AHCCCS
Arizona Health Care Cost Containment System

Welcome to the SMAC Quarterly Meeting

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.
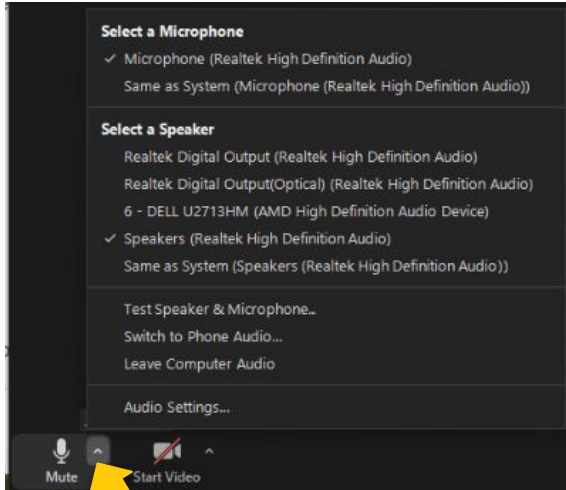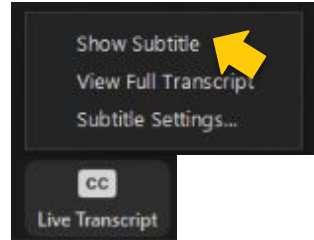
Thank you.

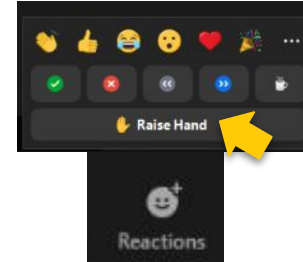# Zoom Webinar Controls

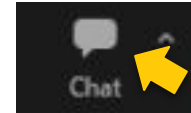## Navigating your bar on the bottom...

Audio Settings

Turn on Closed Captioning

Raise Hand

Chat
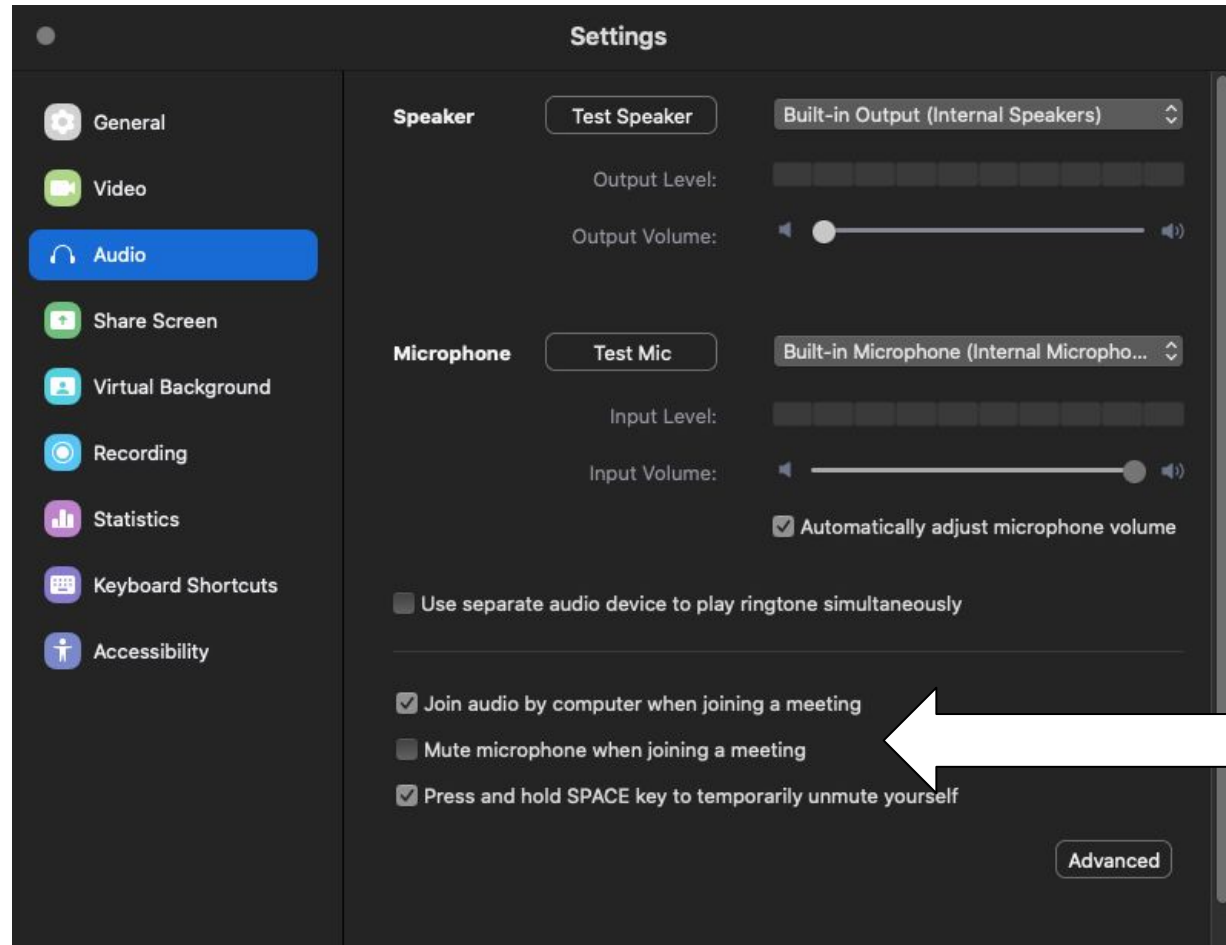
KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings

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State Medicaid Advisory Committee (SMAC) Quarterly Meeting

April 12, 2023

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Director Updates
Carmen Heredia

Legislative Updates

2023 Legislative Session Timeline

- January 9 – Legislative Session begins

- January to March– Regular Committees

- April to June (approx.)– Budget negotiations, non-regular committees

- TBD– Legislature adjourns sine die

Legislative Forecast

Unique factors this session:

- New leadership, many new members, and new committee makeup
- Divided government (executive/legislative)

AHCCCS Legislative Priorities:

- Agency continuation bill (SB 1081)
- Supplemental appropriation
- Director confirmation

Additional bills of note:

- Benefit/coverage expansions, such as preventative dental, cochlear implants and outpatient speech therapy

Behavioral Health Issue Update

Behavioral Health Issue Updates

Behavioral Health FWA Focus:
- Both MCO and FFS exposure- both providers and members
- Started as Behavioral Health Residential Facilities
- Primarily Intensive Outpatient Treatment services
- American Indian/Alaskan Native populations targeted

Credible Allegation of Fraud (CAF) Payment Suspensions:
- AHCCCS Office of Inspector General (OIG) has issued **35** CAFs in 2023
- March-15 issued and April-10 issued so far
- TRBHAs are now cc'd on OIG CAF notices
- Website dashboard - in the works

Agency Coordinations:
- ADHS licensing
- Law Enforcement: AG Medicaid Fraud Control Unit (MFCU), FBI, IRS, HHS OIG

