



## Welcome to today's Tribal Consultation Meeting!

**We will begin shortly. All lines have been automatically muted.**

While you are waiting TEST YOUR AUDIO.  
LISTEN FOR MUSIC.

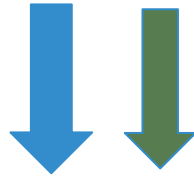


Please use the chat feature for questions or raise your hand.

Thank you.

# Zoom Webinar Controls

## Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.

A screenshot of the 'Select a Speaker' menu in Zoom. The menu is open and shows the following options: 'Same as System', 'Built-in Output (Internal Speakers)' (which is selected with a checkmark), 'Test Speaker &amp; Microphone...', 'Leave Computer Audio', and 'Audio Settings...'. A white arrow points from the 'Audio Settings...' option to the 'Audio Settings' button in the bottom left corner of the Zoom control bar.

A screenshot of the Zoom control bar. It shows the 'Chat' icon (a speech bubble) and the 'Raise Hand' icon (a hand) on the left. On the right, there is a red 'Leave' button.

Audio Settings ^

# Silent Invocation



# Quarterly Tribal Consultation Meeting

February 10, 2022

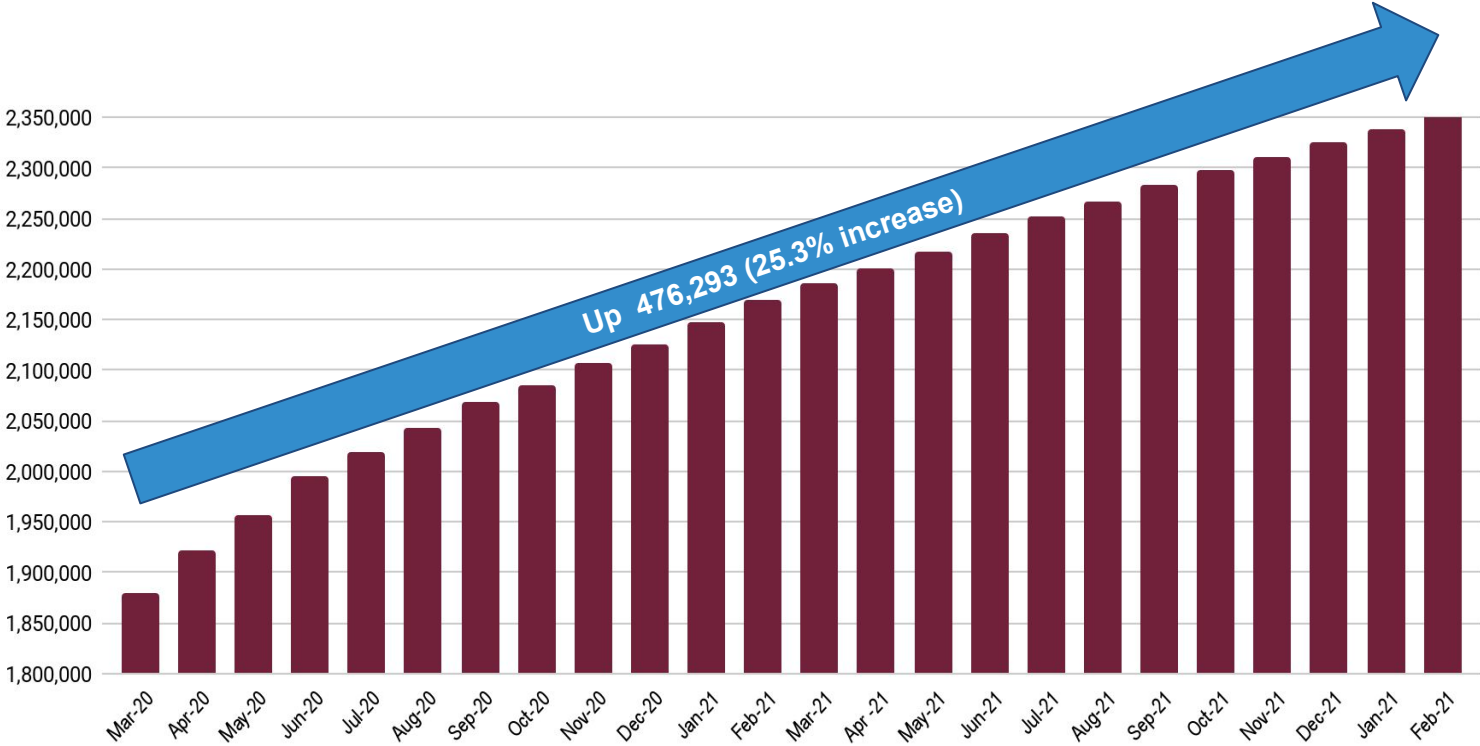


# AHCCCS Updates

Jami Snyder, AHCCCS Director



# AHCCCS Enrollment: March 2020- February 2022



# PHE Renewed - Effective January 16, 2022

| JAN  | FEB | MAR | APR | MAY  | JUN | JUL | AUG | SEP  | OCT | NOV | DEC | JAN  | FEB  | MAR |  |  |  |  |                            |
|--|-----|-----|-----|--|-----|-----|-----|--|-----|-----|-----|--|--|-----|--|--|--|--|----------------------------|
|  |     |     |     |  |     |     |     |  |     |     |     | <b>4/30/22-5/1/22</b><br>Expiration of the Maintenance of Effort Requirement/<br>Initiation of Processing Redeterminations |  |     |  |  |  |  |                            |
| Continuous Enrollment  |     |     |     |  |     |     |     |  |     |     |     |  |  |     |  |  |  |  |                            |
| 6.2% FMAP  |     |     |     |  |     |     |     |  |     |     |     |  |  |     |  |  |  |  |                            |
| PHE  |     |     |     |  |     |     |     |  |     |     |     |  |  |     |  |  |  |  |                            |
| <b>1/21/21</b><br><b>HHS PHE Renewed</b><br>Flexibilities, enhanced match and MOE continue |     |     |     | <b>4/21/21</b><br><b>HHS PHE Renewed</b><br>Flexibilities, enhanced match and MOE continue |     |     |     | <b>6/20/21</b><br><b>HHS PHE Renewed</b><br>Flexibilities, enhanced match and MOE continue |     |     |     | <b>10/18/21</b><br><b>HHS PHE Renewed</b><br>Flexibilities, enhanced match and MOE continue                                |  |     |  | <b>1/16/22</b><br><b>HHS PHE Renewed</b><br>Flexibilities, enhanced match and MOE continue |  |  | <b>4/16/22</b><br>PHE Ends |
|  |     |     |     |  |     |     |     |  |     |     |     |  | <b>6/30/22</b><br>Expiration of the Enhanced Federal Match |     |  |  |  |  |                            |

\*HHS has indicated that it will provide states with 60 days advance notice prior to ending the federally declared PHE

# 2021 Accomplishments

## INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY

- Awarded [Competitive Contract Expansion](#) contracts
- Submitted the [AHCCCS Housing and Health Opportunities \(H2O\) demonstration](#) waiver
- Transitioned the maintenance and operations of [Health-e-Arizona Plus](#), AHCCCS' eligibility system
- Expanded the existing [Medicaid School Based Claiming program](#) to allow **all** Medicaid-enrolled children to access health care services on school campuses
- Implemented the [Emergency Triage, Treat and Transport program](#)
- Launched the [Opioid Services Locator](#) tool
- With the state's Health Information Exchange (HIE), launched a [Community Cares \(closed loop referral system\)](#)

**HOUSING IS  
HEALTH CARE**

AHCCCS Housing Program Outcomes  
(SFY 2020)

- **2,472** members in AHCCCS' Permanent Supportive Housing program
- **31%** reduction in ED visits
- **44%** decrease in inpatient admissions
- **\$5,563** in average cost savings per-member per-month



# 2021 Accomplishments



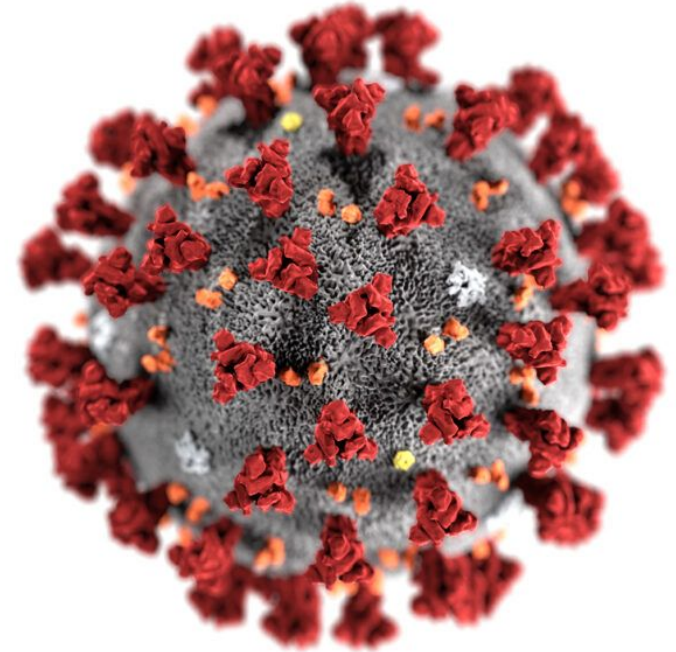
## **INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY continued**

- Provided behavioral health services to 6,000 students either on school campuses or in established clinics in response to referrals for services
- Submitted the [Home and Community Based Services \(HCBS\) Reinvestment Plan](#), detailing how the agency will use over \$1 billion in additional federal funding to strengthen and enhance the HCBS system of care under the American Rescue Plan Act (ARPA)
- Completed the ONE AHCCCS move, transitioning all AHCCCS main campus operations into the 801 building

# 2021 Accomplishments

## RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency
- Maintained more than 47 programmatic flexibilities including: telehealth, parents as paid caregivers, expedited provider enrollment, etc.
- Distributed over \$126 million in additional pandemic relief funding to nursing facilities, HCBS providers, hospitals, etc.
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries
  - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the [Crisis Counseling Program](#), serving more than **17,000 unique individuals** statewide with crisis counseling and group counseling/public education

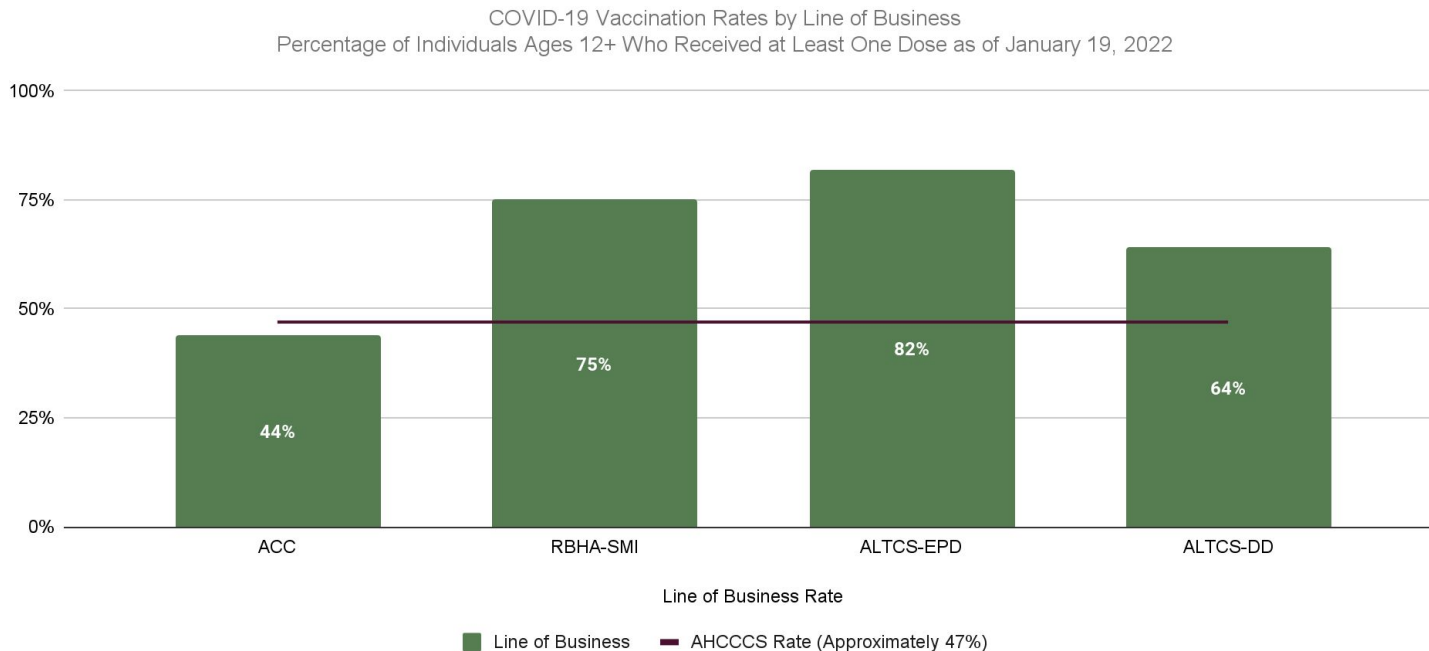


# 2022 Priorities

- Unwinding from the Public Health Emergency (PHE)
- Readiness and launch of ACC/RBHAs on 10-1-2022
  - Includes statewide crisis line & 988 implementation
- Initial preparations for ALTCS bid (contracts term on 9/30/24)
- 1115 Waiver Negotiations for 10/1/2022
  - Targeted Investments 2.0
  - Housing and Health Opportunities Demonstration (H20)
  - Traditional Healing
  - Tribal Dental
- ARPA HCBS - Full Approval Received 1/19/2022
- Continued Prioritization of COVID-19 Response, including increasing vaccination rates among AHCCCS beneficiaries
- Transition of members who are American Indian/Alaska Native and designated with a SMI to integrated options (AIHP for all services, AIHP/TRBHA if TRBHA available, or ACC-RBHA for all services)
- Continued roll out of CommunityCares (closed loop referral system)



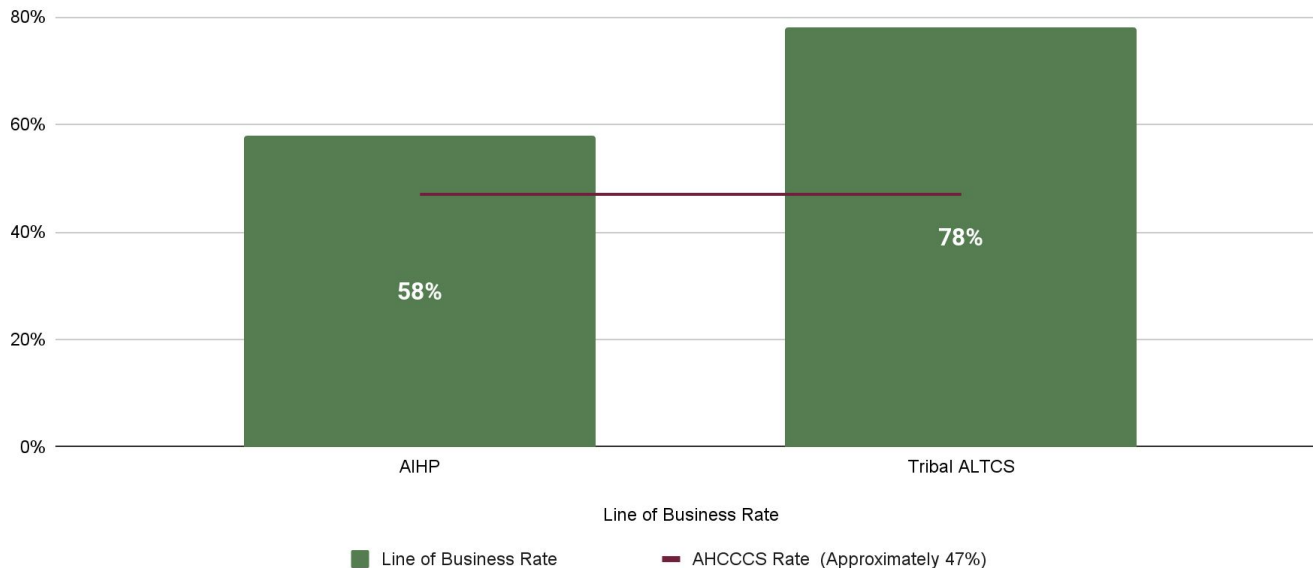
# AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up\*



\*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIS as well as claim and encounter lag time.

# AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up\*

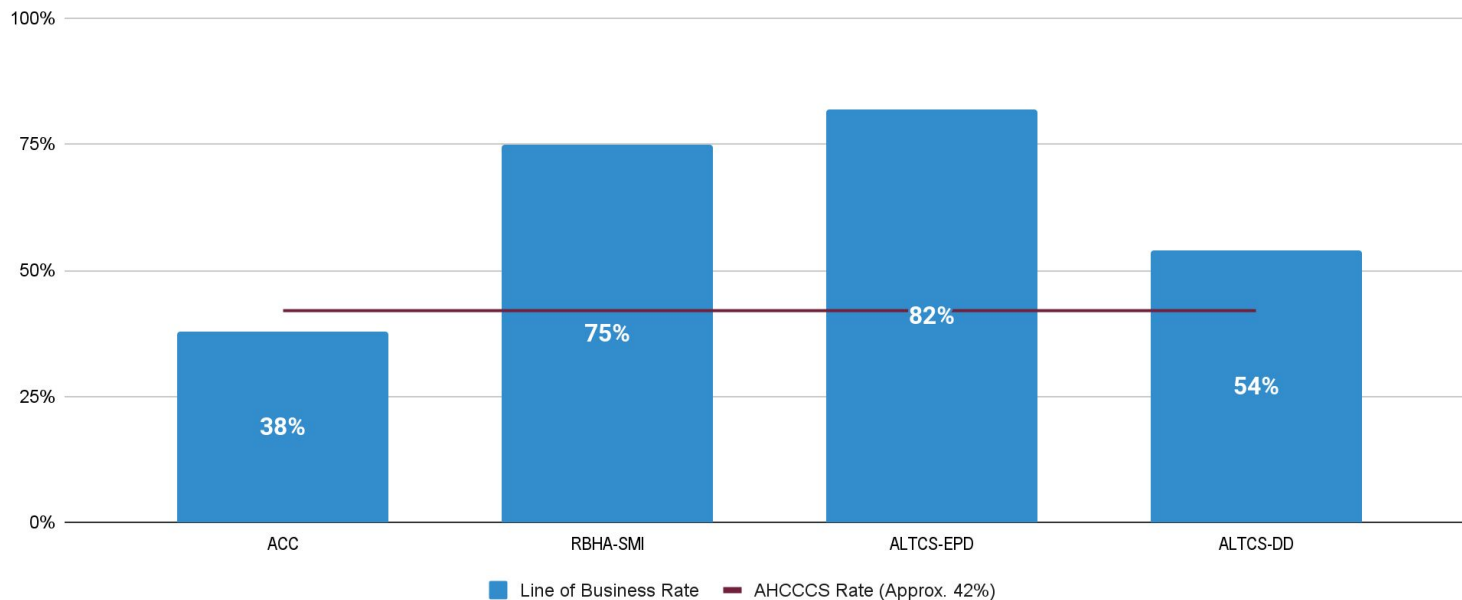
COVID-19 Vaccination Rates by Line of Business  
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of January 19, 2022



*\*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.*

# AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up\*

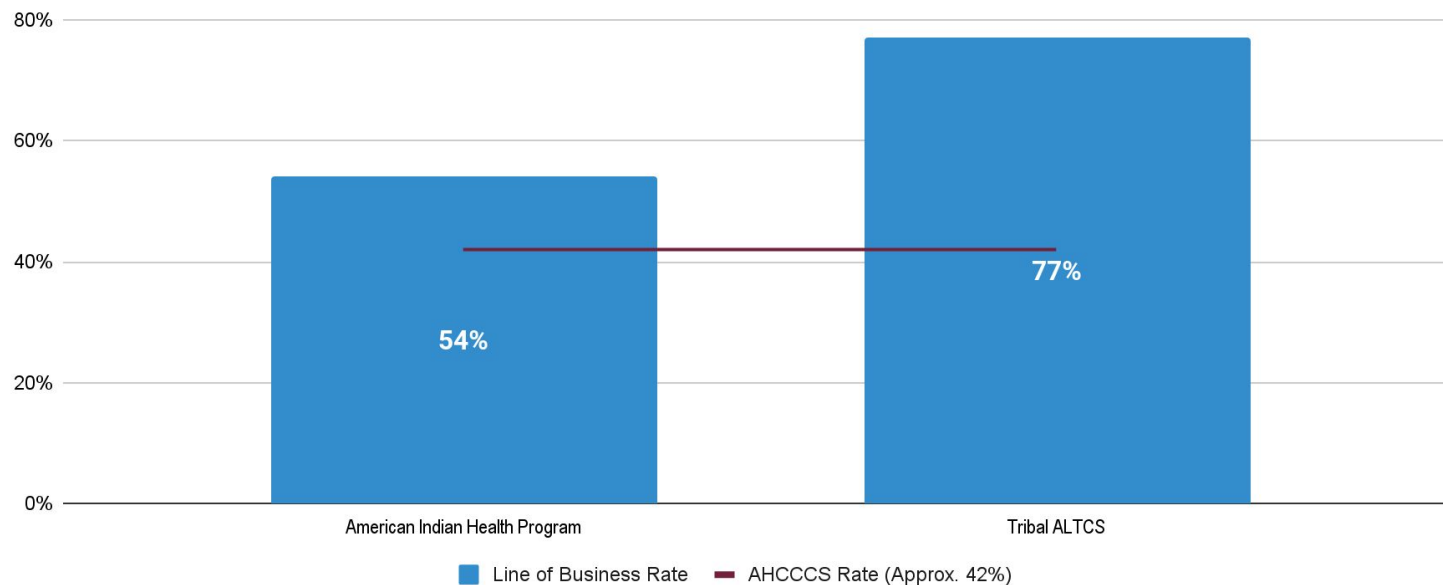
COVID-19 Vaccination Rates by Line of Business  
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of January 19, 2022



\*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIS as well as claim and encounter lag time.

# AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up\*

COVID-19 Vaccination Rates by Line of Business  
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of January 19, 2022



*\*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.*

# Current Audits/Reviews

- **Federal Office of the Inspector General Study**
  - Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care
- **CMS Center for Program Integrity Review**
  - Focus: Program Integrity in Managed Care
- **CMS Financial Management Review**
  - Arizona's administrative (ADM) expenditures reported by the state for State and Local Administration on the Form CMS 64.10W (Waiver Expenditures), Line 49, Other Financial Participation
- **Arizona Auditor General's Office Sunset Review**
  - First performance audit to be released in Spring 2022; focus on eligibility
  - Second performance audit underway; focus on provision of behavioral health services
  - Ongoing review of sunset factors



# Recent Transitions

- **General Counsel/Assistant Director for Office of the General Counsel** (formerly known as the Office of Administrative Legal Services)
  - Kasey Rogg ([kasey.rogg@azahcccs.gov](mailto:kasey.rogg@azahcccs.gov))
- **Inspector General**
  - Vanessa Templeman ([vanessa.templeman@azahcccs.gov](mailto:vanessa.templeman@azahcccs.gov)), Acting Inspector General
- **Assistant Director, Division of Health Care Management - Finance, Rate Development & Data**
  - Maureen Sharp ([maureen.sharp@azahcccs.gov](mailto:maureen.sharp@azahcccs.gov))
- **Crisis Administrator**
  - CJ Loiselle ([cj.loiselle@azahcccs.gov](mailto:cj.loiselle@azahcccs.gov))



# Home and Community Based Services Overview

Rachel Hunter, DFSM Tribal ALTCS Administrator

# HCBS Employment Setting/Services

Home and Community Based Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings, such as:

- Member's Home
  - House
  - Mobile home/trailer
  - Apartment
- Adult Developmental Homes;
- Adult Foster Care Home;
- Assisted Living Homes and Assisted Living Centers;
- Behavioral Health Therapeutic Homes;
- Child Development Foster Care Homes;
- Group Homes for Developmentally Disabled;
- Large Group Settings for Adults and Children; and,
- Substance Abuse Transitional Facilities

The Arizona Long Term Care System (ALTCS) is the State of Arizona's Medicaid program that provides long term care services, at little or no cost, to financially and medically eligible Arizona residents who are aged, blind, disabled, or have a developmental, and/or physical disability.

# Home & Community Based Services (HCBS)

The Tribal ALTCS Case Manager is responsible for facilitating placement and services based primarily on the member's choice with additional input in the decision-making process from the member/Health Care Decision Maker/ and Designated Representative, the Case Manager's assessment, the Pre-Assessment Screening, and other members of the Planning Team.

- Home Health
- Home Health Aide
- Homemaker
- Personal Care
- Adult Day Health or Group Respite
- Habilitation
- Respite Care
- Transportation
- Home delivered meals
- Attendant care - including when provided through a member directed option
- DME
- Emergency Alert Systems
- Medical Supplies
- Community Transition Services
- Hospital Admissions (acute and psychiatric)

# American Rescue Plan Act

## Home and Community Based Services Opportunity

- AHCCCS submitted the ARPA HCBS spending plan to CMS on 7/12/2021
- CMS approval
  - [Conditional \(final\) approval](#) on 1/19/22
    - Allows the state to begin implementing activities in the spending plan and qualifies state for 10 percentage point increase to the FMAP
- HB 2157 (expenditure authority legislation) passed out of House Appropriations Committee on 1/19/22; vote 11-1
- Provider directed payment pre-print submitted to CMS on 1/21/22
- Updated spending plan, incorporating stakeholder feedback from last quarter (to be included in quarterly update to CMS on or before 2/1/22) can be found [here](#)

# ARPA HCBS

## Provider Payments

- AHCCCS intends to make ARPA HCBS one-time provider payments totaling almost \$900 million over 3 years (2022 - 2024)
- AHCCCS will not be able to verify individual provider computations due to significant number of providers expected to qualify for payment (approximately 1,900)
- For providers of MCO-enrolled members:
  - “Directed payments” method to be utilized, computed as a flat annualized percentage of qualified providers’ prior Medicaid payments for select ARPA qualifying codes from selected time period
    - Provider directed payment “pre-print” submitted to CMS on 1/21/22
    - DES-DDD reimbursement will be similar (but with variable percentages)

# ARPA HCBS

## Provider Payments, cont.

- For providers of FFS-enrolled members:
  - Directed payments method is not applicable (managed care only)
  - AHCCCS is working within federal and state guidelines to develop the methodology for making these provider payments but anticipates similar criteria for payments will be utilized
  - Subject to those criteria, non-IHS/638 providers paid at FFS rates could be eligible
  - Subject to those criteria, IHS/638 providers paid at FFS rates could be eligible

# Expanded ARPA HCBS Services Including Rehabilitative Services

- School Based Services (1905(a) services included in the child's IEP/IFSP)
  - Only school-based services that meet the definition of one or more of these services can be claimed at the increased FMAP.
- Rehabilitative Services (42 CFR § 440.130(d))
  - All rehabilitative services, **including mental health and substance use disorder services**, authorized under this benefit can be claimed at the increased FMAP.





# PHE Unwinding Update-Renewals/Redeterminations

# Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members “COVID override”
  - Did not complete renewal
  - Shown to be ineligible
- Social Media campaigns
- PHE Social Media Toolkit for MCOs
  - Consistent/approved messaging to members and providers
- Ensure accurate and current member contact information
  - [CLICK HERE](#) for more information on how to update your contact information in HEAPlus.

# Unwinding Strategies

- MCOs assisting with member outreach to maintain coverage
- Considering eligibility system enhancements - messaging and making renewal links more prominent
- Prioritizing “COVID overrides”
- DFSM will send out a notice via Constant Contact regarding unwinding, ensuring transparency when we anticipate the end of the PHE (approximately 60 days advance notice)
- [FFS memo](#) will be retired at the end of the PHE



# AHCCCS Provider Enrollment Unwinding Strategies and Reregistration/Revalidation

Patricia Santa Cruz, Provider Enrollment Administrator



# Provider Update

All application average processing time - 10 days

New Enrollment applications - 99% in 30 days or less

Re-registration applications - 11 days

Modification requests - 14 days

Resolving a Service Ticket - 26 days

# Re-registration & Revalidation

- 30K providers responded to re-registration.
- 60K providers have not responded to re-registration.
- Limited Risk providers who responded, no further action.
- Moderate - High Risk will be notified when it's time to revalidate.

