Welcome to AHCCCS Community Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

Thank you.

National 24-Hour Crisis Hotlines

Phone

- 988 Suicide & Crisis Lifeline: **988**
- National Substance Use and Disorder Issues Referral and Treatment Hotline: **1-800-662-HELP (4357)**

Text

- Send a Text to **988**
- Text the word "HOME" to **741741**

Chat

- **988 Lifeline Chat**

Videophone

- Select **ASL NOW** at the bottom of the page to connect with a 988 Lifeline counselor.

Statewide Arizona Crisis Hotline

Call: 1-844-534-HOPE (4673) or

Text: 4HOPE (44673)

Chat: Solari Crisis Response Network

Arizona Crisis Hotlines by County

Local Suicide and Crisis Hotlines by County

Phone

Maricopa, Pinal, Gila Counties served by Mercy Care: **1-800-631-1314** or **602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st: **1-877-756-4090**

Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Lifeline phone or text: **602-248-TEEN (8336)**

How to access the crisis line in your area

Statewide:

Call: 1-844-534-HOPE (4673), **Text:** 4HOPE (44673) or
Chat: Solari Crisis Response Network

North GSA

- **Counties: Coconino, Mohave, Navajo, Yavapai:**
  Health Choice Arizona: 1-877-756-4090

Central GSA

- **Maricopa County,Pinal, Gila:** Mercy Care 1-800-631-1314

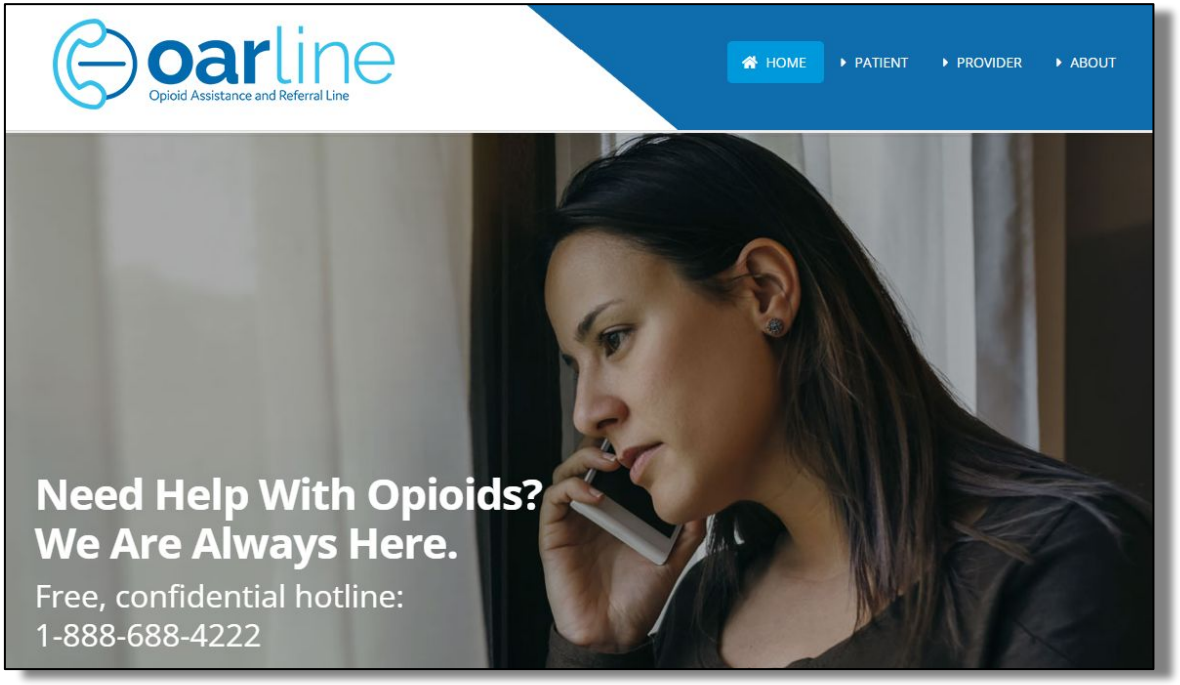
South GSA

- **Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma:**
  Arizona Complete Health - Complete Care Plan
  1-866-495-6735

Tribal

- **Ak-Chin Indian Indian Community:**
  1-800-259-3449
- **Gila River Indian Community:**
  1-800-259-3449
- **Salt River Pima Maricopa Indian Community:**
  1-855-331-6432
- **Tohono O'odham Nation:**
  1-844-423-8759

OARLine



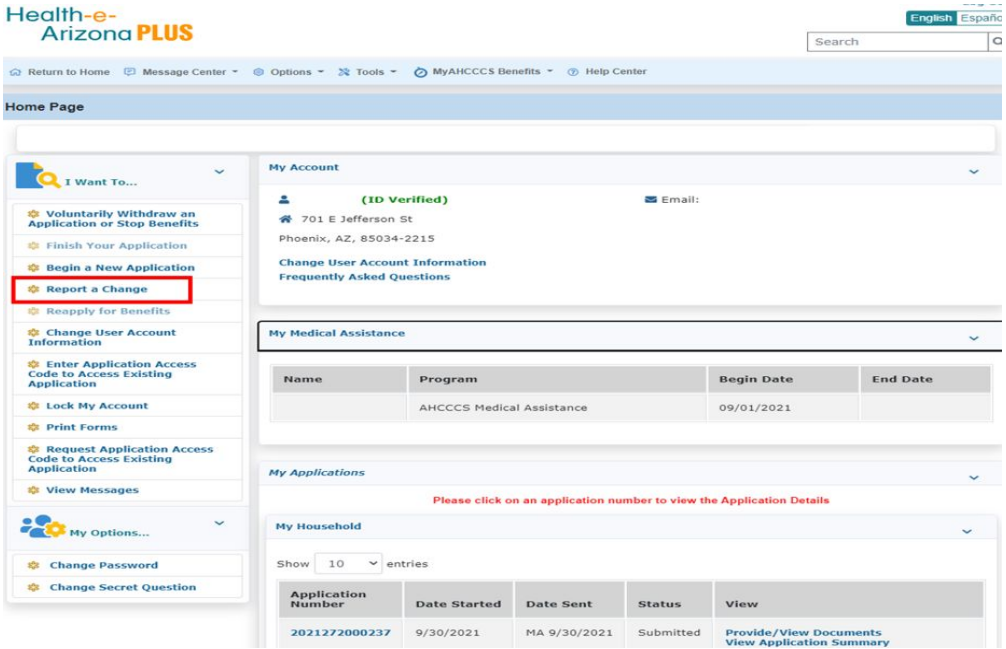
www.azdhs.gov/oarline

Email:

AzOarline@gmail.com

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

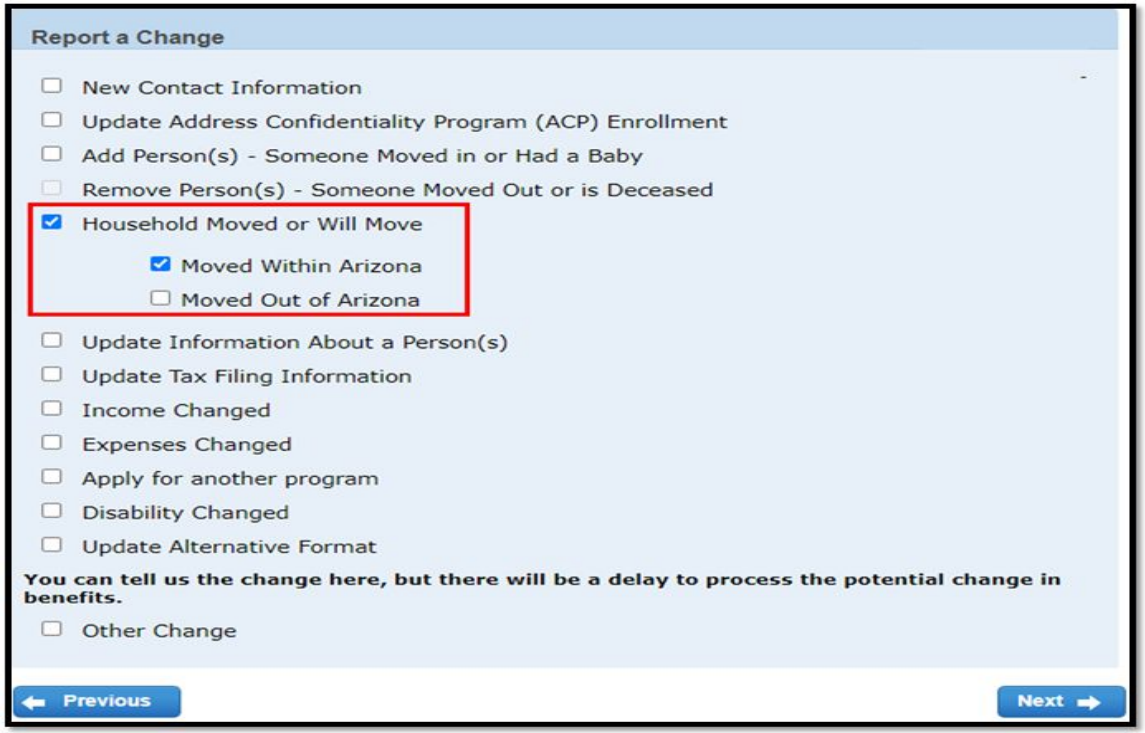
Need to report a change?



Log in or create an account today at www.healthearizonaplus.gov

Health-e-Arizona PLUS Address Changes

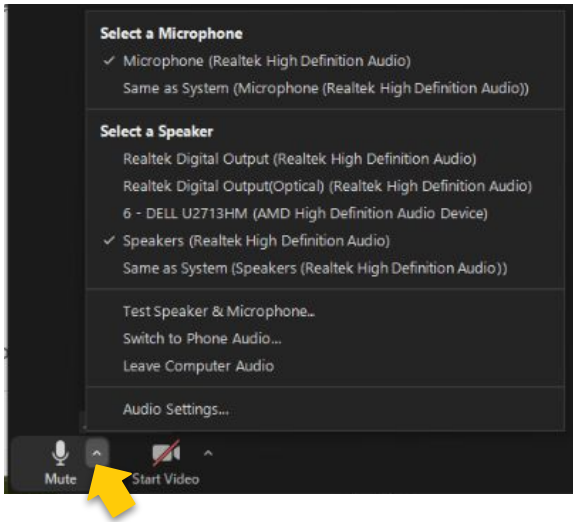
Address changes can be reported online using Health-e-Arizona PLUS.



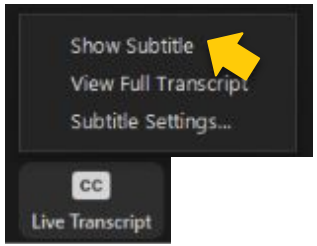
Zoom Webinar Controls

Navigating your bar on the bottom...

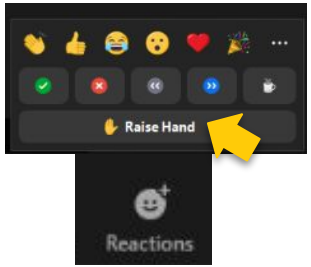
Audio Settings



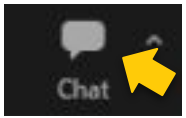
Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

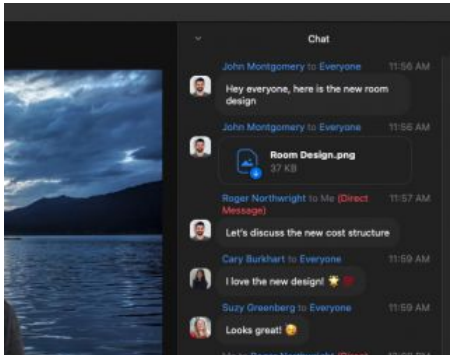
Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Webinar Tips

Mute your mic when you aren't speaking.

Limit background noise and distractions.



Use chat feature (or Q&A when available) to ask questions or share resources.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Covered Behavioral Health Services Guide (CBHSG) Overview

Dr. Sara Salek

Chief Medical Officer, AHCCCS

AHCCCS
Arizona Health Care Cost Containment System

Recent & Upcoming FWA Reforms

- Provider Moratorium Extension
- **Covered Behavioral Health Services Guide**
  - 7/1 Public Release
  - 10/1 Effective Date
- AI bots to support provider enrollment
- AIHP Tribal Verification - Final process being drafted. Co-designed with tribes to align with current I/T/U processes.

Covered Behavioral Health Services Guide (CBHSG)

- The Covered Behavioral Health Services Guide (CBHSG) is provided as a resource for general information regarding behavioral health services and commonly used billing codes.
- The CBHSG may be utilized as a resource regarding specific behavioral health service definitions, related clinical guidelines and related coding standards and/or limitations.
- AHCCCS worked with the Council of Human Service Providers and Medicaid Health Plans to re-establish the CBHSG
- AHCCCS has posted the updated AHCCCS CBHSG with an effective date of 10/1/2024.
- https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html

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Advanced search

HOME | AHCCCS INFO | MEMBERS/APPLICANTS | PLANS/PROVIDERS | AMERICAN INDIANS | RESOURCES | FRAUD PREVENTION | CRISIS SERVICES

Home / Plans & Providers / This Page

- AHCCCS Online
- Health Plans
- AHCCCS Provider Enrollment Portal (APEP)
- Other Provider Programs and Initiatives
- Data Access
- EHR Incentive Program *(now called Promoting Interoperability Program)*
- Guides - Manuals - Policies
- Rates and Billing
- Pharmacy
- Medical Coding Resources
- Demographics, Social Determinants and Outcomes

Medical Coding Resources

Medical Coding Resources are intended for use by AHCCCS MCO's and Providers.

