

Tribal-Specific Community Presentation •



Organizational Structure • Update

Tribal Liaison Reporting Structure





DCAIR (Division of Community Advocacy & Intergovernmental Relations)

- Federal Relations
 - Waiver
 - State Plan
 - Tribal Liaison
- Public Information Officer/Graphic Designer
- Advocacy & Stakeholder Group
 - Committees & Councils
 - Office of Individual and Family Affairs (OIFA)
 - Office of Human Rights (OHR)



Retroactive (Prior Quarter) Coverage Overview



Section 1115 Waiver

- Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law
- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers
- States must obtain approval from CMS before implementing 1115 waivers





Waiver of Retroactive Coverage

- CMS has approved Arizona's waiver request to limit retroactive coverage to the month of application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible
- The waiver of Retroactive Coverage is effective July 1, 2019



Why is AHCCCS making this change?

- This change to retroactive coverage re-establishes AHCCCS policy that had been in place until 2014. It encourages members to:
- Obtain and maintain health coverage, and
- Apply for Medicaid promptly to promote continuity of eligibility and enrollment for improved health status.



Does this affect American Indian members?

Yes, the retroactive coverage policy change will apply to American Indian members, except for:

- Children under the age of 19, and
- Women who are pregnant (including 60 days post-partum).

This topic has been presented at AHCCCS Tribal Consultation meetings and will continue to be an agenda item as a part of the public stakeholder outreach efforts.



Questions?





AHCCCS Works/Community Engagement

Overview of Exemption for American Indian and Alaska Native members







Timeline and Law Requirement





Timeline and Law Requirement (Cont.)



AHCCCS Works Requirements

- No sooner than Spring 2020, able-bodied adults^{*} 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
 - Be employed (including self-employment);
 - Actively seek employment;
 - Attend school (less than full time);
 - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
 - Engage in Community Service.

* Adults = SSA Group VIII expansion population, a.k.a, Adult group



Who is Exempt

- Members of federally recognized tribes
- **—** Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program

- Pregnant women up to the 60th day postpregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- □ Survivors of domestic violence
- Full-time high school, college, or trade school students
- **Designated caretakers of a child under age 18**



AHCCCS Works Unique Program Features



 First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the suspension Period as long as they meet all other eligibility criteria

Exemption for American Indian and Alaska Native members

- Members of federally recognized tribes and their children and grandchildren are exempt from the AHCCCS Works community engagement requirement
- AHCCCS will use information in Health-e-Arizona Plus (HEAplus) to exempt individuals who have self-identified as tribal members
- Members seeking tribal exemption must ensure demographic information in HEAplus is updated



Utilizing Information Already Submitted

To make sure AHCCCS Works information reaches you, verify that your contact information is correct. Login to healthearizonaplus.gov

Health-e-Arizona PLUS



Exemption for American Indian and Alaska Native members

WHAT IF: I receive correspondence that I am exempt from participating in AHCCCS Works requirements?

No further action is required.

WHAT IF: I'm an American Indian/Alaska Native member who receives notice that I must participate in AHCCCS Works? Identify yourself as an AI/AIN member to maintain AHCCCS benefits and eligibility. Log in to healthearizonaplus.gov

> Health-e-Arizona **PLUS**



American Indian Information in HEAplus

<u>Step 1</u>

Race, Ethnicity and American Indian Information - PROCESS APPLICATION Notes Race and Ethnicity Name Race Ethniolty John American Indian ► Not of Hispanic or Latino or Sp. Joyne Do the persons listed below have the same race and ethnicity as John OYes ONo Joyner ? Joy ► American Indian Not of Hispanic or Latino or Sp. Joyne Jimmy ► American Indian Not of Hispanic or Latino or Sp. Joyne

Note: You do not have to give information on this screen. Any information you give will not affect eligibility. You may select more than one race and ethnicity for each person.

American Indian or Alaska Native

Is anyone you are applying for an American Yes O No O Decline to Answer Indian or Alaska Native?



American Indian Information in HEAplus

Step 2

American Indian or Alaska Native

Is anyone you are applying for an American Indian or Alaska Native?

Select who is American Indian or Alaska Native

🕈 John Joyner

Is John Joyner an enrolled member of a U.S. federally recognized tribe?

Select this person's tribe

Yes ONo

GILA RIVER



IF Selected for Post-Eligibility Verification (PEV)

- AHCCCS will first check databases for supporting documentation verifying tribal membership
- If no documentation is in system, selected members must submit documentation to verify exemption



IF Selected...

WHAT IF: I am selected to verify my tribal membership for my exemption?

Documentation can be uploaded to HEAplus directly by member or Community Assistors, taken to a local DES office, or mailed or faxed to DES.

Members of federally recognized tribes and their children and grandchildren may submit documentation including, but not limited to:

- Certificate of Degree of Indian Blood
- Tribal ID or Census Record
- Document provided by the tribe stating that the person is a member of the tribe
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member



Recap





Exemption for American Indian and Alaska Native Members



Exemption for American Indian and Alaska Native Members (cont.)



