



State Medicaid Advisory Committee (SMAC)

Wednesday, May 9, 2018

AHCCCS

ARIZONA ROOM 801-4

801 E. Jefferson Street

1:15 p.m. – 3:15 p.m.

Agenda

| | |
|--|-----------------------------|
| I. Welcome | Deputy Director Jami Snyder |
| II. Introductions of Members | ALL |
| III. Approval of February 7 th 2018 meeting summary | ALL |

Agency Updates

| | |
|---|-----------------------------|
| IV. SMAC Roster- Term Limit | Yisel Sanchez |
| V. ACC Forum | Dana Hearn |
| VI. AHCCCS Update- Budget, Enrollment, Leg. Update, Opioids, TI, General Waiver Update & SPA Update | Deputy Director Jami Snyder |
| VII. Call to the Public | Deputy Director Jami Snyder |
| VIII. Adjourn at 3:00 p.m. | ALL |

*2018 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

****Unfortunately due to scheduling conflicts the meeting dates have changed****

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration
701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

February 7, 2018

May 9, 2018

August 8, 2018

October 17, 2018

For more information or assistance, please contact Yisel Sanchez at (602) 364-4577 or yisel.sanchez@azahcccs.gov

February 2018 Meeting Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, February 7, 2018, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

| | |
|--|---|
| <p>Members in attendance: Tom Betlach Kathleen Collins Pagels Peggy Stemmler Kim VanPelt</p> | <p>Marcus Johnson Leonard Kirschner Steve Jennings Daniel Haley-(phone)</p> |
| <p>Members Absent: Kathy Waite, Nic Danger, Greg Ensell, Frank Scarpati, Joyce Millard Hoie; Vernice Sampson ; Gina Judy; Phil Pangrazio; Cara Christ; Tara McCollum Plese; Kevin Earle; Amanda Aguirre</p> | |
| <p>Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Tim Walker, FEI Systems Jeff Mussack, OTSUKA James Kotusky, Gilead Jim Hammond, The Hutel Report</p> | <p>Jeff Smith, HMA Ryan Ouimette, AZAHP Jim Hayes, AzHHH Shirley Gunther, Dignity Health Shannon Groppen, JJHCS Jill Presten, Benefits Results Doug Pillian, Benefits Results</p> |

AGENDA

- | | |
|--|--------------------|
| I. Welcome & Introductions | Tom Betlach |
| II. Introductions of Members | All |
| III. Approval of October 11, 2017 Meeting Summary/Minutes | Unanimous |

AGENCY UPDATES

- | | |
|---|-------------------|
| <p>IV. AHCCCS Waiver and Legislative Update</p> <ul style="list-style-type: none"> • IMD Waiver Request • Focus on substance use disorders • AHCCCS works waiver • AHCCCS works exemptions, part 1 • AHCCCS works exemptions, part 2 • AHCCCS works details • AHCCCS works compliance • AHCCCS works population • 5 year lifetime limit • Current landscape • Prior quarter coverage proposal • Prior quarter coverage proposal objectives • Other waiver flexibilities | Liz Lorenz |
|---|-------------------|

- Rough timeline
- Legislative Update
- Arizona’s legislative session timeline
 - Fifty-third legislature, first special session
 - Opioid epidemic act
 - Unanimously passes
 - Signed into law on January 26, 2018
 - Effective April 26, 2018
 - 5 day limit on first fill of most opioid prescriptions
 - Increase DHS oversight and licensing req.
 - 3 hour of education on risks
 - Red prescription container caps to alert consumers of opioid risk
 - Substance use disorder services fund
 - Fifty–third legislature, second regular session- bill tracking

- V. AHCCCS Complete Care** **Tom Betlach**
- Post-award timeline for ACC contractors
 - ACC timeline
 - Readiness
 - Member transition

- VI. AHCCCS Update** **Tom Betlach**
- Enrollment data
 - Budget update
 - Length of US economic expansions
 - Opioid epidemic special session
 - Targeted investments
 - ACC actual timeline
 - American Indian enrollment for GMH/SA and Children populations
 - AHCCCS contract timeline
 - Other RFP’s
 - Prop 206 study findings
 - Prop 206 impact study
 - Uninsured rate, 2012-2016
 - Percent of spend in managed care
 - National dual alignment efforts
 - MACStats data
 - AHCCCS generations in workplace (2013)
 - AHCCCS generations in workplace (2017)

