# Community Quality Forum
June 16, 2020, 3-5pm

**Virtual Meeting:**
[https://azgov.webex.com/azgov/onstage/g.php?MTID=e0db2e52473cbb78663af20434fffd7c67](https://azgov.webex.com/azgov/onstage/g.php?MTID=e0db2e52473cbb78663af20434fffd7c67)

Event number: 288 271 254
Event password: rjCqKYsm594

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:00PM</td>
<td>Welcome and Introductions</td>
<td>Sara Salek CMO - AHCCCS</td>
</tr>
<tr>
<td>3:05PM</td>
<td>Community Quality Forum: Purpose and Objectives</td>
<td>Sara Salek</td>
</tr>
<tr>
<td>3:10PM</td>
<td>AHCCCS Quality Strategy Overview</td>
<td>Sara Salek</td>
</tr>
<tr>
<td>3:20PM</td>
<td>CYE2021 Performance Improvement Project (PIP) RBHA-SMI &amp; ALTCS EPD Selection</td>
<td>Jamie Robin Quality Improvement Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jakenna Lebsock Assistant Director of Division Health Care Management</td>
</tr>
<tr>
<td>3:40PM</td>
<td>Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care &amp; Next Steps</td>
<td>Alex Herrera Project Manager</td>
</tr>
<tr>
<td>4:00PM</td>
<td>Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion</td>
<td>Will Buckley Clinical Data Analyst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sara Salek</td>
</tr>
<tr>
<td>4:30PM</td>
<td>Telehealth Utilization Analysis and Discussion</td>
<td>Will Buckley</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sara Salek</td>
</tr>
<tr>
<td>5:00PM</td>
<td>Meeting Adjourned&lt;br&gt;2020 Meeting Dates: September 15&lt;sup&gt;th&lt;/sup&gt;, December 16th</td>
<td></td>
</tr>
</tbody>
</table>
Community Quality Forum

June 16, 2020
Agenda

❖ Community Quality Forum: Purpose and Objectives
❖ AHCCCS Quality Strategy Overview
❖ CYE2021 Performance Improvement Project (PIP) RBHA-SMI & ALTCS EPD Selection
❖ Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care & Next Steps
❖ Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion
❖ Telehealth Utilization Analysis and Discussion
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.

Objectives

1. Finalize the development of Statewide physical and behavioral health dashboards;
2. Evaluate dashboard data metrics and provide feedback for performance improvement efforts including performance improvement projects (PIPs); and
3. Evaluate observed community-based trend concerns by leveraging data analytics to drive policy change.
AHCCCS Quality Strategy Overview

Sara Salek, M.D.
AHCCCS CMO
AHCCCS Quality Strategy Alignment with CMS

AHCCCS has strategically aligned its quality performance measure monitoring with the CMS Child Core Set, Adult Core Set, and the Medicaid Scorecard.
CMS Child Core Set

• Composed of:
  o Primary Care Access and Preventive Care
  o Maternal and Perinatal Health
  o Care of Acute and Chronic Conditions
  o Behavioral Health Care
  o Dental and Oral Health Services
  o Experience of Care

• Updated annually in consultation with advisory group

CMS Adult Core Set

• Composed of:
  o Primary Care Access and Preventive Care
  o Maternal and Perinatal Health
  o Care of Acute and Chronic Conditions
  o Behavioral Health Care
  o Experience of Care
  o Long-Term Services & Supports

• Updated annually in consultation with advisory group

CMS Scorecard

• First version of scorecard began in 2018 by CMS to increase healthcare system performance transparency
• Includes federal and state administrative performance
• State Health System Performance focuses on clinical metrics:
Quality Metrics Dashboard

• AHCCCS is seeking recommendations on quality metrics dashboard reporting for behavioral and physical health for the next three years (Oct. 1, 2020 through Sept. 30, 2023).
• AHCCCS conducts routine performance and utilization review on other metrics that are also available for a dashboard.
• Feedback will be accepted through June 22, 2020.
CYE2021 Performance Improvement Project (PIP) RBHA-SMI & ALTCS EPD Selection

Jamie Robin, Quality Improvement Manager, DHCM
Jakenna Lebsock, Assistant Director, DHCM
Performance Improvement Projects