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

COVID-19 Medical Coding and Billing Information **Updated 05/08/2023**

News and Updates **Updated 8/28/2024**

Reference Table Review and Update Requests

Behavioral Health Services Matrix and Guide **Updated 10/15/2024**

AHCCCS Behavioral Health Services Guide FAQ

- FAQ *(posted 10/15/2024)*

The AHCCCS Behavioral Health Services Matrix (B2 Matrix) is updated and published monthly, with the current month's information. Refer to the 'as of' date in the header of the Matrix document below:

- B2 Matrix *(posted 10/02/2024)*
- AHCCCS Behavioral Health Services Matrix questions, changes and updates must be submitted via the Reference Table Review and Update (RTRU) Form.

The AHCCCS Covered Behavioral Health Services Guide (CBHSG) is updated and published as needed. Refer to the CBHSG below:

- AHCCCS Covered Behavioral Health Services Guide **(posted 10/04/2024)**

The AHCCCS Same Day Disallow Table includes the most commonly used per diem, single day, counseling, treatment, and assessment/screening/evaluation code combinations. This is not an exhaustive list of all available codes. Refer to the AHCCCS Same Day Disallow Table below:

- AHCCCS Same Day Disallow Table (posted 10/04/2024)

CBHSG: Service Categories

- Outpatient Treatment Services
  - Assessment, Evaluation and Screening Services
  - Behavioral Health Counseling, Therapy and Psychotherapy
  - Behavior Analysis Services
  - Partial Hospitalization Programs (PHPs)
  - Intensive Outpatient Programs (IOPs)
  - Psychiatric Collaborative Care Model (CoCM)
  - Behavioral Health Day Programs

CBHSG: Service Categories (continued)

- Rehabilitation Services
  - Skills training and development
  - Psychosocial rehabilitation
  - Cognitive rehabilitation
  - Health promotion
  - Psychoeducational services and ongoing support to maintain employment

CBHSG: Service Categories (continued)

- Medical services including medication services and labs
- Support services
  - Case management
  - Behavioral health outreach
  - Personal care
  - Family support
  - Peer support
  - Unskilled respite
  - Transportation
  - Housing support services

CBHSG: Service Categories (continued)

- Crisis intervention services
- Residential treatment
  - Behavioral Health Residential Facility (BHRF)
  - Adult behavioral health therapeutic home (ABHTH)
  - Therapeutic Foster Care (TFC)
- Inpatient services
  - Hospital
  - Subacute
  - Residential Treatment Center (RTC)

Upcoming CBHSG Trainings

- The Division of Fee-for-Service Management (DFSM) is hosting two upcoming trainings
- Part 1 CBHSG Overview
  - This session covers general topics to include provisions of services, provider types, billing, outpatient treatment, IOP and more.
  - When: Wednesday, October 23, 2024 from 1:00 p.m.
  - Registration is required
- Part 2 CBHSG Overview
  - This session continues the discussion, and covers general topics to include medical and support services, crisis, outpatient residential and more.
  - When: Thursday, October 24, 2024 at 1:00 p.m.
  - Registration is required

AHCCCS Coding Resources

- Providers can view the Medical Coding Resources webpage which publishes news and updates related to AHCCCS claims and encounters processing, place of service, modifiers, new procedure codes, new diagnoses, and coding rules and more. www.azahcccs.gov/PlansProviders/MedicalCodingResources.html
- Providers can contact the AHCCCS Medical Coding Unit for questions related to specific coding and/or AHCCCS policy: CodingPolicyQuestions@AZAHCCCS.gov

Protecting AHCCCS Members

Report Suspicious Activity and Provider Fraud

It is illegal for someone to offer gift cards, meals, cash, or other gifts in exchange for Medicaid services.

- In Arizona: (602) 417-4045
- Toll-free outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686

Email: AHCCCSFraud@azahcccs.gov

Reporting Suspicious Activity

There is no wrong door to report suspicious activity

- Report suspicious criminal activity to the FBI
- Report facilities violating licenses to AZ Dept. of Health Services
- Report provider or member fraud to AHCCCS Office of Inspector General
- Report concerns with AHCCCS quality of care or barriers to care using the Quality of Care Concern online form, by calling (602) 417-4885, or by emailing CQM@azahcccs.gov.

Improving Maternal and Infant Health Outcomes through Doula Care

Rachael Salley, MPH

Maternal Child Health/EPSDT Manager

AHCCCS
Arizona Health Care Cost Containment System

What is a doula?

"A Doula is a **trained nonmedical professional** who may provide continuous physical, emotional, and informational **support** to families before, during, and after childbirth for a period of one year after birth or in the case of loss and who may serve as a **liaison** between the birth parents and medical and social services staff to **improve the quality of medical, social, and behavioral outcomes**."

Doula scope of practice

Doulas can…

- support a birthing person and their family
-advocate
-liaise/facilitate communication with the health care system
-connect to resources
-educate
-bring cultural relevance to the experience
- much more!

Doulas do not….

-provide medical care
-deliver babies
-make diagnoses
-prescribe medication
-Replace prenatal, delivery, and postpartum care provided by a midwife or physician

2025-2029 Strategic Plan

Access to Care

- Advance Whole Person Care
- Lower the Uninsured Rate
- Maintain a Strong Provider Network

AHCCCS
Arizona Health Care Cost Containment System
2025-2029
Strategic Plan

Quality of Care

- Support Preventive Care
- Maintain High Member Satisfaction
- Strengthen Program Integrity

Doula care = **evidence-based** prevention

Increases in

- ➔ breastfeeding initiation and duration
- ➔ satisfaction with the birthing experience
- ➔ maternal confidence and autonomy
- ➔ emotional well-being
- ➔ car seat utilization
- ➔ Apgar scores

Reductions in

- ➔ cesarean deliveries
- ➔ epidural use
- ➔ low birth weight
- ➔ premature birth
- ➔ anxiety and stress during labor
- ➔ length of labor
- ➔ postpartum anxiety, PTSD, and depression

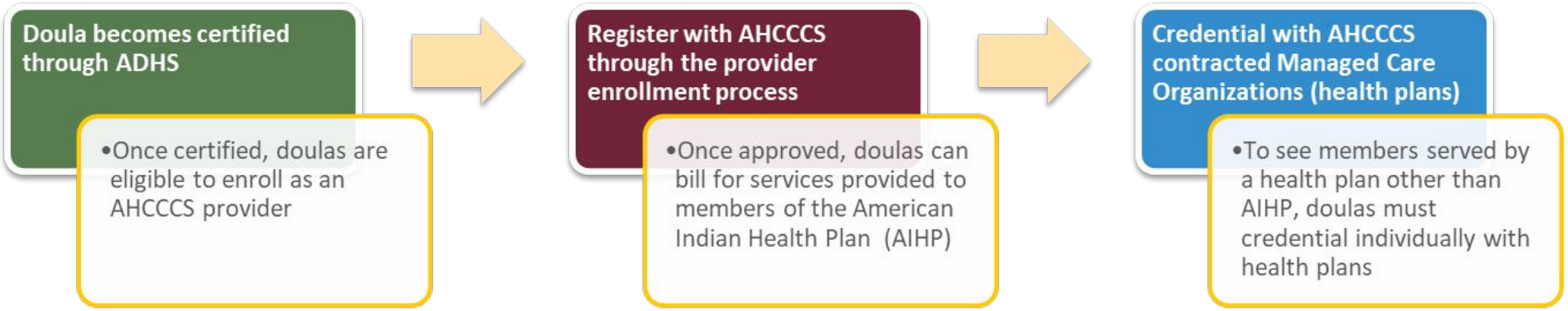
These benefits are the most significant for individuals at the highest risk for adverse outcomes.