**Take action to the Re-registration Invite before April 10, 2022**

# Provider Contacts

To determine Provider Type Risk level, refer to Provider Enrollment Screening Glossary

<https://azahcccs.gov/PlansProviders/Downloads/apep/ProviderEnrollmentScreeningGlossary.pdf>

For Provider Enrollment assistance contact Provider Assistance at (602)417-7670 option 5

**Or email:**

APEPTrainingQuestions@azahcccs.gov

# Open Discussion





# Governor's Budget Update

Kyle Sawyer, AHCCCS Legislative Liaison  
and Policy Advisor



# FY 2023 Executive Budget Breakout

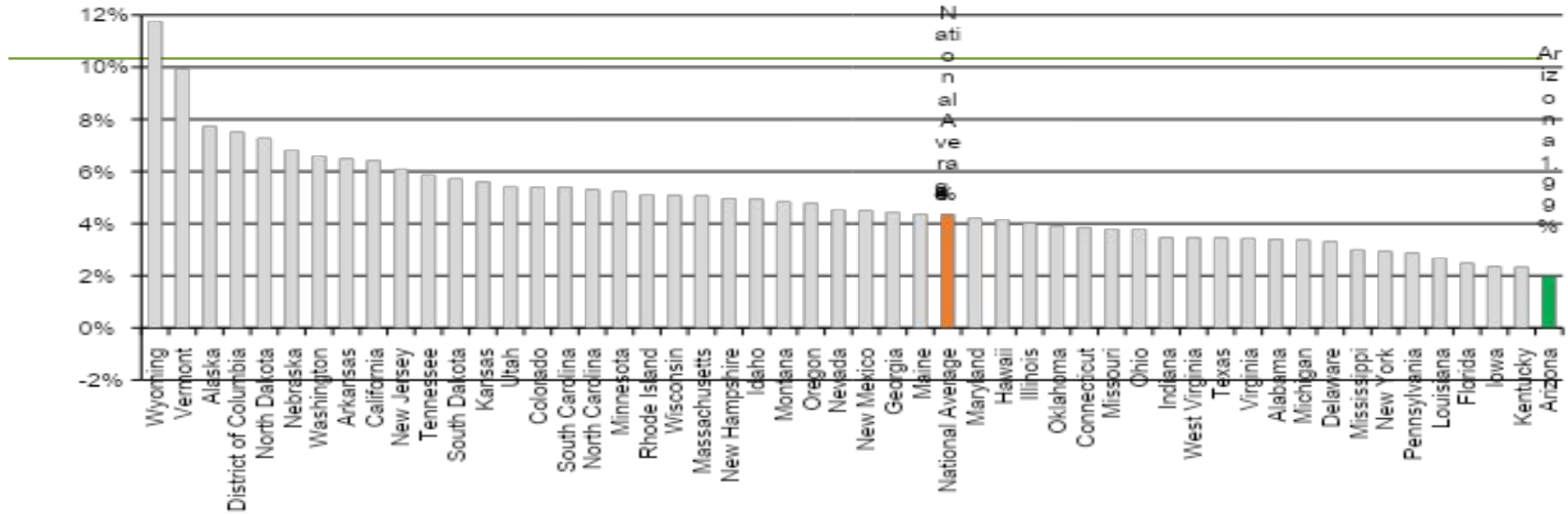
| AHCCCS                   | General Fund (GF) | Total Fund (TF)  |
|--------------------------|-------------------|------------------|
| FY 2023 Executive Budget | \$2,244,508,000   | \$21,317,143,500 |

Further information can be found in the FY2023 Executive Budget Agency Detail book at <https://www.azospb.gov/Documents/2022/FY%202023%20Agency%20Detail%20Book.pdf>

# FY 2023 Executive Budget – New Initiatives

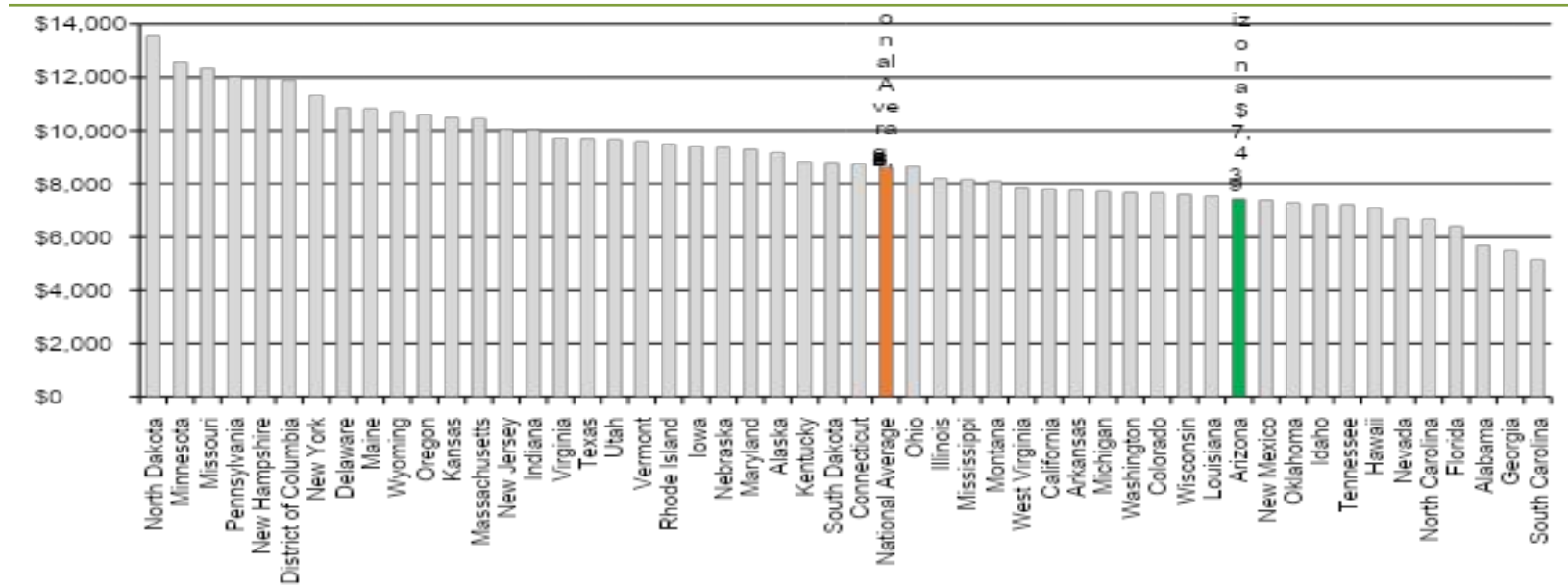
- **Enterprise Compensation Strategy: \$1,076,600**
  - Salary increases to key positions which are difficult to recruit and retain highly qualified staff
- **American Indian Health Program – Serious Mental Health Integration: \$178,600**
  - Add 7.0 FTE positions to provide mental health services to American Indians
- **Compliance with Patient Access Final Rule: \$270,000**
  - Enhance compliance with federal information technology regulations
- **PMMIS Replacement – System Integration Provider: \$500,000**
  - Contract with a system integration provider to replace the PMMIS system
- **Suicide Prevention Coordinator Position to DHS: \$(100,000)**
  - Transfer one Suicide Prevention Coordinator position to DHS
- **DES Eligibility Determination: \$4,500,000**
  - Address increased costs of eligibility determination services provided by DHS for Medicaid services

## FY 2020 Medicaid Administrative Expense Ratio By State



Source: Medicaid and CHIP Payment and Access Commission, MACStats Exhibit 16, <https://www.macpac.gov/macstats/>

## FY 2020 Medicaid Spending Per Member Per Year By State



Source: Medicaid and CHIP Payment and Access Commission, MACStats Exhibit 23, <https://www.macpac.gov/macstats/>

# Open Discussion

# Division of Grants Administration



# Competitive Contract Expansion

Christina Quast, Deputy Assistant Director of Managed Care Operations, Division of Health Care Management





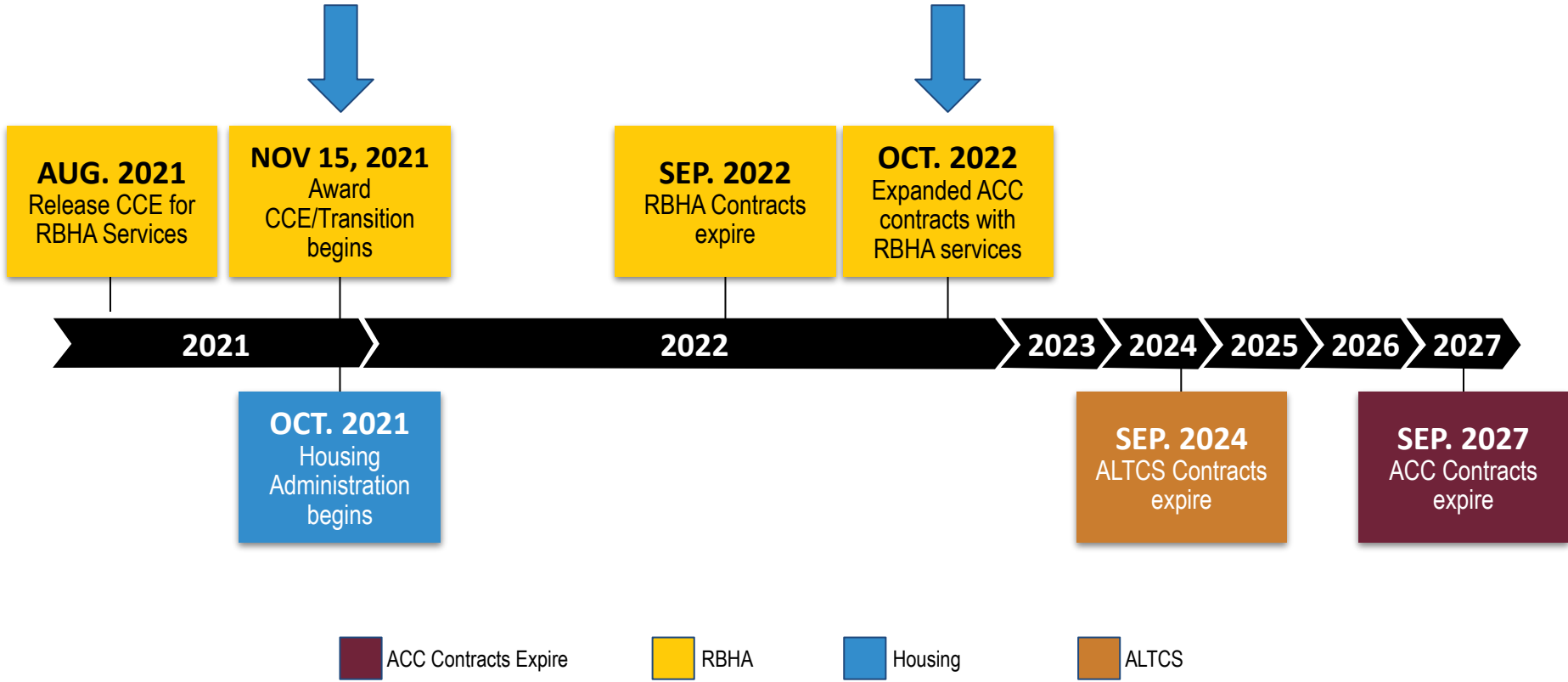


# 10/1/2022 Member Transition ACC-RBHA

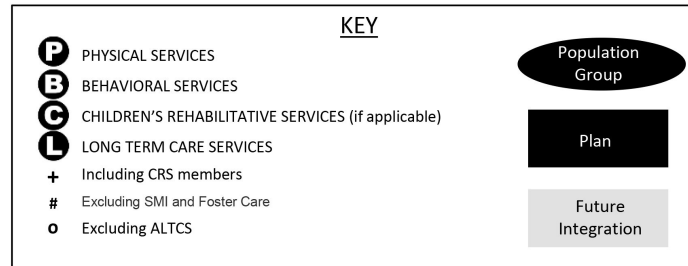
# AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Contractors

- ACC-RBHA Contractors responsible for:
  - Integrated physical and behavioral health services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI)
  - Administration of Non-Title XIX/XXI funded services including, but not limited to:
    - Crisis services, grant funded services, and Court Ordered Evaluations (COE)
- ACC-RBHA Awards made 11/15/2021
- Transition occurring 10/1/2022

# AHCCCS Contracts Timeline

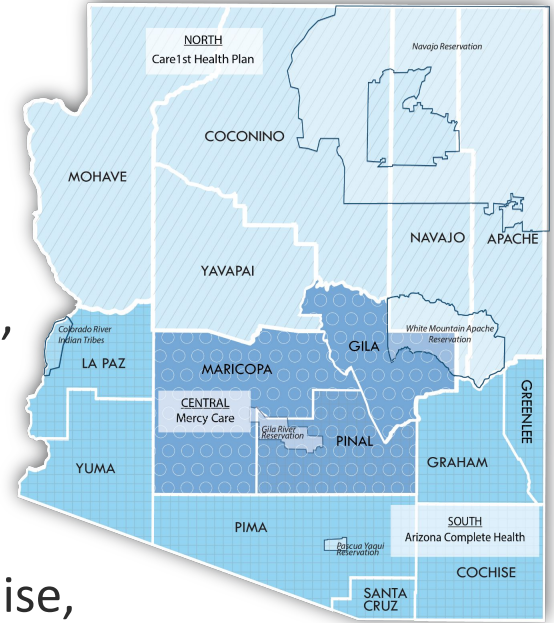


# Members with SMI determination starting October 1, 2022



# ACC-RBHA Geographical Service Areas (GSA)

- Aligning GSAs to match ACC and EPD GSAs:
  - Gila moving from North to Central
  - Pinal moving from South to Central
- ACC-RBHAs and awarded GSAs
  - Care1st - North GSA: Mohave, Coconino, Yavapai, Navajo, Apache
  - Mercy Care - Central GSA: Maricopa, Gila, Pinal
  - Arizona Complete Health-Complete Care Plan - South GSA: La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee



# Transitions for Members

- North GSA – The ACC-RBHA will be Care1st Health Plan (Care1st) effective 10/1/2022.
  - Members in Mohave, Coconino, Yavapai, Navajo, and Apache counties will **transition** from Health Choice to Care1st.
- South GSA – The ACC-RBHA will be Arizona Complete Health Complete Care Plan (AzCH-CCP) effective 10/1/2022.
  - Members in La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee counties will **continue** to receive care from AzCH-CCP.

# Transitions for Members

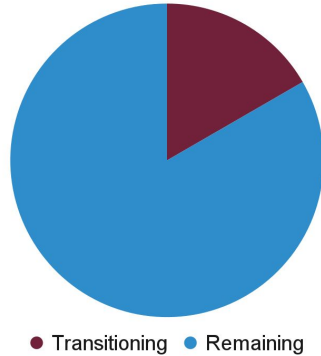
- Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
  - Members in Maricopa County will **continue** to receive services from Mercy Care.
  - Members in Gila County will **transition** from Health Choice to Mercy Care.
  - Members in Pinal County will **transition** from Arizona Complete Health-Complete Care Plan to Mercy Care.



# Member Transitions

8,046 members transitioning to new health plans

| County   | Members* | New Plan   |
|----------|----------|------------|
| Apache   | 229      | Care1st    |
| Coconino | 794      | Care1st    |
| Mohave   | 2,220    | Care1st    |
| Navajo   | 963      | Care1st    |
| Yavapai  | 1,940    | Care1st    |
| Gila     | 452      | Mercy Care |
| Pinal    | 1,448    | Mercy Care |



40,226 members remaining on current health plans

| County              | Members* | Current Plan |
|---------------------|----------|--------------|
| Maricopa            | 27,210   | Mercy Care   |
| Cochise             | 869      | AzCH-CCP     |
| Graham/<br>Greenlee | 223      | AzCH-CCP     |
| La Paz              | 71       | AzCH-CCP     |
| Pima                | 10,591   | AzCH-CCP     |
| Santa Cruz          | 232      | AzCH-CCP     |
| Yuma                | 1,030    | AzCH-CCP     |

\*Enrollment as of December 1, 2021



## Member Transitions (cont.)



- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.

