



State Medicaid Advisory Committee (SMAC)

Thursday, April 11, 2019

AHCCCS

GOLD ROOM 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Jami Snyder
II. Introductions of Members	ALL
III. Approval of January 9, 2019 meeting summary	ALL
Agency Updates	
IV. AHCCCS Updates (1hr)	Jami Snyder
V. Membership Needs Assessment (10min)	Committee Members
VI. ALTCS Advisory Council Update (20min)	Dara Johnson
VII. Call to the public (15min)	Jami Snyder
VIII. Topic for Future Agenda Items (10min)	ALL
IX. Adjourn at 3:00 p.m.	ALL

*2019 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

****Unfortunately due to scheduling conflicts the meeting dates have changed****

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration
701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

January 9, 2019

April 11, 2019

July 11, 2019

October 18, 2019

January 2019 Meeting Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, January 9 2019, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

<p>Members in attendance: Jami Snyder Tara McCollum Plese David Voepel Amanda Aguirre (phone) Peggy Stemmler (phone) Kim VanPelt Marcus Johnson</p>	<p>Leonard Kirschner Greg Ensell Gina Judy Phil Pangrazio Joyce Millard Hoie</p>
<p>Members Absent: Kathy Waite; Cara Christ; Kevin Earle; Steven Jennings; Vernice Sampson; Frank Scarpati; Daniel Haley</p>	
<p>Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Dana Hearn, AHCCCS Becky Gonzalez, ViiV Jeff Smith, HMA</p>	<p>Erica Mack, AHCHC Clara Berg, ADHS Shelia Sjolander, ADHS Melissa Higgins, CLS Eddie Sissons, NASW AZ</p>

AGENDA

- | | | |
|-------------|---|--------------------|
| I. | Welcome & Introductions | Jami Snyder |
| II. | Introductions of Members | All |
| III. | Approval of October 17, 2018 Meeting Summary/Minutes | Unanimous |

AGENCY UPDATES

- | | | |
|------------|--|--------------------|
| IV. | SMAC Revised Bylaws | All |
| | <ul style="list-style-type: none"> ○ Member review, revisions incorporated into bylaw draft ○ Committee discussion ○ Leonard Kirschner makes motion to approve bylaws ○ Gina Judy seconds motion; committee unanimous approval ○ Final version will be sent by SMAC Liaison ○ Committee request member needs assessment to be done by April meeting ○ SMAC Liaison to send out correspondence for needs assessment ○ Add needs assessment for new membership potential to next agenda for committee discussing | |
| V. | AHCCCS Updates | Jami Snyder |
| | <ul style="list-style-type: none"> ○ AHCCCS Organizational Structure ○ 2019 Strategic Plan | |

- 2019 Legislative Initiatives
- Legislation
- Other Legislation
- On the Horizon
- Medicaid Innovation Challenge

VI. SHA Presentation

Shelia Sjolander

- State Assessment Background
- Assessment Framework
- Arizona Health Improvement Plan 2016
- 2017/2018 Update
- Main Data Sources
- AZ Population Growth
- Outcomes Across the Lifespan
- Leading Cause of Death
- Maternal and Child Health
- Healthy Adults
- Tribal Health
- Healthy Communities
- Opportunities for Health
- Healthy Aging

X. Call to the Public

Jami Snyder

XI. Adjourn at 3:07 p.m.

All

Committee Member Needs Assessment

Name	Organization	Position	Areas of Expertise	Yrs of Service	REQUIRED COMMITTEE COMPOSITION
Kim Van Pelt	First Things First	Chief Regional Officer	Health Policy Public Health Social Determinants of Health Early Childhood health Education and Philanthropy	11 years as of 7/2018	AHCCCS Director ADHS Director DES Director 8 Health Care Providers or Professionals with direct interest in AHCCCS Programs 9 Public Members, (Medicaid recipient, Consumer advocate, tribal community rep., education community rep, etc.)
Greg Ensell	AZHHA	VP Government Relations	State Government Relations Communications Health Policy State Budget Federal Government Relations		
Leonard Kirschner	AZ Perinatal Trust	Board of Trustee	Obstetrical Care High Risk Pregnancies Medicare, Medicaid, Social Security Critical Access Hospital VA Hospital	13 years as of 2/2019	
Peggy Stemmler	Frame Shift Group	Pediatrician and Consultant	Primary care pediatric practice Practice-based quality improvement Health care/Public health systems improvement National Improvement Partnership Network Leadership team – so can bring perspective on how work in the above areas is functioning in other states. Strategic learning	8 years as of 4/2018	
Amada Aguirre	Regional Center for Border Health	President CEO	35 plus years working in rural and medically underserved communities addressing barriers to access to care. Experience in public health and health promotion (working with high risk populations in the prevention of chronic disease) Healthcare administrator for 20 years managing rural health clinics. Experienced in implementation of fully integrated primary care and behavioral health services. Last year implemented a transitional living program in response to the President’s and Governor’s call on AZ’s opioid crisis. Legislative affairs and healthcare policy experience. Served 4 years in the AZ State House and 4 Years the State Senate.	7 years as of 4/2018	

