Welcome to the State Medicaid Advisory Committee

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LISTEN FOR MUSIC.
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Please only join by phone or computer.
Please use the chat feature for questions or raise your hand.

Thank you.
Zoom Webinar Controls

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- **Mac**: You can also use the Option+Y keyboard shortcut to raise or lower your hand.
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1. MUTE your mic when you’re not speaking
2. BACKGROUND NOISE watch when turning on mic
3. Limit the DISTRACTIONS around you
4. Look at the CAMERA not your screen
5. PREPARE & queue docs or links that you plan to share
6. Stay FOCUSed by not texting or side conversations
7. Use GALLERY VIEW to see all participants
8. Use CHAT to ask questions or share resources
State Medicaid Advisory Committee (SMAC) Quarterly Meeting

January 13, 2021
Telehealth Presentation

Dr. Sara Salek, CMO, AHCCCS
Justin Bayless, President/CEO of Bayless Integrated Healthcare
AHCCCS Telehealth Policy Updates: October 1, 2019

Healthcare services delivered via asynchronous (store and forward), remote patient monitoring, teledentistry, or telemedicine (interactive audio and video).
October 1, 2019 AHCCCS Telehealth Policy Updates

- Broadening of POS allowable for distant and originating sites
  - No restrictions on distant site (where provider is located)
  - Broadening of originating site (where member is located) to include home for many service codes

- Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous

- No rural vs. urban limitations

- MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate
AMPM 320-I Telehealth

Pre 10/1/19
Real-time telemedicine limited to 17 disciplines

Implemented 10/1/19
No restrictions on disciplines
AMPM 320-I Telehealth

Pre 10/1/19
Asynchronous covered in very limited circumstances

Implemented 10/1/19
- Dermatology
- Radiology
- Ophthalmology
- Pathology
- Neurology
- Cardiology
- Behavioral Health
- Infectious Disease
- Allergy/Immunology
AMPM 320-I Telehealth

Pre 10/1/19

Telemonitoring limited to CHF

Implemented 10/1/19

No restrictions on telemonitoring
AHCCCS Telehealth Major Policy Changes: COVID-19

• Created Temporary Telephonic Code Set
• Added ~150 codes to Telehealth Code Set
• AHCCCS MCOs required to:
  o Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
  o Cover all contracted services via telehealth modalities
<table>
<thead>
<tr>
<th>WHAT</th>
<th>TECHNOLOGY</th>
<th>TELEHEALTH MODIFIER OR APPLICABLE DENTAL CODE</th>
<th>PLACE OF SERVICE (POS)</th>
<th>CODE SET AVAILABLE</th>
<th>CODE SET AVAILABLE AFTER COVID 19 EMERGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine (Synchronous)</td>
<td>Interactive Audio + Video</td>
<td>GT</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Asynchronous (Store+Forward)</td>
<td>Transmission of recorded health history through a secure electronic communications system</td>
<td>GQ</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Remote Patient Monitoring</td>
<td>Synchronous (real-time) or asynchronous (store and forward)</td>
<td>GT-Synchronous GQ-Asynchronous</td>
<td>Originating Site²</td>
<td>Telehealth Code Set</td>
<td>YES</td>
</tr>
<tr>
<td>Teledentistry</td>
<td>Synchronous (real-time) or asynchronous (store and forward)</td>
<td>D9995-Synchronous D9996-Asynchronous</td>
<td>Originating Site²</td>
<td>Teledentistry Code Set³</td>
<td>YES</td>
</tr>
<tr>
<td>Telephonic</td>
<td>Audio</td>
<td>None</td>
<td>02-Telehealth</td>
<td>Permanent Telephonic Code Set³,⁴</td>
<td>YES</td>
</tr>
<tr>
<td>Telephonic (Temporary)</td>
<td>Audio</td>
<td>UD</td>
<td>Originating Site²</td>
<td>Temporary Telephonic Code Set³,⁴</td>
<td>UNDER EVALUATION</td>
</tr>
</tbody>
</table>

1 All other applicable modifiers apply.
2 Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates
3 Adding to master Telehealth Code Set
4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards
Most Common Primary Diagnoses Treated Via Telehealth Pre-Pandemic
(Number of Claim Lines, October 2019 - February 2020)

