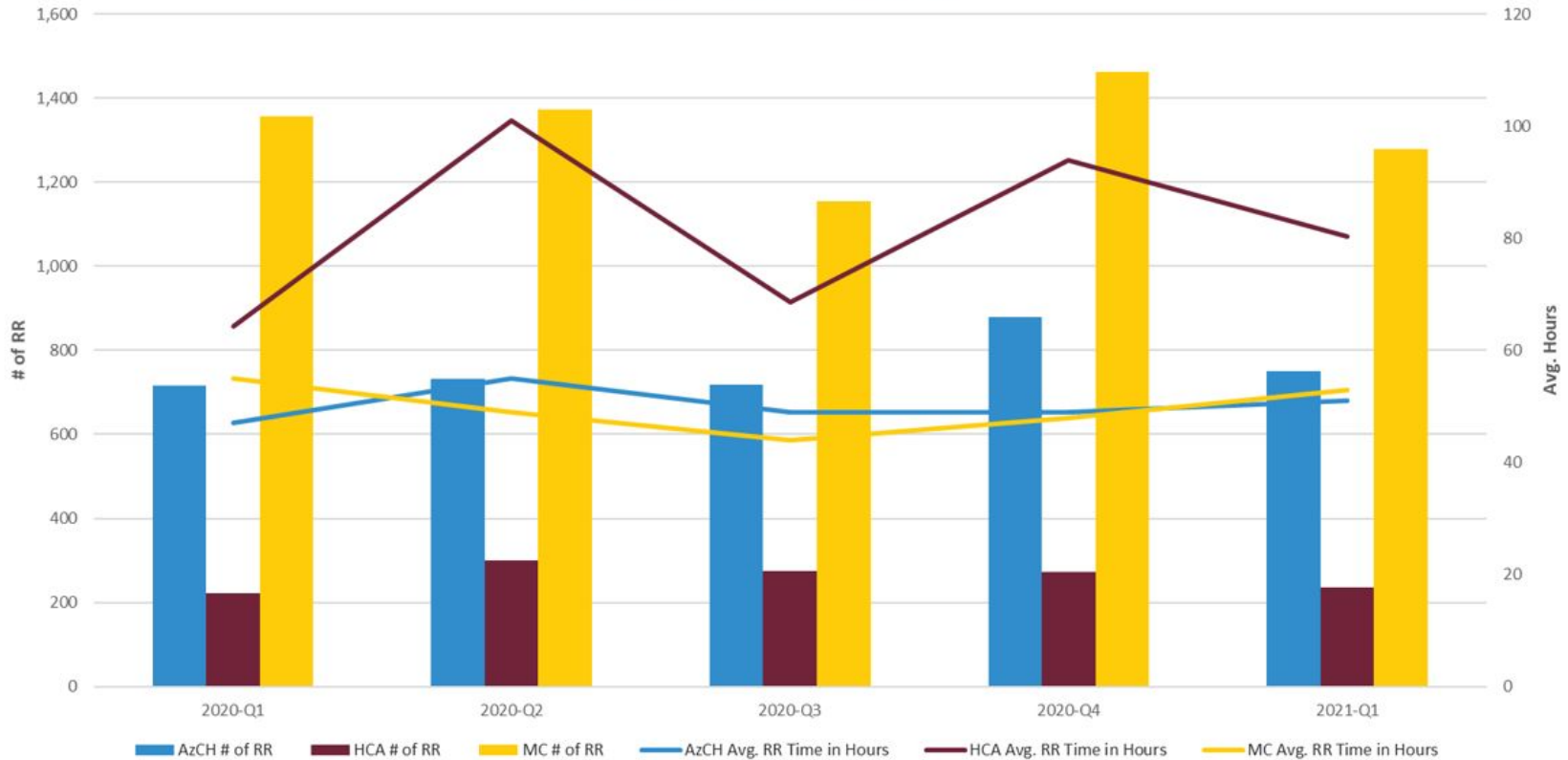
TFC Utilization by Avg. Length of Stay – AHCCCS Calculated Preliminary
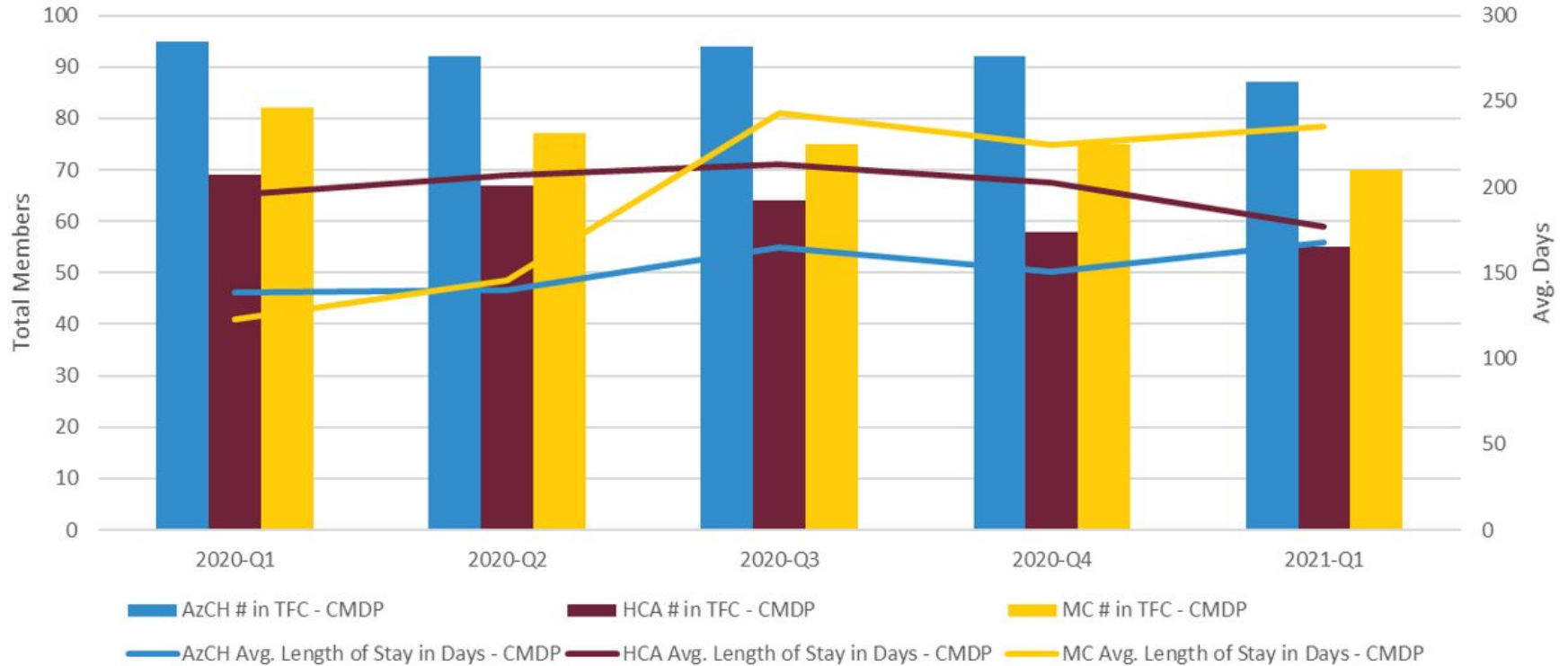
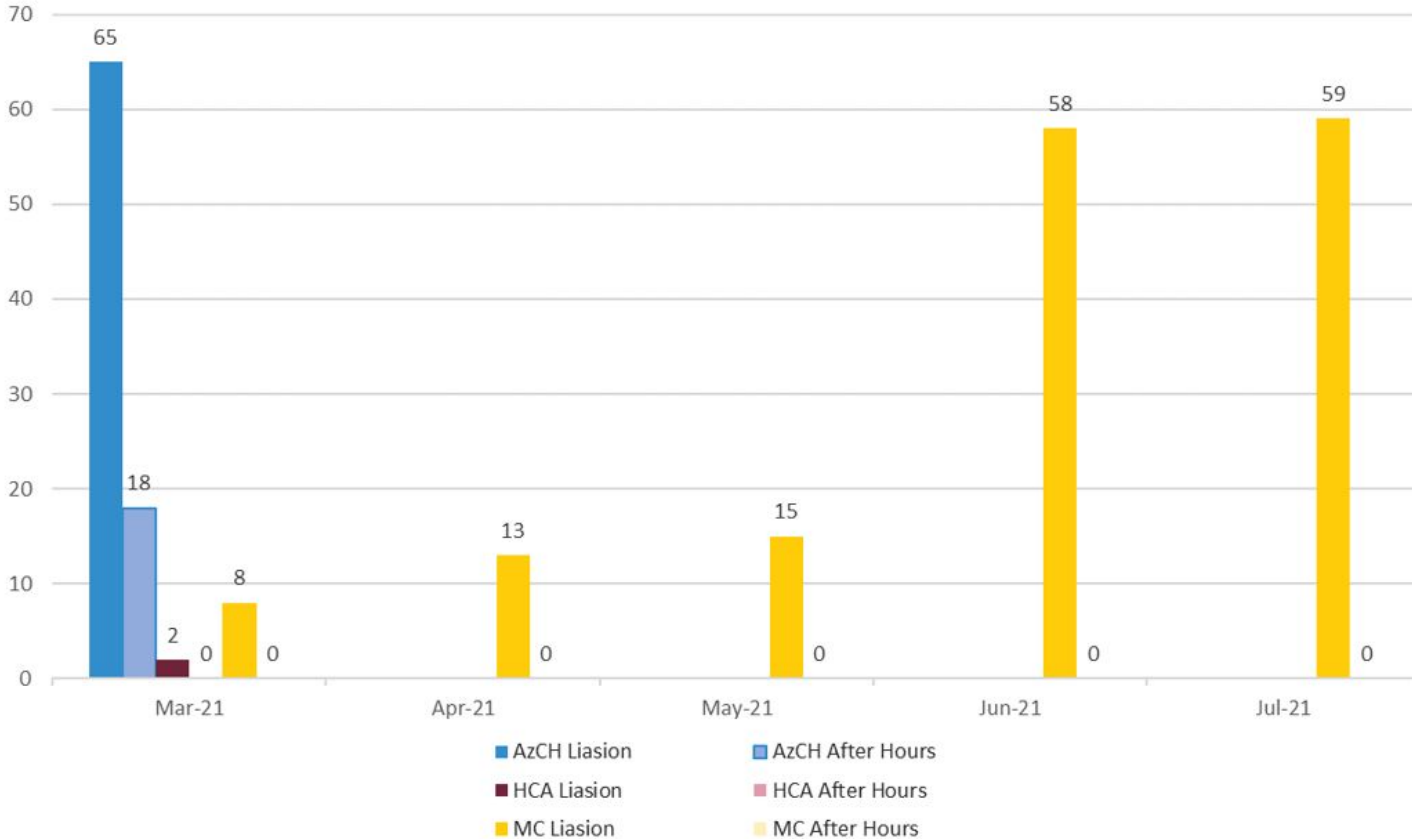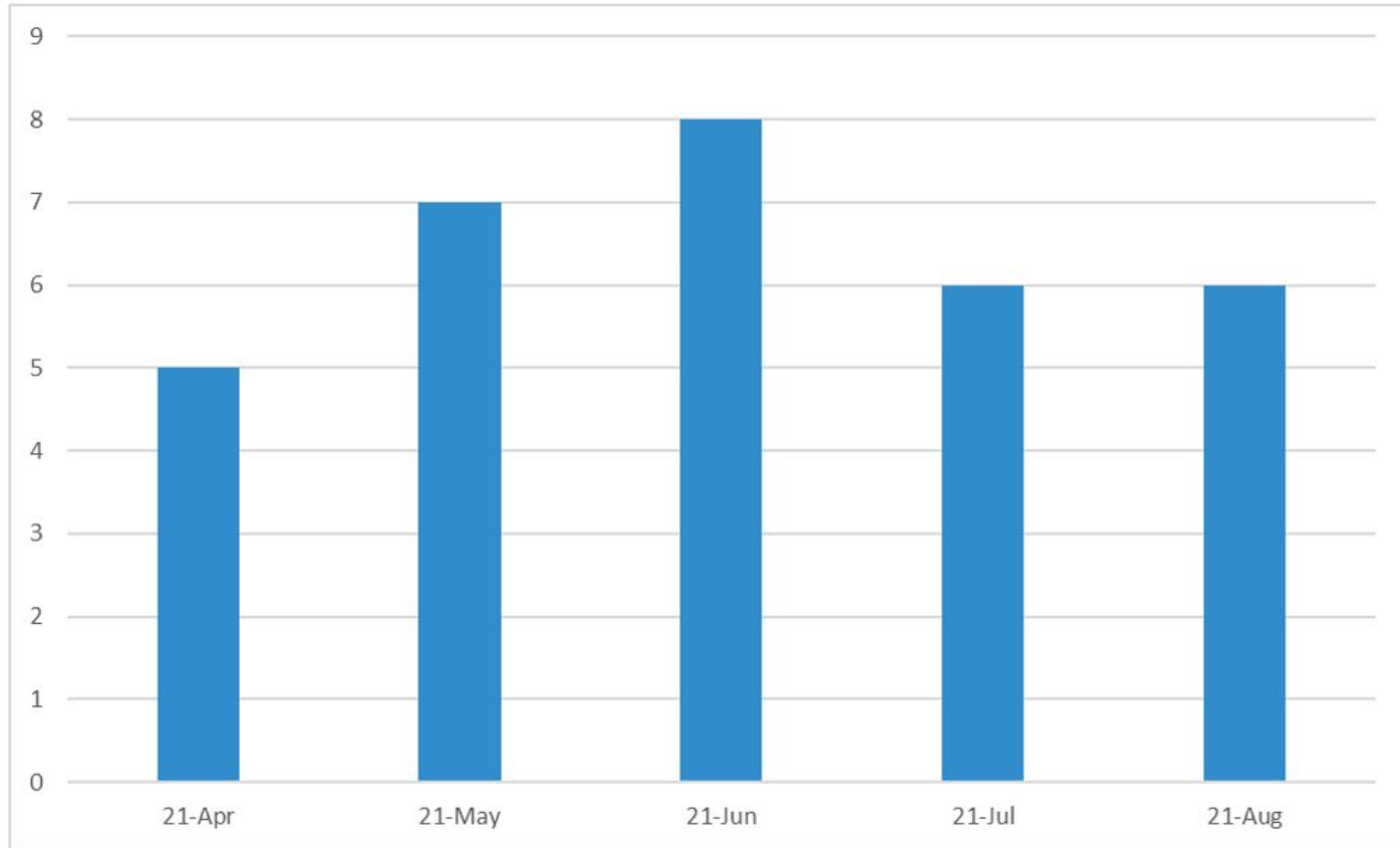# TFC