Name	Organization	Position	Areas of Expertise	Years of Service
Cont'd Amanda Aguirre			Experience in community college administration, in 2005 established a post-secondary institute, the RCBH College of Health Careers (Vocational Technical School) accredited nationally by the Bureau of Health Education Schools, AZ Board of Post-Secondary and the US Department of Education Title IV). The sole mission of the College of Health Careers is to increase the pipeline of health professionals in rural communities and promote job creation, placement and retention throughout Western Arizona and to increase job training and skill development among populations living in disadvantage and underserved communities including Indian Reservations. Other partner organizations include PEPP, Arizona@Work, JTED, Arizona Department of Veterans and other organizations such as, AWC and Mohave Community College, U of A, NAU and ASU.	
David Vopel	AZHCA	CEO	Aging demographics Long term care public policy Partnership with managed care organizations Political fundraising Association management	11 months
Daniel Haley	Hope Inc.	CEO	A person living with mental and substance abuse disorder Case Management Arizona Homeless Criminal Justice System boundary spanner Specialty Court knowledge	

AHCCCS Update



AHCCCS Update

State Medicaid Advisory Committee

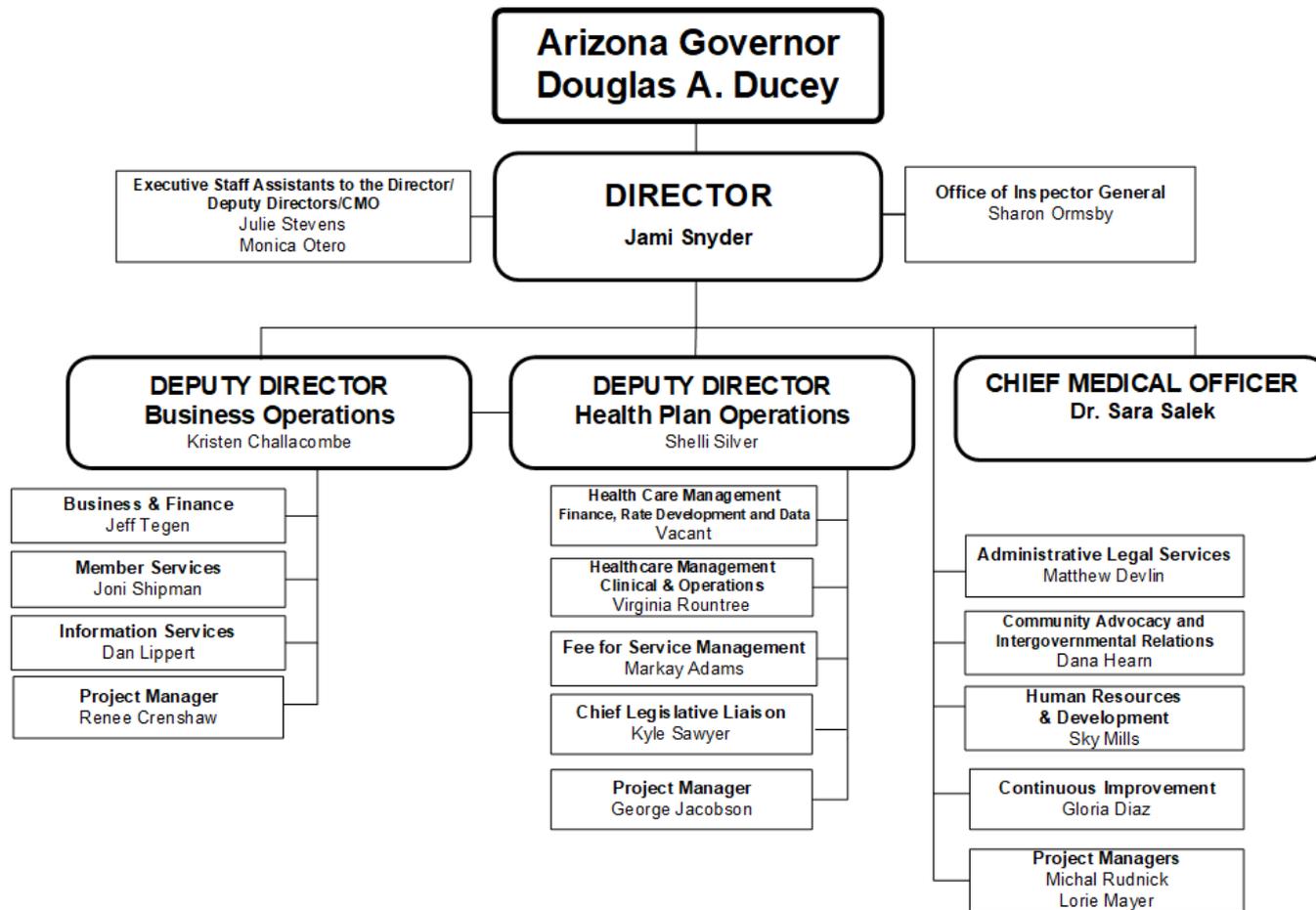
April 11, 2019



Organizational Structure



AHCCCS Organizational Structure



Maricopa County SMI Integration Evaluation



