



SPECIAL TRIBAL CONSULTATION TELECONFERENCE

February 9, 2017

9:00 a.m. –10:30 a.m. (Arizona Time)

Conference Bridge: 1-877-820-7831, Participant Passcode: 108903#

NOTIFICATION TO TRIBES:

Good Afternoon,

This is to inform you that a special AHCCCS Tribal Consultation teleconference is scheduled to provide information on two topics; 1) An Institute for Mental Disease (IMD) 1115 Waiver Amendment request, 2) an Amendment to the State Plan to implement the American Indian Medical Home Model. AHCCCS requests feedback on the two Amendments. The special teleconference is scheduled for **February 9, 2017 from 9:00 a.m. -10:30a.m.** (Arizona time). To participate in the conference call please dial: **1-877-820-7831** and enter participant passcode, **108903#**. **Please mute your phones. Do not place your phones on-hold as this will disrupt the meeting with music.** The agenda and IMD Waiver PowerPoint presentation are attached. The American Indian Medical Home PowerPoint presentation is forthcoming.

Background:

IMD Waiver Amendment:

The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration Waiver to allow federal funding for members' stays in Institutions for Mental Diseases (IMDs) for more than 15 days. The objective of this waiver is to maintain access to behavioral health care in appropriate settings for both managed care and fee-for-service enrollees. Recent CMS managed care regulations eliminated the authority AHCCCS had been using to pay for these services for managed care members. The waiver of the IMD exclusion would allow psychiatric facilities of more than 16 beds to be able to provide reimbursable services to all AHCCCS members, including managed care members and members who participate in the American Indian Health Program.

American Indian Medical Home SPA:

The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the State Plan to implement the American Indian Medical Home Model. This model will allow IHS/Tribal facilities to apply for status as a medical home. Facilities that meet medical home criteria will receive PMPM payments for each member empaneled with the medical home.

Please place this important date on your calendars. We look forward to your participation.

Sincerely,

Bonnie Talakte

Tribal Relations Liaison

AHCCCS Office of Intergovernmental Relations

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AGENDA



SPECIAL TRIBAL CONSULTATION TELECONFERENCE

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated Under P.L. 93-638 and Urban Indian Health Programs

Date: Thursday, February 9, 2017

Time: 9:00 a.m. – 10:30 a.m. (Phoenix Time)

Conference Call-In: **1-877-820-7831** **Participant Passcode:** **108903#**

TOPIC	LEAD
9:30a.m. - Welcome & Introductions	Bonnie Talakte, <i>Tribal Relations Liaison</i>
<p><u>Institute for Mental Disease (IMD) Waiver:</u></p> <p><u>Background:</u></p> <p>The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the 1115 Research and Demonstration Waiver to allow federal funding for members' stays in Institutions for Mental Diseases (IMDs) for more than 15 days. The objective of this waiver is to maintain access to behavioral health care in appropriate settings for both managed care and fee-for-service enrollees. AHCCCS seeks feedback on the potential implications of this waiver.</p>	<p>Elizabeth Lorenz, <i>Assistant Director</i> <i>Office of the Intergovernmental Affairs</i></p>
<p><u>American Indian Medical Home SPA</u></p> <p><u>Background:</u></p> <p>The Arizona Health Care Cost Containment System (AHCCCS) is requesting an amendment to the State Plan to implement the American Indian Medical Home Model. This model will allow IHS/Tribal facilities to apply for status as a medical home. Facilities that meet medical home criteria will receive PMPM payments for each member empaneled with the medical home.</p>	<p>Elizabeth Carpio, <i>Assistant Director</i> <i>Division of Fee for Service Management</i></p> <p>Dr. Mark Carroll, <i>Physician Program Consultant</i></p>
10:30 a.m. - Adjourn	

All meeting materials and presentations can be found at the AHCCCS Tribal Consultation website:
<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html>

ATTENDEES:

Tribes	<u>Gila River Indian Community</u> : Steve Willis <u>Pascua Yaqui Tribe</u> : Rosa Rivera, Linda Guerrero, Irene Sanchez <u>San Carlos Apache Tribe</u> : Vickie Began, Brenda Schildt, Eric Kutscher <u>White Mountain Apache Tribe</u> : Ryan Johnson
I/T/Us	<u>Navajo Area IHS</u> : K Dempsey <u>Phoenix Area IHS</u> : Denise Exendine <u>Tuba City Regional Health Care Corporation</u> : Lynette Bonar, Yolanda Burke
Other	<u>Arizona Advisory Council on Indian Health Care</u> : Kim Russell
AHCCCS Representatives	Bonnie Talakte, Mark Carroll, Matt Devlin, Elizabeth Lorenz, Kyle Sawyer, Mohamed Arif, Elizabeth Carpio, Markay Adams