Utilization – AHCCCS Calculated
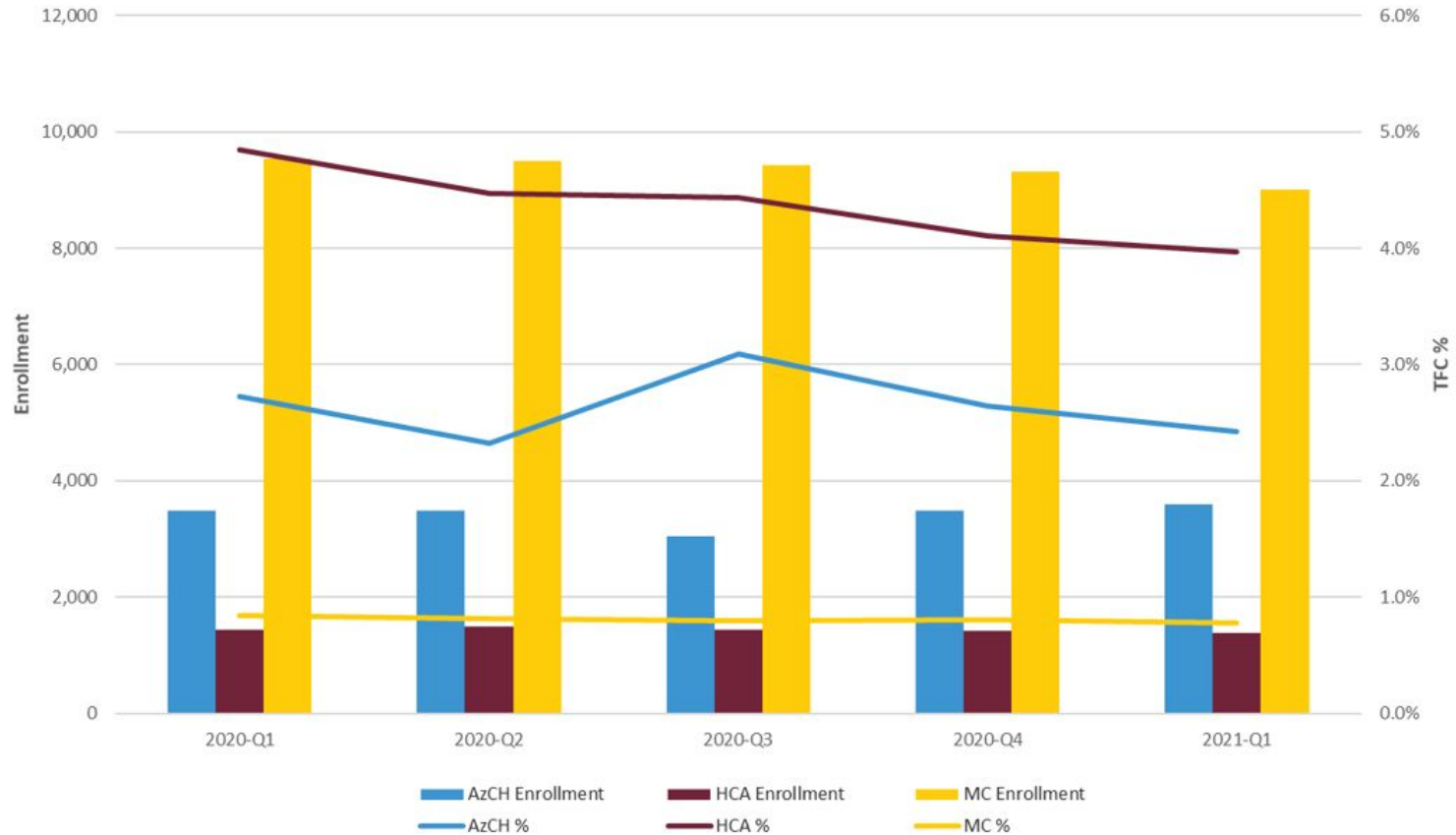
Respite Utilization – AHCCCS Calculated
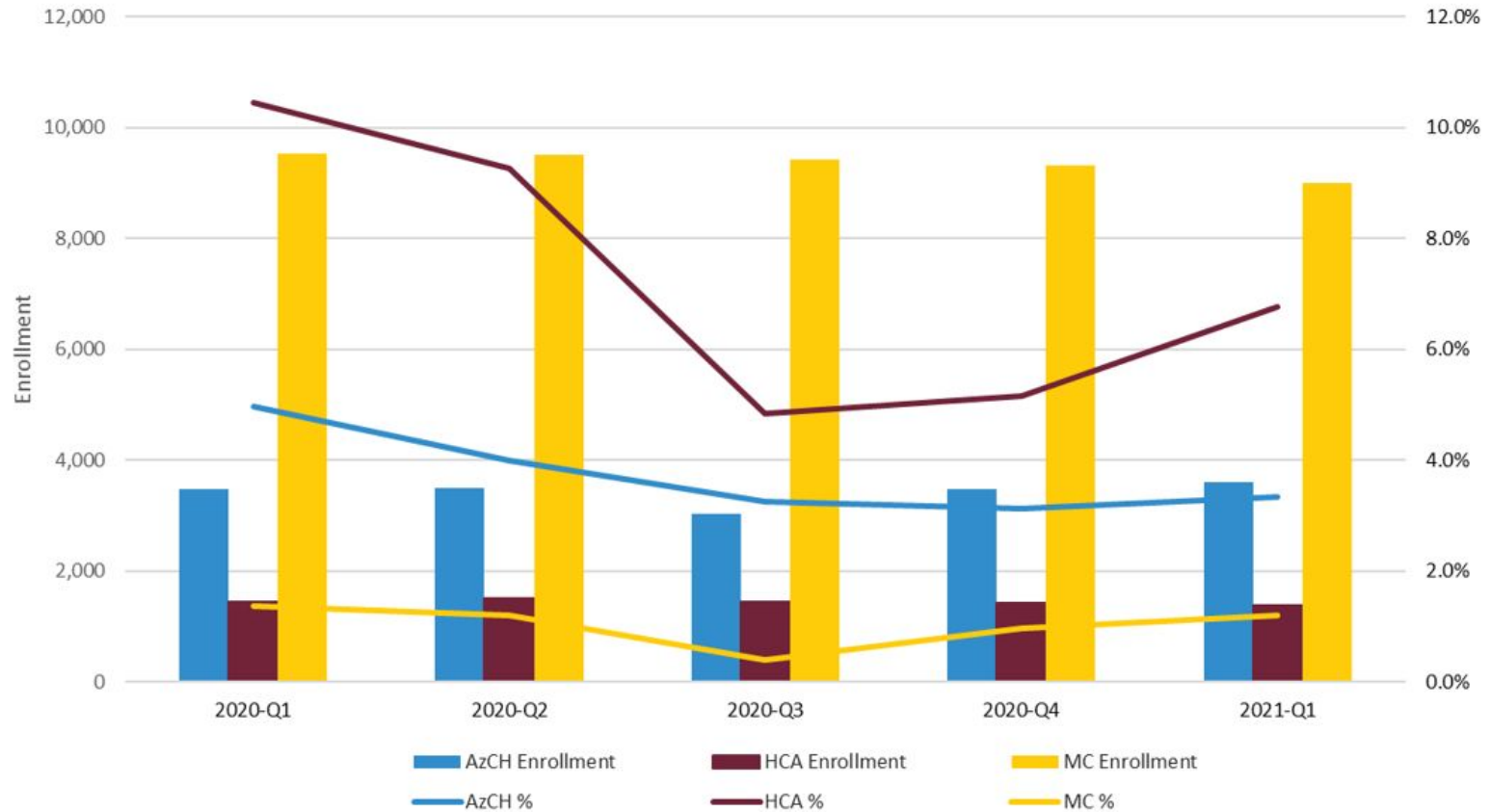
Grievances – HP Self Reported
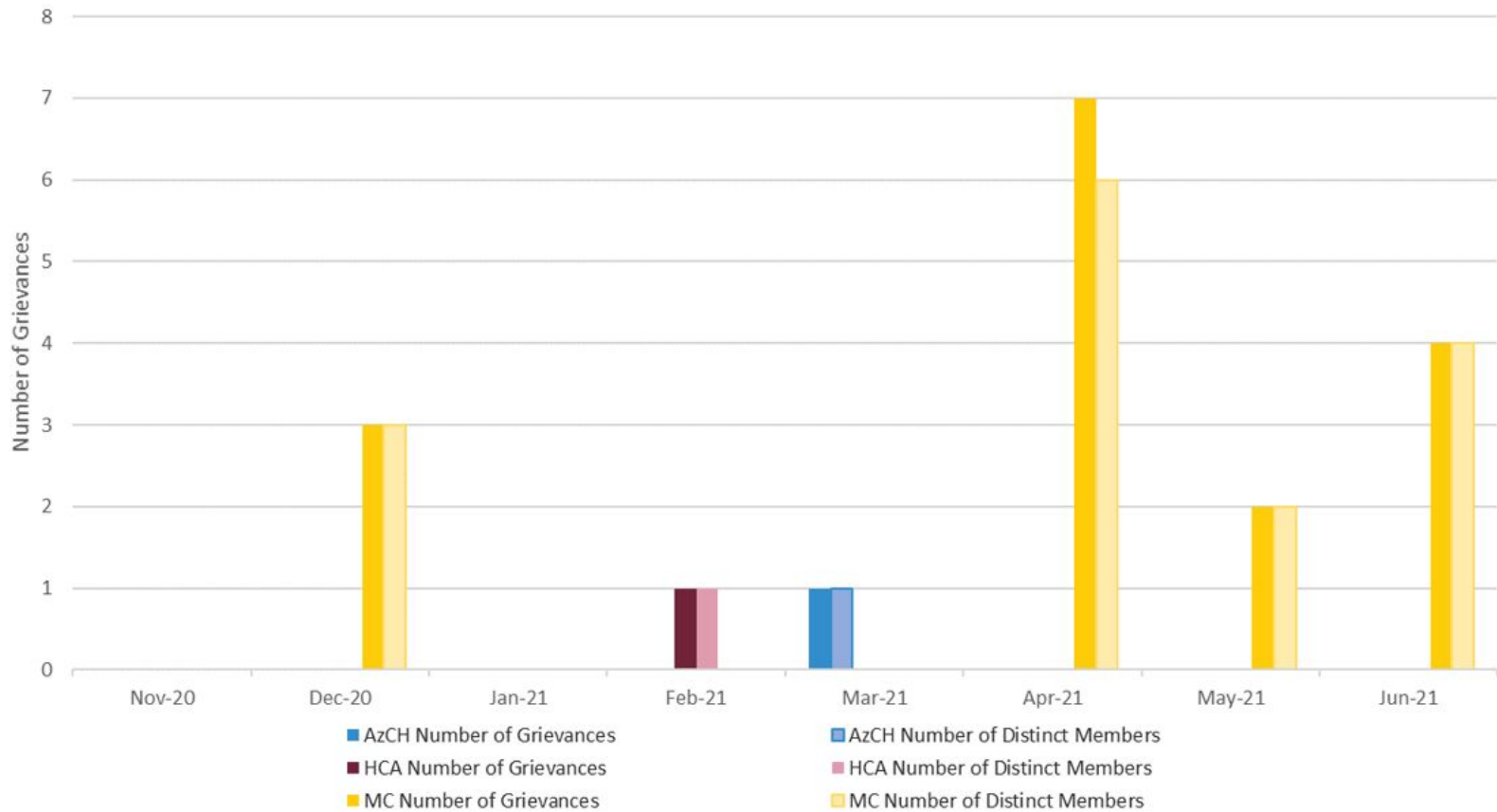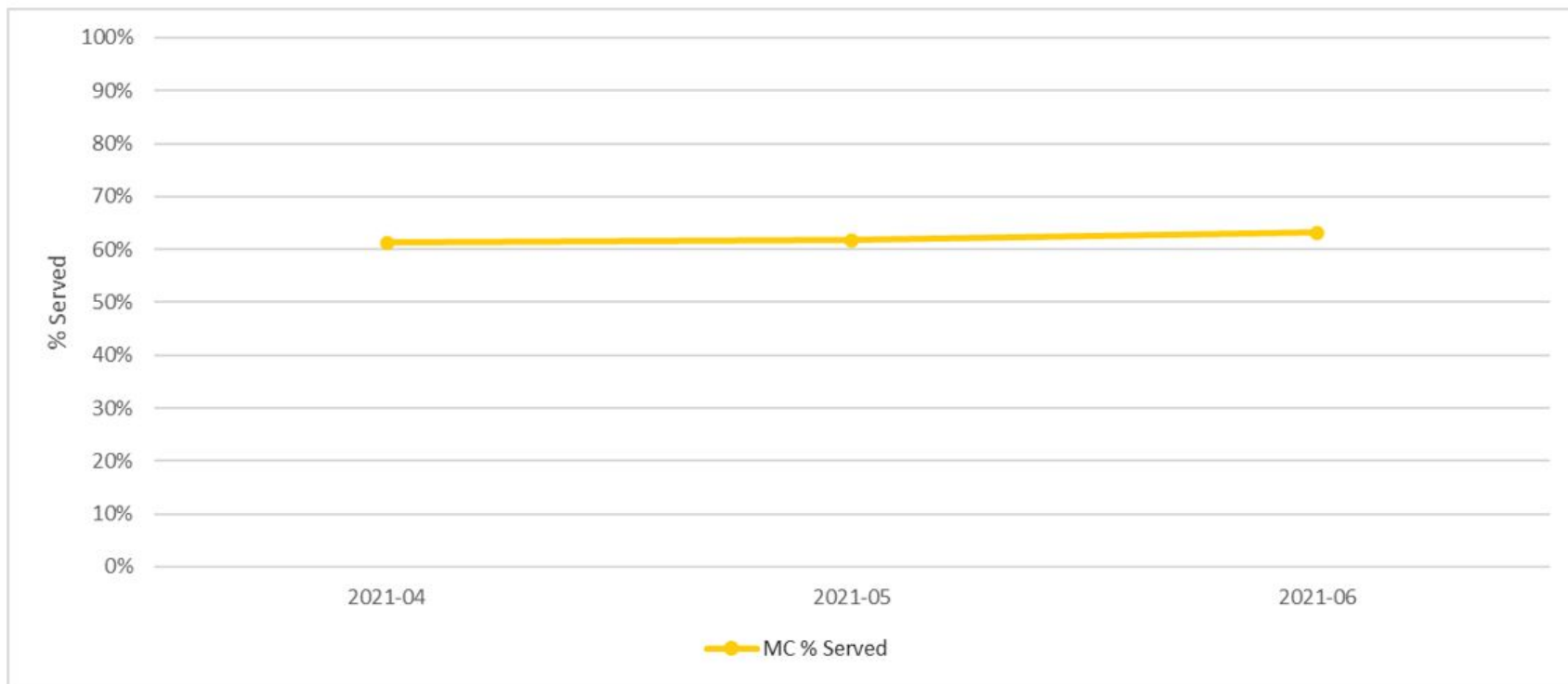