- IX. Call to the Public** **Tom Betlach**

- X. Adjourn at 2:27 p.m.** **All**

SMAC Roster- Term Limits



SMAC Roster/Term Limits



| | | | | | | | |
|---------------|------------------------|--------------------------------|---|---|------------------------------|--|--|
| Tara | McCollum Plese | Chief External Affairs Officer | Arizona Alliance for Community Health Centers | 700 E Jefferson St. Suite 100 Phoenix, AZ 85034 | 602.288.7547 602.739.1830 | tarap@aachc.org | First Term: 2/2008 - 2/2010 Second Term: 02/2010 - 2/2012 Third Term: 2/2012 - 2/2014 Fourth Term: 2/2014 - 2/2016 Fifth Term: 2/2016-2/2018 |
| Kevin | Earle, MBA, MPH | Executive Director | Arizona Dental Association | 3193 N. Drinkwater Blvd. Scottsdale, AZ 85251 | 480.344.5777 Ext. 310 | Kevin@azda.org | First Term: 4/2009 - 4/2011 Second Term: 4/2011 - 4/2013 Third Term: 4/2013 - 4/2015 Fourth Term: 4/2015-4/2017 Fifth Term: 4/2017-2019 |
| Amanda | Aguirre | CEO / President | Regional Center for Border Health | P.O. Box 617 Somerton, AZ 85350 | 928.627.9222 | amanda@rcfbh.org | First Term: 4/2011-4/2013 Second Term: 4/2013 - 4/2015 Third Term: 4/2015-4/2017 Fourth Term: 4/2017-4/2019 |
| Peggy | Stemmler, M.D. | Director | The Frameshift Group | 1645 E Missouri Ave, Ste. 210 Phoenix, AZ 85016 | 602.314.5660 | peggy@frameshiftgroup.com | First Term: 4/2010 - 4/2012 Second Term: 4/2012 - 4/2014 Third Term: 4/2014 - 4/2016 Fourth Term: 4/2016-4/2018 |
| Gina | Judy | COO | Easterseals Blake Foundation | 7750 E. Broadway, Suite A200 | 520.327-1529 | gjudy@blake.easterseals.com | First Term: 1/2016 - 1/2018 |
| Frank | Scarpati | CEO / President | Community Bridges, Inc. | 1855 W. Baseline, Ste. 101, Mesa, AZ 85202 | 480.831.7566 | fscarpati@cbridges.com | First Term: 1/2016 - 1/2018 |

| | | | | | | | |
|--------------------|-------------------------|--------------------------|---------------------------------|---|--------------|--|--|
| Kim | VanPelt | Chief Regional Officer | First Things First | 4000 N Central Ave, Phoenix, AZ 85012 | 602.771-5001 | kvanpelt@firstthingsfirst.org | First Term: 7/2007 - 7/2009 Second Term: 7/2009 - 7/2011 Third Term: 7/2011 - 7/2013 Fourth Term: 7/2013 - 7/2015 Fifth Term: 7/2015-7/2017 Sixth Term: 7/2017-7/2019 |
| Leonard | Kirschner, M.D., M.P.H. | Board Member | Arizona Perinatal Trust | 545 E. Cercado Lane Litchfield Park, AZ 85340 | 623.935.6049 | Lenpeg71@aol.com | First Term: 2/2006 - 2/2008 Second Term: 2/2008 - 2/2009 Third Term: 2/2009 - 2/2011 Fourth Term: 2/2011 - 2/2013 Fifth Term: 2/2013 - 2/2015 Sixth Term: 2/2015-2/2017 Seventh Term: 2/2017-2/2019 |
| Phil | Pangrazio | Executive Director | ABILITY360 | 1229 E. Washington St., Phoenix, AZ 85034 | 602.296.0513 | philp@ability360.org | First Term: 2/2008 - 2/2010 Second Term: 2/2010 - 2/2012 Third Term: 2/2012 - 2/2014 Fourth Term: 2/2014 - 2/2016 Fifth Term: 2/2016-2/2018 |
| Steve | Jennings | Associate State Director | AARP Arizona | 16165 N. 83 rd Ave., #201, Peoria, AZ 85382 | 602.262.5163 | sjennings@aarp.org | First Term: 7/2014 - 7/2016 Second Term: 7/2016-7/2018 Third Term: 7/2018-7/2020 |
| Vernice C. (Cheri) | Sampson | Senior Pastor | Salt River Assembly of God | 10657 E. Virginia Ave., Scottsdale, AZ 85256 | 480.947.5278 | vcsam@rocketmail.com | First Term: 1/2013 - 1/2015 Second Term: 1/2015 - 1/2017 Third Term: 1/2017-1/2019 |
| Daniel | Haley | Chief Executive Officer | H.O.P.E. | 236 South Tucson Blvd. Tucson, Arizona 85716 | 520.869.6263 | DanielHaley@hopetucson.org | First Term: 1/2016 - 1/2018 Second Term: 1/2018-1/2020 |
| David | Voepel | CEO | Arizona Health Care Association | 1440 E. Missouri Ave., C-102 Phoenix AZ 85014 | 602-264-5331 | dvoepel@azhca.org | First Term: 4/2018-4/2020 |
| Marcus | Johnson | Director | Vitalyst | 2929 N. Central Ave, Suite 1550 Phoenix AZ 85012 | 602-385-6503 | mjohnson@vitalysthealth.org | First Term: 4/2018-4/2020 |

BYLAWS

MISSION

The committee will participate in the consideration of AHCCCS policy and programs by reviewing policy, rules and administrative issues. The committee will advise the Director of AHCCCS of policy and administrative issues of concern to the committee member's constituency.

To facilitate accomplishing this mission, the committee will recommend issues to be included on the agenda to allow deliberation of major policy issues prior to their implementation, as much as practicable; receive background information and policy papers prior to meetings, if available; and, have the opportunity to discuss issues with AHCCCS Senior Management.

AUTHORITY

The committee operates in accordance with 42 CFR 431.12 and the State Medicaid plan.

DEFINITIONS

"Administration" means the Arizona Health Care Cost Containment System (AHCCCS) as defined in Arizona Revised Statutes (A.R.S.) §§ 36-2901, 36-2931, 36-2971 and 36-2981.

"Committee" means the State Medicaid Advisory Committee, as appointed by the Director.

"Director" means the Director of AHCCCS as specified in A.R.S. §§ 36-2901, 36-2931, 36-2971 and 36-2981.