Arizona's Medicaid Integration Goals

**Reduce
Fragmentation
of Care**

**Effectively
Manage
Utilization**

**Improve Access
to Care**

**Improve
Member
Experience &
Health
Outcomes**

Independent Evaluation Overview

- Special Terms and Conditions (STCs) of Arizona's 1115 Waiver required an independent evaluation of the SMI integration effort
- AHCCCS contracted with Mercer to conduct the independent evaluation
- Final Evaluation Report was submitted to CMS in November 2018

Methodology: Performance Measures

The difference between pre- and post-integration outcomes were evaluated using a variety of performance measures related to

- Primary care & preventive service utilization
- Emergency room utilization
- Inpatient hospital utilization & readmissions
- Member experience with care

Methodology: SMI Evaluation Timeframe

Pre-Integration Baseline

October 1, 2012 –
March 31, 2014

Post-Integration Period 1

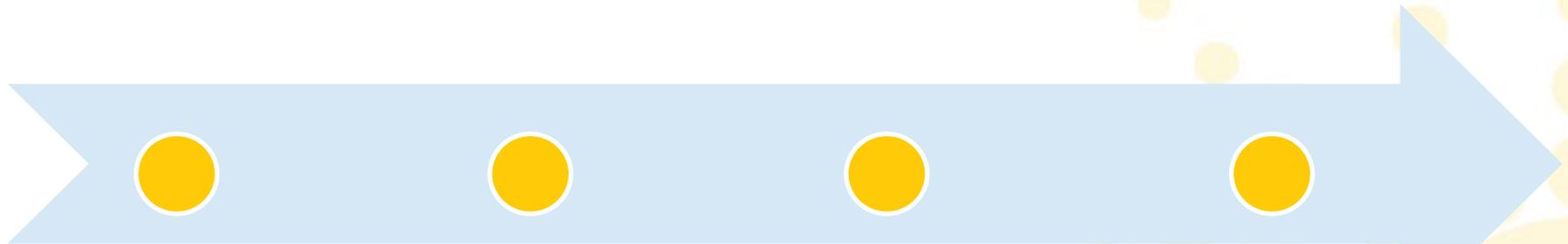
April 1, 2014 –
March 31, 2015

Post-Integration Period 2

April 1, 2015 –
March 31, 2016

Post-integration Period 3

April 1, 2016 –
March 31, 2017



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 (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 **declined by 10%**
 - Readmission rate **declined by 13%**
 - 30-day post hospitalization for mental illness follow up rate **increased by 10%**
 - Admissions for short term complications for diabetes **decreased by 6%**
 - Admissions for COPD/Asthma **decreased by 25%**