Reinstating Renewal & Disenrollment Processes

AHCCCS Enrollment: March 2020 - April 2023
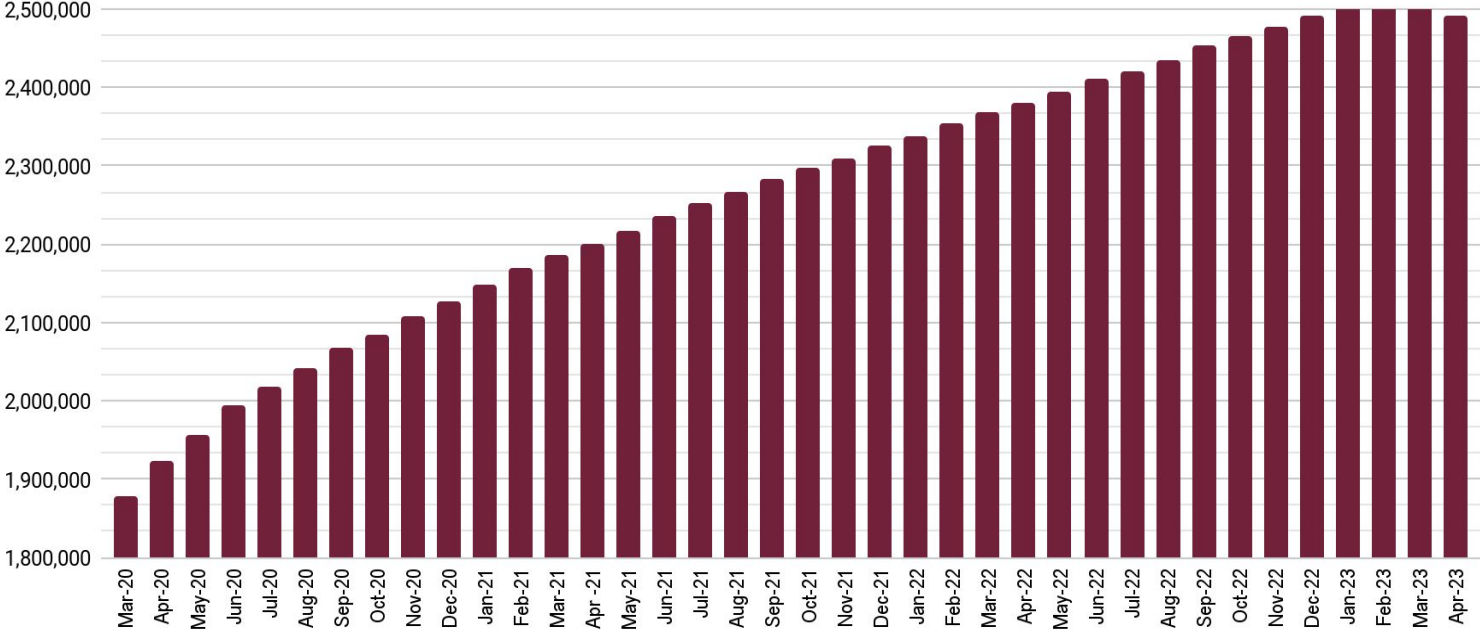
Public Health Emergency (PHE) is Expected to End May 11, 2023

4/1/2023
Continuous enrollment requirement ends- redeterminations

4/1/23 FMAP Reduces to 5%

7/1/23 FMAP Reduces to 2.5%

10/1/23 FMAP Reduces to 1.5%

12/31/23 Expiration of the Enhanced Federal Match

Continuous Enrollment

Enhanced 6.2% FMAP

PHE March 2020-May 11, 2023

5/11/23 PHE ends
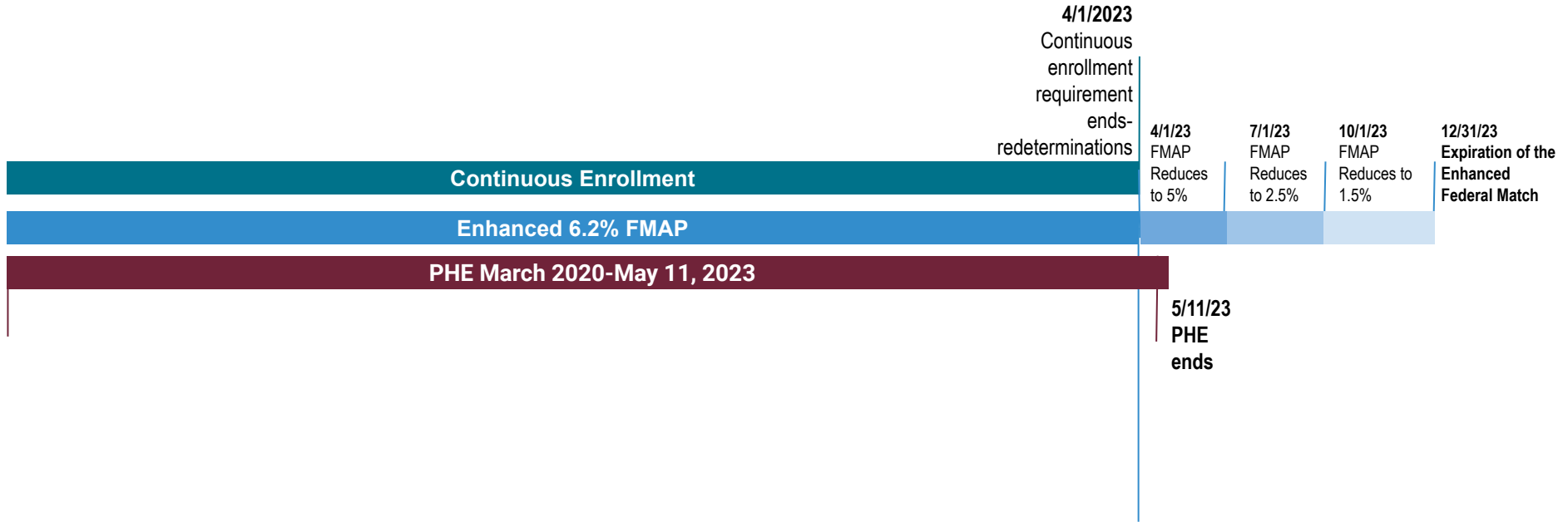
Note: On Dec. 27, 2022, the 2023 Consolidated Appropriations Act (CAA) separated the continuous eligibility requirement from the PHE, and established the FMAP phase-down described above.

End of Medicaid Continuous Enrollment

- March 31, 2023: Continuous enrollment requirement ends

- 6.2% FMAP will be phased down throughout 2023

- Conditions to qualify for enhanced FMAP in Quarter 2 - Quarter 4

- AHCCCS must report on enrollment and call center metrics during the unwinding period

FMAP Phase-down

6.20%

5.00%

2.50%

1.50%

CY Q1 2023   CY Q2 2023   CY Q3 2023   CY Q4 2023
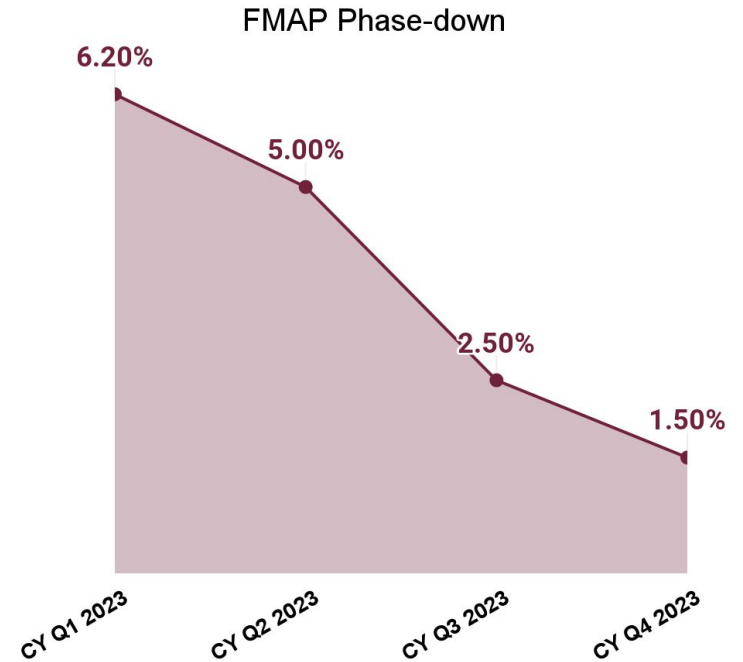
Enhanced FMAP Phase-Down: Requirements

- Eligibility standards, methodologies, and procedures must not be more restrictive than those in effect on January 1, 2020.

- Coverage for COVID-19 testing, vaccines, and treatment without cost sharing must remain in place through the Unwinding period.

- NEW CONDITION: Take steps to ensure that up-to-date contact information for beneficiaries is on file before renewing eligibility.

- NEW CONDITION: Make a good-faith effort to contact an beneficiaries using more than one modality before terminating enrollment on the basis of returned mail.