COMMITTEE COMPOSITION

The committee shall include the Director or a designee, the DHS Director or a designee, and the DES Director or a designee; six health care providers or professionals with a direct interest in the AHCCCS program; and six members of the public (such a Medicaid recipient, a consumer advocate, a representative of a tribal community, or a representative of the educational community).

APPOINTMENT PROCESS AND LENGTH OF TERM

The Director or a designee, the DHS Director or a designee, and the DES Director or a designee positions are ex-officio. The remaining 12 committee members shall be appointed by the Director for two, two year terms.

The AHCCCS Director or a designee is the committee's chairperson and is responsible for setting meeting agendas. The chairperson can call special meetings. The chairperson shall preside at all meetings, and shall facilitate discussion by the members.

The committee may submit to the Director a list of nominees for expiring terms. The Director may solicit or receive nominations from other sources.

STAFF ASSISTANCE

Staff assistance from the Administration shall be available to the committee at the request of the chairperson or the full committee. The designated SMAC Manager shall provide staff assistance. The SMAC Manager can be reached by phone at (602) 417-4736 or 1-800-654-8713 ext. 4736. Independent technical assistance shall be available at the request of the full committee, if determined necessary by the Director and funds are available.

MEETINGS

Meetings shall be held quarterly on the 2nd Wednesday of February, April, July and October, or upon the call of the Director.

If a committee member is unable to attend a meeting, the member is requested to notify the SMAC Manager of their absence prior to the date of the meeting. Members are encouraged to send a representative to meetings they are unable to attend. Members are requested to notify the SMAC Manager with the name of the individual who will be attending on their behalf. The SMAC meetings are open to the public.

MEETING MATERIALS

When available, handouts for the current agenda will be mailed two weeks in advance of the meeting. Members shall bring all mailed handouts to the meeting to facilitate discussion.

If a member is unable to attend the meeting and is sending a representative, please forward the handouts to the representative to bring to the meeting.

FEDERAL FINANCIAL PARTICIPATION

Medicaid recipient members shall be reimbursed for necessary costs, such as transportation and childcare, to facilitate their attendance at committee meetings.

If determined necessary and available by the AHCCCS Director, Federal financial participation at 50 percent shall be secured for expenditures for the participation of the Medicaid recipient members and for committee activities, including independent technical assistance costs.

Thank You.