Sobczak A, Taylor L, Solomon S, Ho J, Kemper S, Phillips B, Jacobson K, Castellano C, Ring A, Castellano B, Jacobs RJ. The Effect of Doulas on Maternal and Birth Outcomes: A Scoping Review. Cureus. 2023 May 24;15(5):e39451. doi: 10.7759/cureus.39451. PMID: 37378162; PMCID: PMC10292163.

Doula certification

- Senate Bill 1181 provided a pathway for the Arizona Department of Health Services (ADHS) to develop a voluntary certification program in 2021
- ADHS launched the program in August 2023
- Two doulas have become certified as of 10/17/2024
- Certification is **voluntary**. This means that doulas are not legally required to be certified to provide services. They DO have to be certified to enroll as an AHCCCS provider.

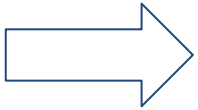
Certification vs. AHCCCS registered



AHCCCS Provider Enrollment Portal (APEP): azahcccs.gov/APEP

AHCCCS Provider Enrollment Applications and Revalidations

Applying To Be an AHCCCS Provider



Providers new to APEP:

User Registration

Existing APEP users:

Existing Users

If you need to reset your APEP Password, please see the APEP Password Reset Procedure .

If you need to add, change, or remove a Domain Administrator, please see Domain Access in APEP (PEP-901) .

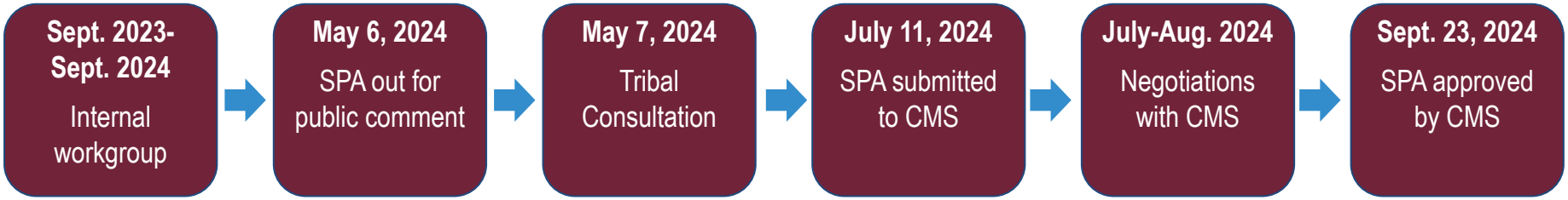
If you are unable to use APEP to submit your application, the AHCCCS Provider Enrollment Application form may be used. The form will only be accepted if the provider has extenuating circumstances that explain why they cannot use the AHCCCS Provider Enrollment Portal System (APEP). Circumstances must be outlined in a written statement along with submission of the AHCCCS Provider Enrollment Application form with Provider Participation Agreements Attached (PEP-202.1) .

- Provider Participation Agreement (PEP-202.8)
- Group Biller Provider Participation Agreement (PEP-202.9)

State Plan Amendment (SPA) process

The State Plan assures that Arizona will administer the Medicaid and Children's Health Insurance Program (KidsCare) programs according to federal requirements under the provisions of the Social Security Act and provides a basis for Federal Financial Participation (FFP).

AHCCCS submits amendments (SPAs) to reflect changes in federal law, regulation, policy, or court decisions.



Recommendation/Referral Requirement

42 CFR 440.130 states: "Preventive services" means services recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law to—(1) Prevent disease, disability, and other health conditions or their progression; (2) Prolong life; and (3) Promote physical and mental health and efficiency.

- 638 FQHC (PT C5)
- Behavioral Outpatient Clinics (PT 77)
- Certified Nurse-Midwife (PT 09)
- Clinics (PT 05)
- Community/Rural Health Centers (RHCs) (PT 29)
- Community Health Worker Organizations (PT CH)
- DO-Physician Osteopaths (PT 31)
- Federally Qualified Health Centers (FQHCs) (PT C2)
- Free-Standing Birthing Center (PT 83)
- Hospitals (PT 02)
- Integrated Clinics (PT IC)
- Licensed Clinical Social Worker (PT 85)
- Licensed Marriage and Family Therapist (PT 86)
- Licensed Midwife (PT 84)
- Licensed Professional Counselor (PT 87)
- MD-Physicians (PT 08)
- Physician's Assistants (PT 18)
- Psychologist (PT 11)
- Registered Nurse Practitioners (PT 19)

*Recommendation/Referral does **not** mean prior authorization!*

Medical Necessity

A.A.C R9-22-202

B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply: 1. Only medically necessary, cost effective, and federally reimbursable and state-reimbursable services are covered services.

A.A.C R9-22-101

“Medically necessary” means a covered service is provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability, or other adverse health conditions or their progression, or to prolong life.

AHCCCS Policy: All AHCCCS members who are *pregnant or postpartum* are eligible to receive services from Certified Birthing Doulas. **Members do not need to be at a high-risk or experience a complication to be eligible for services.**

How do AHCCCS-registered certified doulas get reimbursed?

The following Medical Codes for doula services are covered:

- T1032-Services performed by a Doula birth worker, per 15 minutes (up to 2 hrs/claim)
- T1033-Services performed by a Doula birth worker, per diem (once per day/per member, every 9 months)

"There is not a minimum/maximum number of visits and limits may be exceeded based on medical necessity. Doula services include post-delivery visits." – AHCCCS SPA

Where can I find more info?

AHCCCS Doula FAQ page:
www.azahcccs.gov/PlansProviders/OtherProviderProgramsAndInitiatives/Doula.html

AHCCCS Medical Policy Manual (AMPM):
azahcccs.gov/shared/MedicalPolicyManual

AHCCCS Fee-For-Service Health Plan:
www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/

ADHS Doula Certification page:
www.azdhs.gov/licensing/blpo/doulas/index.php

Thank you!

Contact me at rachael.salley@azahcccs.gov

AHCCCS
Arizona Health Care Cost Containment System

Arizona Olmstead Plan Updates

Adam Robson

Employment Administrator

AHCCCS
Arizona Health Care Cost Containment System

Olmstead v. L.C. (1999)

- The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson.
- Both had diagnoses of mental health conditions and intellectual disabilities.
- Both voluntarily admitted to the psychiatric unit in the State-run Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.

- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.

Olmstead v. L.C. (1999)

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
  - State's treatment professionals reasonably determine that such placement is appropriate
  - The affected person is in agreement with the decision, and
  - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services

Arizona's Approach

- The Court did not require states to develop a plan, but Arizona chose to do so.
- The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program, including Tribal ALTCS programs.