Performance Improvement Projects (PIPs) are designed to achieve and sustain significant improvement in the areas of clinical and non-clinical care, through ongoing measurements and interventions [42 CFR 457.1240(b), 42 CFR 438.330(d) (i)-(iv)]

PIPs involve the following:

• Measurement of performance using objective quality indicators,
• Implementation of interventions to achieve improvement in access to and quality of care,
• Evaluation of the effectiveness of the interventions based on measures collected as part of the PIP, and
• Planning and initiation of PIP activities for increasing or sustaining improvement.
Performance Improvement Projects

PIPs are mandated by AHCCCS; Contractors shall also identify and implement additional PIPs based on self-identified opportunities for improvement

Current AHCCCS-Mandated PIPs include:

- Developmental Screening and Back to Basics (Acute, CMDP, and ALTCS DD)
- Managed Long Term Care and Supports (ALTCS E/PD)
- E-Prescribing (RBHA)
Performance Improvement Projects

Back to Basics

- Lines of Business: Acute, CMDP, ALTCS DD, and KidsCare
- Reporting Periods

<table>
<thead>
<tr>
<th></th>
<th>Date Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Measurement</td>
<td>October 1, 2018 through September 30, 2019</td>
</tr>
<tr>
<td>Intervention Year</td>
<td>October 1, 2019 through September 30, 2020</td>
</tr>
<tr>
<td>First Re-measurement</td>
<td>October 1, 2020 through September 30, 2021</td>
</tr>
<tr>
<td>Second Re-measurement</td>
<td>October 1, 2021 through September 30, 2022</td>
</tr>
</tbody>
</table>

- Selection based on:

  A decline in rates for Well Child and Adolescent Well Care Visit measures - AHCCCS identified these measures as areas of opportunity and improvement for the overall well-being of children and adolescents
Performance Improvement Projects

Back to Basics

Study Question

- What is the number and percent, overall and by Contractor, of:
  - AHCCCS-enrolled children and adolescents receiving well-child visits, and
  - AHCCCS-enrolled children and adolescents receiving at least one annual dental visit?

Goal

- Demonstration of a statistically significant increase, followed by sustained improvement for one consecutive year
Performance Improvement Projects

Long Term Services and Supports PIP

- Line of Business: ALTCS E/PD
- Reporting Periods:

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Measurement</td>
<td>October 1, 2017 through September 30, 2018</td>
</tr>
<tr>
<td>Intervention Year</td>
<td>October 1, 2018 through September 30, 2019</td>
</tr>
<tr>
<td>First Re-measurement</td>
<td>October 1, 2019 through September 30, 2020</td>
</tr>
<tr>
<td>Second Re-measurement</td>
<td>October 1, 2020 through September 30, 2021</td>
</tr>
</tbody>
</table>

- Selection based on alignment with:
  - Home and Community Based Services (HCBS) rules, and
  - Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services (CMS) Measures for Medicaid Managed Long Term Services and Supports Plans released August 2018
Performance Improvement Projects

Long Term Services and Supports - Assessment and Care Planning

○ Study Question:

What is the percent, overall and by Contractor, of:

▪ Members 18 years of age and older who have documentation of a comprehensive assessment in a specified timeframe that includes documentation of core elements,
▪ Members 18 years of age and older who have documentation of a comprehensive LTSS care plan in a specified timeframe that includes documentation of core elements, and
▪ Members 18 years of age and older with a care plan that was transmitted to their primary care practitioner (PCP) or other documented medical care practitioner identified by the plan member within 30 days its development.
Performance Improvement Projects

Long Term Services and Supports PIP

- Various factors are now impacting the validity, reliability, and sustainability of this PIP including, but not limited to:
  - COVID-19 Pandemic
  - Continued efforts around the implementation of HCBS Rules

- As a result, AHCCCS intends to discontinue this PIP and implement a new PIP specific to the ALTCS Population
Performance Improvement Projects

Long Term Services and Supports PIP

- Suggested PIP topics include:
  - Breast Cancer Screening
  - Electronic Visit Verification