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ACC Forum



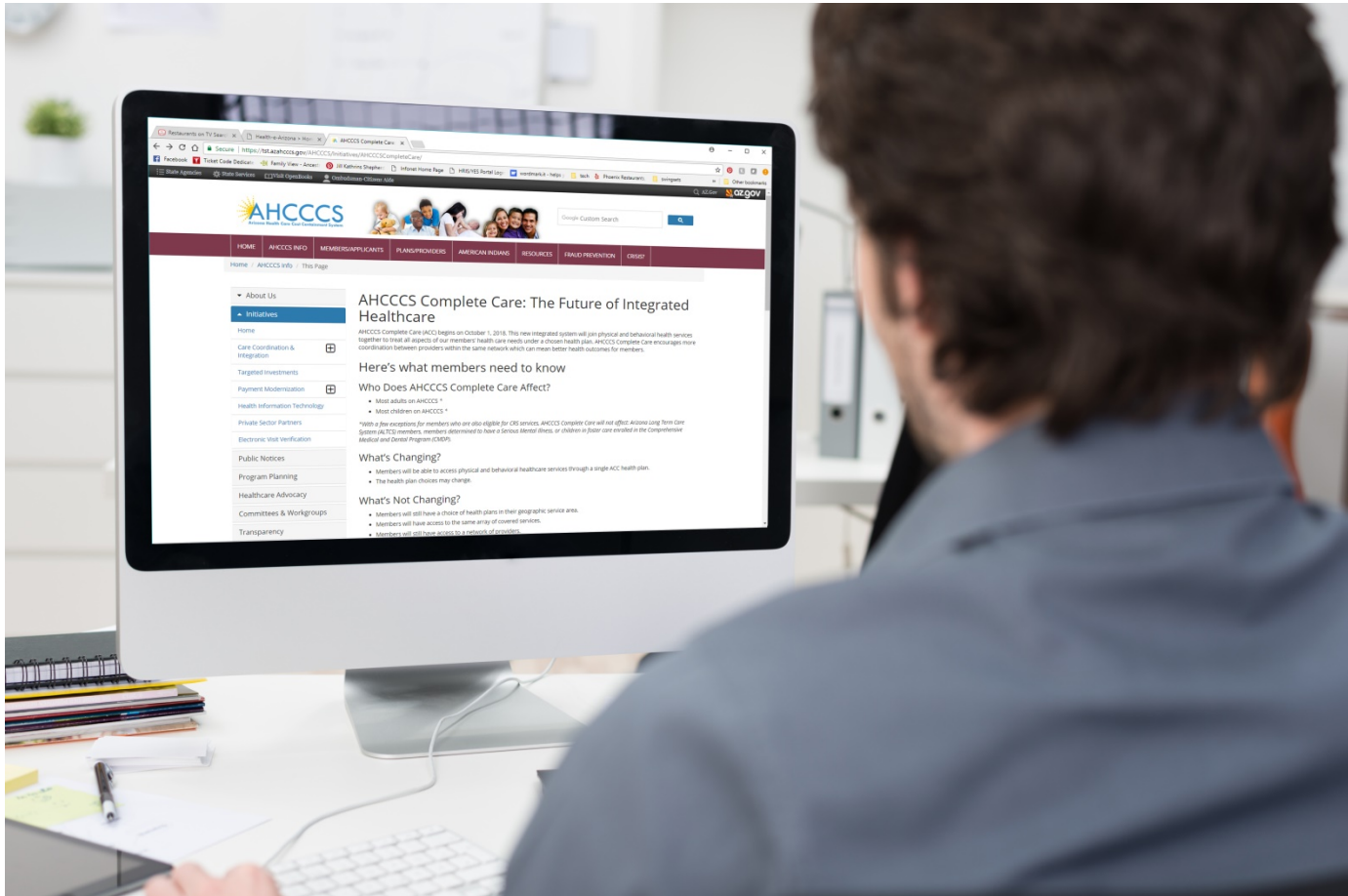
AHCCCS Complete Care

Coming October 1, 2018

Today's Presentation

- AHCCCS Complete Care – What, Who and When
- CRS Changes
- New ACC Health Plans – Who and Where?
- Next Steps – What and When?
- Changes to other populations and programs

This presentation and more is available at:
www.azahcccs.gov/ACC





- ▼ About Us
- ▲ Initiatives
- Home
- AHCCCS Complete Care
- Care Coordination & Integration +
- Targeted Investments
- Payment Modernization +
- Health Information Technology
- Private Sector Partners
- Electronic Visit Verification
- Public Notices
- Program Planning
- Healthcare Advocacy
- Committees & Workgroups
- Transparency

Frequently Asked Questions

- Q: Will covered services change?
- Q: Will CRS members have to change health plans?
- Q: What are the geographic service areas (GSA) to be served by ACC Plans?
- Q: What are the available ACC Plans in each geographic service area (GSA)?
- Q: Will my foster child's coverage with Comprehensive Medical Dental Program (CMDP) change?
- Q: If my child is enrolled in AIHP, how will she/he receive CRS services?
- Q: What will happen to members with CRS qualifying conditions that are being served through DES/DDD?
- Q: How will CRS members who are determined to have a serious mental illness (SMI) and who are not enrolled with DES/DDD receive services?
- Q: Will I be assigned to an ACC health plan or will I have choice of ACC Plan?
- Q: How will CRS conditions be determined and will members still have a CRS designation?
- Q: How will the plan ensure that members with CRS Special Health Care Needs get the comprehensive care they need?
- Q: Can members and families continue to access Multi-Specialty Interdisciplinary Clinics (MSICs)?
- Q: Can my child continue to receive services from current providers?
- Q: Will anything change at age 21 for a member with a CRS designation?
- Q: Will there be any changes to how other insurance coverage is handled?

Q: Will covered services change?

A: Members will still have access to the same array of covered services with ACC Plans (and other plans as noted) as they do under a single statewide health plan.

Q: Will CRS members have to change health plans?

A: Currently most members with CRS conditions are enrolled with a single statewide health plan for all or a portion of their services. Effective October 1, 2018, CRS members receiving fully integrated services from the current AHCCCS Statewide CRS health plan (UnitedHealth Care Community Plan) will be enrolled with and have choice of AHCCCS Complete Care (ACC) plans for all services including CRS, other non-CRS physical health services, and all covered behavioral health services. The ACC plan will be responsible for providing all medically necessary covered services for persons with CRS qualifying conditions.

when?

who?

what?

where?

AHCCCS Complete Care (ACC)

What, Who and When?



AHCCCS Complete Care Health Plans (ACC Plan)

Furthering Integrated Healthcare in a single Health Plan that will:

- Include physical and behavioral healthcare service providers (including CRS);
- Manage the provider network for all of your healthcare services.
- Provide comprehensive managed care for the whole person.

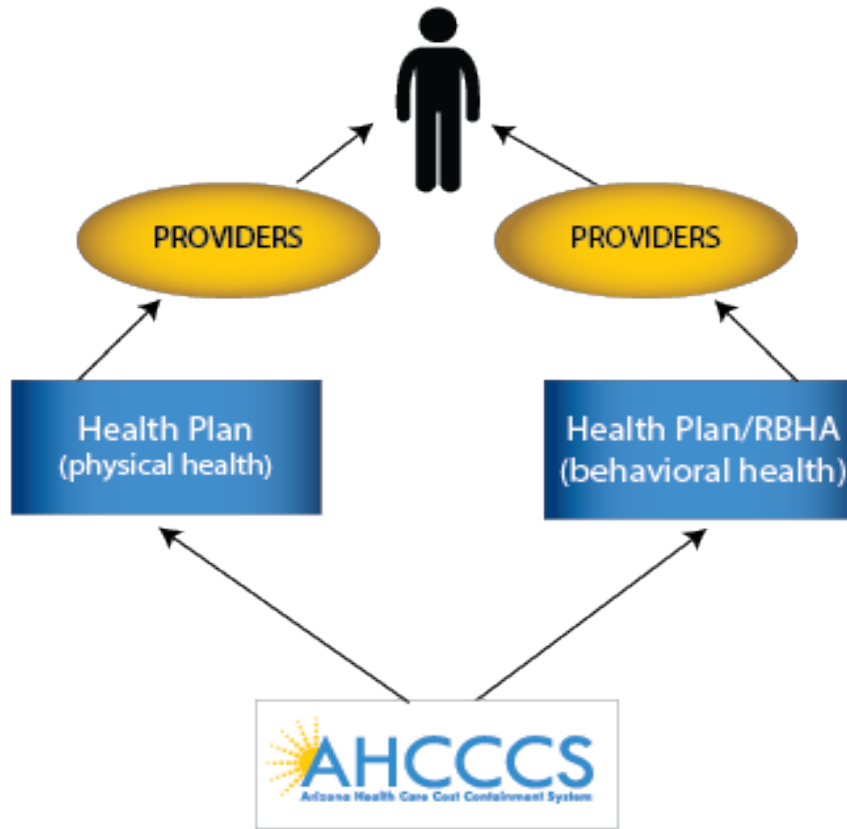
The Benefits of Integration

1

- One Plan
- One Payer
- One Provider Network
- Easier to Navigate
- Streamline care coordination to get better outcomes
- Improve a person's whole health