- F319 Bipolar Disorder, Unspecified: 74,873
- F502 Attention-Deficit Hyperactivity Disorder, DSM: 43,695
- F4320 Adjustment Disorder, Unspecified: 42,041
- F350 Schizoaffective Disorder, Bipolar Type: 40,718
- F4310 Post-Traumatic Stress Disorder, Unspecified: 40,530
Most Common Primary Diagnoses Treated Via Telehealth During Pandemic
(Number of Claim Lines, March - June 2020)

- Opioid Dependence, Uncomplicated: 114,361
- Autistic Disorder: 92,883
- Adjustment Disorder, Unspecified: 75,102
- Post-Traumatic Stress Disorder, Unspecified: 72,196
- Attention-Deficit Hyperactivity Disorder, Combined Type: 68,768
Telehealth Physical Health Services Via Real-Time Audio/Visual and Store/Forward
Pre-Pandemic (10/19-2/20) and Start of PHE (3/20-7/20)
(Number of Claim Lines/Services Rendered, Rate Per 10,000 Enrolled Members, All LOB)
Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual Pre-Pandemic
(Number of Claim Lines, October 2019 - February 2020, PH Indicator = Y, All LOB)

- **110** Essential (Primary) Hypertension: 78
- **G4700** Insomnia, Unspecified: 66
- **2008** Encounter for Other General Examination: 65
- **J059** Acute Upper Respiratory Infection, Unspecified: 47
- **E119** Type 2 Diabetes Mellitus without Complications: 43
- **M545** Low Back Pain: 40
- **2713** Dietary Counseling and Surveillance: 40
- **20000** Encounter for General Adult Medical Exam w/o Abnormal Findings: 35
- **E1165** Type 2 Diabetes Mellitus with Hyperglycemia: 35
- **89888** Other Fatigue: 24

*# of CRNs (Grand Total of 1,687)*

[Graph showing the above data]
Most Common Physical Health Primary Diagnoses Treated Via Real-Time Audio/Visual
March - July 2020
(Number of Claim Lines, PH Indicator = Y, All LOB)

- R6250: UNSP LACK OF EXPECTED NORMAL PHYSIOLOG DEV IN C
  30,581
- G809: CEREBRAL PALSY, UNSPECIFIED
  12,268
- I10: ESSENTIAL (PRIMARY) HYPERTENSION
  10,790
- M47816: Spondylosis W/O Myelopathy Or Radiculopathy, Lumb/Bar Region
  6,899
- G40909: EPILEPSY, UNSP, NOT INTRACTABLE, WITHOUT STATUS EPILEPTICUS
  5,726
- M545: LOW BACK PAIN
  5,564
- R4789: OTHER SPEECH DISTURBANCES
  4,800
- E1165: TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA
  4,638
- M5426: RADICULOPATHY, LUMB/BAR REGION
  4,594
- Z20828: CONTACT W/AND EXPOSURE TO OTHER COMMUNICABLE DISEASES
  4,321

Total Claim Lines: 369,457

Ahcccs
Arizona Health Care Cost Containment System
Integrated Behavioral and Primary Care Virtual Care Provider
Executive Team
Proven Track Record with an Innovative Healthcare Delivery Model

Justin M. Bayless
Chief Executive Officer, Shareholder

• President and CEO (2010 - Present), VP and CFO (2008 - 2009)
• Son of Dr. Michael Brad Bayless, founder of Bayless Integrated Healthcare
• Focuses on developing new value-based contractual relationships with diversified payer types while continually expanding the Bayless service array, locations, and brand
• Board member of Dignity Health St. Joseph’s Hospital, board member of Delta Dental Arizona, appointed to African American Affairs Commission by Governor Doug Ducey, and former member of Arizona Board of Behavioral Health Examiners
• Prior to Bayless, Investment Banker at Morgan Stanley

Graham B. Johnson, CPA
Chief Financial Officer, Shareholder

• 4 years at Bayless
• Responsible for managing the finance department, managing vendor relationships, budgeting, forecasting, and overseeing the Company’s IT needs
• Previously an auditor at Deloitte & Touche for 15 years