SMI Integration Evaluation Findings

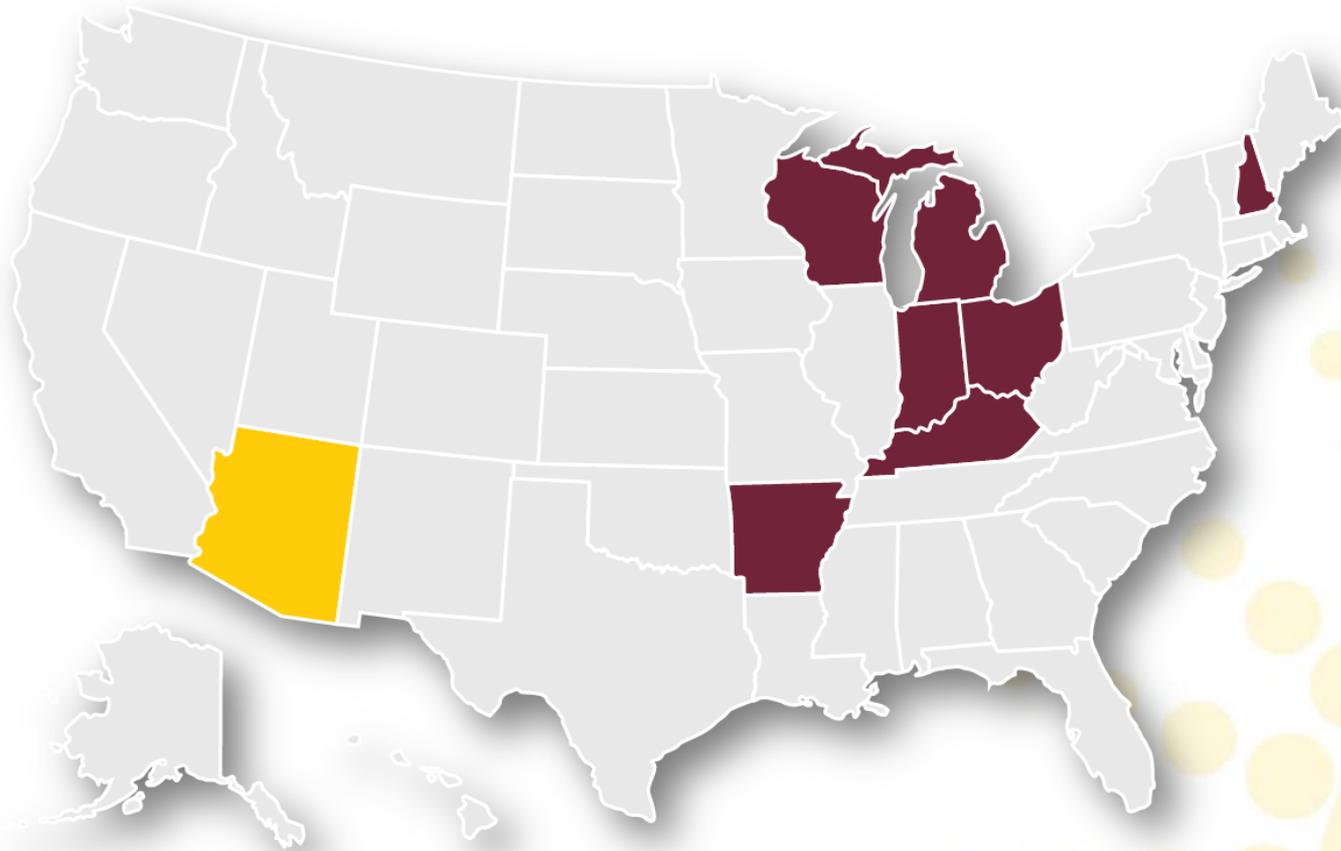
Of the 8 hospital-related measures:

- 3 measures showed a performance decline
 - Inpatient utilization rate **increased by over 100%**
 - Rate of admissions for asthma in younger adults **increased by 12%**
 - Congestive heart failure admission rate **increased by 14%**