Vision - Integration at all 3 Levels

CURRENT DELIVERY SYSTEM



AHCCCS COMPLETE CARE (ACC) DELIVERY SYSTEM



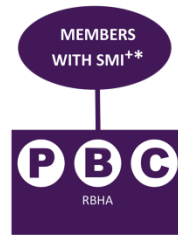
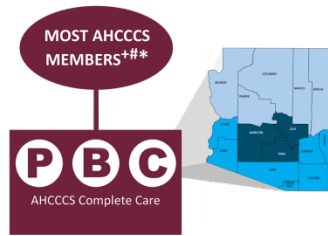
Who Is Affected and When?

- Affects most adults and children on AHCCCS
- Members enrolled in Children's Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most CMDP

2018-2019 AHCCCS COMPLETE CARE (ACC) INTEGRATION



This represents a change only for SMI/CRS members.

KEY

- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES

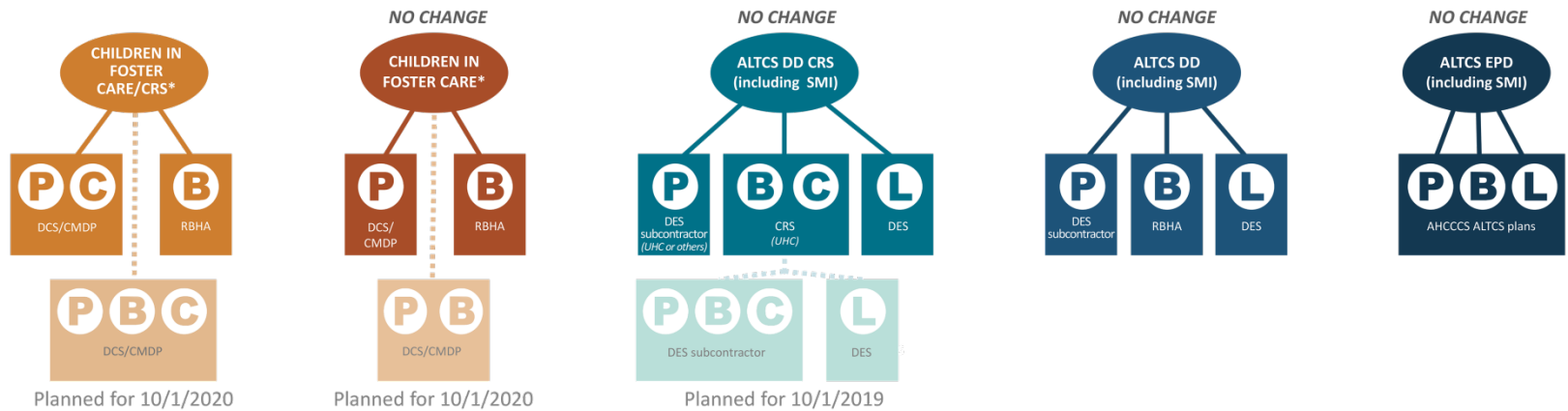
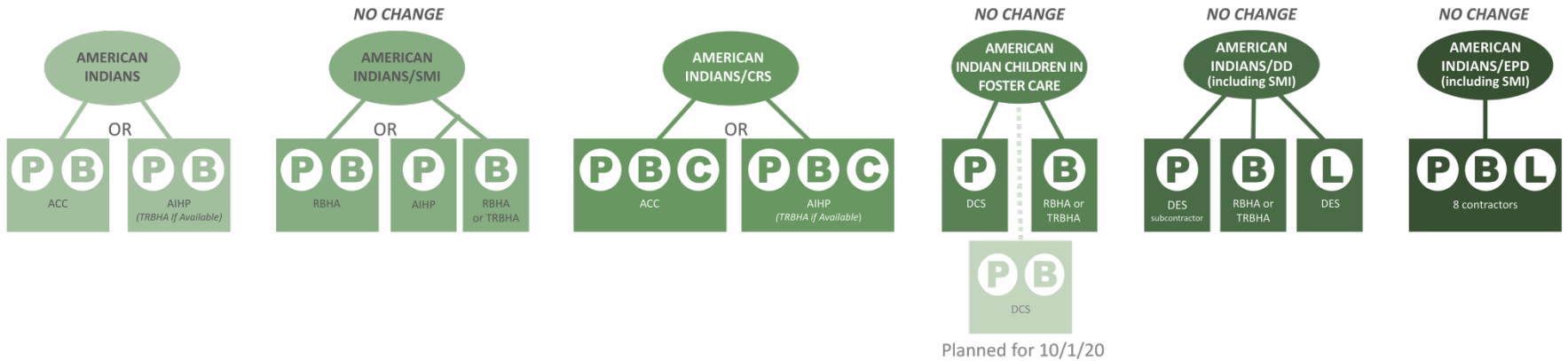
UHC UnitedHealthcare