ACOM 449 – Liaison and After Hours Call Volume – HP Self Reported

AHCCCS Clinical Resolutions – Jacob's Law Call Volume

Newly Enrolled CMDP Members – Received services first 6 months of enrollment – AHCCCS Calculated
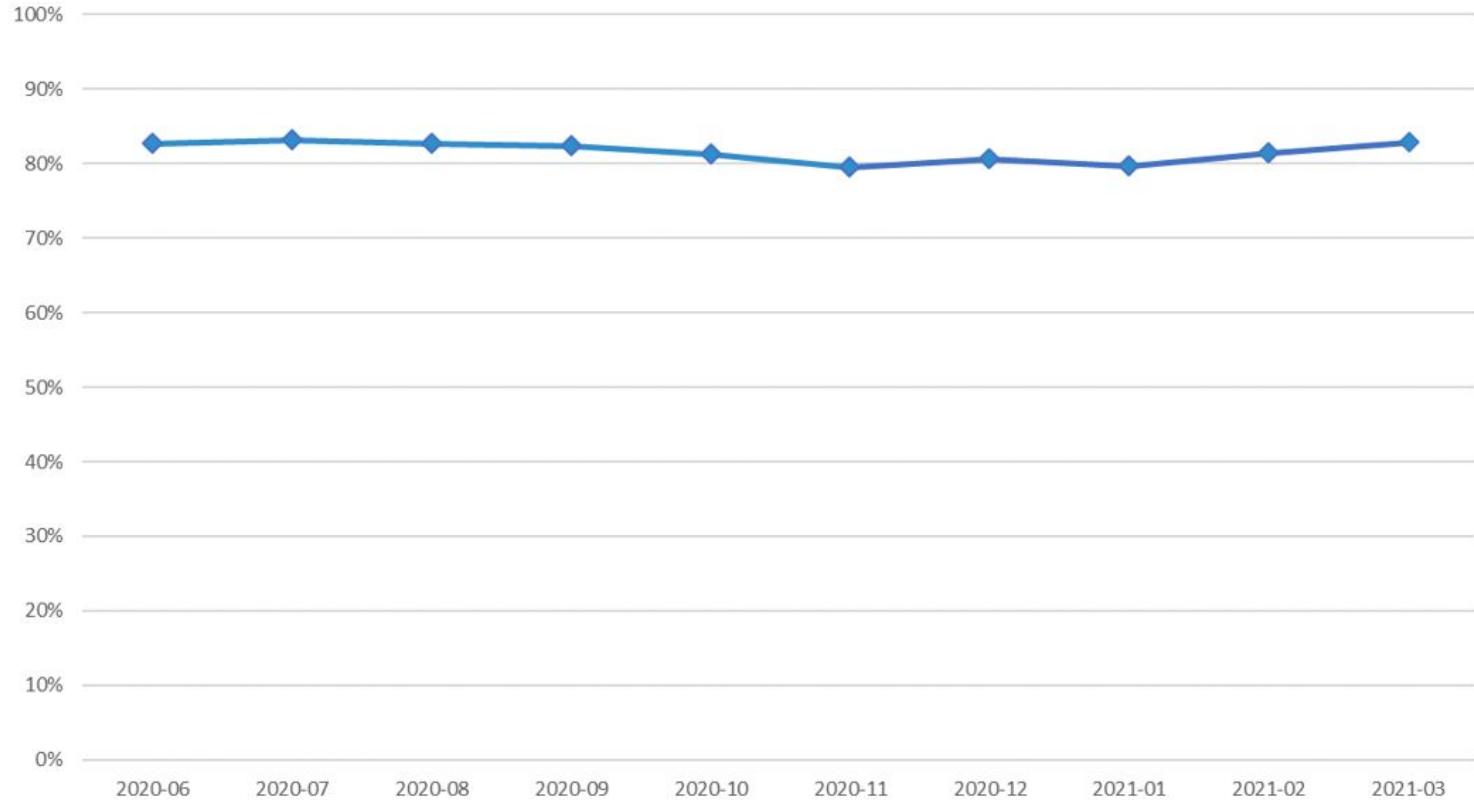
DCS-CHP Specific Enrolled/Served – Percentage Served – AHCCCS Calculated

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

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ASD 