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

## Need to report a change?

The screenshot shows the Health-e-Arizona PLUS website interface. The 'I Want To...' menu on the left has 'Report a Change' highlighted with a red box. The main content area shows 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and email. Below this is 'My Medical Assistance' with a table showing one entry: AHCCCS Medical Assistance starting on 09/01/2021. At the bottom, 'My Applications' shows a table with one application: Application Number 2021272000237, Date Started 9/30/2021, Date Sent MA 9/30/2021, Status Submitted, and a View link.

| Name | Program                   | Begin Date | End Date |
|------|---------------------------|------------|----------|
|      | AHCCCS Medical Assistance | 09/01/2021 |          |

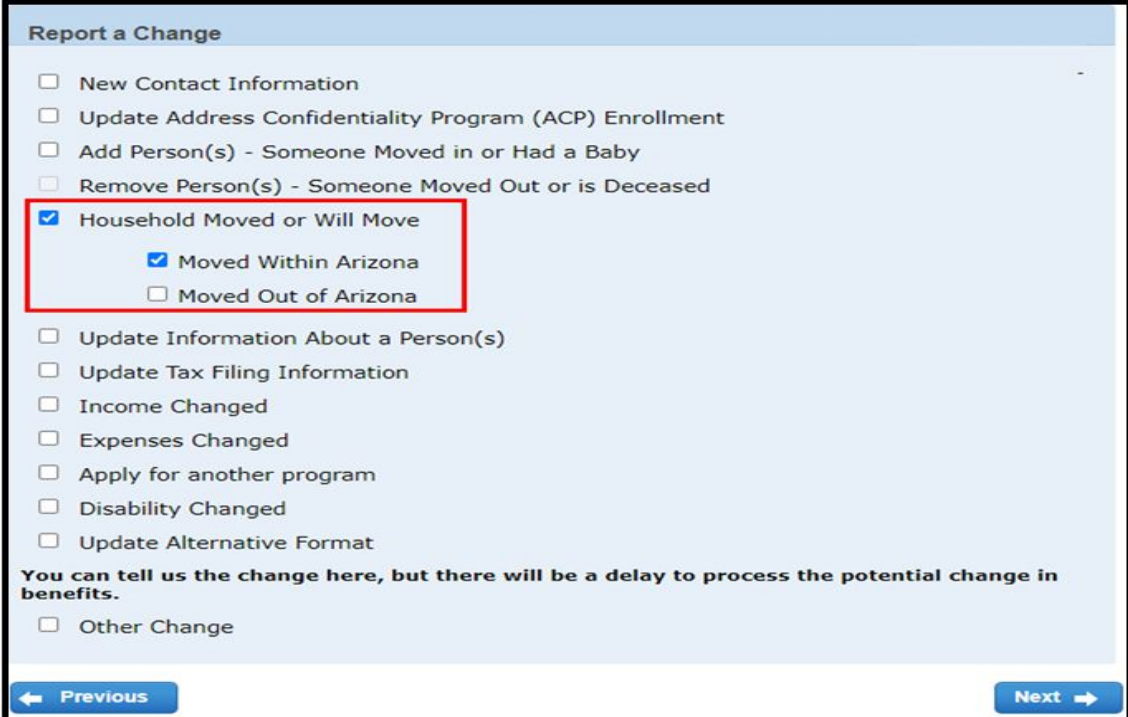
| Application Number | Date Started | Date Sent    | Status    | View   |
|--------------------|--------------|--------------|-----------|--|
| 2021272000237      | 9/30/2021    | MA 9/30/2021 | Submitted | Provide/View Documents<br>View Application Summary |

The graphic features a laptop displaying the website. The URL [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov) is shown in a search bar. The main text reads 'UPDATE YOUR INFORMATION TODAY!' followed by the instruction: 'Make sure your contact information is up to date so AHCCCS can contact you, if needed.' Below this is a section for 'INDIVIDUAL AND FAMILY' with a photo of a family and the text 'Connecting individuals and families to coverage, plans and services.' The AHCCCS logo is at the bottom left.

Log in or create an account today at [www.healthearizonaplus.gov](http://www.healthearizonaplus.gov)

# Health-e-Arizona PLUS Address Changes

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



**Report a Change**

- New Contact Information
- Update Address Confidentiality Program (ACP) Enrollment
- Add Person(s) - Someone Moved in or Had a Baby
- Remove Person(s) - Someone Moved Out or is Deceased
- Household Moved or Will Move
  - Moved Within Arizona
  - Moved Out of Arizona
- Update Information About a Person(s)
- Update Tax Filing Information
- Income Changed
- Expenses Changed
- Apply for another program
- Disability Changed
- Update Alternative Format

**You can tell us the change here, but there will be a delay to process the potential change in benefits.**

- Other Change

← Previous Next →



# ACC-RBHA Readiness

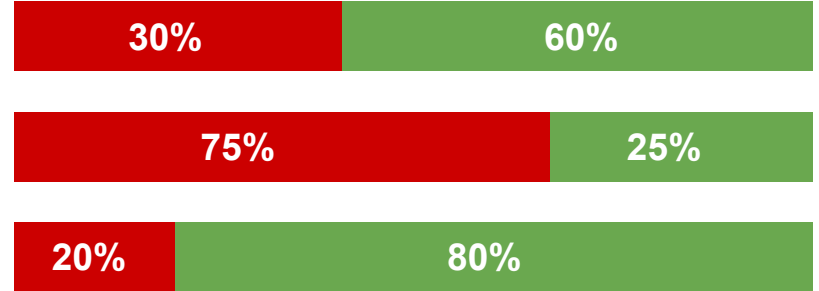
# Preparing for Transition

- From award to go-live, AHCCCS works with the plans to make sure they are ready before launching
- Ready for:
  - Operations
  - Service Delivery
  - Finance
  - Systems



# How Do We Measure “Ready”?

- We have a tool that has over 300 elements over 12 areas
- This tool requires health plans submit updates monthly:
  - progress in addressing each identified element,
  - including identified risks,
  - gaps in network, and
  - strategies for remediation.



# Readiness Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- **Behavioral Health**
- Quality Management and Quality Improvement
- Financial Reporting
- **Non-Title XIX/XXI**
- EPSDT and Maternal and Child Health
- Claims Processing and Provider Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- **Member Services**

# Additional Readiness Activities

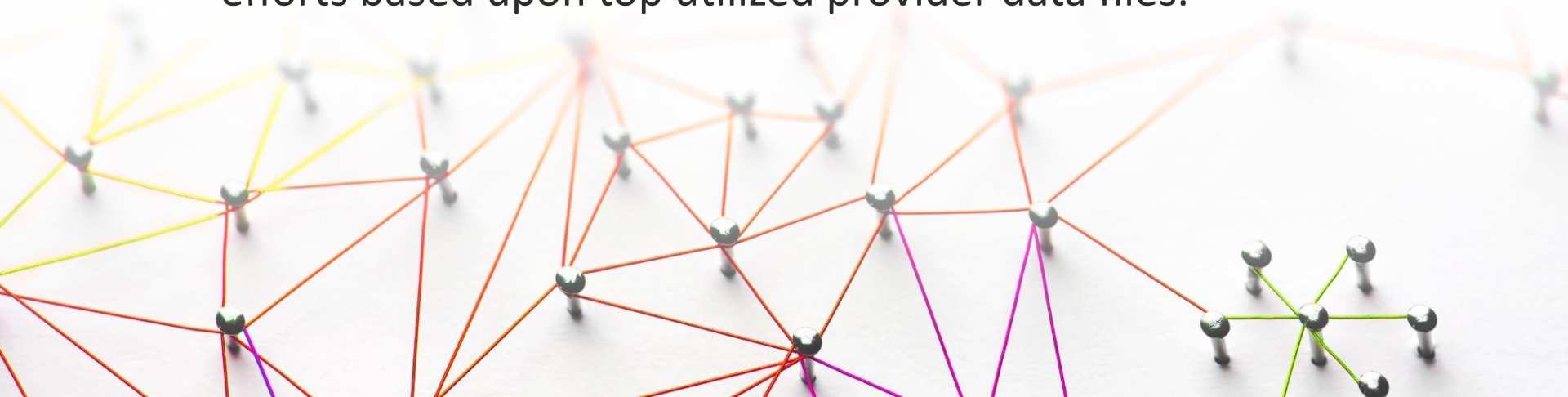
- Readiness Update Meetings
  - Health plans provide updates to AHCCCS Leadership on numerous topics, including:
    - Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities.





# What About The Network?

- Network Assessment
  - Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files.



# Open Discussion



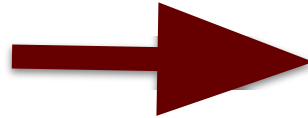
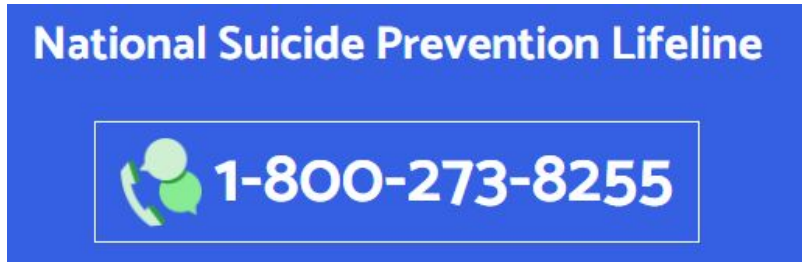
# 9-8-8 Implementation Update

CJ Loiselle, AHCCCS Crisis Administrator

# 9-8-8 Legislation

## National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
  - Designates 988 as the dialing code for the Lifeline
  - Increased Lifeline federal appropriation
  - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



- Implementation on or before **July 16, 2022**

# 988 Planning Update

## NSPL in Arizona

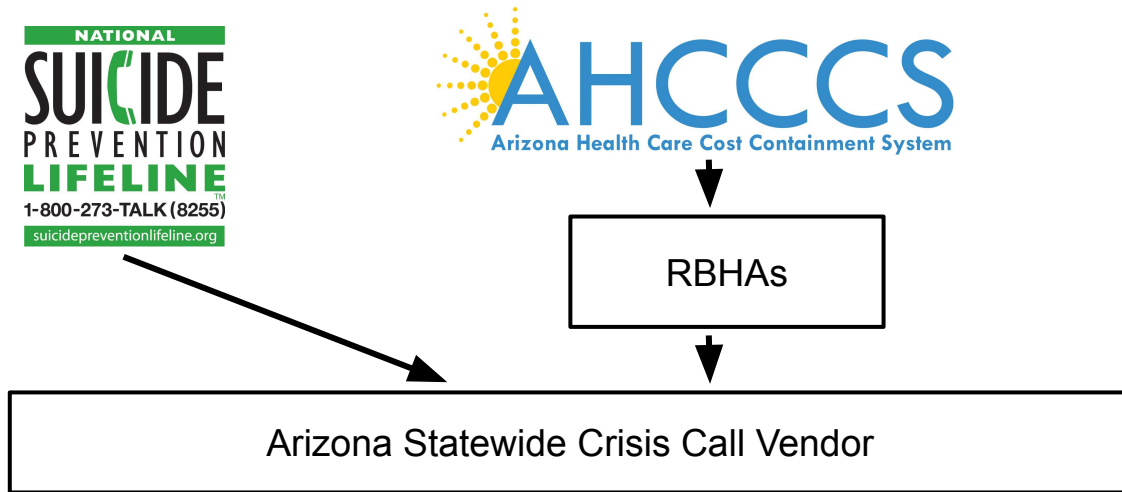


## AHCCCS Crisis in Arizona



# 9-8-8 Planning Grant

- \$135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds dedicated to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the NSPL into a single statewide provider.



# 9-8-8 Plan Implementation

AHCCCS is creating a 988 advisory committee to assist in the oversight of 988 implementation for Arizona. AHCCCS will be recruiting representatives from the tribes to participate in the committee along with first responders, the department of health, the department of education, the department of administration (911) and multiple community advocacy groups.

This committee will:

- Monitor progress of implementation goals and objectives
- Review data on increased crisis service contacts and outcomes
- Develop recommendations for course correction and goal revision as needed
- Provide ongoing updates on how 988 implementation is impacting our communities

# Additional 988 Infrastructure Grant Opportunity

The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:

- Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
- Engaging Lifeline crisis centers to unify 988 response across states/territories; and
- Expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will:
  - ensure all calls originating in a state/territory first route to a local, regional and/or statewide Lifeline crisis call center;
  - improve state/territory response rates to meet minimum key performance indicators; and
  - increase state/territory capacity to meet 988 crisis contact demand.



# Resources / Contact

- AHCCCS Crisis Services Website:  
[azahcccs.gov/BehavioralHealth/crisis.html](http://azahcccs.gov/BehavioralHealth/crisis.html)
- AHCCCS Crisis Services FAQs:  
[azahcccs.gov/AHCCCS/Downloads/ACC/View\\_Crisis\\_System\\_FAQs.pdf](http://azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf)
- 988 Fact Sheet:  
<https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
- **Contact: CJ Loiseau - Crisis Administrator** [cj.loiseau@azahcccs.gov](mailto:cj.loiseau@azahcccs.gov)

# Open Discussion

# Division of Fee for Service Management (DFSM)



# AIHP Integration Update

Markay Adams, DFSM Assistant Director



# Member Transitions

- Individuals with an SMI designation currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA) will have:
  - Behavioral Health services ***transition*** to AIHP effective 10/1/2022, and
  - Physical health services will ***continue*** with AIHP.
- This transition will impact roughly 300 members.\*

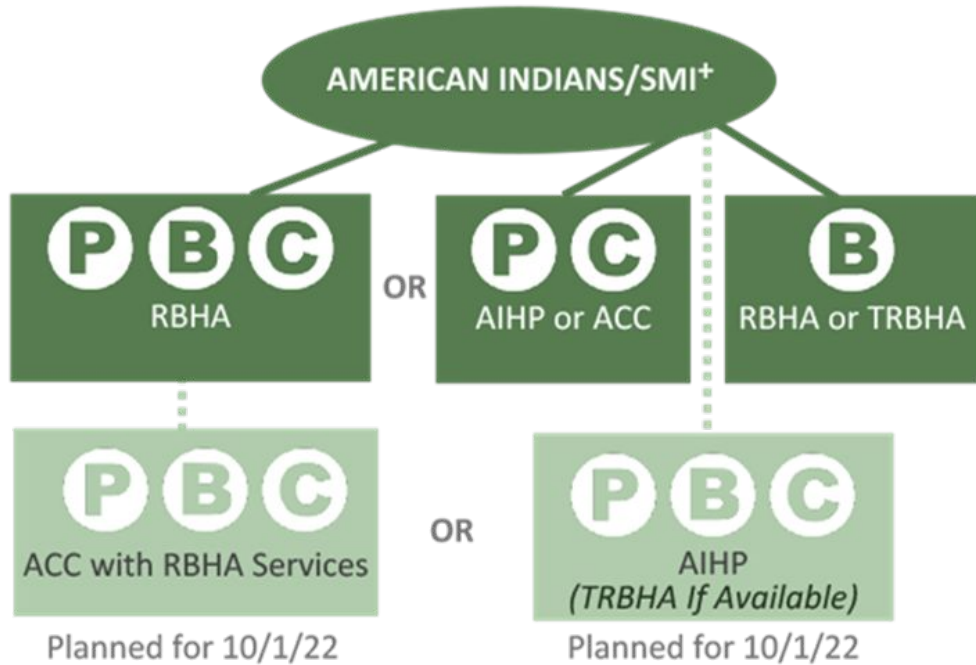
## Member Transitions (cont.)