Processing Renewals

- Eligibility for all 2.5 million members will be re-determined.
- Members are **AT RISK** of losing coverage if they are:
  1. **Non-Responsive:** fail to supply needed documentation
  2. **Factually Ineligible:** shown not to meet at least one condition of eligibility
- After a full redetermination, these members could be found to be *eligible* and will **stay enrolled** or *ineligible* and be **disenrolled**
- It will take approximately **12 months** to complete ALL renewals.

April 1 - March 31
Medicaid renewals resume for COVID-19 Override group (members continued March 2020-February 2023). New applications and changes processed under standard rules. When a response is required, members have 30 days to provide that information before disenrollment.

March 31
Continuous Medicaid enrollment requirement expires

Dec. 31
All factually ineligible re-determinations from COVID-19 Override group will be processed

Jan.
Last month to initiate post-continuous enrollment renewals

March
Last month to complete post-continuous enrollment renewals

FEB. 2023	MARCH 2023	APRIL 2023	MAY 2023	JUNE 2023	JULY 2023	AUG. 2023	SEPT. 2023	OCT. 2023	NOV. 2023	DEC. 2023	JAN. 2024	FEB. 2024	MARCH 2024
FMAP 6.2%		FMAP 5%		FMAP 2.5%				FMAP 1.5%			No	Enhanced	FMAP
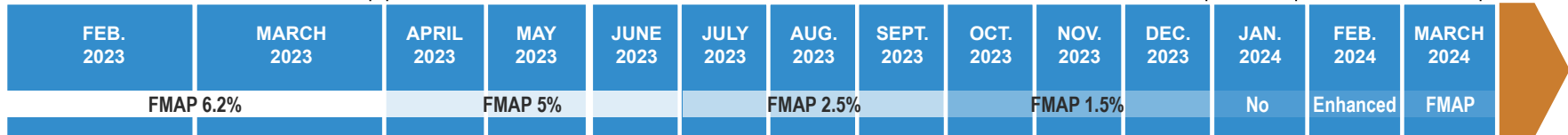
COVID-19 Override & Regular Monthly Redetermination Continue

April to March
Individuals failing to renew benefits have 90 days to reapply without submitting a new application

Monthly on ~ the 20th
10-day notice of adverse action sent to next month's discontinued members

Feb. 17-19
Ex parte case matching initiated for April determinations

Feb. 13
April renewals initiated

Feb. 25-March 11
Renewal notices sent to members renewing in April

April 1
Earliest date of disenrollment for members redetermined in April

Ending Other Federal Flexibilities

www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html

CommunityCares Updates

Statewide Closed-Loop Referral System CommunityCares

- Partnership with Arizona's Health Information Exchange, Contexture that establishes a provider directory for local health and human services

- Supports whole person care for our members

- Health care providers can screen and refer members to social services that can help improve health outcomes

- Arizona will be using a robust tool from the software vendor Unite Us

- It will utilize the evidenced-based screening tool PRAPARE, which will help providers identify services members may need

- The first batch of system users went live in November 2022
  - Currently, 42 AHCCCS health care providers and 16 CBOs are using the system

- Contexture is rolling out an outreach and engagement plan to increase enrollment

- For more info visit www.communitycaresaz.org

CommunityCares Timeline

January – March 2020
Formed Workgroup &
Completed
Market Analysis

April – August 2020
Defined Requirements &
Developed RFP

September 2020 – August 2021
Vendor Selection Completed &
Contracted
Early Adopter Onboarding

**September 2021 -
July 2022**
Selected Software Vendor
Acquired by Unite Us

July 2022 - October 2022
New Contract Established with
Unite Us
Promotion of the System Resumes

November 2022
Providers & CBOs
Began Using the System

On the Horizon

- **End of Continuous Enrollment & Public Health Emergency (PHE)**
  - Redeterminations began 4/1/2023
  - PHE set to end 5/11/2023
- **1115 Approval (10/14/2022) Implementation**
  - Targeted Investments 2.0
  - Housing and Health Opportunities Demonstration (H20)
- **1115 Waiver Negotiations Continuing**
  - Reimbursement for traditional healing services
  - Reimbursement for services 30 days pre-release
- **MES Roadmap**
  - Roadmap finalized and published in March 2023
- **ARP HCBS Implementation**
  - $500 million in provider payments to be disseminated in spring of 2023

- **12-month postpartum coverage effective 4/1/23**
- **ARP Program Awards for HCBS providers**
  - Open April 17 -May 16
- **Continued roll out of the statewide Closed-Loop Referral System**
- **Approval and implementation of CHW services**
- **Completion of AHCCCS Sunset Review Audit follow-up actions**
- **Continued support for the Opioid Services Locator tool**
- **Continued preparations for ALTCS bid (contracts term on 9/30/24)**

Open Discussion

AHCCCS Strategic Plan

Gloria Díaz

OCI Administrator and Agency Strategic Planner

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS SFY 2023 - 2027 Strategic Plan

Sustain: Provide equitable access to high quality, whole person care

Includes initiatives to reduce provider workforce shortages, maintain a responsive provider network, address key social drivers of health, and meet the needs of individuals with special health care needs

Build: Implement solutions that optimize member and provider experience

Includes initiatives to support technology platforms that advance program operations; enhance transparency related to delivery system performance; eliminate fraud, waste and abuse; and, align funding priorities across the Agency's entitlement and discretionary programs

Lead: Offer tools and programming that support core organizational capacity

Includes initiatives to improve employee engagement, increase retention rates, and minimize disruption in program operations in the event of staff transitions

Strategic Planning

1. What strengths or opportunities to you think AHCCCS should take advantage of as we plan for the next 3-5 years?
2. What threats or vulnerabilities do you think AHCCCS needs to be mindful of as we plan for the next 3-5 years?
3. What do you see as the key issues AHCCCS needs to focus on in the next 3-5 years?

Open Discussion

H20 Updates

Alex Demyan, Interim Assistant Director
Elizabeth Da Costa, Housing Administrator

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive health and wellbeing outcomes for target populations

Reduce the cost of care for individuals successfully housed

Reduce homelessness and maintain housing stability

Waiver Implementation - H20

AHCCCS receives approval of the 1115 demonstration waiver

Develop rates, claiming protocols, provider types, policy, and contract language

Implement H20 Ongoing monitoring/reporting each quarter to CMS

As of today

AHCCCS and CMS develop an implementation plan

Educate and provide TA to members, providers and MCOs for go-live
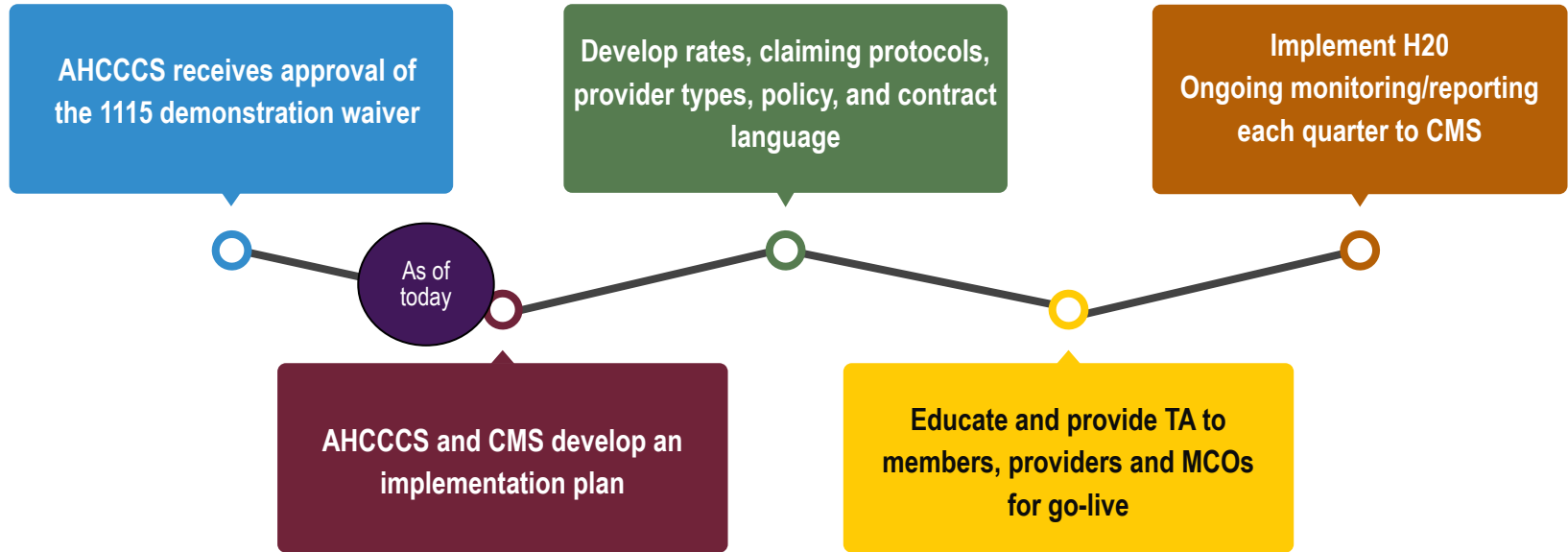
**Deliverables are ongoing throughout the entire demonstration period.