- AHCCCS would like to extend the opportunity to provide feedback related to the suggested PIP topics as part of today’s discussion and ask if there are other topics that AHCCCS should consider when selecting the next ALTCS PIP
Performance Improvement Projects

Serious Mental Illness (SMI) PIP

○ As the E-Prescribing PIP comes to a close, AHCCCS is in the process of selecting a new PIP for the SMI Population

- Suggested PIP topics include:
  - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
  - Follow Up After ED Visit for Alcohol and Other Drug Abuse or Dependence
  - Plan All-Cause Readmissions
  - Preventive Screening (Breast Cancer/Cervical Screening)

- AHCCCS would like to extend the opportunity to provide feedback related to the suggested PIP topics as part of today’s discussion and ask if there are other topics that AHCCCS should consider when selecting the next SMI PIP
Questions?

Jamie Robin
Quality Improvement Manager
AHCCCS Division of Health Care Management
Email: jamie.robin@azahcccs.gov

Thank you
Crosswalk of AZ Crisis System and SAMHSA National Guidelines for Behavioral Health Crisis Care & Next Steps

Alexandra Herrera, Project Manager, DHCM
Crisis Services in Arizona

*Crisis Services*: Intensive time-limited services (24/72 hours) intended to stabilize or prevent a potentially dangerous condition.

Services are **available to all individuals** (adults and children) in Arizona, irrespective of AHCCCS eligibility.

Crisis Services are administered by the RBHAs in their GSAs (North, Central, South):
National Guidelines for Behavioral Health Crisis Care

SAMHSA's Core Elements of Crisis Services

Core elements:
- Regional/Statewide crisis call center(s)
- 24/7 mobile response
- 23-hr receiving and stabilization programs

Essential crisis care principles and practices:
- Addressing recovery needs, significant use of peers, and trauma-informed care.
- ‘Suicide safe’ care
- Safety and security for staff and those in crisis
- Law Enforcement and emergency medical services collaboration
## Crisis Calls: AZ vs National Standards

<table>
<thead>
<tr>
<th>Minimum Expectations:</th>
<th>Arizona:</th>
<th>Best Practices:</th>
<th>Arizona:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operates 24/7/365</td>
<td>✓</td>
<td>Incorporate caller ID functioning</td>
<td>✓</td>
</tr>
<tr>
<td>Staffed with clinicians overseeing triage and team members</td>
<td>✓</td>
<td>GPS enabled mobile crisis dispatch</td>
<td>✓</td>
</tr>
<tr>
<td>Answers every call. Meets minimum crisis call center expectations</td>
<td>✓</td>
<td>Real-time crisis bed registry</td>
<td>✗</td>
</tr>
<tr>
<td>Assess risk of suicide/danger per NSPL</td>
<td>✓</td>
<td>24/7 outpatient scheduling</td>
<td>✗ (AzCH members only)</td>
</tr>
<tr>
<td>Coordinates connections to crisis mobile teams</td>
<td>✓ (Central / South) ✗ (parts of Northern AZ)</td>
<td>Real-Time performance outcomes dashboard</td>
<td>✓</td>
</tr>
<tr>
<td>Connect to facility-based care through warm-hand offs/transportation coordination</td>
<td>✓</td>
<td>Air Traffic Control Model</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Crisis texting/chat capability</td>
<td>✗</td>
</tr>
</tbody>
</table>
# Mobile Crisis Teams: AZ vs National Standards

<table>
<thead>
<tr>
<th>Minimum Expectations</th>
<th>Arizona:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed clinicians to assess individual needs</td>
<td>✓</td>
</tr>
<tr>
<td>Respond where the person is located (i.e. community / home / facility etc.)</td>
<td>✓</td>
</tr>
<tr>
<td>Connect to facility-based care through warm-hand offs / transportation coordination</td>
<td>✓</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Best Practices:</th>
<th>Arizona:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate peers</td>
<td>✓</td>
</tr>
<tr>
<td>Respond without Law Enforcement unless warranted</td>
<td>✓</td>
</tr>
<tr>
<td>GPS Enabled technology with crisis call hub</td>
<td>✓</td>
</tr>
<tr>
<td>Outpatient scheduling/ coordination /warm hand offs</td>
<td>✖️ (AzCH only)</td>
</tr>
<tr>
<td>Crisis Planning and Follow-Up</td>
<td>✓ (Enhancements planned)</td>
</tr>
</tbody>
</table>
# Crisis Stabilization: AZ vs National Standards