- +** Including CRS members
- #** Excluding SMI & CMDP
- *** Excluding ALTCS

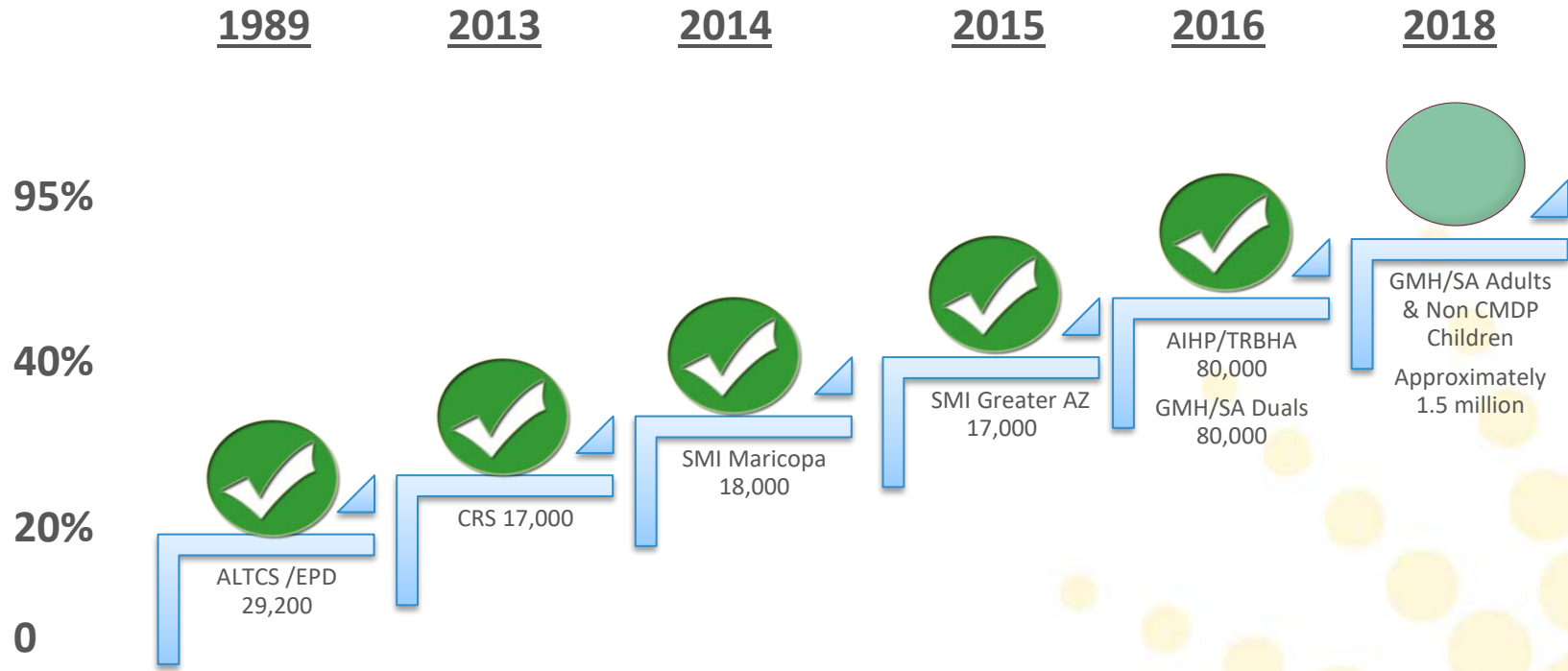
Population Group

Plan

Future Integration



Integration Progress To Date

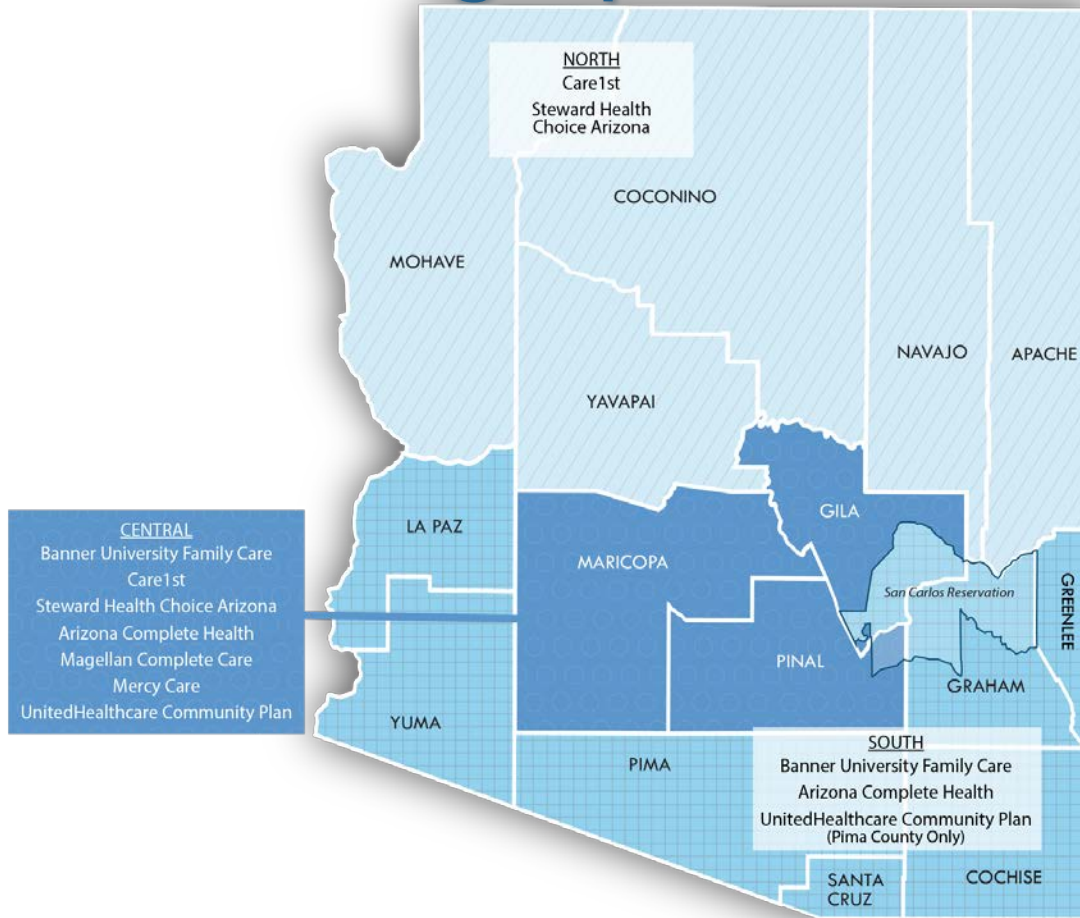


AHCCCS Complete Care Health Plans (ACC Plans)

Who and Where?



ACC Plan Geographic Service Areas



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

AHCCCS Complete Care (ACC) Plans

as of Oct. 1, 2018

| Central GSA | South GSA | North GSA |
|--|---|--|
| Banner University Family Care | Banner University Family Care | |
| Care1st | | Care1st |
| Steward Health Choice Arizona | | Steward Health Choice Arizona |
| Arizona Complete Health | Arizona Complete Health | |
| Magellan Complete Care | | |
| Mercy Care | | |