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

ASD Population by Enrolled Health Plan
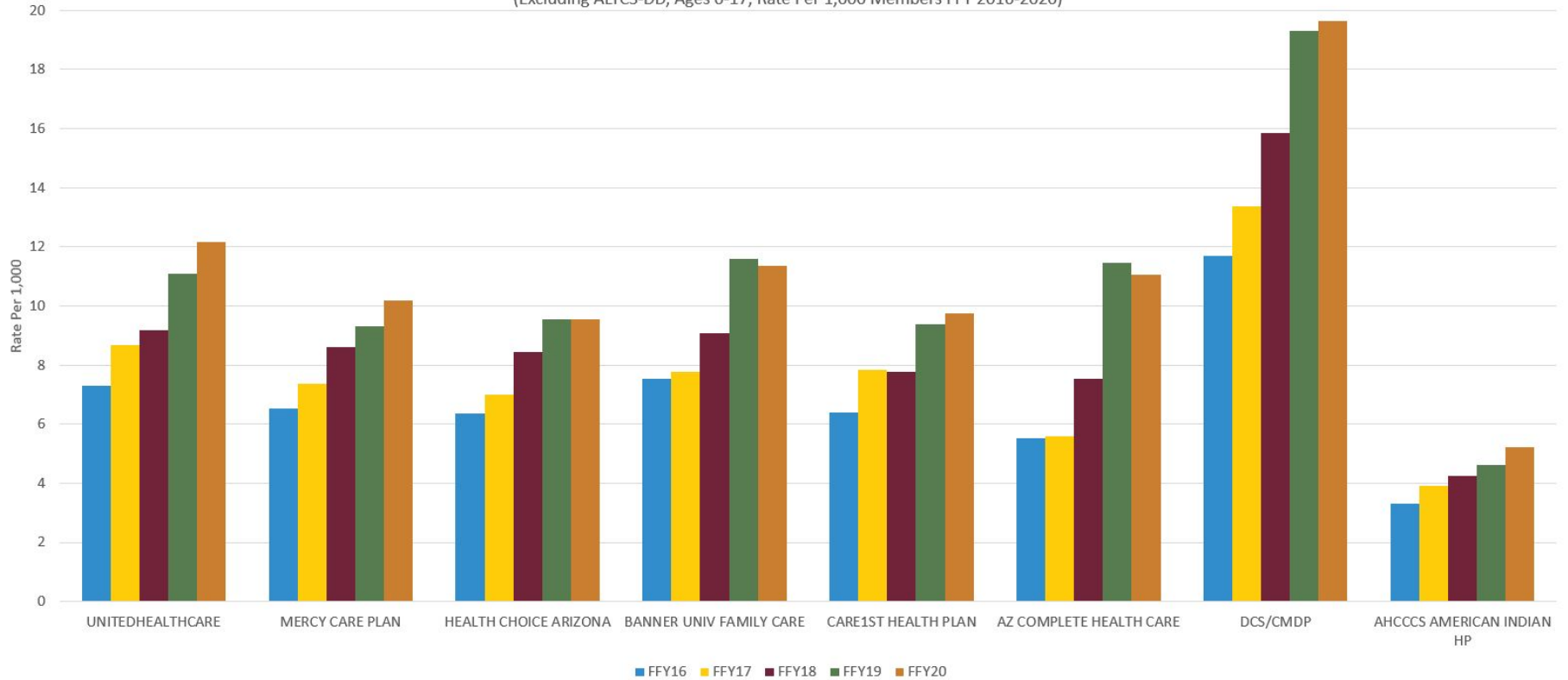(ALTCS-DD Only, Rate Per 1,000 Members FFY 2016-2020)