Danielle Sink, MD
Chief Medical Officer

• 1 Year at Bayless
• Board Certified in Internal Medicine and Lifestyle Medicine
• Founded Acacia Internal Medicine and sold to Optum Care in 2017
• Member of Humana Western Region Peer Review Quality Committee for Primary Care, Humana National Peer Review Quality Committee for Behavioral Health, and Banner Health Network PCP Clinical Governance Committee

Andrea Raby, DO, BC-TMH
Vice President, Psychiatry, Shareholder

• 6 years at Bayless
• Oversees the treatment of the outpatient psychiatry population while creating robust mental health programs and supervising physician assistants
• Provides forensic evaluations and numerous other services for the acutely ill for over 10 years

Arthur Pelberg, MD
Chief Advisor, Shareholder

• 7 years at Bayless
• Responsible for assisting in the development of an integrated service delivery program
• Previously CMO at INSPIRIS (2008 - 2011) (complex Medicare/Medicaid members health plan acquired by UnitedHealth); President and CMO (1999 - 2007) and VP and National Medical Director (1988 - 1995) at Schaller Anderson (acquired by Aetna)
Bayless Overview

Integrated Behavioral and Primary Care Virtual Care Provider

Market Overview
According to the CDC, over 40% of US adults currently report at least one adverse mental or behavioral health condition and over 25% of young adults (ages 18-24) have seriously considered suicide in the past 30 days. Yet, barriers to accessing proper mental health services (provider shortages, lack of affordable care, stigma, and fragmented delivery of physical and behavioral care) typically prevent many from receiving treatment. Not only is this staggering unmet need detrimental to patients and families, but it is also incredibly costly to healthcare systems as approximately 1 in 8 emergency department visits are associated with behavioral health needs.

Bayless is committed to disrupting this status quo with a comprehensive integrated healthcare delivery system that combines the need for mental health and primary care in an interconnected ecosystem where patients receive all care under one roof. Bayless’s proprietary, technology-driven practice platform contributes to better health outcomes for patients by ensuring better care coordination between teams, standardizing best-practice clinical protocols, and providing patients virtual access to licensed providers for all levels of care when an in-person visit is not necessary. The Bayless integrated care model not only drives improved health outcomes for each patient, but it also produces lower medical costs per member.

Bayless is currently operating in one state which represents a small slice of the US behavioral health market that is expected to continue to develop over the coming years as the utilization of these integrated offerings accelerates post-COVID.

Professional Services

Virtual Care / Tele-Health
- Behavioral Health
- Psychiatric Medication Management
- Employer Wellness and Counseling
- Primary Care
- (Family / Internal / Pediatrics)
- Addiction Treatment
- Care Management

Key Stats

Employees
340 Employees / 180 Providers

Existing Footprint (Phoenix, AZ)
- All Services Provided Virtually
  - 6 integrated clinics
  - 2 mental health counseling clinics
  - 1 corporate/support office location
### Companies with URAC Accreditation

<table>
<thead>
<tr>
<th>Company</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbleTo</td>
<td>New York</td>
</tr>
<tr>
<td>Alicare Medical Management</td>
<td>New Hampshire</td>
</tr>
<tr>
<td>Amwell</td>
<td>Massachusetts</td>
</tr>
<tr>
<td>Bayless Integrated Healthcare</td>
<td>Arizona</td>
</tr>
<tr>
<td>CHRISTUS Good Shepherd</td>
<td>Texas</td>
</tr>
<tr>
<td>Doctor on Demand</td>
<td>California</td>
</tr>
<tr>
<td>InTouch Health</td>
<td>California</td>
</tr>
<tr>
<td>InnovaTel Telepsychiatry</td>
<td>Pennsylvania</td>
</tr>
<tr>
<td>SOC Telemedicine</td>
<td>Virginia</td>
</tr>
<tr>
<td>Teledoc Health</td>
<td>New York</td>
</tr>
<tr>
<td>United Concierge Medicine</td>
<td>New York</td>
</tr>
<tr>
<td>United Health Services Hospitals</td>
<td>New York</td>
</tr>
<tr>
<td>UC San Diego Health System</td>
<td>California</td>
</tr>
</tbody>
</table>

**Bayless is the first and the only provider group in Arizona to receive this designation and 1 of 13 in the US**

As the only telemedicine or telehealth accreditation program approved by the American Telemedicine Association, the URAC (Formerly CHQI) Telemedicine Accreditation Program (TAP) seal provides consumers with an easy-to-identify confirmation of quality from an independent third-party organization – a patient and consumer benefit that had previously been unavailable for telehealth care.