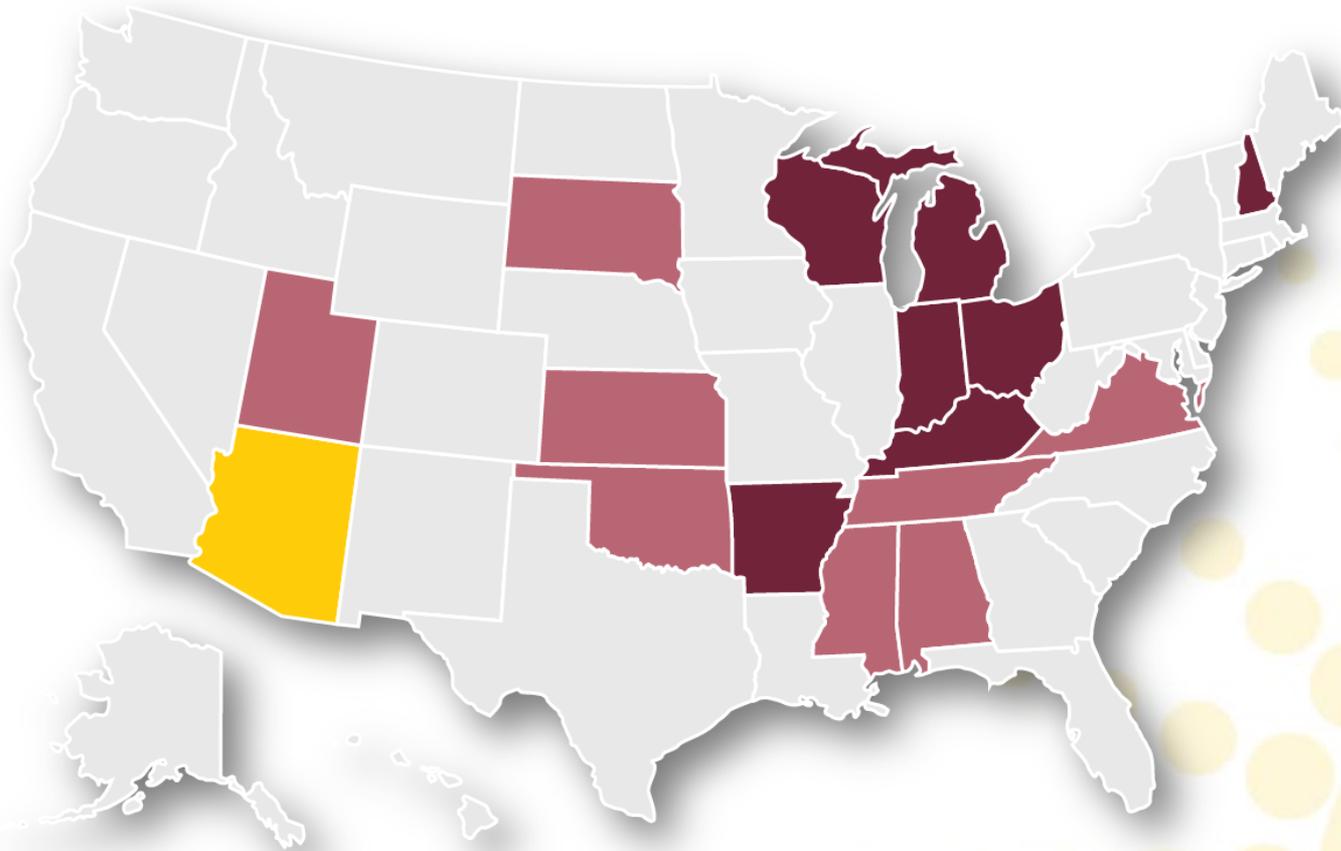
AHCCCS Works & Retroactive Coverage



National Landscape: Community Engagement Waivers



National Landscape: Community Engagement Waivers



AHCCCS Works Requirements

- No sooner than **January 1, 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 post-pregnancy
- ❑ 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

In this example, January represents the first month any new AHCCCS member is required to comply



JANUARY

AHCCCS sends an AHCCCS Works orientation packet. Her 3-month grace period begins February 1.

FEBRUARY

Jane learns about the AHCCCS Works requirements and explores opportunities to engage in her community. In April, she receives a reminder notice that she must participate in at least 80 hours of community engagement activities per month beginning in May.

MARCH

APRIL

MAY

Jane completes 80 hours of community engagement activities in May. She begins reporting these hours, and must complete May's reporting by June 10.

May participation

AUGUST

Because Jane failed to comply in July, AHCCCS sends her a notice on August 11 that her AHCCCS coverage will be suspended for two months beginning September 1.

July reporting

JULY

Jane reports her June hours by July 10, but does not complete 80 hours of community engagement activities in July. If Jane has good cause for not complying in July, she can tell AHCCCS anytime next month.

June reporting
 July participation

JUNE

By June 10, Jane reports the 80 hours of community engagement activities she completed in May. She also completes 80 hours of community engagement activities in June.