Olmstead Strategies

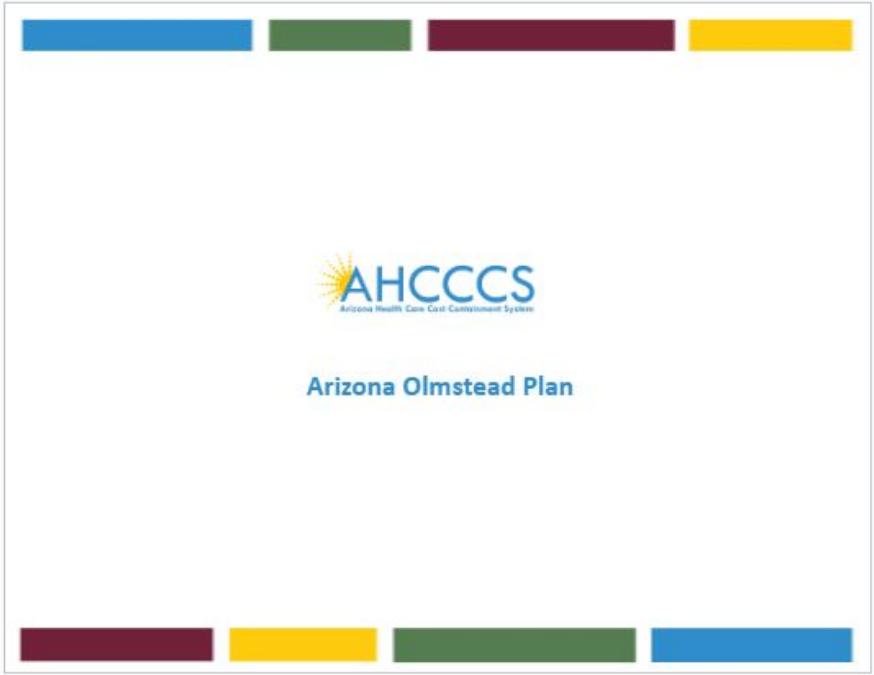
#	Strategy	Description
1	**Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community**	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	**Reach-in discharge planning for hospital settings**	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	**Reach-in discharge planning for the justice system**	Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.
4	**Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations**	Explore the feasibility of expanding HCBS for the aging SMI population.

Olmstead Strategies

#	Strategy	Description
5	**Workforce Development initiatives**	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.
6	**High quality network to ensure members are served in the most effective and least restrictive manner**	Ensure services are provided by high quality network providers in a timely manner.
7	**Person-centered planning enhancements**	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs)
8	**Aggregated Population Data**	Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.

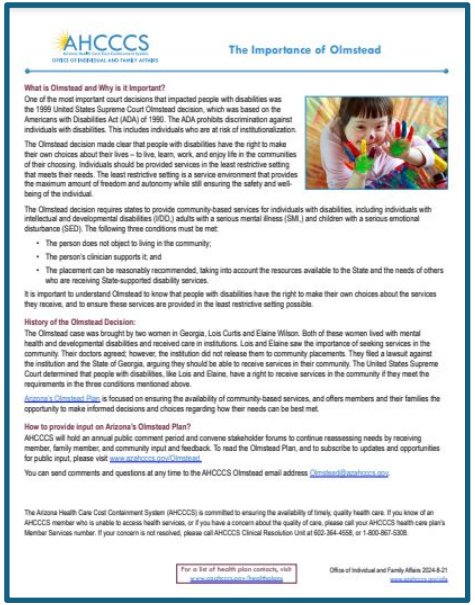
Where Are We Now?

- The current Arizona Olmstead Plan launched on 10/13/2023.
- There have been 3 quarterly updates to the Olmstead Plan (2 posted).



What's New?

- Orientation training video
- Olmstead 1-pager


AHCCCS

The Importance of Olmstead

What is Olmstead and Why is it Important?

One of the most important court decisions that impacted people with disabilities was the 1999 United States Supreme Court Olmstead decision, which was based on the Americans with Disabilities Act (ADA) of 1990. The ADA prohibits discrimination against individuals with disabilities. This includes individuals who are at risk of institutionalization.

The Olmstead decision made clear that people with disabilities have the right to make their own choices about their lives – to live, learn, work, and enjoy life in the communities of their choosing. Individuals should be provided services in the least restrictive setting that meets their needs. The least restrictive setting is a service environment that provides the maximum amount of freedom and autonomy while still ensuring the safety and well-being of the individual.

The Olmstead decision requires states to provide community-based services for individuals with disabilities, including individuals with intellectual and developmental disabilities (I/DD.) adults with a serious mental illness (SMI.) and children with a serious emotional disturbance (SED). The following three conditions must be met:

- The person does not object to living in the community;
- The person's clinician supports it; and
- The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disability services.

It is important to understand Olmstead to know that people with disabilities have the right to make their own choices about the services they receive, and to ensure these services are provided in the least restrictive setting possible.

History of the Olmstead Decision:

The Olmstead case was brought by two women in Georgia, Lois Curtis and Elaine Wilson. Both of these women lived with mental health and developmental disabilities and received care in institutions. Lois and Elaine saw the importance of seeking services in the community. Their doctors agreed; however, the institution did not release them to community placements. They filed a lawsuit against the institution and the State of Georgia, arguing they should be able to receive services in their community. The United States Supreme Court determined that people with disabilities, like Lois and Elaine, have a right to receive services in the community if they meet the requirements in the three conditions mentioned above.

Arizona's Olmstead Plan is focused on ensuring the availability of community-based services, and offers members and their families the opportunity to make informed decisions and choices regarding how their needs can be best met.

How to provide input on Arizona's Olmstead Plan?

AHCCCS will hold an annual public comment period and convene stakeholder forums to continue reassessing needs by receiving member, family member, and community input and feedback. To read the Olmstead Plan, and to subscribe to updates and opportunities for public input, please visit www.azahcccs.gov/Olmstead.

You can send comments and questions at any time to the AHCCCS Olmstead email address Olmstead@azahcccs.gov

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.

For a list of health plan contacts, visit www.azahcccs.gov/YourPlan/

Office of Individual and Family Affairs 2024-8-21
www.azahcccs.gov/ifa

Both can be found at: https://www.azahcccs.gov/olmstead

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 1: Housing **Objective 1.B**	Develop standardized training around evidenced based practices related to Permanent Supportive Housing.	Developing a PSH learning track that will be added in RELIAS and assigned to any provider identified as being a provider of PSH services.
Strategy 1: Housing **Objective 1.C**	Establish baseline data on current utilization of existing housing support and wrap-around services to determine how services are being utilized to meet members' housing needs and to strategize opportunities for improvement.	Established a streamlined process for reporting members within the AHP who are connected to clinical support. New data (% of members in the AHP receiving clinical support) will be available and posted at the end of the month.

