Community Quality Forum Agenda

- Welcome
- Community Quality Forum Purpose
- Quality Improvement Update
  - 2021 CAHPS Results
  - 2020 Performance Measure Results
  - 2023 Back to School Campaign
  - Reports Available
- COVID-19 Pandemic
  - Vaccination Rates
- Crisis Updates
  - 988 Implementation
  - Crisis Data Trends
  - 10/1/22 Statewide Crisis Contractor
- Children with Specialized Healthcare Needs
  - CALOCUS Implementation Update
- CCE (Competitive Contract Expansion – ACC-RBHAs)
Community Quality Forum Purpose

Georgette Kubrussi Chukwuemeka
Strategic Performance Administrator
Division of Health Care Management
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.
Quality Improvement Update

Georgette Kubrussi Chukwuemeka
2021 CAHPS Survey Results
2021 CAHPS Survey Results

• **Purpose:**
  o To inform the Community Quality Forum of recent CAHPS Survey Results

• **Background:**
  o AHCCCS conducted a CAHPS Survey for the following populations/Lines of Business:
    ▪ ACC (Child and Adult, MCO specific, and Line of Business level reporting)
    ▪ SMI (Adult, MCO specific, and Line of Business level reporting)
    ▪ DCS CHP (Child)
    ▪ KidsCare (Child, Program level reporting)
  o Performance compared to the National Committee for Quality Assurance’s (NCQA’s) 2020 Quality Compass® Benchmark and Compare Quality Data to derive star ratings
    ▪ Note: 2021 data was not available while developing the draft report
  o Final reports and results are posted on the AHCCCS website - [https://www.azahcccs.gov/Resources/HPRC/](https://www.azahcccs.gov/Resources/HPRC/)
# 2021 CAHPS Survey Results

## KidsCare - Child Survey Results

<table>
<thead>
<tr>
<th>LOB/Contractor</th>
<th>Global Rating</th>
<th>Composite Measure</th>
<th>Individual Item Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KidsCare</td>
<td>★★^</td>
<td>★★</td>
<td>★+</td>
</tr>
<tr>
<td>KidsCare 2021</td>
<td>★★★</td>
<td>★★★★</td>
<td>★★★+</td>
</tr>
<tr>
<td>KidsCare 2019</td>
<td>★★★★★</td>
<td>★★★★</td>
<td>★★★+</td>
</tr>
</tbody>
</table>

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

^ Representative of a Statistically Significant Decline from previous survey conducted.
## 2021 CAHPS Survey Results

### DCS CHP - Child Survey Results

<table>
<thead>
<tr>
<th>LOB/Contractor</th>
<th>Rating of Health Plan</th>
<th>Rating of All Health Care</th>
<th>Rating of Personal Doctor</th>
<th>Rating of Specialist Seen Most Often</th>
<th>Getting Needed Care</th>
<th>Getting Care Quickly</th>
<th>How Well Doctors Communicate</th>
<th>Customer Service</th>
<th>Coordination of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCS CHP (3) 2021</td>
<td>★</td>
<td>★★</td>
<td>★★</td>
<td>★</td>
<td>★★★★</td>
<td>★★</td>
<td>★★</td>
<td>★★</td>
<td>★</td>
</tr>
</tbody>
</table>

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
## 2021 CAHPS Survey Results

### ACC - General Child Survey Results

<table>
<thead>
<tr>
<th>Child - General</th>
<th>Global Rating</th>
<th>Composite Measure</th>
<th>Individual Item Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOB/Contractor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACC Program 2021</strong></td>
<td>⭐⭐⭐</td>
<td>⭐</td>
<td>⭐</td>
</tr>
<tr>
<td>AzCH-CCP</td>
<td>⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>BUFC</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Care 1st</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>HCA</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>MCC</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Mercy Care</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
<tr>
<td>UHCCP</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐⭐⭐</td>
</tr>
</tbody>
</table>

* Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.
# 2021 CAHPS Survey Results