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Next Steps: AHCCCS Works



quality health care for those in need

Arizona Health Care Cost Containment System

Community Feedback



AI/AN Exemption Feedback

- How do you best relay information in your community?
- Regarding tribal membership status, are there any unique statuses that AHCCCS should be aware of?
- Who are individuals or organizations that AHCCCS should be working with to get information regarding exemption to the public?



Recent Integration Efforts



MCO Integration Progress To Date



AHCCCS Complete Care

A HUGE step to integrate healthcare in a single ACC Health Plan that:

- Includes physical and behavioral healthcare service providers (including CRS – 18k)
- Manages the provider network for <u>all</u> healthcare services
- Provides comprehensive managed care for the whole person



Integration at all 3 Levels



Arizona Health Care Cost Containment System

- New provider type Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment \$300M

• ALTCS – EPD

- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children's Rehabilitative Services (one plan)
- Oct 2018 ACC/AIHP 1.5M Children/Adults
- ALTCS DD 2019/2020
- Foster Children 2020
- Administrative Simplification ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Integration Effort Outcomes





Methodology: SMI Evaluation Timeframe

Pre-Integration Baseline October 1, 2012 – March 31, 2014	Post-Integration Period 1 April 1, 2014 – March 31, 2015	Post-Integration Period 2 April 1, 2015 – March 31, 2016	Post-integration Period 3 April 1, 2016 – March 31, 2017
HCCCS a Health Care Cost Containment System		izona to provide comprehensive th care for those in need	
SMI Integration Evaluation Findings

- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
 - Adult access to preventive/ambulatory health services: +2%
 - Comprehensive Diabetes Care HbA1c: + 4%
 - Medication management for people with Asthma (50% compliance): + 32%
 - Medication management for people with Asthma (75% compliance): + 35%



SMI Integration Evaluation Findings

 All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases



• Rating of Health Plan: + 16%

- Rating of All Health Care: + 12%
- Rating of Personal Doctor: + 10%
- Shared Decision Making: + 61%
- Coordination of Care: + 14%



SMI Integration Evaluation Findings

• Of the 8 hospital-related measures:

- 5 measures showed improvement
 - Emergency Department Utilization rate decreased by 10%
 - Readmission rate declined by 13%
 - Admissions for short term complications for diabetes decreased by 6%
 - Admissions for COPD/Asthma decreased by 25%
 - 30-day post hospitalization for mental illness follow up rate increased by 10%



Integration... still to go...





AHCCCS Contract Timeline





RBHA Services Transfer RFI

Requests for Information (RFIs)

YH19-0084 RBHA Services Transfer

- Due Date: March 14, 2019, 3:00 P.M. Arizona Time
- Deadline for Questions: February 21, 2019 5:00 P.M. Arizona Time
- Notice of Request for Information
 - Questions and Answers Form 💀
 - Solicitation Amendment 1
 - Appendix 🆷
 - Revised Appendix 3/8/19
 - Solicitation Amendment 2





What is an RFI?

- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.
- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.



AHCCCS Care Delivery System October 1, 2018



quality health care for those in need

Arizona Health Care Cost Containment System

Current status with RBHA services

Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services
 o Populations:
 - Northern GSA Enrollment 5,725
 - Central GSA Enrollment 21,597
 - South GSA Enrollment 13,352



Geographic Service Areas



RBHA/TRBHA and Crisis Services Map





Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA. Reaching across Arizona to provide comprehensive quality health care for those in need

Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI population (includes CRS):
 - AIHP or AIHP and TRBHA; or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment





Current choices for American Indian members

American Indian Health Program (AIHP)

- A fee for service program delivered through AHCCCS that is responsible for integrated care for American Indian child and adult members who select AIHP and who have not been determined to have SMI.
- AIHP Integrated care services include both physical and behavioral health services, including services related to a CRS condition.



American Indian Health Program (AIHP)

- As of 10/1/18 AIHP reimburses physical health services (including CRS) and behavioral health services (non SMI).
- AIHP Network All AHCCCS registered providers -IHS/638 or non-IHS/638 providers; no contract required.
- Fee For Service providers sign provider participation agreement - must comply with AHCCCS manuals, policies, guidelines; and federal, state, and local laws/rules/regulations.



American Indian Members

- AHCCCS would like feedback regarding American Indian members continuing to have choice of enrollment for services:
 - Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?
 - Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options?



Next steps

 In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA

Early 2020

• No sooner than 10-1-20





Announcements

1. Mercy Care extended so all RBHA services will be transitioned at same time - Oct 2021



2. We will be limiting our RFP (or transfer of services) to the current ACC plans in each area - known contractors already with providers and members.



Should decertification remain?

Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?



What about Crisis Services?

- Should there be a single statewide vendor for crisis services? Single regional vendor?
- Should there be a single statewide number for crisis services?
- Other thoughts to improve the first 24 hours of crisis service delivery?
- For more info on crisis services now: www.azahcccs.gov/AHCCCS/Downloads/ACC/ View_Crisis_System_FAQs.pdf





Crisis and NTXIX Services on Tribal Lands

• What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?



OIFA

 AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?





SMI Specific Responsibilities

 What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?





What other feedback should AHCCCS consider during our next step of integration?





Questions?



Reaching across Arizona to provide comprehensive quality health care for those in need

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