**TAP’s goal is to promote access to safe, quality, and competent health care regardless of the telemedicine model or modality being deployed, or the type of clinical services being provided to patients.**

**Bayless provides 10.5 hours of telehealth clinical training for licensed behavioral health clinicians which qualifies them to become board eligible for tele-mental health (BC-TMH).**
Patients expectations are evolving…

What do consumers want?

- Seamless access
- Integration
- Personalized experience
- Affordable options

77% Are frustrated when scheduling.
83% Expect Amazon-like experience.
73% Of Gen Z would use telehealth for low acuity.
16% Self-identify as comparison shoppers.

Prior to COVID-19 only 14% of physicians offered virtual visits

Source: Sg2 National Health Care Consumerism and Insurance Coverage Survey, 2018
COVID-19 Catalyst for Virtual Care

Weekly Visits

Source: Company Report.
Post-COVID, Telehealth is no Longer Primarily Just a Mental Health Tool

Dichotomy of Top-Ranked Telehealth Diagnoses from Pre-Covid to Post-Covid

Notes:
1. As of Week ended March 27, 2020.
Many Patients Prefer Virtual Care to In-Person Visits

Bayless Has Seen an Increase in Patient Satisfaction Post Transition to All Virtual Care

Bayless Patient Satisfaction Rating (Out of 5) July 2019 – March 2020

Bayless Patient Satisfaction Rating (Out of 5) April 2020 – August 2020

% of 3,675 Unique Responses

% of 1,584 Unique Responses

Notes:
1. Internal Company Records.
Future Delivery System Post COVID-19

- Patient Health Data & History
- Retail Satellite Clinic
- Direct to Consumer
- Employer Based Satellite Clinic
- Bayless Integrated Healthcare
- AdvancedMD (AMD)
- Bayless Psychiatry
- Bayless Behavioral Health, Wellness and Care Management
- Clinicians at Home
- Bayless Primary Care
- Clinicians at Local Phoenix Based Clinics
# Mental Health in the US: By the Numbers

## Pandemic Has Exacerbated Mental Health Epidemic

### An Epidemic…

<table>
<thead>
<tr>
<th>100 Million</th>
<th>25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>adults reported they were struggling with mental health or substance use in June 2020</td>
<td>suicide ideation in young adults ages 18-24 in the past 30 days in June 2020</td>
</tr>
</tbody>
</table>

### That Continues to Go Untreated…

<table>
<thead>
<tr>
<th>59%</th>
<th>60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>of all patients with a diagnosed any mental illness did not receive mental health care in 2018</td>
<td>of US counties have no practicing psychiatrists</td>
</tr>
</tbody>
</table>

### At a Great Human and Financial Cost

<table>
<thead>
<tr>
<th>1 in 8</th>
<th>$200 billion</th>
</tr>
</thead>
<tbody>
<tr>
<td>of all visits to EDs are related to mental and substance use</td>
<td>in lost productivity each year</td>
</tr>
</tbody>
</table>

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Notes: CDC, SAMHSA, NAMI
The Cost of the Problem

1. Fragmented care system
2. Lengthy ED stays/increased cost of care
3. Inadequate resources and treatment options
4. Insufficient community resources & PCP support services
5. High rate of recidivism and care gaps

Source: NIMHES
Questions?
Quality Strategy Updates
Dr. Sara Salek, AHCCCS Chief Medical Officer
What is the AHCCCS Quality Strategy?

Each state contracting with Managed Care Organization (MCO) must obtain input from members and other key stakeholders in the development of the quality strategy and make it available for public comment before adoption.