May reporting
 June participation

SEPTEMBER

Jane's coverage is suspended for two months. In October, AHCCCS reminds Jane that her enrollment in AHCCCS will be automatically reinstated on November 1.

OCTOBER

NOVEMBER

Jane's AHCCCS coverage is automatically reinstated as of November 1. She completes 80 hours of community engagement activities in November, and must report them by December 10.

November participation

DECEMBER

By December 10, Jane reports November's hours and completes 80 hours of community engagement activities in December.

November reporting
 December participation



Next Steps: AHCCCS Works

February 18, 2019
Waiver Acceptance
Letter and Technical
Corrections

July 17, 2019
Waiver
Evaluation
Design Plan

**No sooner than
January 1, 2020**
AHCCCS Works
program begins

June 17, 2019
Implementation
Plan

August 16, 2019
Monitoring Protocol

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 Prior Quarter Coverage is **effective July 1, 2019**

Leveraging Medicaid to Address Social Determinants of Health



Current AHCCCS Requirements

- Criminal Justice In-Reach
- Employment
- Housing
- Community Re-Investment
- Provider opportunities
 - Use of Z Codes
 - Targeted Investments

Criminal Justice Reach-In

- In October 2016, AHCCCS began requiring MCOs to “reach-in” to provide care coordination to individuals exiting incarceration
- Since its inception, more than 5,000 high health risk individuals have been contacted pre-release to coordinate care & see a doctor within 7 days of their release

Employment

- Staffing
 - Designated employment/vocational administrator
 - Dedicated employment staff
 - Dedicated employment staff at the subcontractor level
- Training competencies
- 7% mandated increase in referrals to RSA/VR (RBHA)
- Increase in mutually contracted AHCCCS/RSA providers
- Utilization tracking of employment support services
- Documentation of member demographics re: employment status and daily activities (DUG/DUGless)
- Subcontractor employment-related trainings



Housing

- AHCCCS funds approximately \$30 million in housing subsidies per year
- AHCCCS provides \$2 million in acquisition/rehab dollars per year
- All funds are non-federal/state dollars
- Housing programs are administered through partnership with RBHAs and TRBHAs
- If AHCCCS were a public housing authority, it would be the 3rd largest program in the state