| UnitedHealthcare Community Plan | UnitedHealthcare Community Plan (Pima County Only) | |

Awarded AHCCCS Complete Care (ACC) Plans

| GSA | Awarded AHCCCS Complete Care (ACC) Plans | | | | | | |
|---------|--|---------|-------------------------------|-------------------------|------------------------|------------|----------------------------------|
| | Banner University Family Care | Care1st | Steward Health Choice Arizona | Arizona Complete Health | Magellan Complete Care | Mercy Care | UnitedHealth care Community Plan |
| Central | A** | A*** | A | A*** | A/N | A*** | A*** |
| South | A | E | E | A/N | | E | A* |
| North | E | A/N | A | | | | E |

A = Awarded N = New E = Exiting

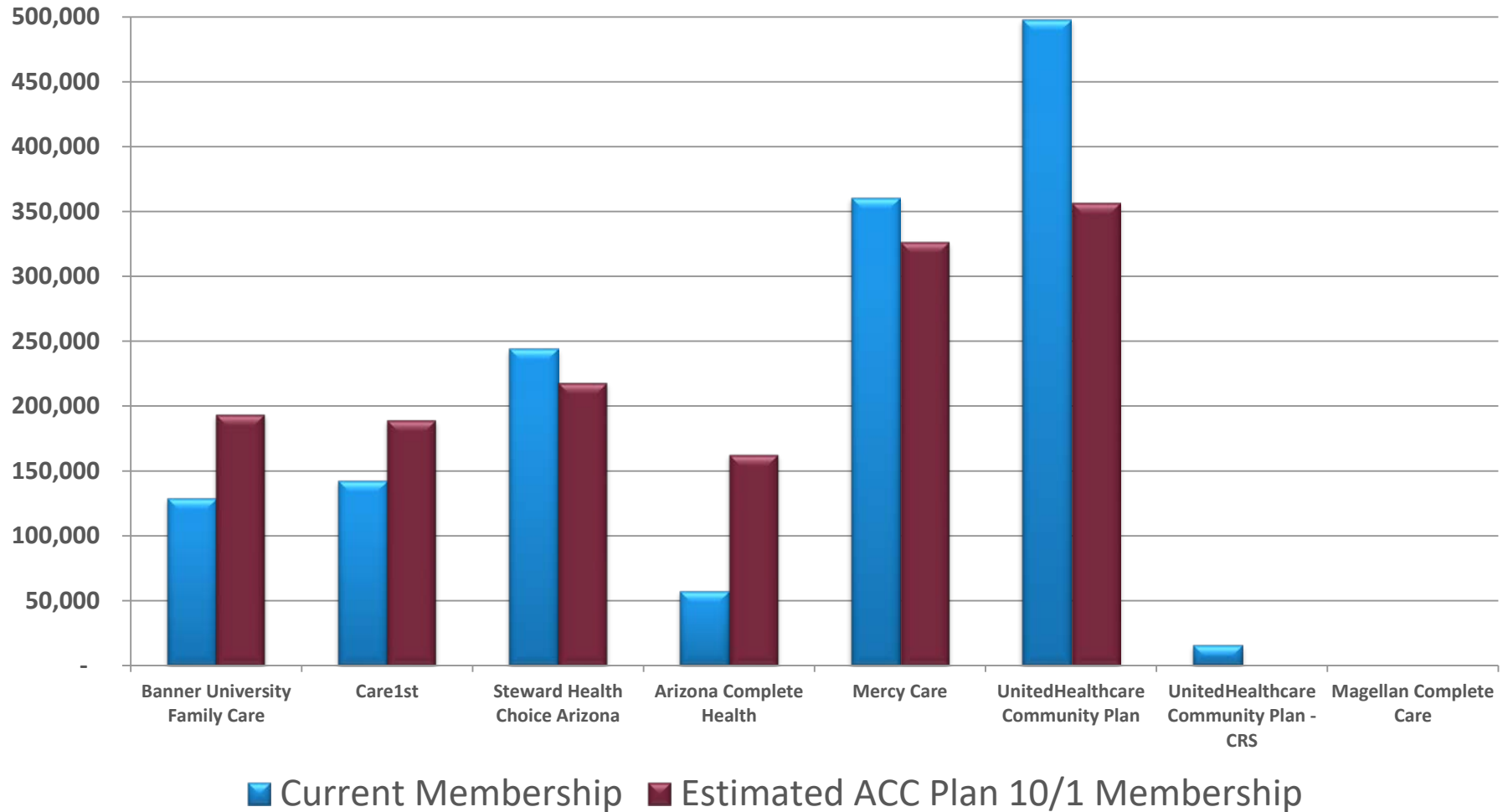
*Pima county award only
 **New in Maricopa county only
 ***Only new Pinal/Gila counties