- Individuals with an SMI designation currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA) will have:
  - Physical health services **transition** to AIHP effective 10/1/2022, and
  - Behavioral health services ***continue*** with TRBHA.
- This transition will impact roughly 100 members.\*

# Enrollment Options

- As of 10/1/22, enrollment options for AI/AN individuals with an SMI designation will be:
  - ACC-RBHA Contractor for integrated Physical and Behavioral Health services,
  - AIHP for integrated Physical and Behavioral Health services, or
  - AIHP for Physical health services and TRBHA for Behavioral Health Services.
- All AI/AN members may receive services from an IHS Facility or Tribally-Operated 638 Health Program regardless of plan enrollment.

# AI/AN AHCCCS members with SMI determination – October 2022



**KEY**

- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES
- +** Including CRS members
- #** Excluding SMI and Foster Care
- o** Excluding ALTCS

**Population Group**

- Plan**
- Future Integration**





# DDD Tribal Health Program

Program Changes Effective April 1, 2022

# What is the DDD Tribal Health Program (THP)?

- The Arizona Department of Economic Security (DES) Division of Developmental Disabilities (DDD) Tribal Health Program (THP) is the health plan which administers fee for service physical health, behavioral health, and long term care services and supports (LTSS) for DDD THP enrolled American Indian/Alaska Native members.

# DFSM/DDD THP Interagency Service Agreement

Effective April 1, 2022 AHCCCS' Division of Fee-for-Service Management (DFSM) will manage acute physical and behavioral health service authorizations for enrolled DDD THP members via an inter-agency subcontract with the DDD THP.

- The DDD will retain full responsibility for:
  - Care coordination,
  - Case management functions for all DDD THP members, and
  - Authorization of LTSS.
- The DFSM/DDD THP subcontract will improve THP member access to care.

# American Indian/Alaska Native Options

AI/AN members who are eligible for both DDD and ALTCS have options for how they want to receive health care services:

| Option | Physical Health Services | Behavioral Health Services                 | Children's Rehabilitative Services | Long Term Services and Supports | Support Coordination |
|--------|--------------------------|--|------------------------------------|---------------------------------|----------------------|
| 1      | DDD Health Plan          | DDD Health Plan                            | DDD Health Plan                    | DDD ALTCS                       | DDD                  |
| 2      | DDD Health Plan          | Tribal Behavioral Health Authority (TRBHA) | DDD Health Plan                    | DDD ALTCS                       | DDD                  |
| 3      | Tribal Health Program    | Tribal Behavioral Health Authority (TRBHA) | Tribal Health Program              | DDD ALTCS                       | DDD                  |
| 4      | Tribal Health Program    | Tribal Health Program                      | Tribal Health Program              | DDD ALTCS                       | DDD                  |

# Open Discussion



# American Indian Medical Home and 100% FMAP Care Coordination Agreements

Leslie Short, DFSM Integrated Services Administrator



# American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of primary Care Case Managers (PCCM) and 24 access to the care team.

## Current AIMHs

| AIMH  | Tier Level | Members            |
|---|------------|--------------------|
| Phoenix Indian Medical Center                   | 2          | 5,480              |
| <u>Chinle</u> Comprehensive Healthcare Facility | 4          | 13,618             |
| Winslow Indian Health Care                      | 4          | 3,705              |
| Whiteriver Indian Hospital                      | 2          | 6,336              |
| San Carlos Apache Healthcare                    | 4          | 4,127              |
| Fort Yuma Health Center                         | 1          | 12                 |
| Tuba City Regional Health Care Corporation      | 4          | 2,717              |
| Parker Indian Health Center                     | 1          | added January 2022 |

- 35,995 or approximately 27% of AIHP members empaneled



# American Indian Medical Home Information

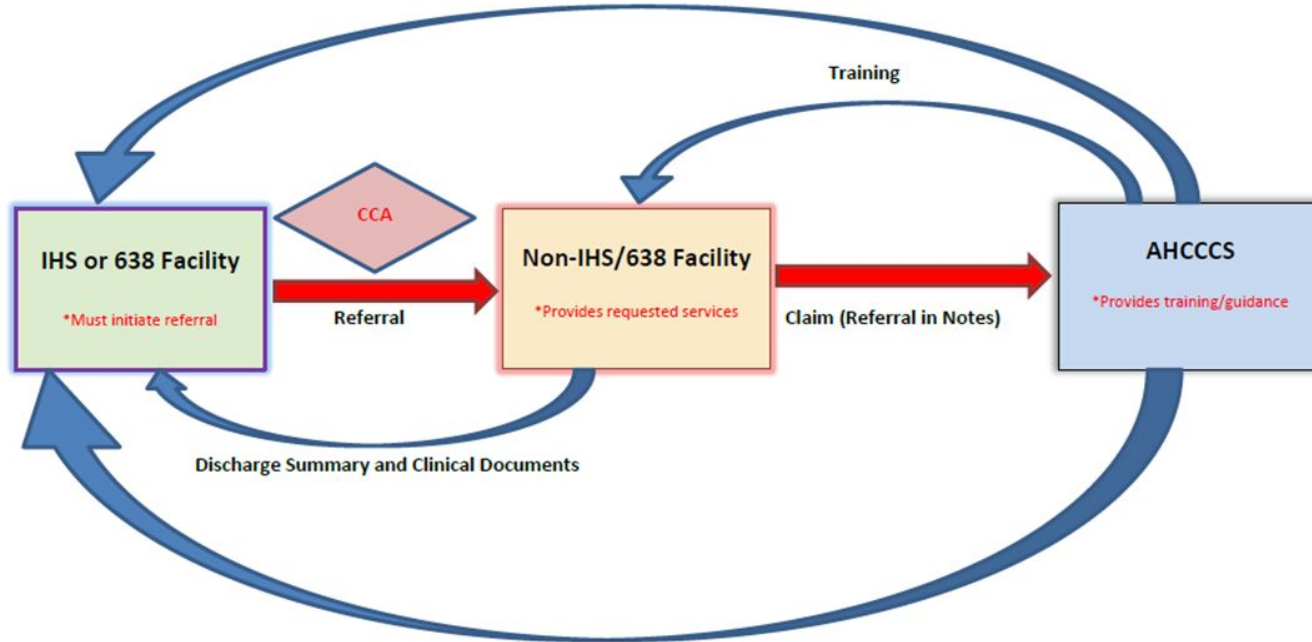
- AIMH information including IGA templates and application packet:  
<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- Contact information: [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)

# 100% Federal Funding for Services Furnished Under Care Coordination Agreements

- [SHO Guidance 16-0002](#) released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute.
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries.
- Policy update is intended to help states, the IHS, and tribes to improve delivery system for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

# CCA Process Flow

CCA 100% FMAP Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

# Care Coordination Agreements

- Executed Care Coordination Agreements
  - Tuba City and Northern AZ Healthcare
  - Gila River Health Care and Phoenix Children's Hospital
  - Gila River Health Care and Valleywise Health
  
- Differential Adjusted Payments

<https://www.azahcccs.gov/AHCCCS/PublicNotices/>

# Care Coordination Agreement Resources

- IHS/Tribal 638 facilities can send request to:
  - [Tribalcarecoordination\\_fmap@azahcccs.gov](mailto:Tribalcarecoordination_fmap@azahcccs.gov)
- SHO #16-002:
  - <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

# Open Discussion

# Division of Health Care Management



# Tribal Consultation for AHCCCS Policies

Amanda Bahe, AHCCCS Tribal Liaison







## AHCCCS Policy Committee (APC)

- Meet at least twice a month with representatives from Divisions throughout AHCCCS to assess and endorse proposed Operational and Medical policy revisions
  - APC reviews policies within the AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Medical Policy Manual (AMPM)
- Designed to allow equal voice in developing agency policy
- An individual from approved organizations are permitted to attend and participate in APC meetings

# APC Tribal Representation

- Currently FIVE (5) Spots for Tribal Representatives to sit on APC.
  - Arizona Advisory Council on Indian Health Care Seat
  - Tribal Seat 1: San Carlos Apache Healthcare
  - Tribal Seat 2: Gila River Healthcare
  - Tribal Seat 3: Pascua Yaqui TRBHA
  - **Tribal Seat 4: Open**

# Tribal Representative Needed for AHCCCS Policy Committee

- Responsibilities:
  - Attend annual training on policy and tribal consultation
  - Attend at least 75% of APC meetings
  - Review drafted policy revisions prior to APC meetings
  - Provide feedback on drafted policy revisions
- Tribal, IHS, 638, or Urban Indian Organization leader must send in letter of appointment on behalf of interested individual
- AHCCCS Point of Contact: Amanda Bahe, Tribal Liaison
  - [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)

# Quarterly Overview: AHCCCS Policy Committee

- Total number of tribal representative groups on APC: **4**
- Total number of APC meetings from 10/22/2021 through 02/08/2022: **2**
  - Total number of APC meetings attended, listed by representative group:
    - AZ Advisory Council on Indian Health Care: 0
    - Tuba City Regional Health Care: 0
    - Gila River Health Care: 1
    - Pascua Yaqui TRBHA: 1
    - San Carlos Apache Health Care: 0

# New Policies Under Development

| Manual | Policy Number and Title | Presented at Tribal Consultation | Presented to APC |
|--------|-------------------------|----------------------------------|------------------|
| AMPM   | 590 - Crisis Policy     | 02/10/22                         | TBD              |

# Tribal Comments on Policies Published Since 11/04/2021

- AHCCCS did not receive any public comments or written testimony from I/T/U leaders on policies published since 11/04/2021.

# Policies Open for TC as of February 10, 2022

- **Written Testimony Deadline of February 14, 2022 (EXPEDITED)**

The following policies had an APC date of December 16, 2021 and notification of Tribal Consultation via written comment was sent out on February 01, 2022.

- [AMPM POLICY 1240-G - PRIVATE DUTY NURSING AND LICENSED HEALTH AIDE SERVICES](#)
  - [AMPM POLICY 1240-G - ATTACHMENT A - MEDICAL SUPPLIES INCLUDED IN FFS HOME HEALTH NURSING VISITS](#)
  - [AMPM POLICY 1240-G - ATTACHMENT B - INTERMITTENT, CONTINUOUS SKILLED NURSING, AND LICENSED HEALTH AIDE SERVICES](#)
- [AMPM POLICY 310-I - HOME HEALTH SERVICES](#)

# Policies Open for TC as of February 10, 2022

- **Written Testimony Deadline of February 28, 2022**

The following policies had an APC date of January 13, 2022 and notification of Tribal Consultation via written comment was sent out on January 14, 2022.

- [AMPM POLICY 324 - TARGETED INVESTMENTS PROGRAM](#)
- [AMPM POLICY 1320-A - SELF-DIRECTED ATTENDANT CARE](#)
  - [AMPM POLICY 1320-A - ATTACHMENT A - SELF-DIRECTED ATTENDANT CARE MEMBER CONTINGENCY PLAN](#)



# Policies Open for TC as of February 10, 2022

- **Written Testimony Deadline of March 04, 2022**

The following policies had an APC date of January 13, 2022 and notification of Tribal Consultation via written comment was sent out on January 18, 2022.

- [AMPM POLICY 820 - FEE-FOR-SERVICE PRIOR AUTHORIZATION REQUIREMENTS](#)

# Open Discussion

All recommendations must be sent to AHCCCS by Written Testimony deadline for each policy.

# AHCCCS Policy Updates



# NEW POLICY OVERVIEW

## AMPM Policy 1240-J: Employment Services

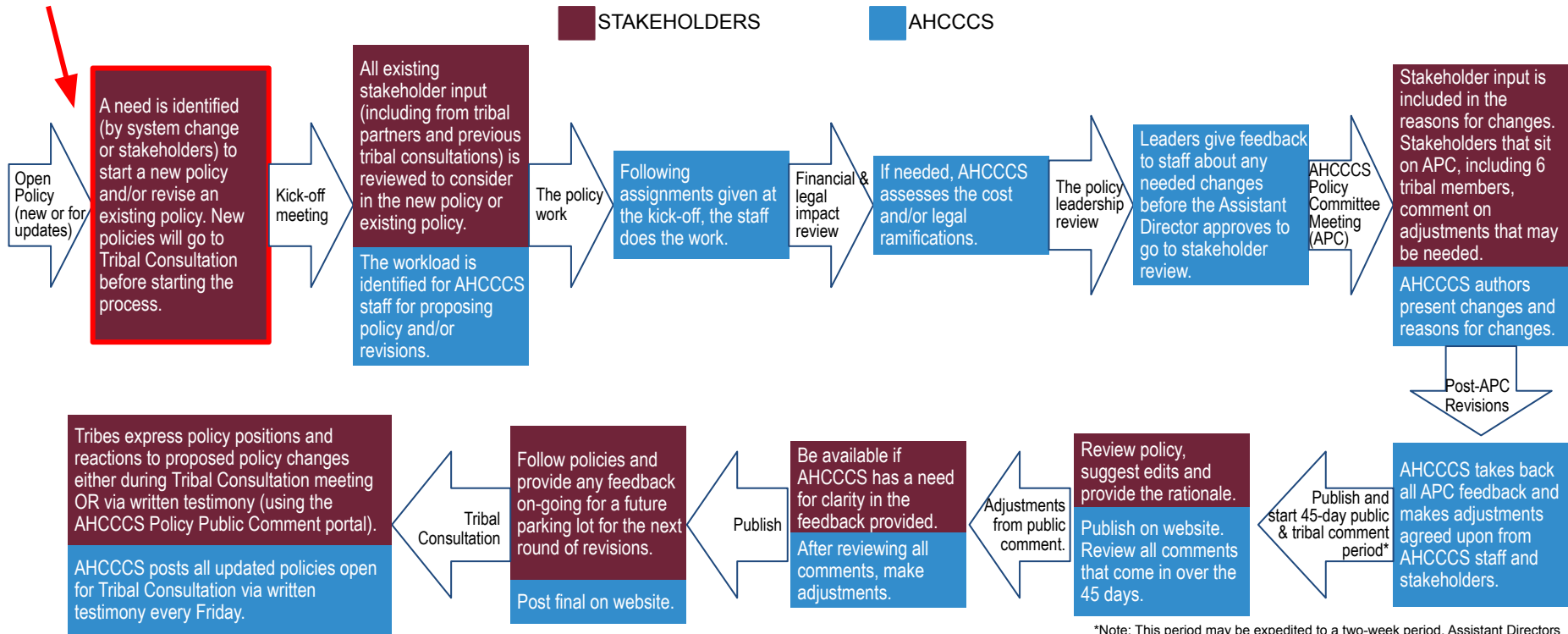
Adam Robson, AHCCCS Employment Administrator

# AMPM Policy 1240-J Reference Documents

- AMPM Policy 1240-J policy is a new policy.
  - No attachments at this time.
- Policy is in development will be posted for comment on the AHCCCS website after approval from the APC Committee.