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 2: Reach-In/Hospital **Objective 1.A**	Increase usage of Child and Adolescent Level of Care Utilization System (CALOCUS) as standardized assessment tools used by the Provider network to determine service level needs across all MCOs.	Since January 2024, twelve (12) new providers have added CALOCUS portal accounts, making the total 96 providers.
Strategy 2: Reach-In/Hospital **Objective 2.A**	30% of participating hospitals/inpatient providers will be facilitating at least 10 member referrals (on average) per month using CommunityCares (Closed-Loop Referral System).	AHCCCS offered a Differential Adjusted Payment (DAP) Program to incentivize providers in using the CLRS. All providers participating in the DAP are now enrolled to use the system and have committed to performing at least 10 referrals per month using the system.

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 3: Reach-In/Justice **Objective 1**	Develop relationships with counties/ justice settings currently not participating in data sharing with AHCCCS to support enrollment suspense.	Since June 2023, there have been five (5) new counties participating in data sharing with AHCCCS to support enrollment suspense, totaling nine (9) counties in all.
Strategy 3: Reach-In/Justice **Objective 5.A**	Outline the types of justice settings that could benefit from participating in the CLRS and establish prioritization of implementing statewide, starting with at least one pilot site location.	The Arizona Department of Corrections, Rehabilitation and Reentry (ADCRR) has begun actively using the CLRS daily. Also, Maricopa County Corrections is working on their onboarding plan for the pilot sites that will be using the system.

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 5: WFD **Objective 5.1.C**	Create and implement an interactive Caregiver Career Pathway (CCP) planning tool into the Pipeline AZ platform for prospective health care staff to explore Arizona health care jobs, including their eligibility requirements, and map the career ladders and frameworks connected to actual job openings.	As of the end of June 2024, there are: • **4,081** jobs posted, an increase of 100 from the previous quarter. • **547** AHCCCS Providers that have been onboarded, an increase of 193 from the previous quarter. • **4,903** users that are students and/or job seekers, an increase of 392 from the previous quarter. • **11,854** post-secondary users that have used the platform to explore careers, an increase of 1,161 from the previous quarter.

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 6: Network **Objective 3.A**	MCOs to implement at least one Center of Excellence for children at risk of/with Autism Spectrum Disorder (ASD).	As of January 2024, 100% of MCOs have at least one contracted provider with a Center of Excellence for children at risk of/with ASD.
Strategy 6: Network **Objective 3.D**	Purchase and implement training for use of the Early Childhood Service Intensity Instrument (ECSII), to allow for assessment of children birth through five.	Completed ECSII tests have gone from 252 in October 2023 to 404 as of the contract end date of March 14, 2024, resulting in a 60% increase. AHCCCS has worked with the American Academy of Child and Adolescent Psychiatry (AACAP) to establish essential elements of fidelity criteria (scoring, care planning).

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 6: Network **Objective 3.C**	Increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD.	Through a financial incentive offered by DDD, as of August 2024, training completions are as follows: • **93** behavioral health providers have enrolled one or more staff members in the 13-course training plan. • **3,585** behavioral health provider staff have completed one or more of the courses. • **25,622** total courses in the training plan have been completed. • **2,261** individuals have completed the live virtual instructor-led course.

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 6: Network **Objective 3.C**	Increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD.	Through a contract with the National Center of START Services (NCSS), there were **41** individuals enrolled in the initial cohort of the I/DD Care Coordination training course. A second cohort began in March 2024 with **161** participants. Two additional cohorts were added for May and August. A distinct training series has been created to provide specific technical assistance for trauma and IDD, especially for individuals with significant behavioral needs. Three of the four training sessions have been completed

Notable Olmstead Plan Updates

Over the past year

Strategy	Objective or Performance Target in Reference	Update
Strategy 8: Aggregated Population Data **Objective 1.A**	Annually obtain data related to the following elements to identify trends and future direction: • Demographic data, • Enrollment numbers by geographic service area and health plan, • Average cost per person by geographic service area and health plan, • Average cost per person by service type and eligibility (e.g., home-based services), and • Average length-of-stay and readmission rates	AHCCCS is working with a consultant to assist in developing a preliminary framework and data pulling to conduct a baseline analysis. Once finalized, data reports will be shared publicly.

How to Stay Connected With Olmstead

- Visit www.azahcccs.gov/Olmstead. Here, interested parties have the option to:
  - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
  - Receive information about open public comment periods, and
  - Locate the Olmstead email address to share input with AHCCCS at any time.
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page.

Other Ways to Stay Connected With Olmstead

- Quarterly updates presented during AHCCCS Community Forums on accomplishments made during the quarter.
- Annual updates presented to various committees and councils, such as the SMAC, Tribal Consultation, BHPC, ALTCS Advisory Council, and the OIFA Advisory Council.
- MCOs to review and share quarterly updates on the Olmstead Plan with their Member Advisory Councils and Governance Committees.
- Annual Olmstead Plan public forum and comment period to conduct a reassessment of needs.

*** Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address (Olmstead@azahcccs.gov) throughout the year.

Questions

AHCCCS Connect Virtual Assistant & Baby Bot Enhancements

Jesse Pare

Systems Administrator

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Connect: Newborn Conversations

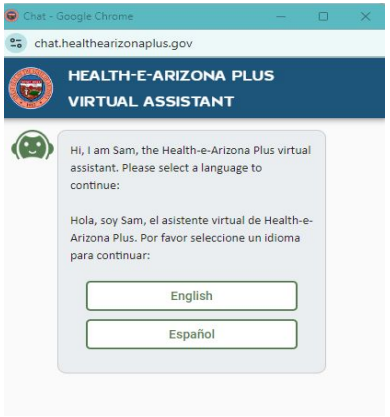
1. **Newborn Missing Info**
   - Inform new parents that AHCCCS is missing information about their newborn (FN, MN, LN, SSN)
2. **Newborn Reminder**
   - Remind parents that information is still missing, sent **3 weeks** after the newborn is added
3. **Newborn Second Reminder**
   - Remind parents that information is still missing, sent **5 weeks** after the newborn is added
4. **Newborn Final Reminder**
   - Remind parents that information is still missing, sent **5 months** after the newborn is added