Common Stakeholder Feedback Received

- Prioritize the creation of clear and easy to use processes. (Eligibility, referrals, services, etc.)
- Build a reimbursement structure to support the workforce.
- Develop comprehensive trainings, provide mentoring, assistance, and peer learning support.
- Leverage currently existing systems and programs.
- Prioritize outreach services for members and potential members.

Potential Barriers Identified by Stakeholders

- Challenging/difficult reimbursement process.
- Determining which population(s) to prioritize and how to do so.
- Ensuring adequate wraparound supports in transitional housing to increase housing success after the 6 month period.
- Lack of coordination between funders, H2O providers and community partners could lead to duplication and waste.
- Workforce shortages and providing proper training to the workforce.
- Needing an effective referral system with robust data collection and sharing between providers, community partners, funders, etc.

H2O Target Population

- Parameters in 1115 waiver approval:
  - Medicaid eligible
  - Homeless, at risk of being homeless, exiting an institution, or be transitioning out of the foster care system, and
  - Must have a co-occuring clinical and social need.

Initial Eligibility for Implementation

- Member must be experiencing homelessness and,
  - Z Code for Housing Instability or
  - Identified through a Homeless Management Information System (HMIS) report
- Member must have SMI Designation and,
  - Member is diagnosed with a chronic health condition or,
  - Member is currently in a correctional health facility and scheduled for release

Services - Definitions

- Outreach and Education Services
- Transitional Housing - 6 Months
  - Transitional Housing Setting (Enhanced Shelter)
  - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services

PHYSICAL HEALTH

BEHAVIORAL HEALTH

SOCIAL DETERMINANTS OF HEALTH

COMPREHENSIVE INTEGRATED CARE
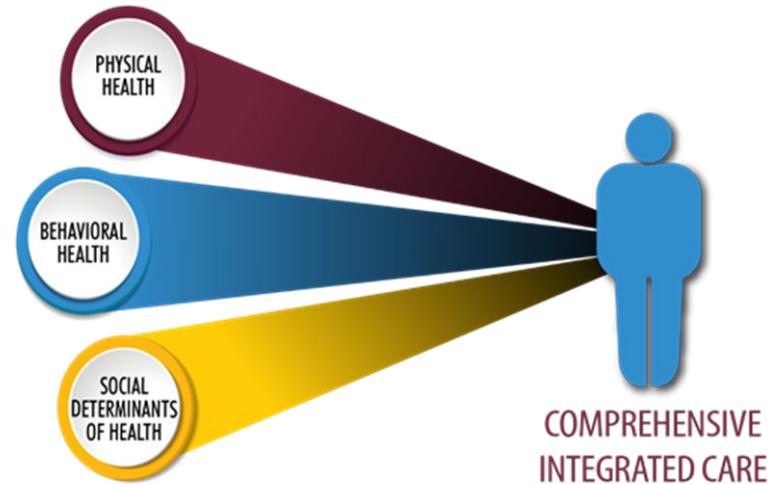
Provider Qualifications

- All providers must be in good standing with their licensing, certifying or credentialing body.
- All providers must enroll as community assisters and engage with the CLRS, when applicable.
- Oversight of ensuring providers meet all required qualification will be the responsibility of the TPA, MCO, AHCCCS DFSM and/or the AHP Housing administrator, as applicable.

Provider Qualifications

As applicable, examples include:

- Low staff to member ratios 1:15, no more than 1:25
- Demonstrated skills and capacity to work with the defined H2O populations
- Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool
- Attend CoC Outreach Collaborative and Case Conference meetings, as required by CMS & HUD
- Must utilize the Homeless Management Information System (HMIS)
- Must enroll as a Community Assistor
- Must follow Housing First and Harm Reduction approach
- Initial inspection of physical location must confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR § 576.403, shelter and housing standards
- Must comply with local city ordinance for zoning
- ADHS Inspection according to existing policies around ongoing inspection of licensed location.
- CARF Accreditation - Community Housing and Shelters
- Complete HQS Inspections prior to move-in
- Maintain a satisfactory dwelling for the member throughout the duration of the lease
- Compliance with Fair Housing standards and the Landlord Tenant Act

Third Party Administrator (Under Consideration)

- Increase provider enrollment for Community Based Organizations addressing Health Related Social Needs,
- Establish and verify member eligibility for H2O services, following AHCCCS guidelines,
- Coordinate services between MCOs and H2O-providers,
- Develop a streamlined process for H2O-providers to submit invoices and turn the invoices into Medicaid claims,
- Monitor and track the trajectory of member access and utilization of H2O services,
- Assist AHCCCS with maintaining compliance to implementation of H2O, and
- Provide Technical Assistance to H2O-Providers

Next Steps

- Continue to incorporate community feedback into our Protocol and Implementation Plan.
- Submit the implementation protocol to CMS and begin negotiation and approval process of these deliverables.
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and potential policy impacts.
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services, which will be rolled out over the next year.

Stakeholder Feedback

- Common themes still to be addressed:
  - Codes, bundled codes invoicing process, method of payment, and payment rates.,
  - Recommendation for additional focus populations (preg women, OUD/SUD, criminal backgrounds, foster care prevention, zero income),
  - Prior auth process - multiple recommendations for and against,
  - Recommendation for a centralized, online system that has tracks for Fee-for-service and managed care,
  - Credentialing centralization, fee schedule that is GSA specific, and
  - Auditing process.

Open Discussion

First, Some **Introductions**

Bill Kennard

AHCCCS Healthcare Workforce
Development Administrator

Katie Belous

Senior Director,

Pipeline AZ

Rabbanni FurQaan

Director of Development,

Pipeline AZ

Creating Pathways To In-Demand Careers

The Future of Healthcare Recruitment

AHCCCS
Arizona Health Care Cost Containment System

PipelineAZ

A Few AHCCCS ARP Initiatives

THE AMERICAN RESCUE PLAN ACT OF 2021

Program Award for HCBS Services Opens April 17

Health Information Exchange DAP for Assisted Living and BH Outpatient

Parent University Training Programs

Electronic Visit Verification

Attracting and Retaining the Workforce with Provider Incentive Payments

WFD Needs and ARP WFD Initiatives
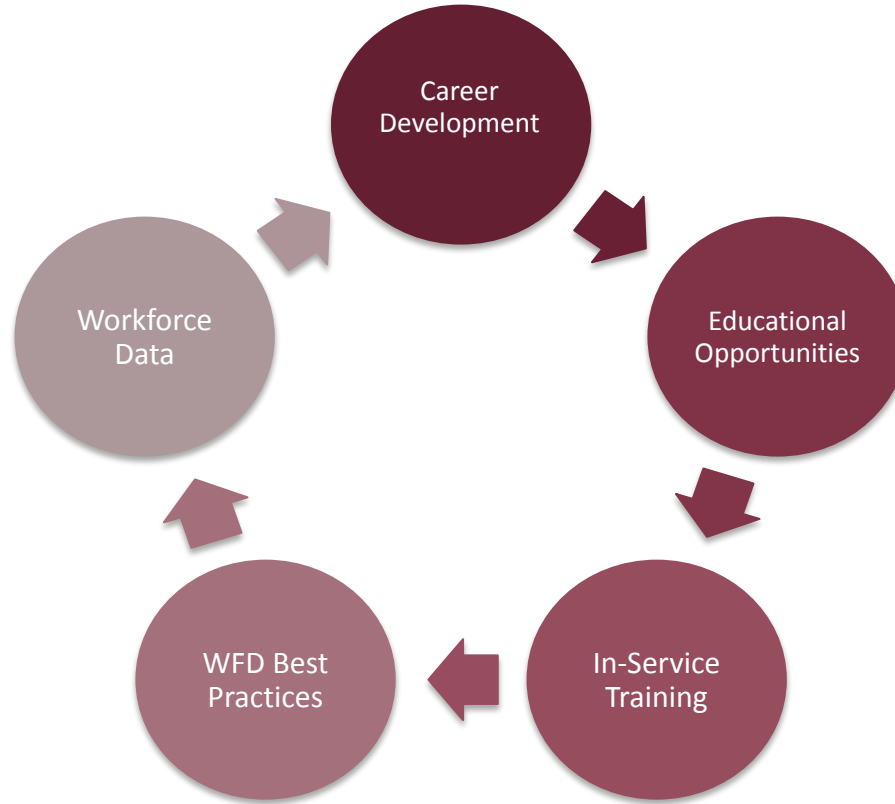
In **Partnership** With...