# Workflow for AMPM Policy 1240-J

## Current Status



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# AMPM Policy 1240-J

- APC Date: TBD
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
  - MCOs
  - FFS providers (including IHS-638s)
- Summary: Creation of an ALTCS employment policy to comply with the agency's [HCBS Rules](#) Transition Plan, while providing guidance on the available employment services for ALTCS members.

# Policy Outline

- **Goal:** Create a new AHCCCS Home and Community Based Services (HCBS) policy for Employment services
  - AMPM Chapter 1240-J
- **Populations:** ALTCS/EPD, DES/DDD Contractors, and Tribal ALTCS
- **Purpose:** To define the scope of pre- and post-employment services available to ALTCS members



# Policy Outline

- **Examples of considerations for the policy:**
  - Guidance on pre- and post-employment services
  - Guidance on specialized employment services
  - Employment First language
  - HCBS employment settings
- **Current Research:**
  - Currently exploring ways to identify potential agencies to serve as employment providers
  - 1240-J policy workgroup - will include the DFSM Tribal ALTCS team

# Topics and Questions to Consider

- Are there any additional items that this group would like for AHCCCS to consider when developing this policy?

# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Preliminary feedback on AMPM Policy 1240-J can be submitted to Amanda Bahe through Close of Business March 03, 2022.
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)



## NEW POLICY OVERVIEW

# AMPM Policy 590: Behavioral Health Crisis Services and Care Coordination

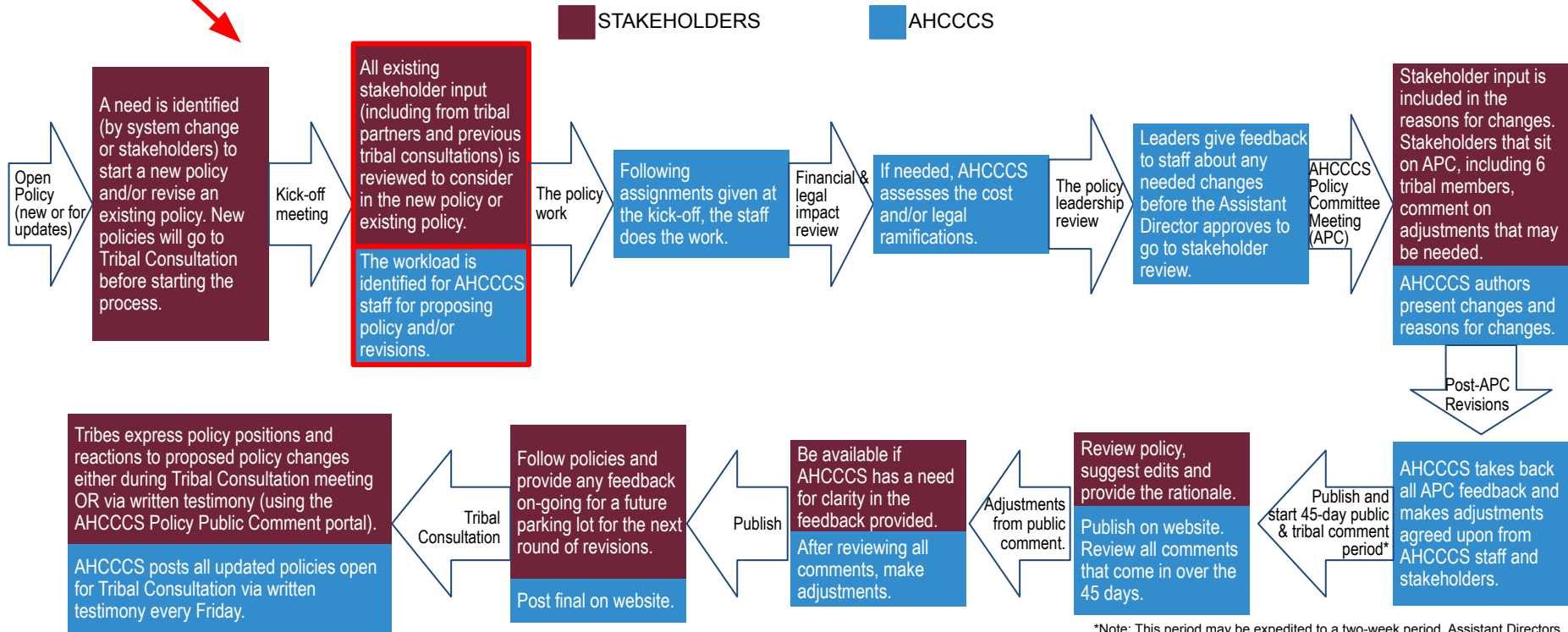
CJ Loielle, AHCCCS Crisis Administrator

# AMPM Policy 590 Reference Documents

- Draft Policy posted with the Competitive Contract Expansion (CCE) can be reviewed online:  
<https://www.azahcccs.gov/PlansProviders/Downloads/RFPInfo/YH20/AMPM590.pdf>
  - Attachment A:  
<https://www.azahcccs.gov/PlansProviders/Downloads/RFPInfo/YH20/AMPM590A.pdf>
- Other Publicly Available Information:
  - Crisis Services FAQs:  
[https://www.azahcccs.gov/AHCCCS/Downloads/ACC/View\\_Crisis\\_System\\_FAQs.pdf](https://www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf)

# Workflow for AMPM Policy 590

Current Status



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# Behavioral Health Crisis Services and Care Coordination - AMPM 590

- APC Date: TBD
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
  - MCOs
  - FFS providers (including IHS-638s)
- Summary: This is a new policy being developed to clarify requirements for crisis service delivery and post crisis care coordination. Attachment A is a deliverable template outlining required tracking and performance metrics across all providers and GSA's.



# Policy Outline

- This policy is being developed to provide clarification on health plan and provider requirements and ensure consistency throughout the state. The goal is to enhance the crisis system to adequately meet the needs of all communities regardless of location, cultural differences or population size.
  - ACC-RBHA requirements for providing information to and collaboration with tribal governments.
  - ACC-RBHA requirements to ensure Mobile Crisis is provided on reservation when right of entry has been granted.
  - Follow up and Care coordination requirements.

# Topics and Questions to Consider

- What tribal-specific data would be useful to assess the capacity and resource needs for your community?
- What additional training or collaboration needs does your community have in regard to the crisis response and care continuum overall?

# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Feedback on the Draft AMPM Policy 590 can be submitted to Amanda Bahe through Close of Business March 1, 2022 to be considered during the work group review process.
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)



## POLICY UPDATES

# AIHP Policy Updates for DD-THP: AMPM Policies 810, 820, and 830

Melina Solomon, DFSM Clinical Administrator



# AMPM Policy 810, 820, and 830

## Reference Documents

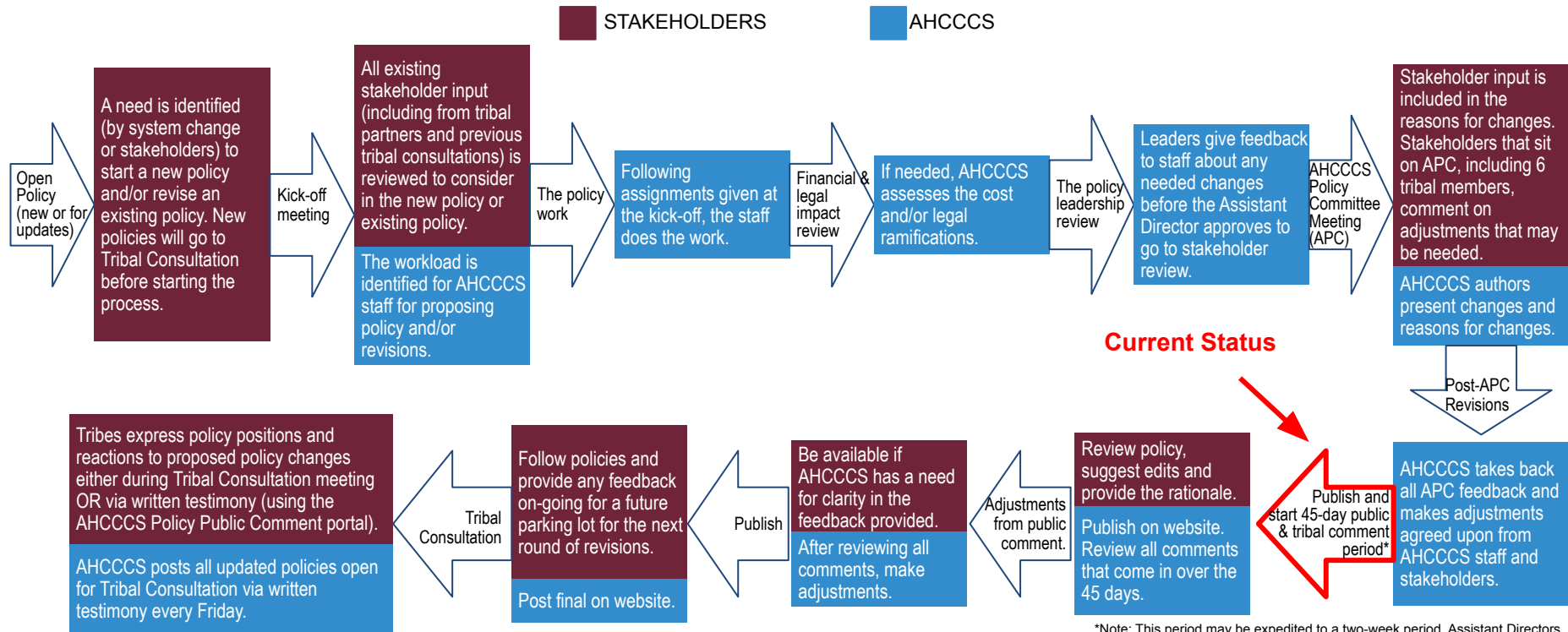
- Current Policies:
  - AMPM Policy 810:  
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/810.pdf>
  - AMPM Policy 820:  
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/820.pdf>
    - AMPM Policy 820 - Attachment A:  
<https://www820a.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/.docx>
  - Current AMPM Policy 830:  
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/800/830.pdf>

# AMPM Policy 810, 820, and 830

## Reference Documents

- Other Publicly Available Information:
  - AMPM Policy 810 was open for Public Comment through January 31, 2022.
  - AMPM Policy 820 DRAFT out for Public Comment through March 04, 2022.
    - Link to Public Comment Portal:  
<https://ahcccs.commentinput.com/?id=7scjH>
  - AMPM Policy 830 was open for Public Comment through January 31, 2022.

# Workflow for AMPM Policy 810



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.



# AMPM Policy 810

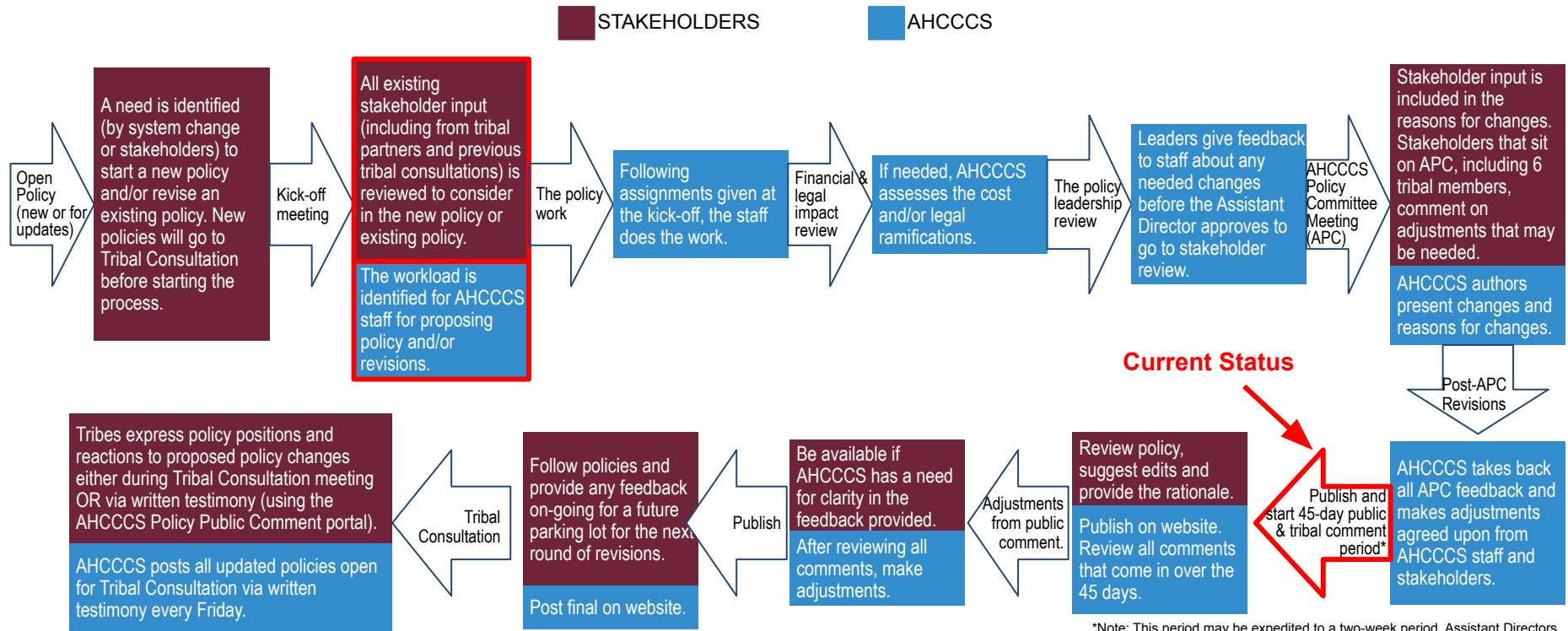
- APC Date: December 16, 2021
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
  - Division of Developmental Disabilities-Tribal Health Plan (DDD-THP) members
  - FFS providers and TRBHAs

# Summary of AMPM 810 Policy Changes

AMPM Policy 810 outlines the utilization management functions that are performed by AHCCCS Division of Fee For Service Management (DFSM).

- Policy definitions moved to the AHCCCS Contract and Policy Dictionary.
- FFS AMPM policy 810 updated to include DDD-THP member population.
- New fax number for DDD added.
- Mail Address updated.
- Continued stay denial process updated.

