### **Welcome to AHCCCS Hot Topics**

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.



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

### Thank you.

#### **National 24-Hour Crisis Hotlines**

#### **Phone**

- 988 Suicide & Crisis Lifeline: 988
- National Substance Use and Disorder Issues Referral and Treatment Hotline:

1-800-662-HELP (4357)

#### **Text**

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

#### Chat

• 988 Lifeline Chat

#### Videophone

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



### **Statewide Arizona Crisis Hotline**



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

**Text: 4HOPE (44673)** 

**Chat: Solari Crisis Response Network** 



### **Arizona Crisis Hotlines by County**

# Local Suicide and Crisis Hotlines by County Phone

Maricopa, Pinal, Gila Counties served by Mercy

Care: 1-800-631-1314 or 602-222-9444

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

Apache, Coconino, Mohave, Navajo and Yavapai Counties served

by Care1st: 1-877-756-4090

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

#### **Especially for Teens**

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



### How to access the crisis line in your area

#### **Statewide:**

Call: 1-844-534-HOPE (4673), Text: 4HOPE (44673) or

Chat: Solari Crisis Response Network

#### **North GSA**

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

#### **Central GSA**

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

#### **South GSA**

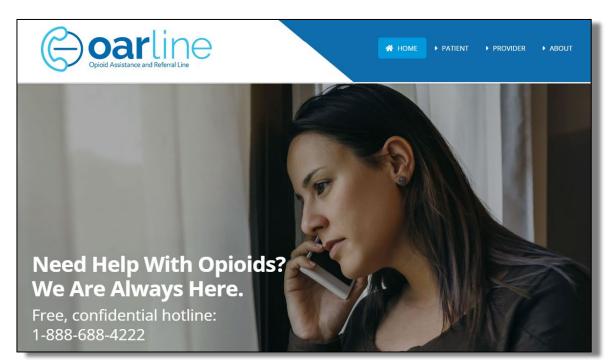
 Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma: Arizona Complete Health - Complete Care Plan 1-866-495-6735

#### **Tribal**

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



#### **OARLine**



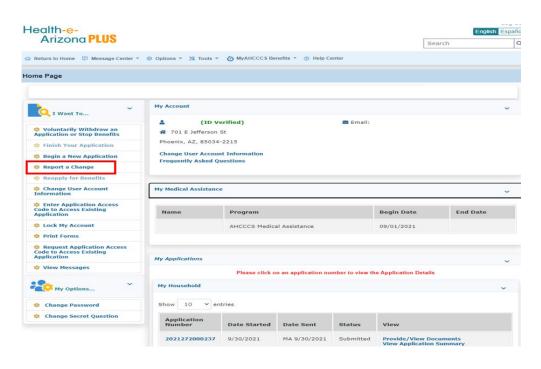
Email: AzOarline@gmail.com

www.azdhs.gov/oarline



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

Need to report a change?



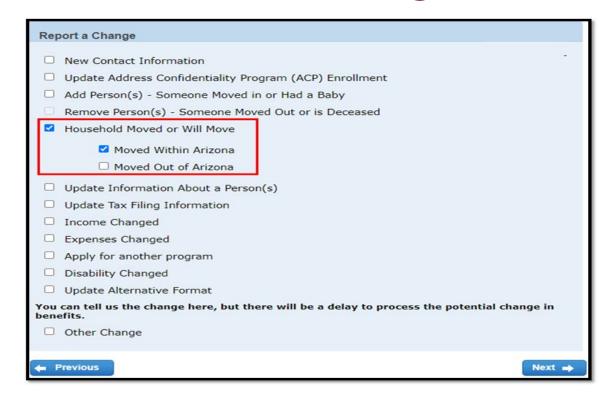


Log in or create an account today at <a href="https://www.healthearizonaplus.gov">www.healthearizonaplus.gov</a>



### Health-e-Arizona PLUS Address Changes

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

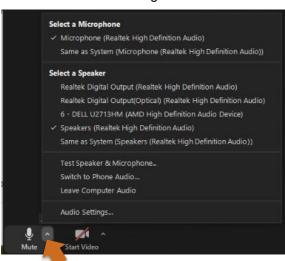




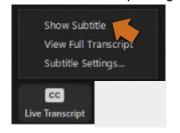
#### **Zoom Webinar Controls**

#### Navigating your bar on the bottom...

#### **Audio Settings**







#### Raise Hand



#### Chat



#### KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand



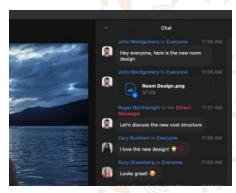
### **Webinar Tips**



Mute your mic when you aren't speaking.



Limit background noise and distractions.