**ACC - Adult Survey Results**

<table>
<thead>
<tr>
<th>Adult</th>
<th>Global Rating</th>
<th>Composite Measure</th>
<th>Individual Item Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOB/Contractor</td>
<td>Rating of Health Plan</td>
<td>Rating of All Health Care</td>
<td>Rating of Personal Doctor</td>
</tr>
<tr>
<td>ACC Program 2021</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐</td>
<td>⭐⭐</td>
</tr>
<tr>
<td>AzCH-CCP</td>
<td>⭐⭐</td>
<td>⭐</td>
<td>⭐⭐⭐</td>
</tr>
<tr>
<td>BUFC</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Care 1st</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>HCA</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>MCC</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>Mercy Care</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
<tr>
<td>UHCCCP</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
<td>⭐⭐⭐⭐</td>
</tr>
</tbody>
</table>

*+ Indicates fewer than 100 responses. Caution should be exercised when evaluation these results.*
# 2021 CAHPS Survey Results

## RBHA - Adult Survey Results

<table>
<thead>
<tr>
<th>LOB/Contractor</th>
<th>Global Rating</th>
<th>Composite Measure</th>
<th>Individual Item Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Rating of Health Plan</td>
<td>Rating of All Health Care</td>
<td>Rating of Personal Doctor</td>
</tr>
<tr>
<td>SMI Program</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>AzCH-CCP</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>HCA</td>
<td>★</td>
<td>★</td>
<td>★</td>
</tr>
<tr>
<td>Mercy Care</td>
<td>★★</td>
<td>★</td>
<td>★</td>
</tr>
</tbody>
</table>

**Legend:**
- ★: Satisfactory
- ★★: Excellent
AHCCCS provided the 2021 CAHPS Survey results to the Contractors on February 4, 2022

• As part of the communication, AHCCCS requested the Contractors:
  o Conduct an analysis of its plan-specific findings, and
  o Provide a summary that includes interventions that will be implemented to address any noted area(s) of concern
• Summaries currently undergoing review by the AHCCCS QI Team
• Additional discussions related to survey results and next steps to be conducted via monthly AHCCCS MCO QI Workgroup meetings

AHCCCS considering conducting additional CAHPS Surveys for 2023.
CY 2020 Performance Measure Overview - Statewide Rates
## CY 2020 Statewide Rates
### CYE 2018, CYE 2019, and CY 2020 Comparison*

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CYE 2018</th>
<th>CYE 2019</th>
<th>CY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Short-Term Complications Admission Rate per 100,000 Member Months—Total (Lower is Better)</td>
<td>13.8</td>
<td>14.0</td>
<td>11.8</td>
<td>-2.2</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up—Total</td>
<td>56.5%</td>
<td>54.2%</td>
<td>58.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up—Total</td>
<td>73.8%</td>
<td>72.5%</td>
<td>74.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Initiation and Engagement of AOD Abuse or Dependence Treatment—Total AOD Abuse or Dependence—Initiation of AOD Treatment—Total</td>
<td>44.8%</td>
<td>45.1%</td>
<td>45.5%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Initiation and Engagement of AOD Abuse or Dependence Treatment—Total AOD Abuse or Dependence—Engagement of AOD Treatment—Total</td>
<td>13.9%</td>
<td>15.5%</td>
<td>15.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Use of Opioids at High Dosage in Persons Without Cancer—Total (Lower is Better)</td>
<td>12.7%</td>
<td>11.1%</td>
<td>9.9%</td>
<td>-1.2%</td>
</tr>
</tbody>
</table>

* CMS Scorecard measures for which CYE 2018, CYE 2019, and CY 2020 statewide rates were available
CY 2020 Statewide Rates
Well-Child/Well-Care Rates

The CMS Child Core Set no longer includes the following Performance Measures:

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CYE 2018</th>
<th>CYE 2019</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent Well-Care Visits</td>
<td>41.5%</td>
<td>42.9%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 15 Months of Life—6+ Visits</td>
<td>61.6%</td>
<td>63.6%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life</td>
<td>61.8%</td>
<td>63.9%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>

Beginning with the CY 2020 measurement year, these measures have been replaced with:

- Child and Adolescent Well-Care Visits
- Well-Child Visits in the First 30 Months of Life
  - Rate 1: 15 Months - 6+ Visits
  - Rate 2: 30 Months - 2+ Visits
AHCCCS calculated rates for the new measures to serve as the CYE 2019 baseline reporting for the AHCCCS-mandated Back to Basics PIP.