About **Pipeline AZ**

Pipeline AZ is where Arizona job seekers, students, employers, educational institutions, and non-profits come to build Arizona's workforce.

- Career pathway awareness
- Opportunities for exploration related to users' interests
- Job opening matches based on users' skills
- Information and planning tools for education and industry-recognized credentials
- Match and map career pathways to skilled candidates through a company page and free job posts
- Tracking for workforce organizations

Pipeline AZ is The Singular Source for AZ's Workforce

Pipeline AZ is the career readiness platform for the Arizona Department of Education, as well as multiple colleges and universities in Arizona. It is the single connection point between industry and Arizona's workforce, creating a continuous talent pipeline.

K12 Students

Post Secondary Students
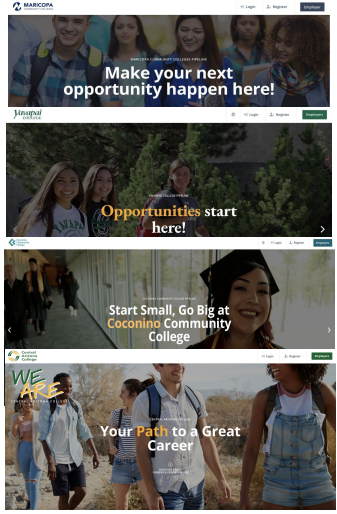
Unique Audiences
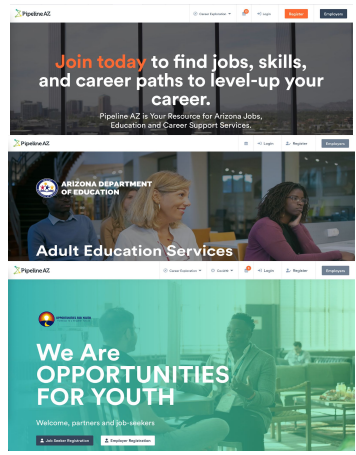
Unique Initiatives

Then vs. Now: The Single Source of Truth

The AZ Healthcare Careers Platform provides a central point of truth for healthcare careers, eliminating the need for multiple channels and sources of information. This allows for greater efficiency and accuracy in finding and pursuing career opportunities. This helps employers build their long-term talent pipeline, while offering greater mobility within the healthcare field.
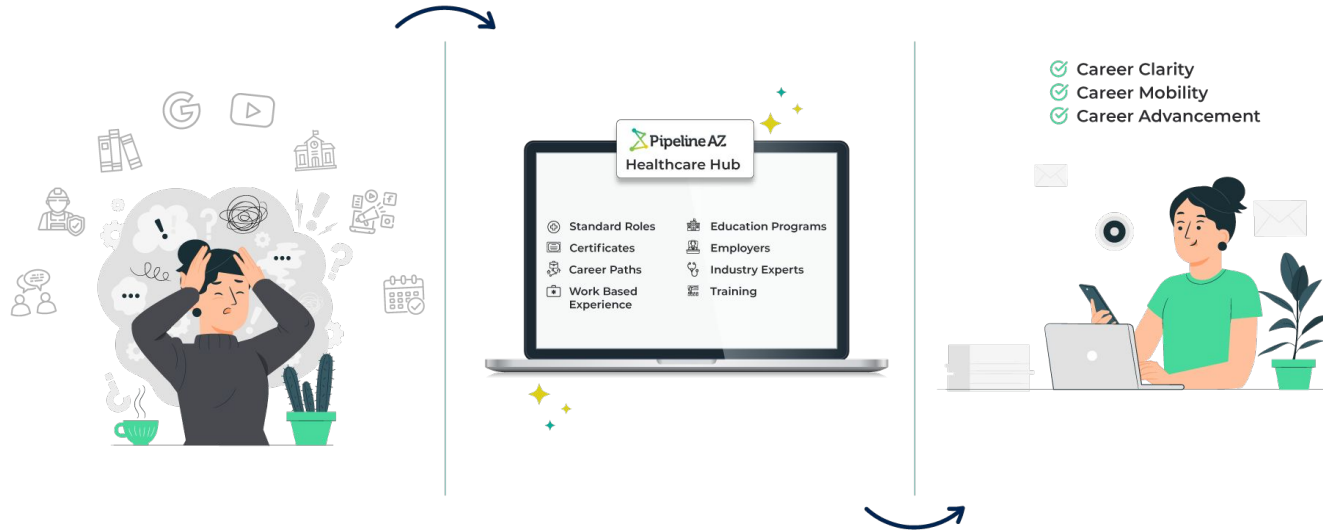
AZ Healthcare Career Platform Scope & Sequence

Building the platform will give individuals the ability to climb the career ladder by filtering jobs and career paths, enrolling in education and training opportunities, completing necessary credentials and requirements, and getting hired in their desired career path.

Year 1: Launch and Grow

Talent & Employer Activation

- HC Assessments
- Explainer and Training Videos
- Pathway Interactives
- Audience Customization
- K12 Specific Content

Year 2: Enhanced Offering

Measurement and Engagement

- Apply within PAZ
- Outcome Tracking
- Retention Stats
- Provider Versions
- Audience Customization by Demographic

Get Hired

Complete

Enroll

Filter

How it Works

Industry Platforms Create
Spaces for Talent Attraction

Pipeline AZ and the Arizona Healthcare Industry inspires and engages students and job seekers through stories, tools, and opportunities that highlight career paths and specific organizations.