Requirements

• The state must review and update its quality strategy as needed, but no less than once every 3 years.
• Must include an evaluation of the effectiveness of the quality strategy conducted within the previous 3 years.
• The Quality Strategy and Evaluation must be available on the state’s website.
Quality Strategy: Managed Care Regulations (42 CFR § 438.340)

- Network Adequacy and Availability of Services Standards
- Continuous Quality Improvement Goals and Objectives
- Quality Metrics, Performance Targets
- Performance Improvement Projects to be implemented
- Arrangements for External Independent Reviews Description of State's Transition of Care Policy
- State's plan to identity, evaluate, and reduce health disparities
- Use of intermediate sanctions
- Description for how the State will assess performance and quality outcomes achieved
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)
- Information pertaining to the nonduplication of EQR activities
Quality Strategy: Major Updates Planned

- System delivery model changes
- Quality initiatives
- Performance measure calculation transition
- VBP Initiative goals, objectives, and overview
## Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Quality Forum, State Medicaid Advisory Committee, and Tribal Consultation Notifications</td>
<td>Dec 2020 - Feb 2021</td>
</tr>
<tr>
<td>AHCCCS Executive Management Review and Approvals</td>
<td>April 2021</td>
</tr>
<tr>
<td>- Public Comment Period</td>
<td></td>
</tr>
<tr>
<td>- Post Quality Strategy and Quality Strategy Evaluation on AHCCCS Website</td>
<td></td>
</tr>
<tr>
<td>- Submit Quality Strategy and Quality Strategy Evaluation to CMS</td>
<td>June 2021</td>
</tr>
</tbody>
</table>
Quality Strategy: Public Comment

Draft will be post for public comment at https://www.azahcccs.gov/AHCCCS/PublicNotices/
Agency Update
Director Jami Snyder
AHCCCS Enrollment: December 2019 - January 2021
Legislative Session

- Session begins on 1/11/21
  - Governor Ducey delivered State of the State remotely
  - Executive Budget expected 1/15/21
- Covid-19 protocols will be in place including hybrid committees, limited access to committee rooms and House and Senate buildings, and mandatory masking
- House 7-Bill limit begins 1/14/21
- Last day for Senate Bills to be introduced 2/1/21
- Last day for House Bills to be introduced 2/8/21
- 100th day of session 4/24/21
Legislative Forecast

• By this time last year (Wednesday before session starts), 222 bills had been posted; this year, only 109
• Return of bills from last session that didn’t go to a vote due to the COVID-19 pandemic
  o Comprehensive dental, pregnant dental, chiropractic, newborn screening, maternal mental health committee, Psychiatric Security Review Board
• Telehealth
• Expanding housing for individuals living with a serious mental illness
• State of emergency-related bills may affect some of AHCCCS’ COVID flexibilities
COVID Update: Vaccine Administration Guidance

- Any AHCCCS-registered provider whose scope of practice includes vaccine administration may be reimbursed for COVID-19 vaccine administration
- Must be onboarded with the Arizona Department of Health Services (Provider Onboarding Form)
- Medicare payment rates
  - $16.94/first dose
  - $28.39/second dose
- Mandated payment - 100% of rates, including mid-level practitioners
- Mandated suspension of in-network requirements for health plans
Housing Administrator RFP

- **Description:** To contract with single statewide Housing Administrator for AHCCCS Housing Programs including Scattered Site and CLP units.
- **Goals:**
  - Standardize AHCCCS Housing Processes
  - Improve Housing Outcomes and Accountability
  - Improve participant experience
- **Anticipated RFP Award Date:** End of January
- **Housing Administrator Start Date:** 10/1/21
Arizona’s 1115 Waiver Renewal Timeline

**Oct. 2 - Nov. 30, 2020**
Public Comment Period
- Waiver Public Forum Meeting #1: October 14, 2020
- Waiver Public Forum Meeting #2: October 16, 2020
- Special Tribal Consultation: October 19, 2020
- State Medicaid Advisory Committee (SMAC) Meeting: October 21, 2020
- Waiver Public Forum Meeting #3: November 13, 2020