- While these rates do not serve as AHCCCS Official Performance Measure rates, the CYE 2019 rates are provided below for comparison purposes to the CY 2020 statewide rates.

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>CYE 2019</th>
<th>CY 2020</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child and Adolescent Well-Care Visits</td>
<td>50.6%</td>
<td>43.0%</td>
<td>-7.6%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 30 Months of Life (Rate 1: 15 Months - 6+ Visits)</td>
<td>63.6%</td>
<td>56.5%</td>
<td>-7.1%</td>
</tr>
<tr>
<td>Well-Child Visits in the First 30 Months of Life (Rate 2: 30 Months - 2+ Visits)</td>
<td>68.6%</td>
<td>67.1%</td>
<td>-1.5%</td>
</tr>
</tbody>
</table>
CYE 2020 Statewide Rate Comparison Review

CMS Medicaid Median data is not yet available for comparison; as a result, the comparison review reflects changes in rates from CYE 2019 to CY 2020 reporting.

<table>
<thead>
<tr>
<th>CYE 2019 Strongest Performing Measures (≥10% Above the NCQA Medicaid Mean)</th>
<th>Domain</th>
<th>CYE 2019 Rate</th>
<th>CY 2020 Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness—7-Day Follow-Up</td>
<td>Behavioral Health Care</td>
<td>54.2%</td>
<td>58.0%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed Attention Deficit/Hyperactivity Disorder (ADHD) Medication—Initiation Phase</td>
<td>Behavioral Health Care</td>
<td>59.6%</td>
<td>61.7%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Follow-Up After Hospitalization for Mental Illness—30-Day Follow-Up</td>
<td>Behavioral Health Care</td>
<td>72.5%</td>
<td>74.4%</td>
<td>1.9%</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</td>
<td>Behavioral Health Care</td>
<td>66.9%</td>
<td>71.1%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Follow-Up After ED Visit for Mental Illness—7-Day Follow-Up</td>
<td>Behavioral Health Care</td>
<td>51.9%</td>
<td>53.2%</td>
<td>1.3%</td>
</tr>
</tbody>
</table>
CYE 2020 Statewide Rate Comparison Review

Of the top 5 measures in CYE 2019 with the greatest opportunity for improvement, two were retired and the remaining three demonstrated improved performance from the previous year’s reporting.

<table>
<thead>
<tr>
<th>CYE 2019 Measures with Greatest Opportunity for Improvement (≥10% Below the NCQA Medicaid Mean)</th>
<th>Domain</th>
<th>CYE 2019 Rate</th>
<th>CY 2020 Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Medication Ratio</td>
<td>Care of Acute and Chronic Conditions</td>
<td>61.0%</td>
<td>66.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Antidepressant Medication Management—Effective Continuation Phase Treatment</td>
<td>Behavioral Health Care</td>
<td>23.5%</td>
<td>26.1%</td>
<td>2.6%</td>
</tr>
<tr>
<td>Antidepressant Medication Management—Effective Acute Phase Treatment</td>
<td>Behavioral Health Care</td>
<td>42.5%</td>
<td>45.0%</td>
<td>2.6%</td>
</tr>
</tbody>
</table>
Measures demonstrating the greatest improvement in performance when compared to the previous year’s reporting included the following:

<table>
<thead>
<tr>
<th>CY 2020 Measures Demonstrating Greatest Improvement in Performance</th>
<th>Domain</th>
<th>CYE 2019 Rate</th>
<th>CY 2020 Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adherence to Antipsychotic Medications for Individuals With Schizophrenia</td>
<td>Behavioral Health Care</td>
<td>52.4%</td>
<td>57.7%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Asthma Medication Ratio</td>
<td>Care of Acute and Chronic Conditions</td>
<td>61.0%</td>
<td>66.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Follow-Up Care for Children Prescribed ADHD Medication—Continuation and Maintenance Phase</td>
<td>Behavioral Health Care</td>
<td>66.9%</td>
<td>71.1%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>
Whereas, measures demonstrating the greatest declines in performance when compared to the previous year’s reporting included:

<table>
<thead>
<tr>
<th>CY 2020 Measures Demonstrating Greatest Declines in Performance</th>
<th>Domain</th>
<th>CYE 2019 Rate</th>
<th>CY 2020 Rate</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer Screening</td>
<td>Primary Care Access and Preventive Care</td>
<td>52.1%</td>
<td>47.6%</td>
<td>-4.5%</td>
</tr>
<tr>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics—Blood Glucose and Cholesterol Testing</td>
<td>Behavioral Health Care</td>
<td>40.0%</td>
<td>33.7%</td>
<td>-6.3%</td>
</tr>
<tr>
<td>Annual Dental Visit</td>
<td>Not Applicable</td>
<td>60.4%</td>
<td>50.0%</td>
<td>-10.4%</td>
</tr>
</tbody>
</table>
Two of the three measures demonstrating the greatest declines in performance when compared to the previous year’s reporting are part of an active Performance Improvement Project (PIP):

- Breast Cancer Screening - ALTCS EPD and RBHA
- Annual Dental Visit - ACC, DCS CHP, and DDD

AHCCCS is currently evaluating the introduction of an additional PIP specific to Metabolic Monitoring for Children and Adolescents on Antipsychotics for the ACC, DCS CHP, and DDD populations.

The AHCCCS QI Team will be updating the Performance Measure Dashboard to include Calendar Year 2020 rates.
2023 Back-to-School Campaign
2023 Back-to-School Campaign

- Joint AHCCCS and MCO Back-to-School Campaign to launch Summer 2023 to improve well-care visit rates statewide. Key components of the campaign include:
  - Member incentives (i.e. backpacks, school supplies)
  - Provider partnerships
- Campaign related questions and concerns will be discussed during the monthly AHCCCS MCO QI Workgroup meetings
- AHCCCS is continuing discussions related to provider-level tracking tool requirements and capitation rate considerations
- AHCCCS to develop member and provider communication materials in collaboration with its MCOs
Reports Available
Reports Available

Over the past several months, AHCCCS has finalized and posted several reports and resources on its website:

• External Quality Review Annual Technical Reports
  o Available for each line of business on the Health Plan Report Card webpage
  o Includes: Quality improvement activities completed in Calendar Year 2021, and performance measure results for Measurement Year 2020 (January 1, 2020 - December 31, 2020)

• Performance Measure Data Dashboard
  o Available on the Dashboards webpage
  o Updated to include CYE 2019 data

• Childhood Immunization Completion Rates
  o Available on the AHCCCS Reports to Arizona Legislature webpage
  o Includes: Performance measure results for Measurement Year 2020
COVID-19 Vaccination Rates

Eric Tack MD JD MPH
Deputy Assistant Director for Managed Care Clinical Compliance
Division of Health Care Management
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of April 14, 2022

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>AHCCCS Rate (Approx. 45%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACC</td>
<td>41%</td>
</tr>
<tr>
<td>RBHA-SMI</td>
<td>77%</td>
</tr>
<tr>
<td>ALTCS-EPD</td>
<td>88%</td>
</tr>
<tr>
<td>ALTCS-DD</td>
<td>56%</td>
</tr>
</tbody>
</table>

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of April 14, 2022

- American Indian Health Program: 60%
- Tribal ALTCS: 85%

*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.
9-8-8/Crisis Update

CJ Loiselle
Crisis Administrator
Division of Grants Administration
10/1/2022 9-8-8 and Arizona Crisis Lines