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

Social Determinate Diagnosis Codes

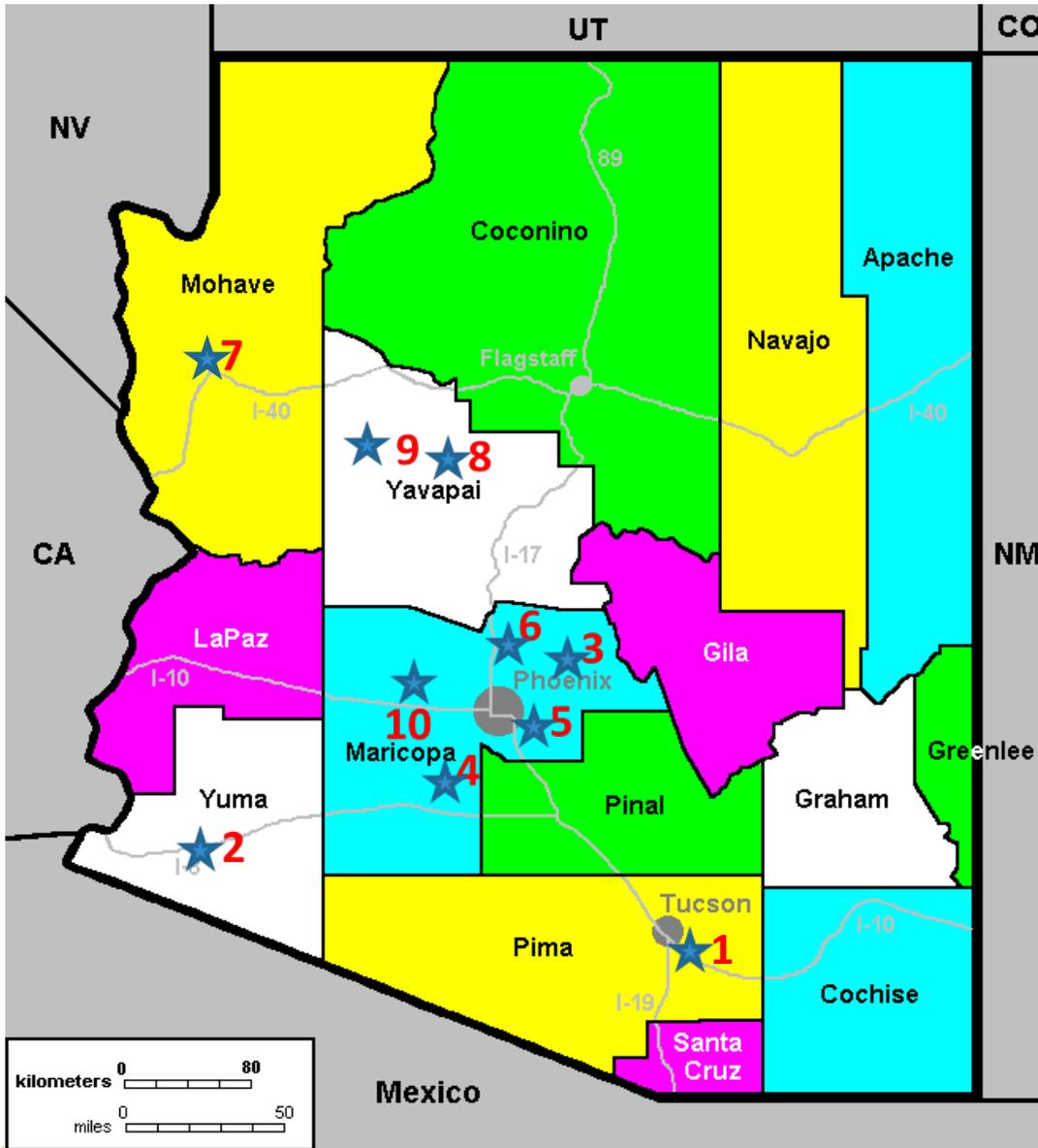
- Encouraging providers to routinely screen for and document the presence of social determinants (guidance disseminated to providers on 4/1/18)
- Pulling data to determine the level of adoption and use, by diagnosis, to assess the success of the strategy and identify any additional outreach needed
- Identifying a resource to assist providers with adoption and appropriate use of SDOH codes
- More information, including a list of SDOH Z-codes, can be found at <https://www.azahcccs.gov/PlansProviders/Downloads/Demographics/UseOfSocialDeterminantsOfHealthCodesForMemberOutcomes.pdf>

Targeted Investments Program

- Incentive payments for SDOH screening and appropriate intervention & referral - Primary Care & Behavioral Health providers
- Incentive payments for establishing relationships with community-based resources - Primary Care & Behavioral Health providers
- Incentive payments for identifying SDOHs that impact the member's ability to transition from the hospital, including documentation in the EHR - Hospitals

Targeted Investments: Justice Clinic Sites

- 13 integrated health sites:
 - Co-located with probation/parole
 - Forensic Peer and Family supports on site
 - Medication Assisted Treatment on site
 - Housing placement offered on site
 - Connection to community resources on site
 - Meeting members where they are