Languages

English and Spanish

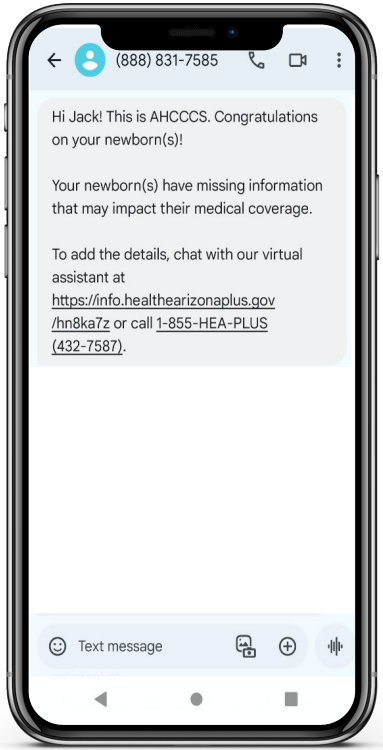
Dual-Modality

SMS > Email > Voice/mail

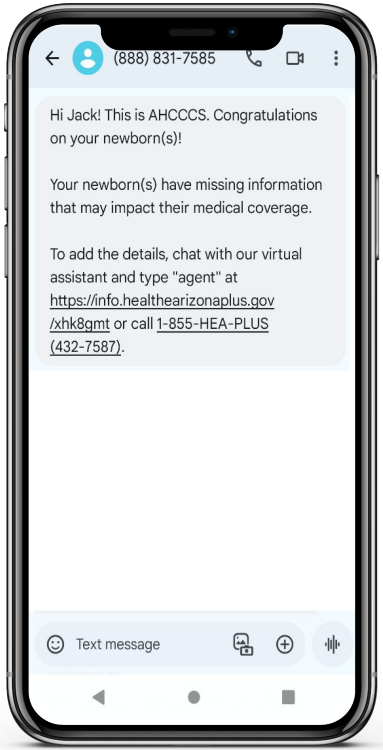


Newborn Conversation via SMS: Missing Information

English

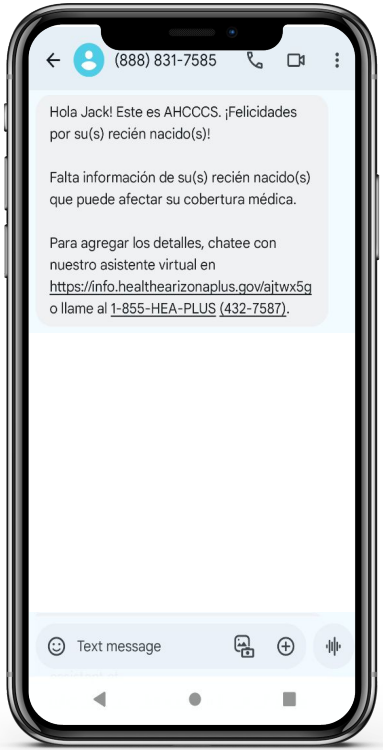


Single Newborn



Multiple Newborns

Spanish

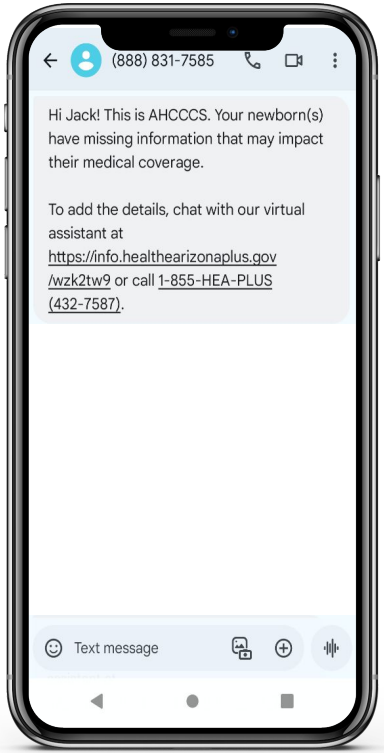


Single Newborn

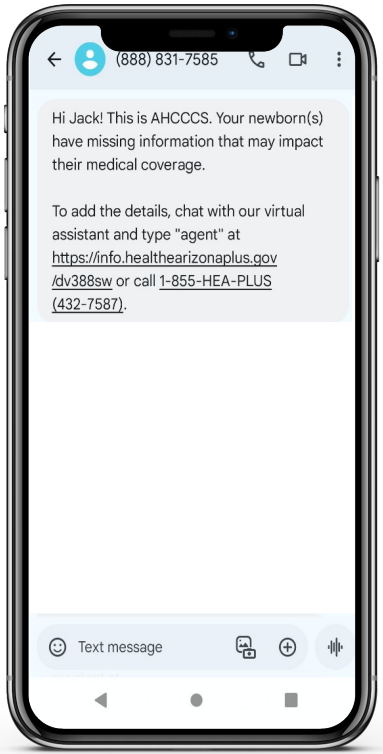
Multiple Newborns

Newborn Conversation via SMS: Reminders

English



Single Newborn



Multiple Newborns

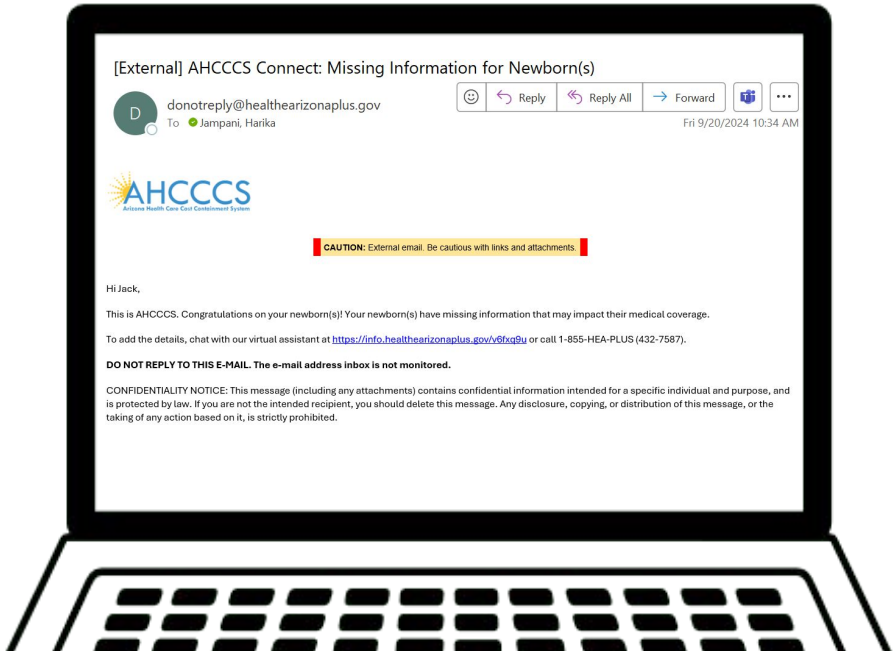
Spanish

Single Newborn

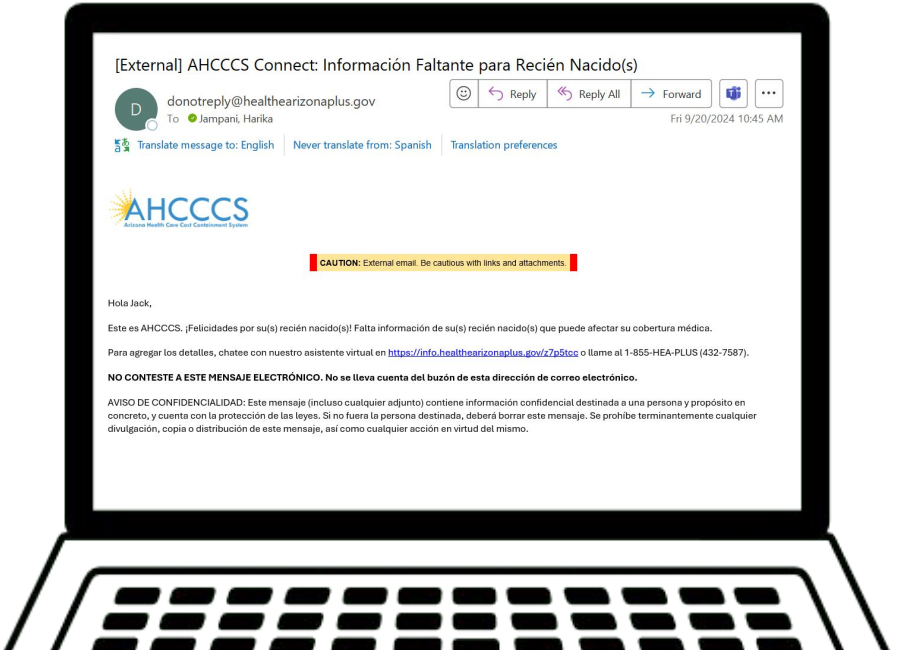
Multiple Newborns

Newborn Conversations via Email: Missing Information Example

English



Spanish

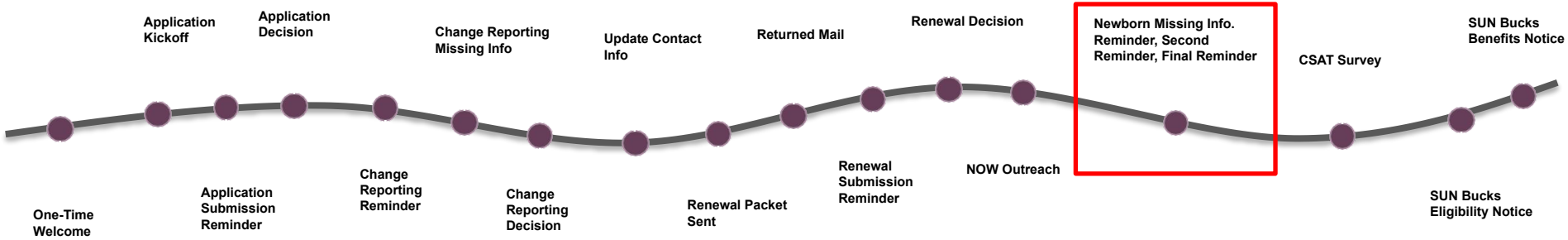


Quick Baby Bot DEMO

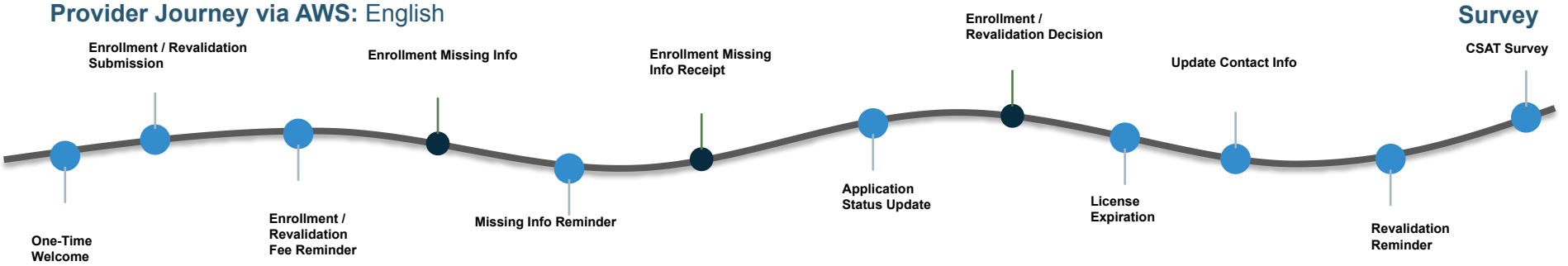
AHCCCS Connect- Proactive Communications

AHCCCS Connect provides **Members** and **Providers** with key touchpoints that triggers personalized SMS messages, emails, and voice calls designed to guide members through the benefit journey and Providers through the enrollment process.