<table>
<thead>
<tr>
<th>Minimum Expectations</th>
<th>Arizona:</th>
<th>Best Practices</th>
<th>Arizona:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepts all referrals / services designed to address mental health and substance use</td>
<td>✓</td>
<td>Function as a 24hr (or less) crisis receiving and stabilization facility</td>
<td>✓</td>
</tr>
<tr>
<td>Ability to assess physical health needs and deliver care for minor health challenges</td>
<td>✓</td>
<td>Offer dedicated first-responder drop-off area</td>
<td>✓</td>
</tr>
<tr>
<td>24/7/365 staffing multidisciplinary team (with peers)</td>
<td>✓</td>
<td>Incorporate intensive support beds into a partner program to support flow of individuals who need further support</td>
<td>✓</td>
</tr>
<tr>
<td>Walk-in and first-responder drop-offs with no refusals for law enforcement</td>
<td>✓</td>
<td>Include beds within the real-time bed registry system</td>
<td>✗ (AzCH only)</td>
</tr>
<tr>
<td>Suicide and violence risk assessment</td>
<td>✓</td>
<td>Coordinate connection to ongoing care</td>
<td>✓</td>
</tr>
</tbody>
</table>
### Other crisis system recommendations

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Status:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recovery focus / zero suicide / trauma informed care</td>
<td>✓</td>
</tr>
<tr>
<td>Significant role for peers</td>
<td>✓</td>
</tr>
<tr>
<td>Law Enforcement linkages / CIT training / regular meetings</td>
<td>✓</td>
</tr>
<tr>
<td>Crisis Line coding to H0030 – BH hotline service</td>
<td>× (In progress)</td>
</tr>
<tr>
<td>Use of LOCUS (Level of Care Utilization System) to determine stratification of assessed need for individuals in crisis</td>
<td>× (In progress)</td>
</tr>
<tr>
<td>System monitoring and Provider Performance monitoring</td>
<td>✓ (Enhancements planned)</td>
</tr>
</tbody>
</table>
Questions?

Alexandra Herrera
Project Manager
AHCCCS Division of Health Care Management
Email: alexandra.herrera@azahcccs.gov

Thank you
Pediatric Out of State Utilization for RTC Level of Care Data Analysis and Discussion

Will Buckley, Clinical Analyst, DHCM
Sara Salek, CMO, AHCCCS
Out-of-State RTC Utilization by Primary Diagnosis

# of Children Statewide (2012-2019)

- Mood Disorder: 160
- Bipolar: 70
- Depression: 98
- Other - See Next Figure: 62
- SUD: 59
- ADHD: 27
- ASD: 23
- Schizophrenia/Schizoaffective Disorder: 21
- PTSD: 14
- Conduct Disorder: 11
- Adjustment Disorder: 3
- Sexual Abuse: 2
Out-of-State RTC Utilization by Top Providers

<table>
<thead>
<tr>
<th>Provider</th>
<th># of Children Statewide (2012-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Marcos Treatment Ctr. (TX)</td>
<td>83</td>
</tr>
<tr>
<td>Spring Mountain Treatment (NV)</td>
<td>68</td>
</tr>
<tr>
<td>Nevada Skiles YWC (NV)</td>
<td>35</td>
</tr>
<tr>
<td>Copper Hills Youth Ctr. (UT)</td>
<td>30</td>
</tr>
<tr>
<td>Provo Canyon School (UT)</td>
<td>30</td>
</tr>
<tr>
<td>Sequo Tsi of Idaho (ID)</td>
<td>16</td>
</tr>
<tr>
<td>Southern Peaks Regional (CO)</td>
<td>16</td>
</tr>
<tr>
<td>Devereux Chico (CO)</td>
<td>16</td>
</tr>
<tr>
<td>Devereux Texas Treatment (TX)</td>
<td>15</td>
</tr>
<tr>
<td>Bernalillo Academy (NM)</td>
<td>14</td>
</tr>
<tr>
<td>Cottonwood Treatment Ctr. (UT)</td>
<td>13</td>
</tr>
<tr>
<td>22 Other Providers (Fewer Than 10 Members Each)</td>
<td>56</td>
</tr>
</tbody>
</table>
Telehealth Utilization Analysis and Discussion