Career Pathing for the new era of work
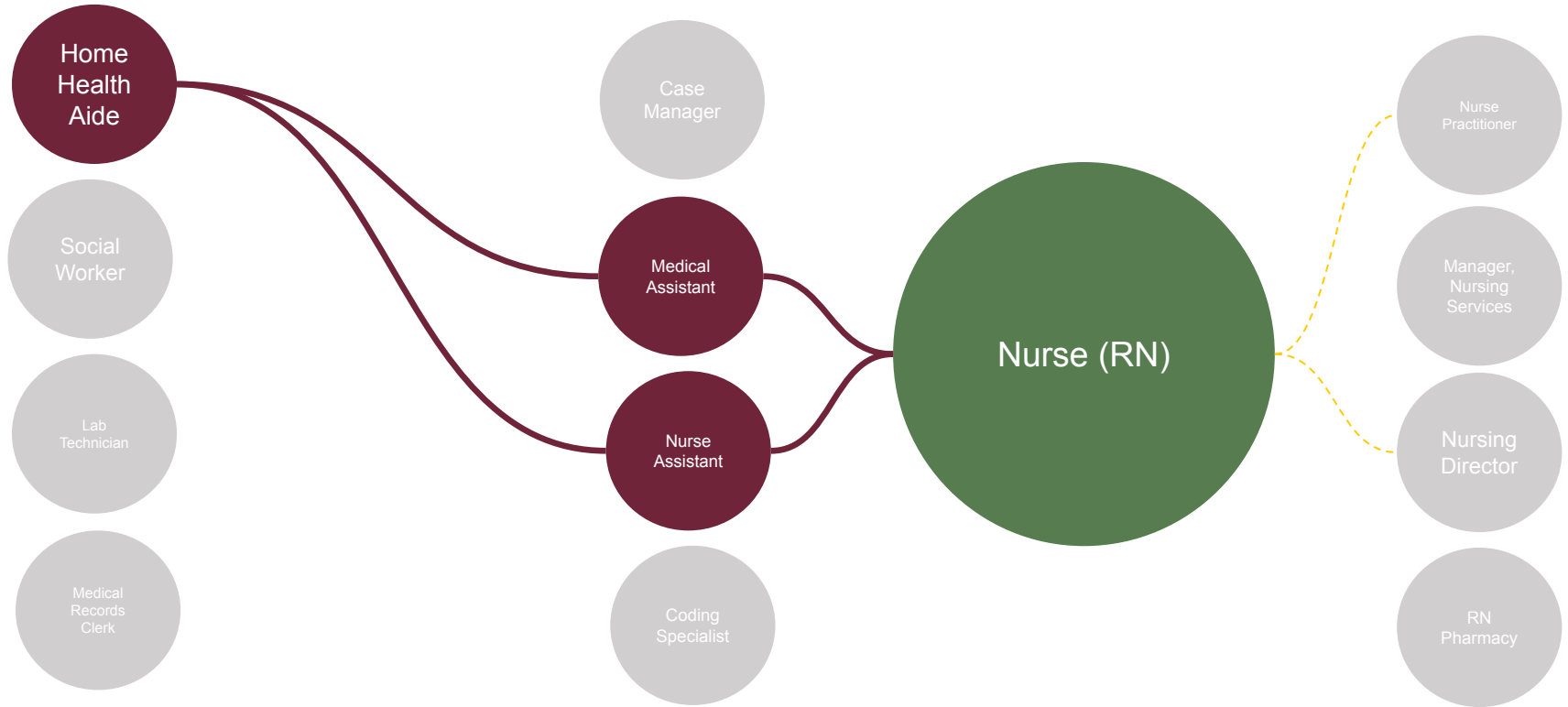
Dive into Real Job, Education & Salary Data

Career pages showcase salary data, expected tasks, and the knowledge, skills and education necessary to succeed within a given career path.

Pipeline AZ career pages also highlight open and projected jobs within the career, as well as the current companies that are hiring.

Match with AZ Jobs & Training

Registered job seekers also receive access to a personalized job match dashboard. The dashboard supplies a customized feed of jobs and opportunities specifically tailored for your interests.

From the dashboard, job seekers can apply for jobs or communicate directly with their career coach.

The job match profile is localized and personalized based on your own career goals, interests, and skills.
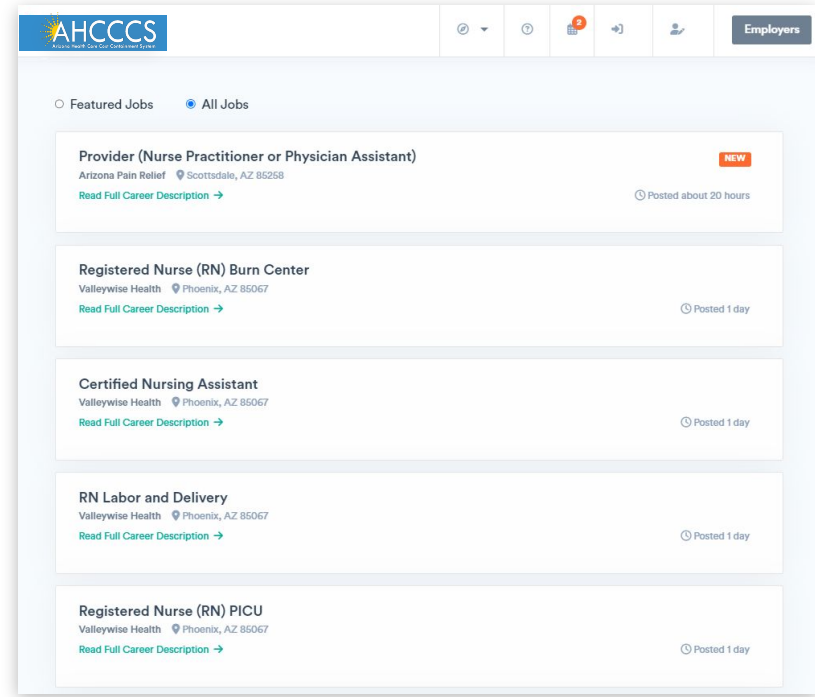
Building the **Long-term** Healthcare **Talent Pool**

AZHealthcareCareers.org is built to be the singular platform to level-up Arizona's healthcare talent pool.

Students and Job Seekers:
From career pathing to educational opportunities, students and job seekers can use the platform to identify new roles, create training plans, and connect with employers.

Providers:
Can use the platform to facilitate career exploration, find candidates, and showcase career opportunities.

Administrators & Coordinators:
Fill gaps, and build the talent workforce for tomorrow.

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Integrating the Long-term Talent Solution

AZHealthcareCareers.org is built to be the singular platform to level-up Arizona's healthcare talent pool.

Students & Job Seekers

Providers

Administrators & Coordinators

AHCCCS
Arizona Health Care Cost Containment System

Students and Job Seekers: From career pathing to educational opportunities, students and job seekers can use the platform to identify new roles, create training plans, and connect with employers.

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Administrators & Coordinators: Fill gaps, and build the talent workforce for tomorrow.

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Thank You.

Open Discussion

Community Health Worker (CHW) Updates

Alex Demyan, Interim Assistant Director

Leslie Short, Integrated Services Administrator

Community Health Worker/ Community Health Representative

A **frontline public health worker** who is a trusted member of the community to help people:

- Navigate health care system,
- Encourage preventive care,
- Manage chronic illnesses,
- Maintain healthy lifestyles, and
- Assist in culturally and linguistically relevant ways.

PEER SUPPORT

PCP

PSYCHIATRIST

MEMBER

SPECIALIST

CASE MANAGER

CHW/CHR

CHW Voluntary Certification Rule

- The final [CHW Voluntary Certification Rules](#) were approved by the Governor's Regulatory Review Council (GRRC) and were filed with the Secretary of State on September 7, 2022.
- The rules are effective as of November 6, 2022.
- The ADHS Special Licensing department is accepting applications as of November 7, 2022 through an online portal.

CHW Services - SPA Language

Arizona state certified Community Health Workers (CHW) may provide AHCCCS-covered patient education and preventive services to individuals with a chronic condition or at risk for a chronic condition or for individuals with a documented barrier that is affecting the individual's health. CHW services must be recommended by a physician or other licensed practitioner of the healing arts acting within the scope of authorized practice under State law. Services must be documented in the member's medical record and may include:

- Health system navigation and resource coordination,
- Health education and training. The purpose of this service is to train and/or increase the member's awareness of methods and measures that have been proven effective in avoiding illness and/or lessening its effects. The content of the education must be consistent with established or recognized healthcare standards, or
- Health promotion and coaching. The purpose of this service is to provide information and training to members that enables them to make positive contributions to their health status.

Reimbursement Pathways

Phase 1 - **Effective April 1, 2023**

CHW/CHR obtains certification → CHW/CHR is employed by a currently registered provider. → CHW/CHR delivers a covered service within their scope of practice. → Registered provider submits a claim for the covered service provided by the CHW/CHR. →

Medicaid Claim Reimbursement

Phase 2- **Anticipated effective date: fall 2023**

CHW/CHR obtains certification → CHW/CHR is employed by a CHW/CHR organization.