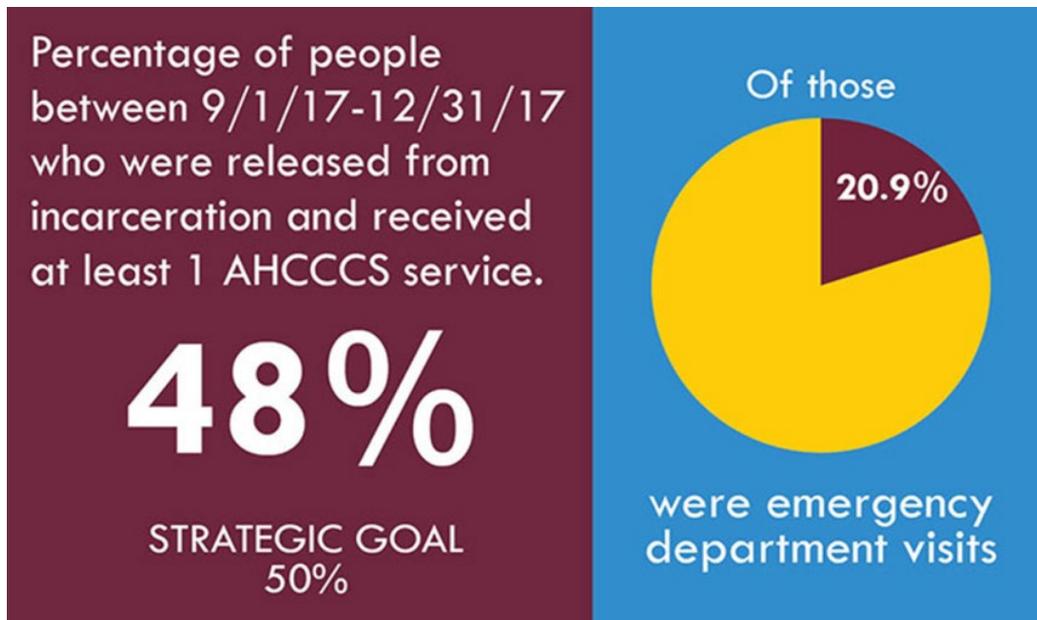


1. 1773 W St. Mary's Rd., Suite 102, Tucson, AZ 85745
2. 410 S. Maiden Ln., Yuma, AZ 85364
3. 801 S. 16th St. Phoenix, AZ 85034
4. 460 N. Mesa Drive #211, Mesa, AZ 85210
5. 3864 N. 27th Ave., Phoenix, AZ 85017
6. 2445 W. Indianola Ave., Phoenix, AZ 85015
7. 2215 Hualapai Mountain Rd., Suite H & I, Kingman, AZ 86401
8. 452 W. Finnie Flat Rd., Camp Verde, AZ 86322
9. 651 W. Mingus Ave., Cottonwood, AZ 86326
10. 1111 S. Stapley Dr., Mesa, AZ
11. 6153 W. Olive Ave., Glendale, AZ 85302
12. 1923 N. Trekell Rd., Casa Grande, AZ 85122
13. 950 E. Van Buren St., Avondale, AZ 85323

Access to Services

AHCCCS Strategic Plan includes a measure to:

- Increase access to a Medicaid service from 43% to 50% for members within 90 days of their release from incarceration



Legislative Update

- Budget will dominate the rest of session
- Key legislation
 - SB 1336- SMI Housing Trust Fund Flexibility
 - SB 1244 – DCW Assisted Living Caregiver Reciprocity
 - SB 1134/ HB 2513 – CHIP Appropriation
 - SB 1211- Intermediate Care Facility Licensure
 - SB 1246- CMDP Integration

Questions



ALTCS Presentation



ALTCS Advisory Council

April 11, 2019



ALTCS Advisory Council *est. 2014*

- Lessons learned from the development and implementation of Agency with Choice
- Stakeholder engagement in program monitoring and oversight
- Identification and development of new priorities and innovations
- Stakeholder communication

Membership Representation

Members and Family Members	Contractors	Government Partners	Providers
7 Members	Banner	DES/Division of Aging and Adult Services	Arcadia Home Care
5 Family Members	DDD	AZ DD Planning Council	AZ Autism United
	Mercy Care	Tohono O’Odham Tribe	AZ Behavioral Care Homes
	United		Consumer Direct
			Disability Development Resources
			Helping Hearts
			Heritage Lane Assisted Living
			SEAGO – Area Agency on Aging

Member Roles and Responsibilities

- Participate in quarterly meetings (2 hours) either in person or via phone
- Provide input based upon your personal experience, expertise and perspective
 - Service delivery innovations
 - System changes (design, policy, forms, etc.)
 - System monitoring and oversight
 - Communication with stakeholders
- Identifying ways the Council can engage in program monitoring and oversight
- Identifying opportunities to improve the ALTCS program
- Identify future agenda items

Council Member Support

- New Member Orientation
 - History of the ALTCS Program and Managed Care
 - Program guiding principles
 - Overview of current major initiatives
 - Overview of Olmstead
 - Member roles and responsibilities
- Materials sent prior to meeting for review
- Pre-Meeting to discuss meeting agenda and materials
- Opportunities to participate in person and via webinar

Past and Future Meeting Topics

- Past Topics
 - EPD Contract 10/01/17
 - Provider Accessibility and Selection
 - AHCCCS Quality Strategy
 - New Community Intervener Service
 - Quality of Care Concerns
 - Peer Supports – LTC
 - Integrated Health Care
- Current Topics
 - HCBS Rules
 - Electronic Visit Verification
 - Person Centered Planning
 - Telehealth/Telemedicine
 - Special Assistance for Members Determined SMI