MEETING SUMMARY

TOPICS	SUMMARY
<u>Institute for Mental Disease (IMD) Waiver</u>	<p>Elizabeth “Liz” Lorenz, Assistant Director, AHCCCS Intergovernmental Relations Office, informed participants that AHCCCS is requesting an amendment to the 1115 Waiver to allow federal funding for member stays in Institutions for Mental Diseases (IMD’s) for more than 15 days. The objective of the Waiver amendment is to maintain access to behavioral health care in appropriate settings for both managed care and fee-for-service enrollees.</p> <p><u>Background</u>: Since the inception of the Medicaid program in 1965, federal law has prohibited funding for members age 16-24, who receive services at Institutions for Mental Disease (psychiatric hospital, nursing facility, residential treatment center). The legislative intent was for states to provide for the institutional care of people with mental illness. Currently CMS allows states that contract with managed care organizations (MCO) to provide services a different way than is specified under federal law. These “in lieu of” services must be no more costly than the services they take the place of. Arizona allowed MCOs to provide access to IMD services “in lieu of” more expensive settings.</p> <p><u>New Managed Care Rule</u>: New managed care regulations issued July 5, 2016, restrict federal funding for IMD stays to stays of less than 15 days per month for adults aged 21-64 and eliminates the “in lieu of” authority.</p> <p><u>Effects of Managed Care Rule</u>: If an AHCCCS member stays in IMD’s longer than 15 days, the State must recoup the ENTIRE capitation payment from the MCO for the month (not just the amount associated with the IMD stay). The member remains enrolled with a Plan and the Plan is still responsible for care, but is uncompensated. This can result in members being discharged</p>

<p><u>Questions/Answers/Comments</u></p>	<p>too early and needing emergency care later. Other challenges include developing an adequate network of non-IMD alternatives and the higher cost of alternatives.</p> <p>Waiver application: The Waiver application requests CMS to allow federal funding for stays longer than 15 days in IMDs and also requests federal funding for fee-for-service (FFS) members to have equal access to care. Arizona has demonstrated successful utilization of IMDs as a cost-effective and appropriate setting.</p> <p>The public comment period starts February 2, 2017 and ends March 20, 2017. Public Input can be sent to Public Notice at AZAHCCCS.gov</p> <p>Q: When does the managed care rule take effect? A: It became effective July 2016. AHCCCS is working with plans and providers on a temporary solution and working with CMS to get a permanent solution.</p> <p>Q: What percentage of American Indians are in MCO's? A: Applies to any AHCCCS member enrolled in an MCO and those enrolled in a RBHA for behavioral health services. No percentage is available but the number may be 40-45 thousand depending on the month.</p> <p>Q: Did the Indiana application request funding for fee for service? A: Indiana only asked for 30 days of coverage.</p>
<p><u>American Indian Medical Home SPA</u></p>	<p>Dr. Mark Carroll, AHCCCS Physician Program Consultant, provided an update on the American Indian Medical Home (AIMH) proposal.</p> <p>Background: The proposal was developed over many years and is designed to support the development of Patient Centered Medical Homes (PCMH) at IHS/Tribal 638 health facilities across Arizona. The proposal process involved many tribal consultation discussions and was submitted in July 2016. Since then AHCCCS has had ongoing discussions with CMS who recommends that AHCCCS pursue the proposal as a State Plan Amendment (SPA) rather than as a Waiver. On January 18, 2017 CMS announced approval of the Targeted Investments Program which included a reference to a SPA for AIMH for AHCCCS members in the American Indian Health Plan (AIHP).</p> <p>SPA vs Waiver: What is the same</p> <ul style="list-style-type: none"> ○ Provider eligibility (IHS/Tribal 638 facilities) ○ Participation criteria ○ PMPM payment methodology, with a base rate available for Primary Care Case Management (PCCM) and supplemental rates available for optional Diabetes Education certification and optional participation in the AZ Health Information Exchange <p>SPA vs Waiver: What is different</p> <ul style="list-style-type: none"> ○ SPA authority is based on Primary Care Case Management (PCCM) regulations <ul style="list-style-type: none"> ○ IHS/Tribal 638 facilities in the AHCCCS American Indian Medical Home program will become "PCCM" provider type ○ Participation in regional Care Management Collaborative will not be required ○ Outcomes performance monitoring will not be required (except for data sharing that is routinely part of PCMH-eligibility/IHS IPC participation criteria)

Two criteria and rate tables were provided:

Participant Criteria for PCCM

Designation	Mandatory Criteria
-PCCM	-Site has achieved Patient Centered Medical Home (PCMH) Recognition (e.g. NCOA, AAAHC) <u>OR</u> -IHS IPC program attests annually that site/organization has completed the following in the past year: <ul style="list-style-type: none"> • Submitted the SNMHI PCMH Assessment, with score of 7 or > • Submitted monthly data on IPC Core Measures • Submitted quarterly improvement project narrative summaries

AIMH Proposed Rates.

Proposed PMPM	Services & Activities
- \$13.26, for: - Additional \$2.00, for: - Additional \$7.50, for:	- Primary care case management (<i>mandatory</i>) - Diabetes education (<i>optional</i>) - Participation in the state Health Information Exchange (<i>optional</i>)

Next Steps:

- SPA for AIMH has been drafted
- An update has been provided to the co-chairs of the AIMH workgroup
- The SPA will be listed for 45 day public comment period
- Comments received will be reviewed with the AIMH tribal workgroup
- SPA will then be submitted to CMS for approval

Questions/Answers/Comments

Q: How does the PMPM work?

A: The PMPM is separate and apart. You would bill as you always do. This does not change visits, rates or eligibility.

C: This is a great model.

A: Thank you for the comment. It is important for those comments to be posted to the website.

Q: Will there be a 45 day comment period and will the workgroup be reconvened?

A: We'll submit after the public comment period ends. Also depends on the comments submitted. If the comments warrant significant change to the proposal then the workgroup will be reconvened.

Q: When can the program go live?

A: Authority from CMS is one step. AHCCCS will develop an operational plan. We're looking tentatively in September after testing. Depends on what the final approval looks like.