# Workflow for AMPM Policy 820



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# AMPM Policy 820

- APC Date: January 14, 2022
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
  - Division of Developmental Disabilities-Tribal Health Plan (DDD-THP) members
  - FFS providers and TRBHAs

# Summary of AMPM 820 Policy Changes

Policy 820 outlines DFSM's FFS PA requirements.

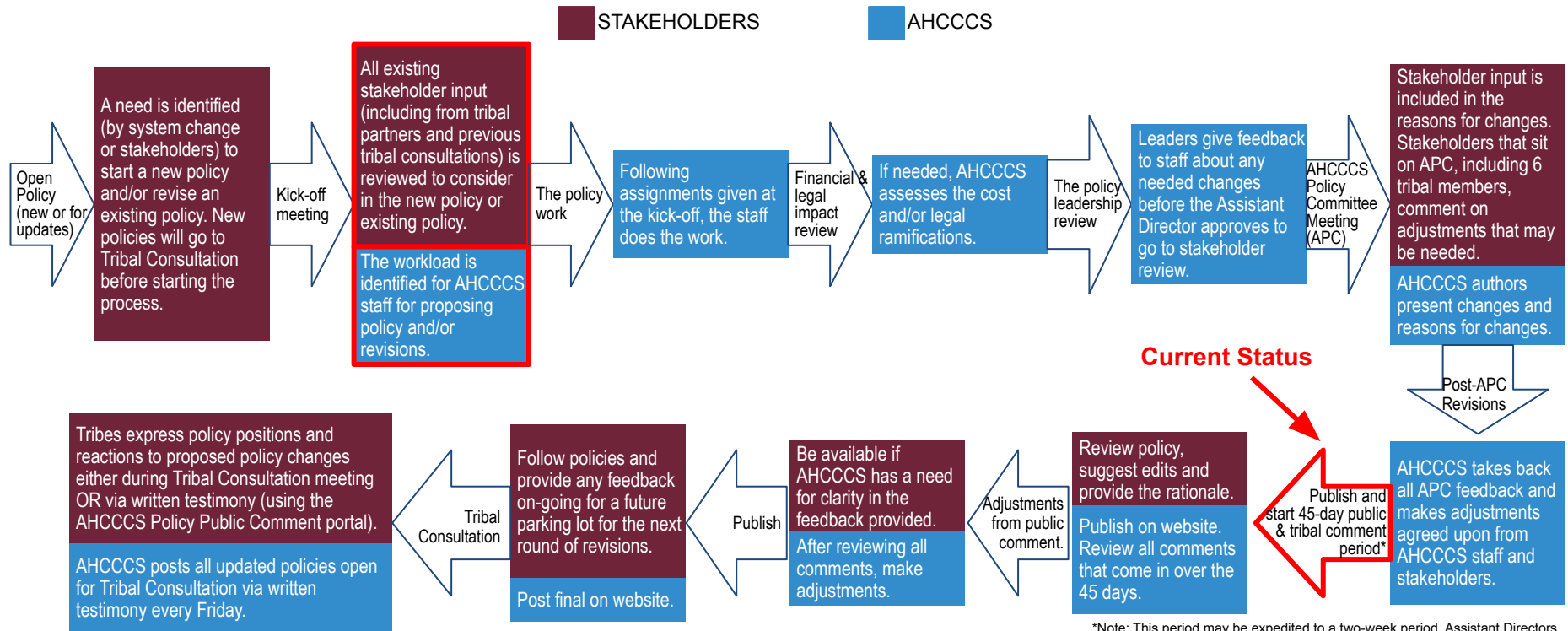
- Policy definitions moved to AHCCCS Contract and Policy Dictionary.
- FFS AMPM policy 820 updated to include DDD-THP member population.
- Clarification added related to the IHS/638 pharmacy benefit and Title XXI members.

# Summary of AMPM 820 Policy Changes-continued

New language added to:

- Clarify BH service availability at IHS/638 facilities.
- Clarify provider BH care coordination requirements.
- Define when DFSM authorizes DDD-THP NF admissions.
- Clarify care coordination requirements for IP/OP therapies for DDD-THP members.
- Clarify PA requirement for voluntary sterilization of DDD-THP members.

# Workflow for AMPM Policy 830



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# AMPM Policy 830

- APC Date: December 16, 2021
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
  - Division of Developmental Disabilities-Tribal Health Plan (DDD-THP) members
  - FFS providers and TRBHAs



# Summary of AMPM 830 Policy Changes

This Policy establishes requirements for FFS Programs and FFS providers regarding reporting of Quality of Care (QOC) Concerns, Incident, Accident, Death (IAD) reports, and Health and Safety conditions, and other quality of care responsibilities.

- Policy definitions moved to the AHCCCS Contract and Policy Dictionary.
- FFS AMPM policy 830 updated to include DDD-THP member population.

# Summary of AMPM 830 Policy Changes - continued

- Provider record maintenance requirements added.
- Role and function of TRBHA Case Managers and Tribal Case Managers clarified.
- Role of the Department of Child Safety (DCS) on reservation lands clarified.
- Language indicating the potential for corrective actions added.
- DFSM alignment with adverse actions taken by ADHS.

# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Feedback on AMPM Policies 810, 820, 830 can be submitted to Amanda Bahe through Close of Business February 17, 2022.
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)



**AMPM Policy 320-D: Continuous Glucose Monitoring**  
**ACOM Policy 111: Pharmacy & Therapeutics Committee**  
**AMPM 310-I: Telehealth**

Sara Salek, M.D.  
Chief Medical Officer

# AMPM Policy 320-D

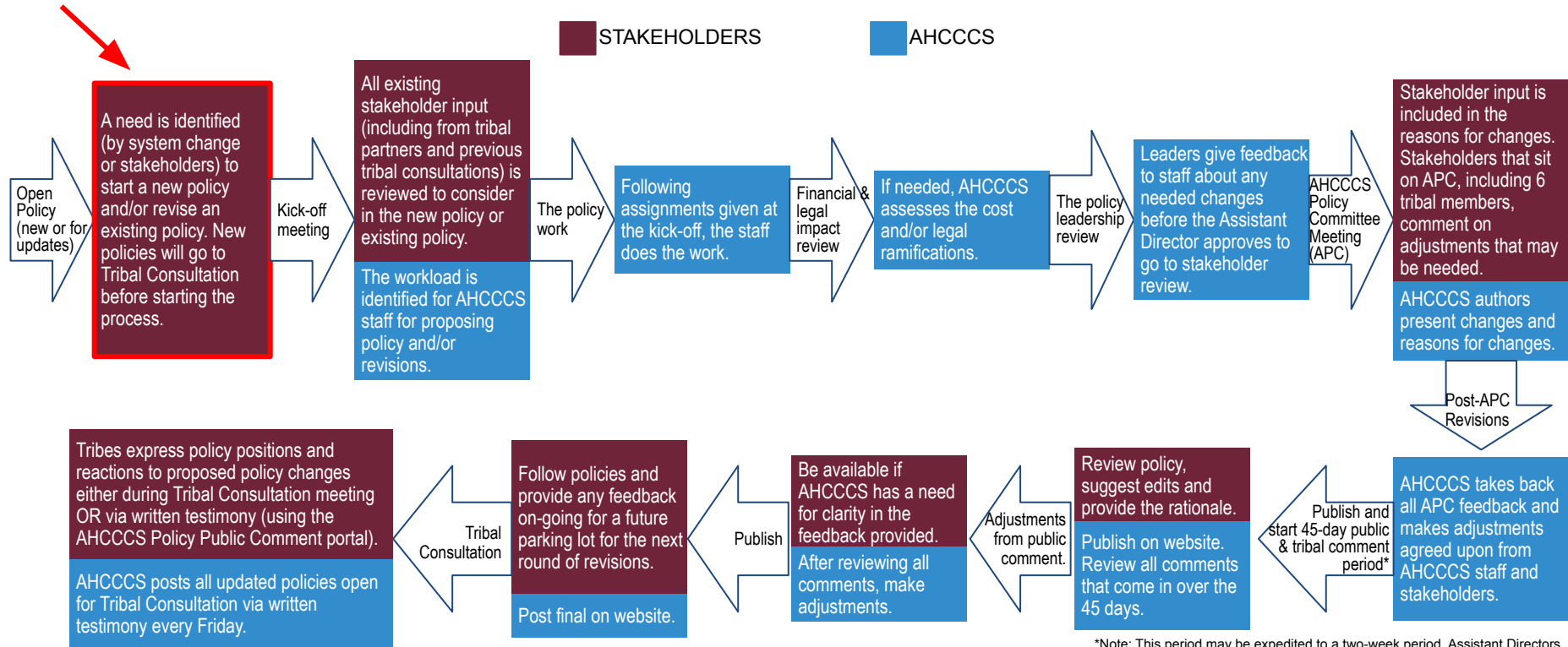
## Continuous Glucose Monitoring

# AMPM Policy 320-D Reference Documents

- AMPM Policy 320-D policy is a new policy.
  - No attachments at this time.
- Policy is in development will be posted for comment on the AHCCCS website after approval from the APC Committee.

# Workflow for AMPM Policy 320-D

Current Status



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.



# AMPM Policy 320-D: Continuous Glucose Monitoring

- APC Date: March 2022
- Tentative Publishing Date: 45 days after APC approval
- Directly impacts:
  - Members
  - Managed Care Contractors
  - AHCCCS FFS Providers including IHS-638s facilities and pharmacies
- Summary: The AHCCCS Pharmacy and Therapeutics Committee reviewed Continuous Glucose Monitoring products. AHCCCS decided to develop a statewide coverage policy that will apply to all members.

# Continuous Glucose Monitoring Overview

A Continuous Glucose Monitoring device measures the interstitial glucose level and is used to help balance insulin needs as well as physical activity and food intake.

The device can include the following:

- Sensor
- Receiver
- Wireless Transmitter

The devices vary by age approval and how the glucose levels are transmitted.

# Policy Outline

Policy purpose is to develop statewide medical necessity criteria for coverage of Continuous Glucose Monitoring products.

- Criteria by:
  - Age
    - 21 years and under
    - Over 21 years of age
  - Devices
    - Dexcom G6, Freestyle Libre & Freestyle Libre 2
    - Guardian & Eversense
  - Hypoglycemia and hyperglycemia

# Open Discussion

AHCCCS welcomes any comments and/or recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Feedback on Continuous Glucose Monitoring can be submitted to Amanda Bahe through Close of Business on Monday February 28, 2022.
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)

# ACOM Policy 111

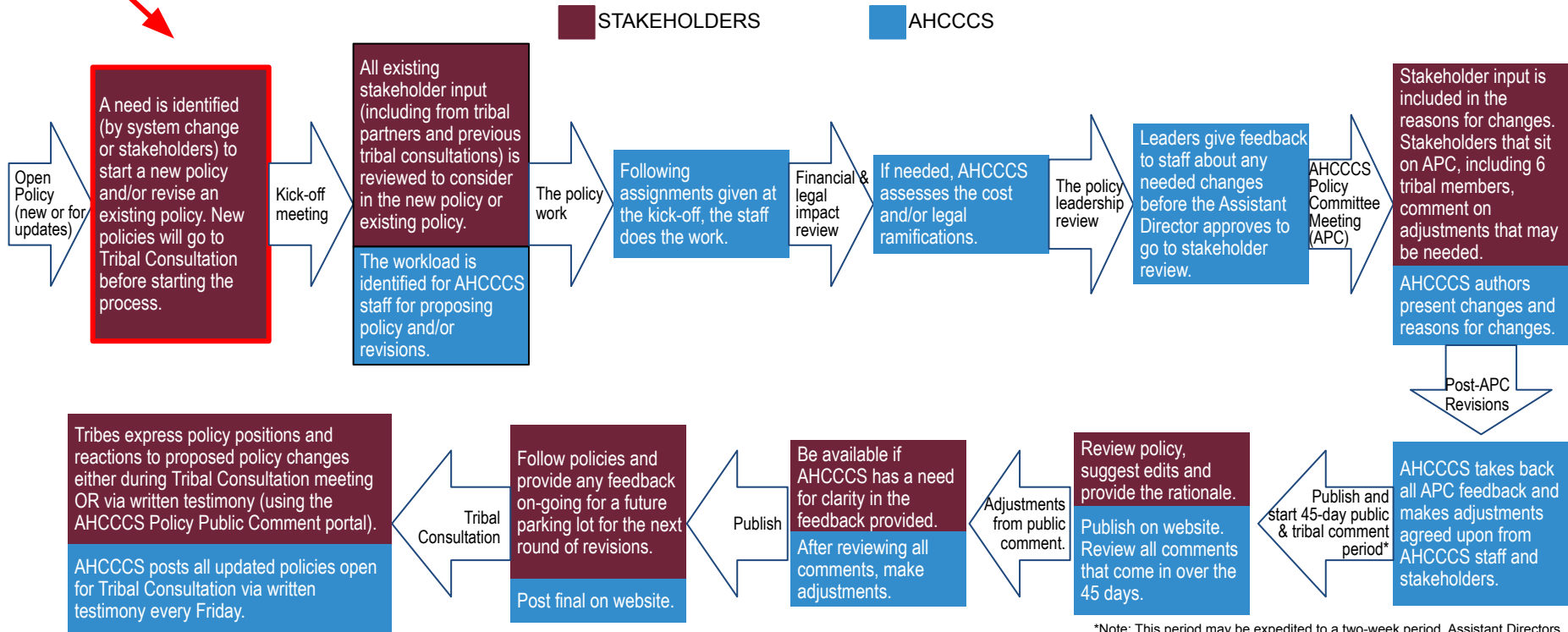
## Pharmacy and Therapeutics Committee

# ACOM Policy 111 Reference Documents

- Current Policy:  
<https://www.azahcccs.gov/Shared/Downloads/ACOM/PolicyFiles/100/111.pdf>
- Other Publicly Available Information:  
<https://azahcccs.gov/Members/Pharmacy/>
  - Draft policy not published yet for public comment, pending TC

# Workflow for ACOM 111

Current Status



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.



# ACOM Policy 111

- Policy purpose: Outline AHCCCS P&T Committee process including addressing conflicts of interest
- P&T Committee description:
  - Responsible for evaluating scientific evidence of the relative safety, efficacy, effectiveness, and clinical appropriateness of prescription drugs.
  - Makes recommendations to AHCCCS on the development and maintenance of a statewide drug list and prior authorization criteria as appropriate.
  - Committee members shall not participate in matters in which they have an actual or a potential conflict of interest.