Arizona Statewide Crisis Call Vendor

AHCCCS
Arizona Health Care Cost Containment System
Crisis Phone Line Vendor

• Currently each RBHA is responsible for operating Crisis Phone services in their assigned GSA.
• The awarded ACC-RBHA Contractors are responsible for selecting a single statewide crisis phone line vendor.
• The new statewide phone line vendor has been selected and all three RBHA’s are in the process of executing a contract with Solari, Inc. for all crisis call center services beginning 10/1/2022.
• Existing statewide crisis telephone numbers will remain for at least one year post transition.
**Arizona 988 State and Territory Cooperative Agreements Grant**

- **Awarded**: 04/15/2022
- **Funding Period**: 04/30/2022 - 04/29/2024 (2 years)
- **Amount**: $1,953,661
- **Area served**: All Regions

**Focus**: The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:

  - Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
  - Engaging Lifeline crisis centers to unify 988 response across states/territories; and
  - Expanding the crisis center staffing and response structure needed for the successful implementation of 988.
2021 Lifeline Center Calls vs. RBHA Call Center Calls

2021

Jan  | 2537
Feb  | 2548
March | 2838
April | 2894
May  | 3145
June  | 3131
July  | 3073
Aug  | 3470
Sept  | 3833
Oct  | 3973
Nov  | 3025
Dec  | 3140

Lifeline  RBHA

32,784 31,824
35,925 41,070
37,958 38,240
38,797 37,850
36,932 38,240
36,209 37,850
41,070 38,240
37,050 38,240
38,240 38,240
37,850 38,240
35,458 38,240
Arizona’s Crisis Care Continuum
RBHA Crisis Call Volume

* Crisis Call Volume represents all incoming calls into the local & toll-free RBHA Crisis Line numbers
RBHA Mobile Team Dispatch Distribution
RBHA Mobile Team Dispatch Distribution %

![Graph showing dispatch distribution percentage over time, with various categories and years indicated.]
RBHA Crisis Call Center - Top Reasons for Calls
March 2022

- Coordination of Care: 16.7%
- Self-Harm/Suicidal: 22.5%
- Anxiety: 7.8%
- Psychosis: 7.8%
- Substance Use/Abuse: 11.8%
- Social Concerns: 5.9%
- Aggression/DTO: 8.8%
- Depression: 4.9%
- Medical/Medications: 7.8%
- All Other: 2.9%
RBHA Crisis Call Center - Top Reasons for Calls March 2022 (By RBHA/GSA, Rate Per 100 Calls)
Top Reasons - Change from 2/2022 to 3/2022

- Anxiety: 1.2%
- Substance Use/Abuse: 0.6%
- Medical/Medications: 0.3%
- Other: 0.1%
- Coordination of Care: 0.0%
- Depression: -0.2%
- Aggression/DTO: 0.2%
- Social Concerns: 0.2%
- Housing Problems: -0.1%
- Domestic Violence: -0.7%
- Follow-Up: 0.2%

AHCCCS
Top Five Reasons For Crisis Calls (RBHA only)
Self-Harm/Suicidal Call Volume (RBHA)
9-8-8 Fast Facts

- Like 1-800-273-Talk, 988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.
- Access is available through every landline, cell phone, and voice-over internet device in the United States.
- The 988 dialing code will be available for call, text, and chat by July 16, 2022. Until then, those in crisis should continue to use 1-800-273-8255, which will continue to function even after the transition.
- SAMHSA 988 FAQ: [https://www.samhsa.gov/find-help/988/faqs#about-988](https://www.samhsa.gov/find-help/988/faqs#about-988)
9-8-8 Fast Facts

- 988 will be built with accessibility and inclusion in mind to ensure the service is available to all individuals, regardless of communications needs. As such, 988 will be available via text and chat to anyone interested in using those services, as well as Spanish support via the press 2 option and interpretation service in over 150 languages.

- The transition to 988 will not impact the availability of crisis services for our nation’s Veterans and military Service Members. The same dedicated service Veterans know and trust in the VCL remains fully in place and ready. The Veterans Crisis Line (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting https://www.veteranscrisisline.net/get-help-now/chat/ or by texting 838255.