Will Buckley, Clinical Analyst, DHCM
Sara Salek, CMO, AHCCCS
# of ALTCS-DDD Members Served and Paid Claims by Month
( Estimates Using Reported Claims Data as of 6/10 )

- 2019-10: 2,900
- 2019-11: 1,500
- 2019-12: 2,900
- 2020-01: 1,500
- 2020-02: 1,500
- 2020-03: 18,700 (Approx. 1,100%)
- 2020-04: 62,600 (Approx. 2,000%)

# of Telehealth Claims
# of Members Served by Telehealth
# of ALTCS-DDD Claims by Type of Telehealth
(Expectation Using Reported Claims Data as of 6/10)

- Modifier GQ: 
  - 10/2019: 2,700
  - 4/2020: 44,700
- Modifier GT: 
  - 10/2019: 100
  - 4/2020: 13,600
- Interactive A/V: 
  - 10/2019: 1
  - 4/2020: 4,100
- Telephone: 
  - 10/2019: 200
  - 4/2020: 4,100

Legend:
- Store & Forward
- Interactive A/V
- Telephone Permanently Code Set
- Telephone Temporarily Code Set
# of ALTCS-EPD Members Served and Paid Claims by Month
(Estimates Using Reported Claims Data as of 6/10)

- 5,840 (Approx. 7,500%)
- 3,820 (Approx. 6,200%)

Graph showing changes in the number of claims and members served over months from 2019 to 2020.
# of ALTCS-EPD Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of 6/10)

![Bar chart showing the number of ALTCS-EPD claims by type of telehealth for the periods of ALTCS-EPD 10/2019 and ALTCS-EPD 4/2020. The chart indicates the following counts:

- **ALTCS-EPD 10/2019**
  - Store & Forward: 30
  - Interactive A/V: 40
  - Permanent Codeset: 40
  - Temporary Codeset: 90

- **ALTCS-EPD 4/2020**
  - Store & Forward: 1,960
  - Interactive A/V: 1,100
  - Permanent Codeset: 2,190
  - Temporary Codeset: 2,190

**Legend**
- Red: Store & Forward
- Yellow: Interactive A/V
- Blue: Permanent Codeset
- Green: Temporary Codeset

AHCCCS (Arizona Health Care Cost Containment System)
# of CDMC Claims by Type of Telehealth

(Estimate Using Reported Claims Data as of 6/10)

- **CMDC 10/2019**
  - Modifier G0: Store & Forward: 100
  - Modifier GT: Interactive A/V: 1,200

- **CMDC 4/2020**
  - Telephonic Permanent Codeset: 2,700
  - Telephonic Temporary Codeset: 1,300

**Total:**
- Telephonic Codeset: 4,000

----

**Legend:**
- Modifier G0
- Modifier GT
- Telephonic Permanent Codeset
- Telephonic Temporary Codeset

**Note:**
- AHCCCS: Alaska Health Care Cost Containment System
# of RBHA Claims by Type of Telehealth
(Estimate Using Reported Claims Data as of June 10 With N-TXIX Est. TBD)

<table>
<thead>
<tr>
<th>Type of Telehealth</th>
<th>RBHA 10/2019</th>
<th>RBHA 4/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store &amp; Forward</td>
<td>4,600</td>
<td></td>
</tr>
<tr>
<td>Interactive A/V</td>
<td>53,000</td>
<td>34,400</td>
</tr>
<tr>
<td>Telephonic</td>
<td>100</td>
<td>187,200</td>
</tr>
<tr>
<td>Telephonic</td>
<td>33,400</td>
<td></td>
</tr>
<tr>
<td>Temporary Code Set</td>
<td>49,400</td>
<td></td>
</tr>
</tbody>
</table>
Meeting Recap and Next Steps

Sara Salek
Thank You.

Next 2020 Meetings: September 15th & December 16th