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



# This Meeting Is Being Recorded

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

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

### **AHCCCS Hot Topics**

Federal Policy Updates
Division of Public Policy and Strategic Planning





### **AHCCCS Federal Policy Overview**

AHCCCS' Federal Relations team maintains the two federal policy documents which govern Medicaid and CHIP in Arizona:

- 1. State Plan: A 900+ page document describing various components of AHCCCS (e.g. member eligibility, available services, payment rates) permissible under federal law.
- 1115 Waiver: A document which grants us flexibility to design
   Demonstration projects that promote the objectives of the Medicaid program not otherwise authorized under federal law.



### **Changes to AHCCCS Federal Policy**

#### Changes to AHCCCS Federal Policy occur through:

- 1. State Plan Amendments (SPAs): SPAs may be used to alter the State Plan within the framework of federal law and are typically approved within 90-days.
- 2. 1115 Amendment Requests may be submitted to pilot new and innovative projects. They have longer negotiation timelines and are typically approved for 5 year periods that can be renewed.



#### **Traditional Healing Program Overview**

- On October 16, 2024, CMS approved an amendment to provide expenditure authority for coverage of traditional health care practices received through Indian Health Service facilities or facilities operated by Tribes or Tribal organizations.
- This includes traditional health care practices that are provided in the community by or through IHS or tribal facility's direct employees or contracted traditional health care practice providers.
- Under this approval, Traditional Healing practices would be covered services in both inpatient and outpatient settings, and aid in care coordination and assist AHCCCS beneficiaries in achieving improved health outcomes.



#### The amendment is expected to

- Broaden Healthcare coverage
- Expand utilization of these traditional health care practices and improve access to culturally appropriate care;
- Support the facilities' ability to serve their patients;
- Maintain and sustain health;
- Improve health outcomes and the quality and experience of care; and
- Reduce existing disparities in access to and quality of care and health outcomes.



#### **Participating Facilities**

 Traditional health care practices are covered only when received through IHS or Tribal facilities (which could include an Urban Indian Organization contracted with an IHS or Tribal facility).



To receive coverage for traditional health care practices under the demonstration, a member must meet the following criteria:

- Is a Medicaid beneficiary, and
- Is able to receive services delivered by or through IHS or Tribal facilities as determined by the facility



#### **Covered Services**

- Each IHS/638 facility, in partnership with their local Tribal community, will individually define which services are most appropriate for Medicaid reimbursement.
- The covered traditional healing services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve).



#### Traditional Healing Provider

- Practitioners or providers of traditional health care practices must be employed by or contracted with IHS or Tribal facilities.
- Upon the effective date of benefit (following legislative approval),
   AHCCCS will reimburse for services provided by traditional healers who are employed by or contracted with an IHS/638 facility.
- Additionally, traditional healers employed by or contracted with an Urban Indian Organization may provide reimbursable services through a care coordination agreement with an IHS/638 facility.



#### Reimbursement Methodology

- Outpatient Facilities: Reimbursed at the All Inclusive Rate (AIR) published in the Federal Register that is in effect on the date of service for Medicaid outpatient services.
  - o This AIR would be a part of the up to 5 AIRs within a single day that can be reimbursed to IHS/tribal facilities.
- Inpatient Facilities: Traditional healing is not paid separate from the existing inpatient AIR and is allowable within the existing AIR. The current inpatient AIR is not inclusive of traditional healing services yet but CMS has indicated that it will be included in the future calculation of the AIR.



#### Request Not Approved at this Time

- Arizona requested to change the FMAP for services received through Urban Indian Organization facilities from the applicable state service match to 100 percent FMAP, without the use of a care coordination agreement.
- o CMS does not have authority under section 1115 of the Act to waive, or modify the regulations with respect to the 100 percent FMAP for services received through IHS or Tribal facilities. As a result, at this time services delivered at Urban Indian Organizations (UIOs) will not be eligible for 100% FFP, without having care coordination agreements.



### 1115 Waiver Updates

#### **Next Steps**

- The next step is to receive state legislative authority to cover the new benefit.
- Once AHCCCS receives the necessary approval from the Arizona legislature, the agency will establish a timeline for implementation and notify members and providers of the effective date.





# **Questions?**





# Feasibility Study



#### **Senate Bill 1609**

Signed by the Governor on May 29th, 2024.

#### Requires AHCCCS to:

- Study the implementation of developing and distributing a real-time, automated survey to members with a serious mental illness, or their representatives, to collect feedback, identify quality of care issues and respond to the needs of members.
- Solicit and consider input from the public.
- Report to the Legislature on the development and implementation costs of potential surveys.