- The 988 transition will not replace or change the current Arizona RBHA operated crisis call centers, numbers or services.
9-8-8 and 9-1-1

Relationship between 988 and 911

988 and 911 are designed to be complementary. 911 is currently used for all emergencies, including behavioral health emergencies. However, 911 dispatchers may not be trained on how to handle these types of calls. On the other hand, 988 is a behavioral health crisis number and 988 counselors are trained to assist people in emotional distress, suicidal crisis, or struggles with substance use. In many cases, 988 counselors can de-escalate a crisis over the phone and connect callers with community resources for ongoing support. Ongoing collaboration between 988 and 911 will help individuals in crisis get the appropriate support, potentially providing options like mobile crisis teams in place of police or emergency medical services (EMS) responders when needed and where available.
988 Implementation Guidance Playbooks

SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs). The following are the links to these playbooks:

- State, Territories & Tribes
- Mental Health and Substance Use Disorder Providers
- Lifeline Contact Centers
- Public Safety Answering Points (PSAPs)

The State, Territories & Tribes tool is not intended to be evaluative and no responses will be collected or aggregated. There is neither a perfect score nor a right answer. The intent is solely to help states, territories, and tribes determine where they might focus efforts both ahead of July 2022 and beyond as the country moves toward integrated crisis care.
Children with Specialized Health Care Needs
CALOCUS Implementation Update

Megan Woods DBH, LBA, BCBA
Integrated Care Administrator
Division of Health Care Management
CALOCUS Implementation

• Child and Adolescent Level of Care Utilization System (CALOCUS) is a tool used to determine the need for High Needs Case Management.

• Dashboard used for monitoring
  o Tracking: Total number of CALOCUS completed, Comparisons for Recommended Vs. Actual level of care, Level of Care by Health plan, CHP members, age and gender, provider agency utilization and accounts
  o Tracking Errors by providers to provide to health plans for TAs
  o Training Reporting
CALOCUS¹

- CALOCUS Volume
  - October 1, 2021-April 30, 2022: total number of CALOCUS completed: 35,663
  - January 1, 2022-April 30, 2022: 17,882 Unique TXIX Members
- CALOCUS Score and assessment of actual high needs case management (HNCM) assignment
  - October 1, 2021-April 30, 2022: Of the 4771 members identified through CALOCUS to be HN, 96% (4586 members) were identified to be assigned HNCM
- DCS/CHP members: 22% are HN

¹All data was pulled 05/04/2022
Provider Utilization

Data was pulled 05/04/2022, for the timeframe 10/1/2021 to 4/30/2022
BH Provider & Identified EHR Utilization

Contexture EHR Utilization as of May 10, 2022

- AdvancedMD: 2 (3%) users
- blueEHR: 1 (2%) user
- Credible Behavioral Health: 10 (16%) users
- eClinical Works: 2 (3%) users
- HMS Ambulatory: 6 (10%) users
- KaleidaCare: 1 (2%) user
- Kipu: 1 (2%) user
- MyAvatar: 1 (13%) users
- MyEvolv: 1 (2%) user
- NextGen: 15 (26%) users
- NextStep Solutions: 1 (2%) user
- Pace+: 1 (2%) user
- Practice Fusion EHR: 1 (2%) user
- PS Net: 3 (5%) users
- Remarkable Health - ClaimTrak: 1 (2%) user
- Self Developed: 1 (2%) user

Frequency of Use
Percentage
Preparing for ACC-RBHA Changes - Readiness

Christina Quast
Deputy Assistant Director for Managed Care Operations
Division of Health Care Management
AHCCCS Contracts Timeline