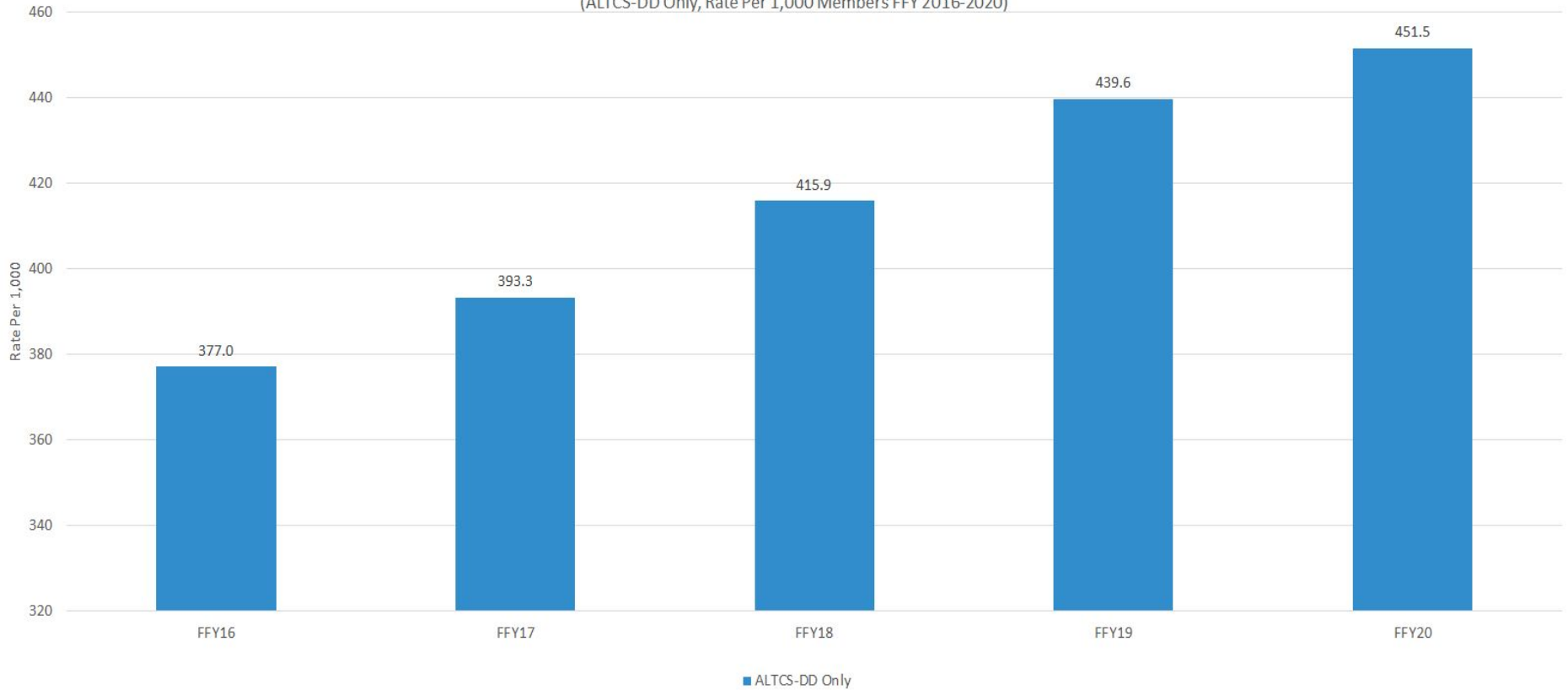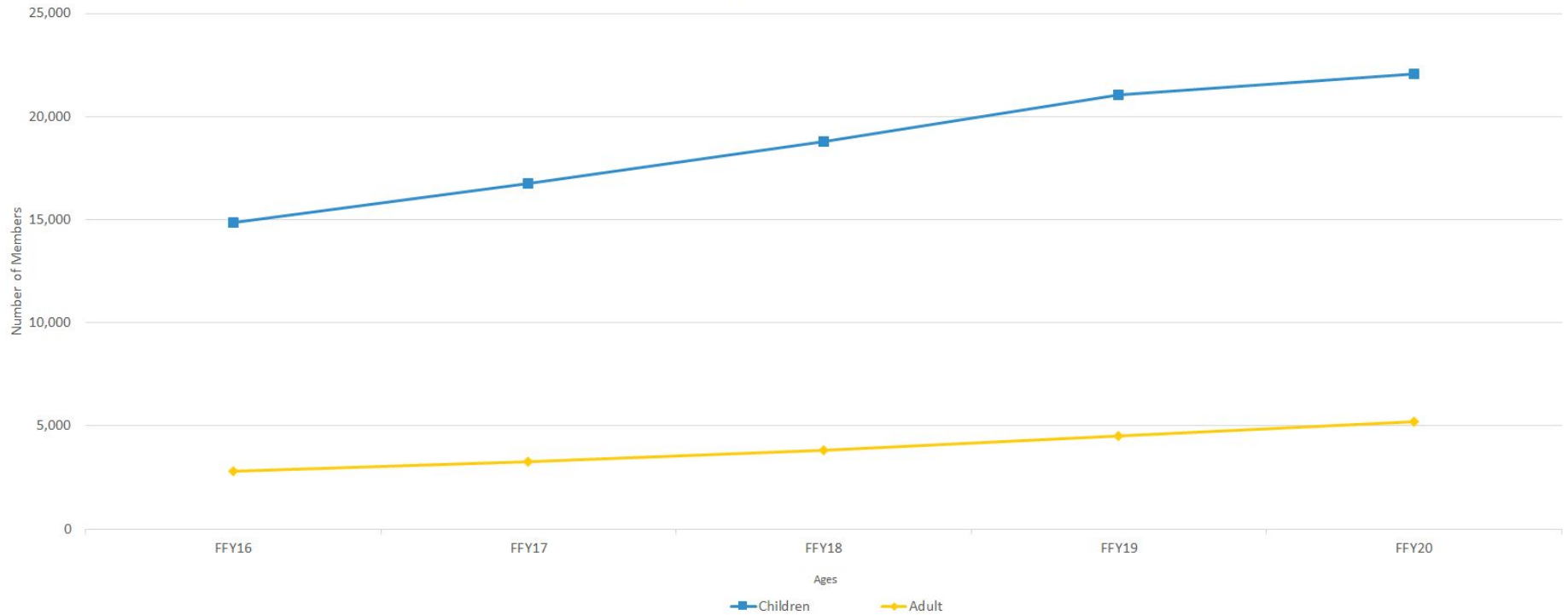
Percent Change from FFY16 to
FFY20 = 19.8%

71

ASD Population by Enrolled Health Plan
(Excluding ALTCS-DD, Rate Per 1,000 Members FFY 2016-2020)
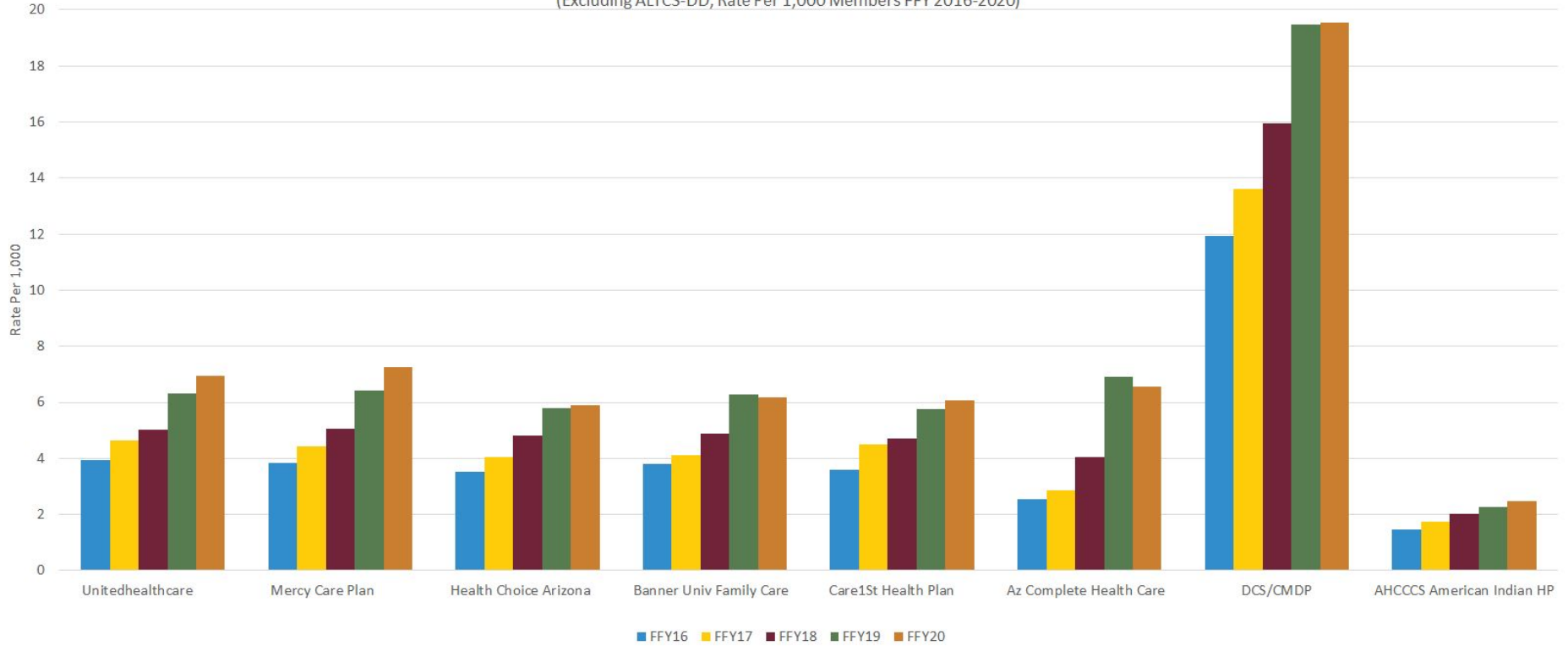