CHW/CHR organization will enroll with AHCCCS through the AHCCCS provider enrollment process. → CHW/CHR delivers a covered service within their scope of practice. → CHW organization submits a claim for the covered service provided by the CHW/CHR. →

List of Eligible Providers for Phase 1

- Attendant Care Providers (PT 40)
- BH Outpatient Clinic (PT 77)
- Chiropractor (PT 16)
- Clinic (PT 05)
- Community/Rural Health Center (PT 29)
- Dentist (PT 07)
- Dialysis Clinic (PT 41)
- DO-Physician Osteopath (PT 31)
- Federally Qualified Health Center (FQHC) (PT C2)

- Habilitation Providers (PT39)
- Hospital (PT 02)
- Integrated Clinic (PT IC)
- MD-Physician (PT 08)
- Naturopath (PT 17)
- Optometrist (PT 69)
- Physicians Assistant (PT 18)
- Registered Nurse Practitioner (PT 19)

CHW/CHR Employer Roles and Responsibilities

- Once an employer is registered with AHCCCS, it must ensure any CHW/CHR it submits Medicaid claims for are certified.
- The employer can submit claims using the allowed codes for the covered services provided by its CHWs/CHRs.
- The employer must maintain accurate and current records of all CHW/CHR certification document.
- Providers may employ CHWs/CHRs who are not certified, but they **will not** be able to bill Medicaid for service provided by non-licensed CHWs/CHRs.

Reimbursable Service Codes

- Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each billed in 30 minutes increments.
  - o 98960- education and training provided for an individual patient for each 30 minutes of service.
  - o 98961- for a group of two to four patients.
  - o 98962- or a group of five to eight patients.
- AHCCCS is currently developing guidance to establish per member per month billing limits.
  - o If additional services are medically necessary, prior authorization would be required.

Services Provided by a CHW/CHR

- A certified CHW/CHR can perform the full scope of practice as specified in A.A.C. R9-16-802; **however,**

- For Medicaid covered services to be billed, when serving Medicaid members:
  - CHW/CHR services must be medically necessary and recommended by a physician or other licensed practitioner.
  - The certified CHW/CHR must work under the direction of an eligible AHCCCS-registered provider.

AHCCCS Next Steps

- Finalization of a CHW Policy. While this policy is in development, the AHCCCS FAQ Document ([HERE](#)), is available as a point of reference for community stakeholders.

- Development of a CHW Provider Type for Community Based Organizations (CBO). Our team is currently working on this and expect to have more details in the upcoming months.

Resources

- CHW/CHR web page and FAQs
  azahcccs.gov/CHW

- Additional guidance in the FFS Provider Billing Manual and AHCCCS Medical Policy Manual (AMPM) will be forthcoming.

Open Discussion
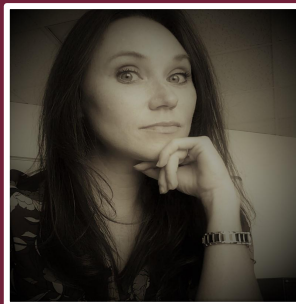
R-921 Rules and New Audit Tool for Behavioral Health and Integrated Care

Dr. Megan Woods, Integrated Care Administrator

AHCCCS
Arizona Health Care Cost Containment System

Emergency Rulemaking 2022

Title 9, Chapter 21, Articles 1, 2, 4, & 5

- Minor grammatical, technical, and administrative changes to align with legislative changes

Title 9, Chapter 21, R21-502.
Exhibit C. Application for Emergency Admission for Evaluation

- Added two (2) additional options for the emergent petition:
  - Persistently or Acutely Disabled (PAD), and
  - Gravely Disabled (GD).
- Necessary due to varying county courts not accepting the submission of hand written forms.

2023 Regular Rulemaking/Revision Process

- Solicited feedback from community and internal stakeholders via telephone, email, and during stakeholder meetings.
- All feedback was collected, documented, and integrated into the final working drafts/documents. Including the prior workgroup feedback collected in 2007.
- Revisions are in their final phase and will be ready for a last internal workgroup review the week of April 10, 2023.
- Finalized revision of R9-21 will be sent to OGC the week of April 17, 2023.

BH Clinical Chart Audit

- Hold notification: November 3, 2022
- Coordination with plans & stakeholders to review and enhance tool elements and instructions
  - November through December 2022
- Internal review of audit tool and instructions for compliance with regulatory requirements, policy and contract
  - January and February 2023
- Collaboration with plans and IRR testing
  - February and March 2023

BH Clinical Chart Audit

- Development of Audit Portal
  - Allow for real-time input and analysis of audit data,
  - Excel download option for filtering and more detailed data analysis
  - Logic allows for analysis and comparison of multiple variables according to the following:
    - Health Plan and/or Line of Business
    - Population and Enrollment
    - Individual elements across provider

Open Discussion

New $40 Million American Rescue Plan (ARP) Grant Opportunity

Danielle Ashlock, Arizona Long Term Care Project Manager

PCG's Role in the Award Program

- [Public Consulting Group](#) (PCG) is a public sector consulting firm that works with health, education, and human services agencies
- AHCCCS has contracted with PCG to administer the program awards
- PCG will provide technical assistance to applicants throughout the application, award, and payment process

Program Overview

- New $40 million award program to strengthen Home and Community Based Services (HCBS) in Arizona
  - Uses funds from the American Rescue Plan (ARP)
  - More information on the ARP and Arizona's Spending Plan
- Goal is to enhance the member experience, health, and safety of people receiving HCBS in the state
- Application opens on April 17, 2023

Funding Guidelines

- Applicants can request between $10,000 and $500,000 for programmatic or infrastructure projects
  - One-time, upfront funding
  - Administration costs cannot exceed 10% of your total request
- Applicants can use funds to create a new project or expand an existing one
- Funds must be spent by September 30, 2024
  - Any unspent funding must be returned to AHCCCS within 60 days of your project end date

Who Can Apply

Behavioral Health Outpatient Clinics (Provider Type 77)	**Board-Certified Behavior Analysts** (Provider Type BC)
Attendant Care (Provider Type 40)	**Adult Foster Care** (Provider Type 50)
Integrated Clinics (Provider Type IC)	**Home Delivered Meals** (Provider Type 70)
Assisted Living Centers (Provider Type 49)	**Adult Day Health** (Provider Type 27)
Assisted Living Homes (Provider Type 36)	**Elderly and Physical Disability (EPD) HCBS** (Provider Type 81)
Habilitation Providers (Provider Type 39)	**Area Agencies on Aging**
Community Service Agencies (Provider Type A3)	

Who Can Benefit (1 of 2)

- Arizona Long Term Care System (ALTCS) members and non-ALTCS members can benefit from these awards
- This includes:
  - People who are elderly,
  - Individuals with disabilities,
  - Individuals living with a Serious Mental Illness (SMI) designation, and
  - Children with behavioral health needs

Who Can Benefit (2 of 2)

- Funded programs should only support Arizona residents
  - That includes Arizona residents living on tribal land
- Award funding can only be used to support people in Medicaid-eligible programs
  - Non-Medicaid clients in Medicaid-eligible programs may benefit if the program mostly supports Medicaid clients

How to Apply

- Apply online using GrantsConnect by **5:00 p.m. on May 16**
  - Application opens on April 17
- You may submit only one application
  - You cannot make any changes to your application after you submit

GrantsConnect Webinar

April 19

12–1 p.m.

Register on Zoom

Eligible Activities (1 of 2)

Any activities that improve the member experience, health, or safety of HCBS recipients in Arizona are eligible

Increase engagement in community activities

Expand supportive employment and employment skills development, including volunteerism

Support member voice and their choice to lead self-directed lives

Expand opportunities for social engagement and relationship building

Support recreation and health promotion programs that promote physical activity and nutrition

Eligible Activities (2 of 2)

Any activities that improve the member experience, health, or safety of HCBS recipients in Arizona are eligible

Expand technology that improves connectivity and telehealth

Create environmental/physical plant upgrades that promote health and safety

Increase or build transportation capacity

Provide access to assistive technology or service animals to support independence

Enhance data systems and infrastructure to streamline service delivery, promote access to care, or support care coordination

Expand and enhance independent housing opportunities

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Arizona Health Care Cost Containment System

Types of Projects

Programmatic Projects

- Create new or expand existing programs, services, or activities
- Improve member experience, health, or safety through:
  - Community participation,
  - Self-advocacy,
  - Relationship building, or
  - Health promotion

Infrastructure Projects

- Purchase or improve the following:
  - Equipment,
  - Connectivity access,
  - Data systems,
  - Assistive technology,
  - Vehicles, or
  - Physical plant modifications
- Must directly impact member experience, health, or safety
- Exclude the purchase of structures (e.g., homes, buildings, etc.)