- **AUG. 2021**
  - Release CCE for RBHA Services

- **NOV 15, 2021**
  - Award CCE/Transition begins

- **SEP. 2022**
  - RBHA Contracts expire

- **OCT. 2022**
  - Expanded ACC contracts with RBHA services

- **2021**
  - **OCT. 2021**
    - Housing Administration begins

- **2022**
  - **OCT. 2021**
    - Housing Administration begins

- **2023**
  - **SEP. 2024**
    - ALTCS Contracts expire

- **2024**
  - **SEP. 2024**
    - ALTCS Contracts expire

- **2025**
  - **SEP. 2025**
    - ACC Contracts expire

- **2026**
  - **SEP. 2026**
    - ACC Contracts expire

- **2027**
  - **SEP. 2027**
    - ACC Contracts expire
Transitions for Members

• Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
  o Members in Maricopa County will continue to receive services from Mercy Care.
  o Members in Gila County will transition from Health Choice to Mercy Care.
  o Members in Pinal County will transition from Arizona Complete Health-Complete Care Plan to Mercy Care.
Member Transitions

8,046 members transitioning to new health plans

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<thead>
<tr>
<th>County</th>
<th>Members*</th>
<th>New Plan</th>
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<tbody>
<tr>
<td>Apache</td>
<td>229</td>
<td>Care1st</td>
</tr>
<tr>
<td>Coconino</td>
<td>794</td>
<td>Care1st</td>
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<tr>
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<td>Gila</td>
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</tr>
<tr>
<td>Pinal</td>
<td>1,448</td>
<td>Mercy Care</td>
</tr>
</tbody>
</table>

40,226 members remaining on current health plans

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<thead>
<tr>
<th>County</th>
<th>Members*</th>
<th>Current Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricopa</td>
<td>27,210</td>
<td>Mercy Care</td>
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<tr>
<td>Cochise</td>
<td>869</td>
<td>AzCH-CCP</td>
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<td>Graham/Greenlee</td>
<td>223</td>
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<tr>
<td>Yuma</td>
<td>1,030</td>
<td>AzCH-CCP</td>
</tr>
</tbody>
</table>

*Enrollment as of December 1, 2021
Member Transitions (cont.)

- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.
Preparing for Transition

• From award to go-live, AHCCCS works with the plans to make sure they are ready before launching

• Ready for:
  o Operations
  o Service Delivery
  o Finance
  o Systems
How Do We Measure “Ready”? 

- We have a tool that has over 300 elements over 12 areas 
- This tool requires health plans submit updates monthly:
  - progress in addressing each identified element, 
  - including identified risks, 
  - gaps in network, and 
  - strategies for remediation.
Readiness Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- Behavioral Health
- Quality Management and Quality Improvement
- Financial Reporting
- Non-Title XIX/XXI
- EPSDT and Maternal and Child Health
- Claims Processing and Provider Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- Member Services
Additional Readiness Activities

• Notices to members who will be changing plans are planned to be sent out mid/late August.

• Readiness Update Meetings (Next 5/9)
  o Health plans provide updates to AHCCCS Leadership on numerous topics, including:
    ▪ Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities.
    ▪ Member transition meetings with plans have already occurred.
What About The Network?

• Network Assessment
  o Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files.
10/1/2022 Member Transition
American Indian Health Program (AIHP)
AIHP Member Transitions

- Individuals with SMI currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA)
  - Physical health services will **continue** with AIHP
  - Behavioral Health services will **transition** to AIHP effective 10/1/2022
- This transition will impact roughly 300 members*

*Enrollment as of December 2021
AIHP Member Transitions (cont.)

• Individuals with SMI currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA)
  o Physical health services will *transition* to AIHP effective 10/1/2022
  o Behavioral health services will *continue* with TRBHA
• This transition will impact roughly 100 members*

*Enrollment as of December 2021
Enrollment Options as of 10/1/2022

- As of 10/1/22, enrollment options for AI/AN individuals with SMI:
  - ACC-RBHA Contractor for integrated Physical and Behavioral Health services
  - AIHP for integrated Physical and Behavioral Health services
  - AIHP for Physical health services and TRBHA for Behavioral Health Services
- All AI/AN members may receive services from an IHS Facility, or Tribally-Operated 638 Health Program, or an Urban Indian Health Program regardless of plan enrollment.
Next Meeting - November 17th

Visit AHCCCS Community Quality Forum web page at
https://www.azahcccs.gov/AHCCCS/CommitteesAndWork
groups/CommunityQualityForum.html
Thank You.