**2020**
- **Oct. 2, 2020**
  AHCCCS to post draft of the 1115 Waiver
- **Dec. 31, 2020**
  AHCCCS to submit 1115 Waiver Draft to CMS

**2021**
- **Oct. 1, 2021**
  Anticipated GO LIVE date of 1115 Waiver
1115 Demonstration Waiver Renewal

- **Initiatives to Be Continued**
  - Managed care
  - Home and community based services
  - Targeted Investments Program
  - AHCCCS Works
  - Waiver of prior quarter coverage for certain populations
1115 Demonstration Waiver Renewal

- **New Initiatives**
  - Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
  - Reimbursement for traditional healing services (renewed request)
  - Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities
    - Exceeding the $1,000 emergency dental limit for adult members and the $1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program
2020 Year In Review - COVID-19 PHE Response

- Obtained permission to pursue more than **46 programmatic flexibilities** from the Centers for Medicare and Medicaid Services. Key flexibilities implemented include:
  - Expanding the program’s telehealth benefit to allow for a broader range of services to be provided electronically.
  - Expediting the provider enrollment process.
  - Reimbursing parents for care offered to their minor children and allowing spouses offering paid care to be paid beyond the standard 40 hours per week limit.
  - Reimbursing for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes or tribal organizations with a 638 agreement in Alternate Care Sites (ACS) during the public health emergency.
2020 Year In Review - COVID-19 PHE Response

- Offered provider financial relief:
  - Made over $59 million in additional payments to nursing facilities, assisted living facilities, home and community based service providers and critical access hospitals.
  - Advanced or accelerated more than $90 million in funding to hospitals, primary care providers, behavioral health outpatient providers, and justice clinic providers who participate in the agency’s Targeted Investments Program and hospitals participating in the graduate medical education program.
2020 - Year in Review

- Successfully transitioned more than 60 percent of AHCCCS employees to a virtual work environment, allowing the agency to consolidate two main campus buildings into one.
- Supported the work of the Governor’s Abuse and Neglect Prevention Task Force through the Oct. 1, 2020 implementation of minimum subcontract provisions aimed at preventing abuse, neglect, and exploitation.
- Launched the AHCCCS Provider Enrollment Portal (APEP), allowing providers to enroll with AHCCCS electronically any time of day.
- Implemented an Electronic Visit Verification system to verify member receipt of critical in-home services.
- Improved the timely processing of Medicaid applications to 94 percent for non-ALTCS applications and to 91 percent for ALTCS applications.
2020 - Year in Review

- **Increased influenza vaccine rates by 10 percent** to incentivize provider administration of the vaccine and partnered with health plans to offer managed care members a $10 gift card for receiving a flu shot.
- Added **more than 3,000 members to American Indian Medical Homes**, improving care coordination for members served in IHS and 638 facilities.
- Created a **Health Equity Committee** to examine and understand health disparities that exist within the program and to develop strategies to ensure health equity for all AHCCCS members.
- Partnered with policy makers and hospitals to develop a new assessment, **increasing payments to eligible hospitals by $800 million annually**.
- Increased rates by an estimated **$380 million for dental providers and practitioners**.
- Secured more than **$37 million in grant funding** to address the opioid epidemic, expand the state’s suicide prevention work, and meet emergent needs related to the COVID-19 pandemic.
On the Horizon

- Roll out of Electronic Visit Verification
- Transfer of HEAplus maintenance and operations to Accenture
- Implementation of closed-loop referral system
- Release of RFP and award of competitive contract expansion contracts
- Implementation of integrated care product for children in the foster care system on 4/1/21
- Renewal of 1115 waiver on or before 10/1/21
SMAC Members
Open Discussion, Comments and Questions
Call to the Public
Per Bylaws, meetings are to be held 2\textsuperscript{nd} Wednesday of January, April, July and October. Meeting dates and times are scheduled as follows:

\textbf{2021 SMAC Meetings}

- January 13, 2021  1:00-3:00 p.m.
- April 14, 2021   1:00-3:00 p.m.
- July 14, 2021    1:00-3:00 p.m.
- October 13, 2021  1:00-3:00 p.m.
Thank you