Member Journey via ContactEngine: English & Spanish



Provider Journey via AWS: English



Thank You.

Additional details on AHCCCS Connect can be found on the AHCCCS website located at www.azahcccs.gov/ahcccsconnect

Subscribe to stay informed!

[AHCCCS News and Updates]

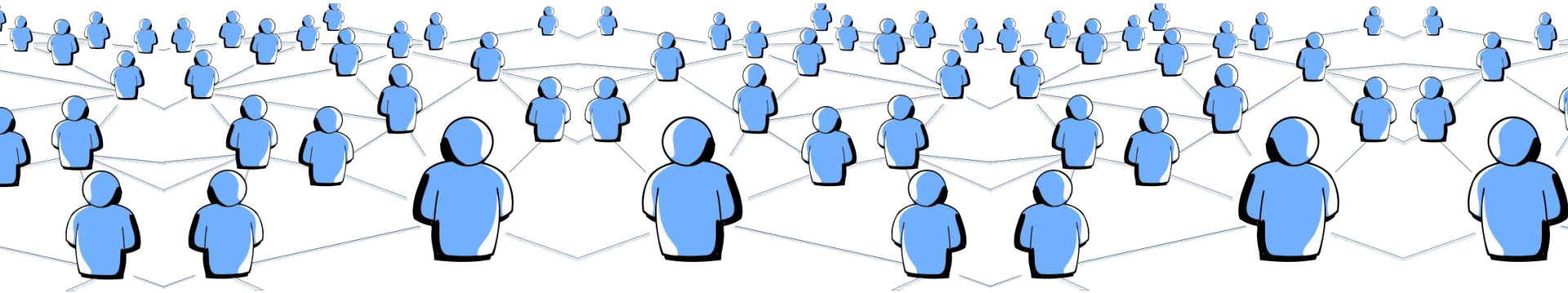
azahcccs.gov/shared/news.html

[Tribal Relations Updates]

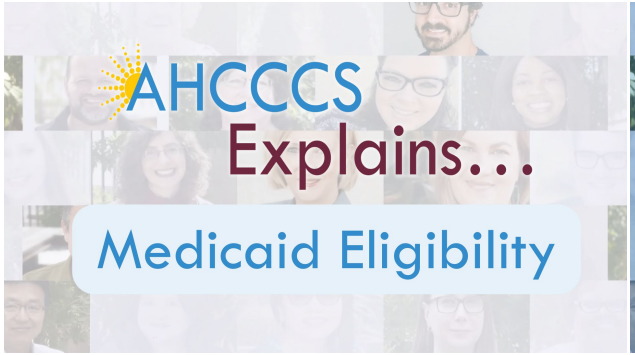
azahcccs.gov/AmericanIndians/TribalRelations/

Follow & Support AHCCCS on Social Media

facebook	X	Instagram	LinkedIn	YouTube
Handle: @AHCCCSgov	Handle: @AHCCCSgov	Handle: @AHCCCSGov	Handle: @AHCCCS	Channel: AHCCCSgov



Learn about AHCCCS' Medicaid Program on YouTube!



YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program

Other Resources - Quick Links

- AHCCCS Waiver
- AHCCCS State Plan
- AHCCCS Grants
- AHCCCS Whole Person Care Initiative (WPCI)
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs

Please take the survey

to help us better tailor meetings to meet your needs.