ASD Population by Enrolled Health Plan
(Excluding ALTCS-DD, Ages 0-17, Rate Per 1,000 Members FFY 2016-2020)
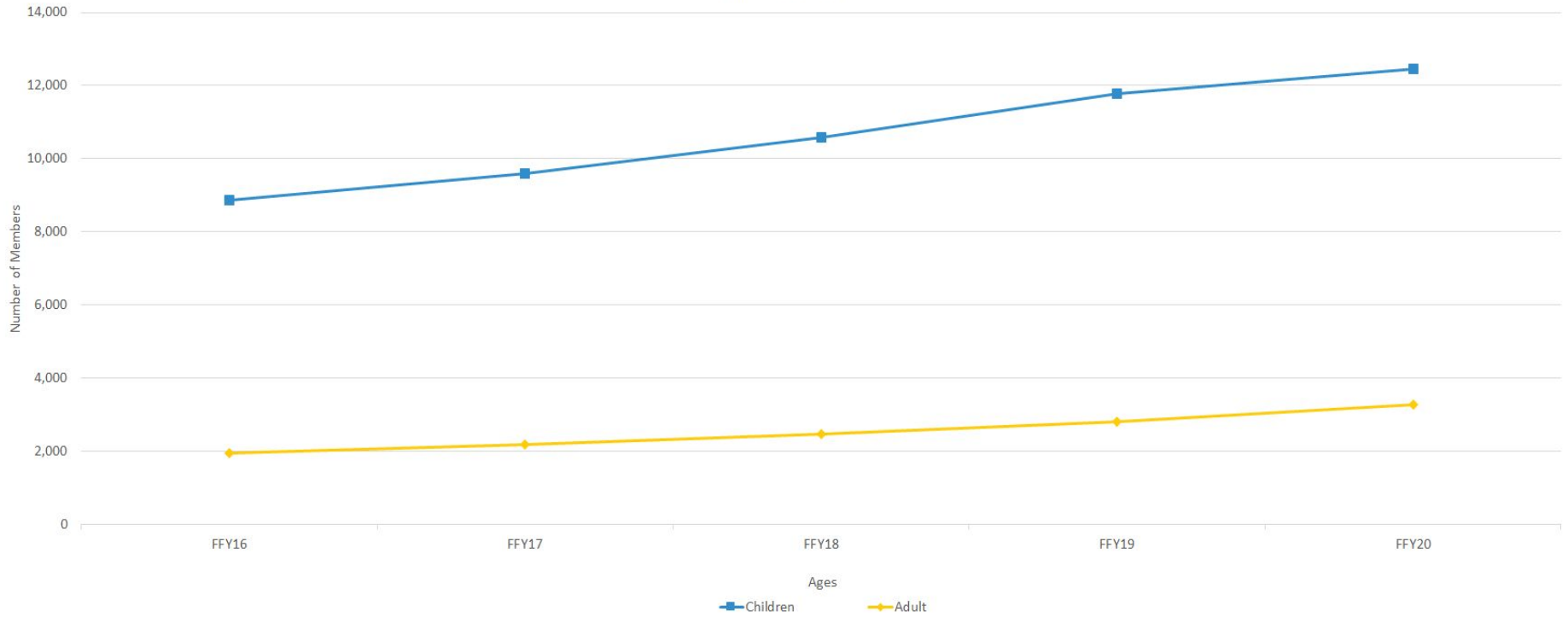
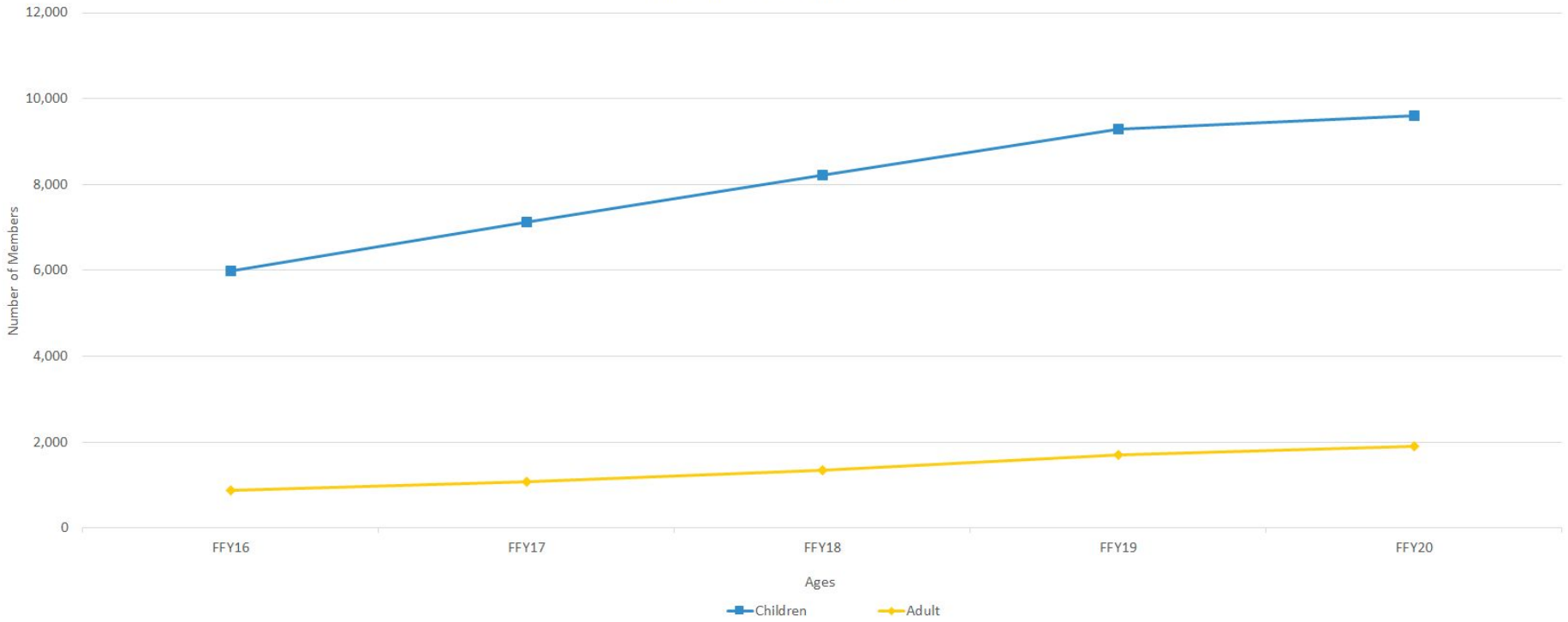ASD Population by Age
FFY 2016-2020

ASD Population by Age
(ALTCS-DD Only)

ASD Population by Age
(All Health Plans Excluding ALTCS-DD)

Meeting Recap and Next Steps

AHCCCS
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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