# ACOM Policy 111 - P&T Committee: Revisions

- Tentative Publishing Date: mid to late May 2022 (45 days for TC followed by APC and 45 days public comment)
- Directly impacts: Pharmacy and Therapeutics Committee Process; highlights of edits specific to:
  - Permits oral testimony by pharmaceutical manufacturers and other related entities (currently written testimony permitted only)
  - Removes member term renewal limit

# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

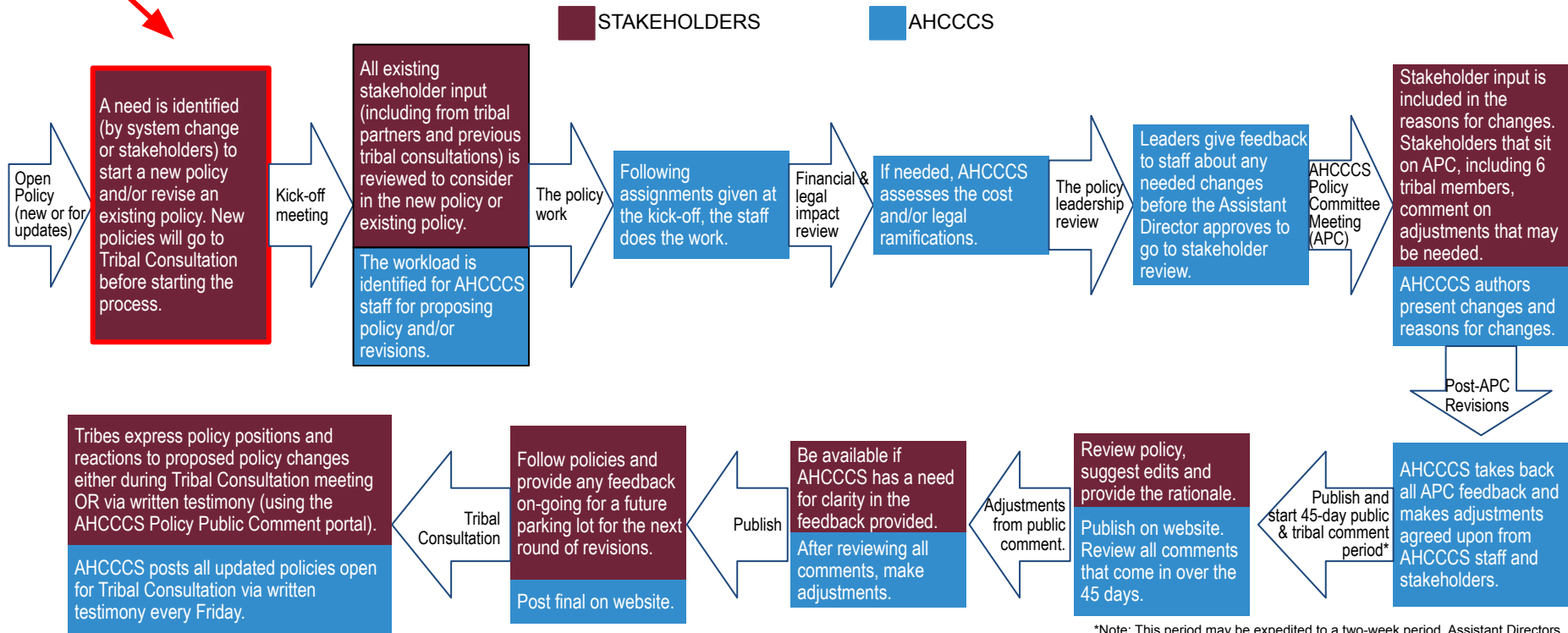
- Feedback on ACOM 111 can be submitted to Amanda Bahe through March 27, 2022
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)

# AMPM 310-I

## Telehealth

# Workflow for AMPM 310-I

Current Status



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# AMPM Policy 310-I Reference Documents

- Current AMPM 310-I
  - <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>
- Other Publicly Available Information:
  - <https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>
    - Telehealth code set:  
<https://www.azahcccs.gov/PlansProviders/Downloads/MedicalCodingResources/TelehealthCodeSet2022.xlsx>

# AMPM 310-I Telehealth

- Policy purpose: Outline AHCCCS telehealth coverage
- Telehealth policy description
  - Defines telehealth, including telemedicine, audio-only, asynchronous, teledentistry
  - Overviews telemonitoring coverage
  - Clarifies coverage for originating site, rural vs. urban areas, and other historical telehealth coverage issues



# AMPM 310-I Telehealth

- Directly impacts: AHCCCS telehealth coverage
- Reason for changes: Incorporation of changes to align with HB2454 and adaptation based on flexibilities offered during pandemic
- Highlights of changes
  - Addition of E-Consults
  - Pay parity for telemedicine with in-person for all service types
  - Pay parity for audio-only with in-person for behavioral health services
  - The Contractor may not limit or deny the coverage of services provided through telehealth and may apply only the same limits or exclusions on a service provided through telehealth that are applicable to an in-person encounter for the same service (except for services for which the weight of evidence, based on practice guidelines, peer-reviewed clinical publications or research or recommendations by the telehealth advisory committee on telehealth best practices established by section 36-3607, determines not to be appropriate to be provided through telehealth)

# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Tentative Publishing Date: Mid to Late May 2022
  - 45 days for TC
  - 45 days for public comment
- Feedback on AMPM 310-I can be submitted to Amanda Bahe through March 27, 2022
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)



# POLICY UPDATES

## AMPM Policy 310-BB: Transportation

Christina Quast, Division of Health Care Management,  
Deputy Assistant Director of Managed Care Operations



# AMPM Policy 310-BB Reference Documents

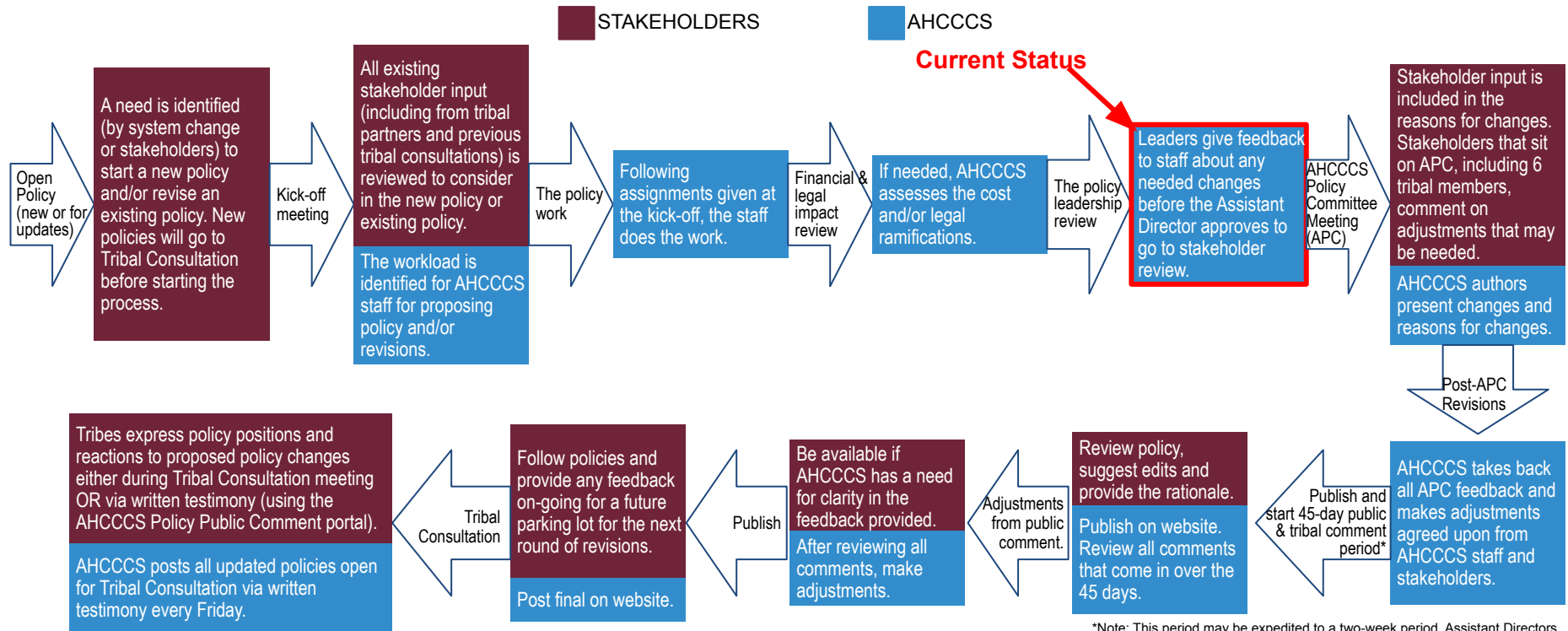
- Current Policy:

<https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB.pdf>

- Attachment A:

[https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB\\_A.pdf](https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-BB_A.pdf)

# Workflow for AMPM Policy 310-BB



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# AMPM Policy 310-BB, Transportation

- APC Date: To be Determined
- Tentative Publishing Date: To be Determined, but no sooner than 45 days after APC
- Directly impacts:
  - MCOs
  - FFS providers (including IHS-638s)
- This Policy establishes requirements for coverage of transportation services for AHCCCS members.

# AMPM Policy 310-BB, Transportation

- Summary of Changes:
  - Remove language from Policy regarding the coverage of transportation of family members without the presence of the member for purposes of carrying out medically necessary services for the member.
    - This will be relocated to AMPM Exhibit 300-1, AHCCCS Covered Services with Special Circumstances.
  - Remove language from Policy regarding the coverage of transportation of members to community-based support programs specified in AMPM 310-BB, Attachment A.



# Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

# Feedback Timeline

- Feedback on AMPM Policy 310-BB can be submitted to Amanda Bahe through Close of Business February 25, 2022.
  - Email to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)

# Division of Community Advocacy and Intergovernmental Relations (DCAIR)



# State Plan Amendments

Ruben Soliz, AHCCCS State Plan Manager

# Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

# Recent SPA Approvals

- **Clinical Nurse Specialist (CNS)**

This SPA creates a new provider type, CNS, which has pharmaceutical prescribing and dispensing abilities in specific settings.

- **Emergency Triage, Treat and Transport (ET3)**

Describes the ET3 Program, which reduces unnecessary transportation to the ER by allowing ambulatory providers to triage, treat on-site and transport to alternative destinations.

# Upcoming SPAs

## Clinical Trial Routine Patient Costs

- Attests to AHCCCS covering routine, Medicaid services for members that participate in clinical trials. This SPA does not add new services or change the amount or scope of services.

## COVID-19 Treatment, Testing and Vaccination Coverage

- Attests to compliance with the requirement for the state to cover treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations for COVID-19 without cost sharing.

# Tribal Consultation and Public Comment Process

Public Comments or Written Testimony from tribes and I/T/Us may be submitted to AHCCCS via:

- Email: [publicinput@azahcccs.gov](mailto:publicinput@azahcccs.gov)
- Mail:

AHCCCS Attn: Office of Intergovernmental Relations  
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034



# Open Discussion

# Announcements

## Next AHCCCS Tribal Consultation:

May 12, 2022 at 1 p.m.

Please check [AHCCCS Tribal Consultation Webpage](#) for meeting information.

\*Please send any agenda recommendations to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov) by April 18, 2022.

# The AHCCCS Policy Committee (APC) Seeking Nominations for Tribal Representative Position

## About the Committee:

- Designed to allow equal voice in developing agency policy
- Meet at least twice a month with representatives from Divisions throughout AHCCCS to assess and endorse proposed Operational and Medical policy revisions
- APC reviews policies within the AHCCCS Contractor Operations Manual (ACOM) and AHCCCS Medical Policy Manual (AMPM)

## TRIBAL REPRESENTATIVE:

- **Must attend at least 75% of APC meetings**
- **Serves to provide feedback from tribal perspective on AHCCCS policy creation and revision**
- **Must work with I/T/U leader to be appointed to APC**

Contact AHCCCS Tribal Liaison for more information: [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)

# AHCCCS Pharmacy & Therapeutics (P&T) Committee Seeking Nominations for Committee Members

## **About the Committee:**

- Advisory to the AHCCCS Administration and is responsible for evaluating scientific evidence of the relative safety, efficacy, effectiveness and clinical appropriateness of prescription drugs.
- Makes recommendations to the AHCCCS Administration on the development and maintenance of a statewide drug list and prior authorization criteria as appropriate.
- May also evaluate individual drugs and therapeutic classes of drugs.

## **Tribal Representatives:**

- Two positions for tribal representatives currently open: Pharmacy Director & Medical Director
- Three health care provider positions currently open (these positions are also open to tribal stakeholders)
- Each representative will hold a minimum two-year term

For more information, please visit <https://www.azahcccs.gov/AmericanIndians/Pharmacy/>.



To help members, family members, stakeholders, advocates, and community members interact with Arizona's Medicaid program, AHCCCS will regularly present short meetings on "hot topics." These topics could be projects, plans, or initiatives that impact our communities. Each hot topic meeting will be 30 minutes and focused on one to two topics.

THIS MONTH'S HOT TOPICS:

- CHILDREN'S SERVICES
- ACC-RBHA READINESS
- EVOLUTION OF PEER SUPPORT IN AZ

**Date: February 28, 2022**

**Time: 3:00 p.m.**

Register in advance: [https://ahcccs.zoom.us/webinar/register/WN\\_QUItmwqXSyyMtx4770UHVw](https://ahcccs.zoom.us/webinar/register/WN_QUItmwqXSyyMtx4770UHVw)

After registering, you will receive a confirmation email containing information about joining the webinar.

# 2022 Tribal Consultation Calendar

- **May 12, 2022: Regular Quarterly TC**
  - Agenda Item Request Deadline: April 18, 2022
- **August 11, 2022: Regular Quarterly TC**
- **November 3, 2022: Regular Quarterly TC**

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

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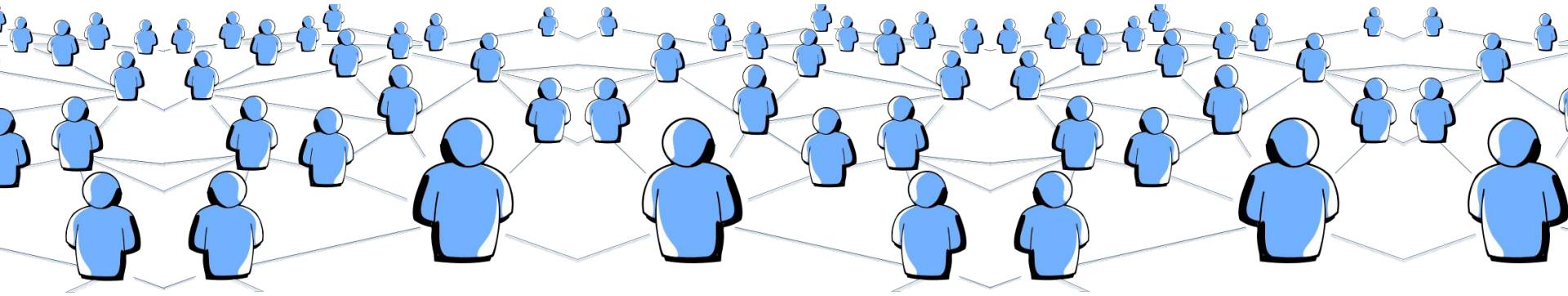
Handle:

[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

YouTube

Channel:

[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)





## 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](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!