### **Survey Process**

#### **Proposed Survey process:**

- Survey questions would be drafted by AHCCCS.
- Providers would be required to initiate the survey when a member engages in care.
- Survey results would be transmitted to AHCCCS upon completion.
- AHCCCS would review responses, identify and follow up with concerns.

AHCCCS will also review Contracts, Policies, and Provider Participation Agreements as needed to identify any potential revisions that might be needed.

## **AHCCCS Quality of Care Process**

Clinical Quality Management

Rudy Preston
Quality Management Manager, DMCS





### What is a Quality of Care Concern, QOC?

An expectation that, and the degree to which, the health care services provided to individuals and patient populations improve desired health outcomes and are consistent with current professionally recognized standards of care and service provision. (Definition adopted from The Institute of Medicine).

Quality of Care Concern: A concern that care provided did not meet a professionally recognized standard of health care. A general quality of care concern review may result in an individual QOC (Individual Member) or a Systemic QOC (Specific Provider).



### Reporting Quality of Care Concerns

#### Online (Public) Referral:

- https://www.azahcccs.gov/ACMS/default.aspx
- <u>CQM@azahcccs.gov</u> (included in above link)

#### Phone referral:

• 602-417-4885

### Types of Quality of Care Concern Investigations

- Individual: Regarding a specific enrolled member.
- Systemic: Regarding a subcontracted provider.

### What happens next - Triage

Once QM receives your concern, it will be triaged to determine if it meets the criteria of a QOC.

- QM will determine if the concern is a QOC or should be handled as Grievance or another process (Both can occur concurrently).
- After triage, QM will verify the members plan of enrollment.
- QM will notify the members health plan of the concern and request that a QOC investigation be completed.



#### **Process continued**

- A QM RN or Behavioral Health Coordinator will be assigned the case to follow and review.
- The RN or Bx Coordinator will provide oversight to the plan of enrollment to ensure compliance with contract and AMPM policy until the QOC investigation is concluded.
- The members plan of enrollment will open a QOC and complete an investigation within 60 days or sooner depending upon the severity of the case or at that the request of AHCCCS.

#### **Continued**

- The member plan of enrollment will complete a QOC investigation which includes: member interview, records review, staff interviews, interview members HCDM, possible on site visits, etc.
- Once the investigation is complete, the plan of enrollment will determine if the allegations of the QOC are substantiated or not, and assign a severity leveling.

### **QM** On site visits

During specific situations called Immediate Jeopardy, High profile and or significant media events, an onsite health and safety visit may be required.

- The onsite Health and Safety visit is completed by the members plan
  of enrollment. The plan of enrollment is to completed promptly and the
  health is to submit an Attachment C to AHCCCS QM with 24 hours of
  complete a H&S visit.
- At the completion of an onsite health and safety visit, the need for an Individual QOC and or a Systemic QOC can be determined.



### **Seeking Your Input**

How would you like to receive the survey? (email, phone call, text message, standard mail)

How often would you like to receive real time surveys? (evey appointment, weekly, monthly)

Overall feedback on the implementation plan.

### surveyinput@azahcccs.gov





# Questions?



# Thank you!





### Follow & Support AHCCCS on Social Media

facebook









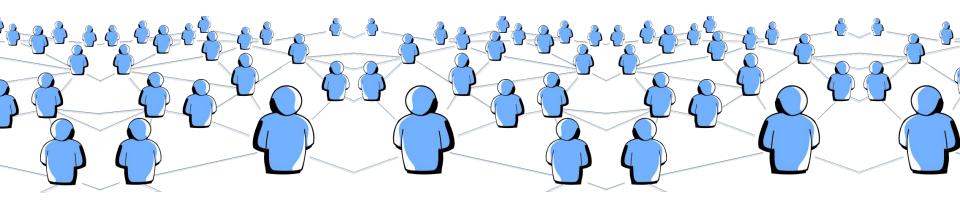
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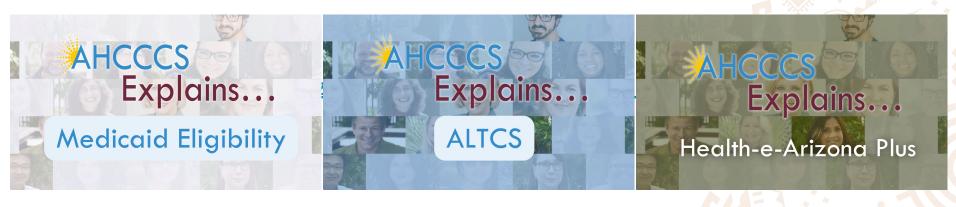
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**AHCCCSgov** 





# Learn about AHCCCS' Medicaid Program on YouTube!







#### **Other Resources - Quick Links**

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