Ineligible Activities

- Award funds cannot be used:
  - For projects with on-going costs or other long-term cost commitments
    - Unless you can provide plans to ensure the long-term sustainability of the investment
  - To supplant or replace existing state funds for Medicaid HCBS
    - Funding may be used to supplement, enhance, expand, or strengthen existing services

Partnerships

- You can partner with one or more other organizations as part of your project
- Only the lead applicant responsible for the award should apply on behalf of the partnership
  - Attach letters of support from the other partners to the application

Application Sections (1 of 3)

1. Organization and Experience

- Your organization, its programs, and service area
- Key personnel and their role in the project
- Communication or marketing strategy to promote your project

2. Project Overview

- Short description of your project
- Award goals your project will achieve
- Need your project is addressing
- Key milestones and deliverables
- How your project fits your organization's strategy and vision
- Potential risks and solutions to address these risks

Application Sections (2 of 3)

3. Project Impact

- People and areas that will benefit from your project
- Any partners for your project, if applicable

4. Budget

- Detailed description of project costs, including:
  - Milestone, phase, or deliverable
  - Projected start and end dates
  - Total costs, including staff, materials, and administrative costs
- Sustainability Plan for continuing the project after funding ends

Application Sections (3 of 3)

5. Timeline

- Any additional details on your project timeline
- Start and end dates for the project

6. Reporting Outcomes

- Target outcomes for your project
- Method for collecting and measuring data for outcomes

Reporting

- Applicants who receive funding will be responsible for providing quarterly reports to AHCCCS
- Applicants will identify their target outcome for reporting:

  - o Employment/Volunteerism
  - o Community Integration
  - o Self-Advocacy

  - o Relationship Building
  - o Health Promotion
  - o Technology Access

- All expenses and documents related to this program must be retained and accessible for audit and review by AHCCCS for 10 years

Important Dates

Activity	Date
Application Opens	April 17, 2023
GrantsConnect Webinar	April 19, 2023
Application Closes	May 16, 2023
Award Notifications Sent	July 2023 (anticipated)
Awardee Receives Payment	August 2023 (anticipated)
All Funds Must Be Spent	September 2024

Technical Assistance

If you have any questions on the grant program or need help applying:

🖥️ **Program Web Page**

📞 **831-318-8295**

✉️ **AHCCCSARPAwardsHelp@pcgus.com**

Open Discussion

Targeted Investments Update

Cameron Adams

Program Administrator

Targeted Investments Programs

Initial Program (TI)

- 10/2016 - 9/2022
- 6 Years, $350 m.
- Reduce fragmentation of Behavioral Health (BH) and primary care (PCP)
- Increase provider integration, coordination
- Improve health outcomes for members with complex conditions

Renewal Program (TI 2.0)

- 10/2022 - 9/2028
- 5 Years, $250 m.
- Identify and address health inequities
- Implement Culturally and Linguistically Appropriate Service (CLAS) standards
- Identify and address health related social needs (HRSN)

1115 Waiver Renewal Approval - Targeted Investments 2.0

Participation- TIN level

- **Primary Care:** ICs, PCP clinics **incl. OB/GYNs**
- **Behavioral Health:** 77s, ICs

Participation- Justice Clinics

- **Provider Types:** ICs, FQHCs, RHCs, 77s
- **Justice Partner:** County probation or State parole required, other justice agencies encouraged
- **Competitive:** Clinics that best meet the needs of the target population

Incentives

- **Y1:** Application/ onboarding
- **Y2 - Y3:** Implement required processes
- **Y2 - Y5:** Performance Measures, reduce disparities amongst patient population

1115 Waiver Renewal Approval - Targeted Investments 2.0

Application Timeline

12/2022 Eligibility requirements, Provider Interest Form published to the TI Website

Summer 2023 Application portal open

9/30/2023 Application with required policies and procedures due by 5PM

12/2023 Acceptance Letters

Subscribe to TI News

TI 2.0 Resources

Targeted Investments webpage:

www.azahcccs.gov/TargetedInvestments

Targeted Investments Team Inbox:

Targeted.Investments@AZAHCCCS.gov

TI 2.0 Program Overview- Final Proposal to CMS:

https://www.azahcccs.gov/PlansProviders/Downloads/TI/TargetedInvestmentsTI_2Proposal.pdf

Click on the Buttons Below to:

> **Subscribe to the TI Newsletter**

> **Submit a Provider Interest Form**

Open Discussion

SMAC Updates

Desiree Greene

Division Project Manager and SMAC Liaison

SMAC Extension Letters

- SMAC extension letters will be sent out within the next week.

- SMAC extension letters are sent out every two years in alignment with the bylaws language found here:

  o "A term of appointment to the SMAC shall last for two years from the date of appointment and no member shall serve more than three consecutive terms. After serving as a member for three consecutive terms, a member may be appointed again after a waiting period of 24 months."

- SMAC members can serve up to 6 consecutive years, if applicable. At each two year mark, an extension letter is sent as a check-in to make sure that the SMAC member is still interested and available to serve.

- There are a few members who will be coming up to their term limits (6 total years) in 2024 and that information will be noted within the extension letters.

Thank you,
Angie Rodgers

Thank you,
Zaida Dedolph Piecoro

SMAC Member Nomination Announcement

- There are currently two open committee positions.
- These referenced seats will be for two public member representatives on the committee.
- Per bylaw language, all vacancies will be filled with a majority vote during a SMAC voting session at the next meeting on July 12, 2023.
- The SMAC membership is limited to those positions identified on our website, located here: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html.
- The SMAC Bylaws are also listed on this website for you to review at your convenience.

SMAC Member Nomination Next Steps

- The SMAC Membership Subcommittee has already been notified about our next steps.

- The SMAC Liaison will begin accepting applications today, April 12th.

- The cutoff date for applications will be 5 pm on Wed, June 7th.

- Submissions can be sent to : dcaircommunityaffairs@azahcccs.gov.

- The Membership Subcommittee will reconvene within two weeks of June 7th to begin reviewing applications and preparing their recommendations to Director Heredia.

- The newly nominated members will be reviewed and a public vote will take place during the July 12th meeting.

Open Discussion

Call to the Public

2023 SMAC Meeting Calendar

**Per bylaws language, SMAC meetings are to be held during the 2nd Wednesday of
January, April, July and October from 1:00 p.m. - 3:00 p.m**

2023 SMAC Meetings:

January 11, 2023

April 12, 2023

July 12, 2023

October 11, 2023

For all SMAC Dates and Meeting Materials, see the following link:
https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html

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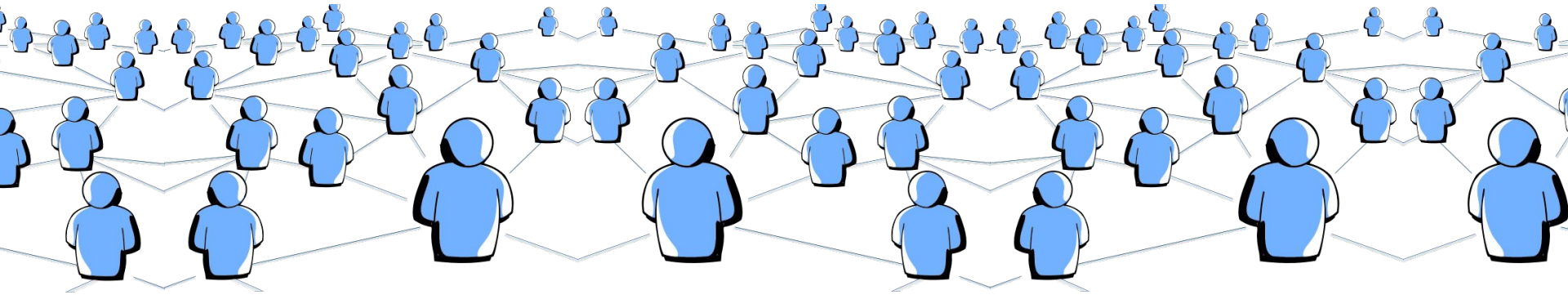
Learn about AHCCCS' Medicaid Program on YouTube!

Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

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!