Projected Membership Transition

| GSA | Estimated Members |
|---------|-------------------|
| Central | 10,400 |
| South | 199,575 |
| North | 83,445 |
| Total | 293,420 |

Based on February 2018 enrollment.
Pima county projection – 105,200

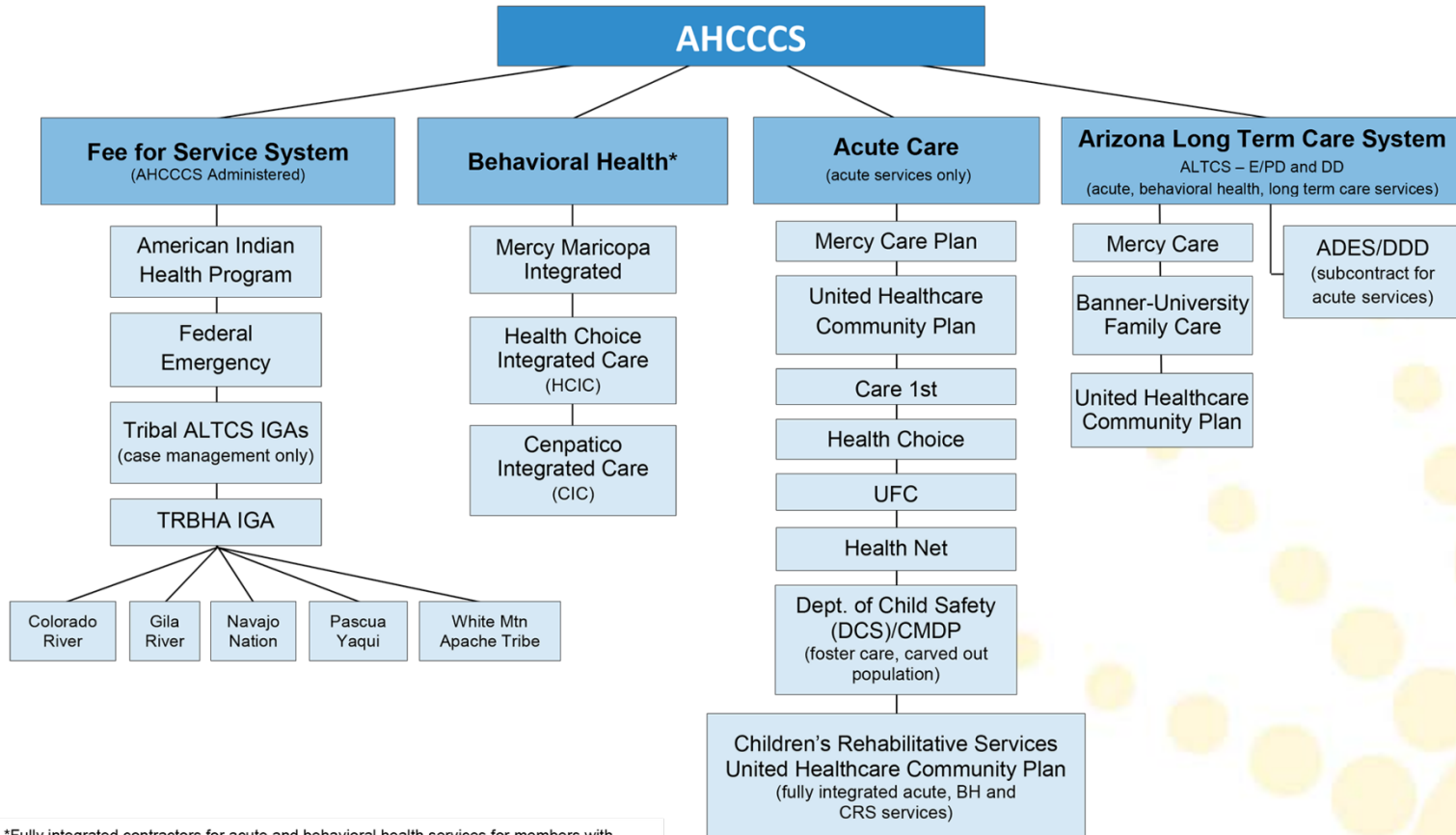
Projected Membership 10/1/18



October 1st enrollment does not include impact of membership that will choose a different plan than assigned.

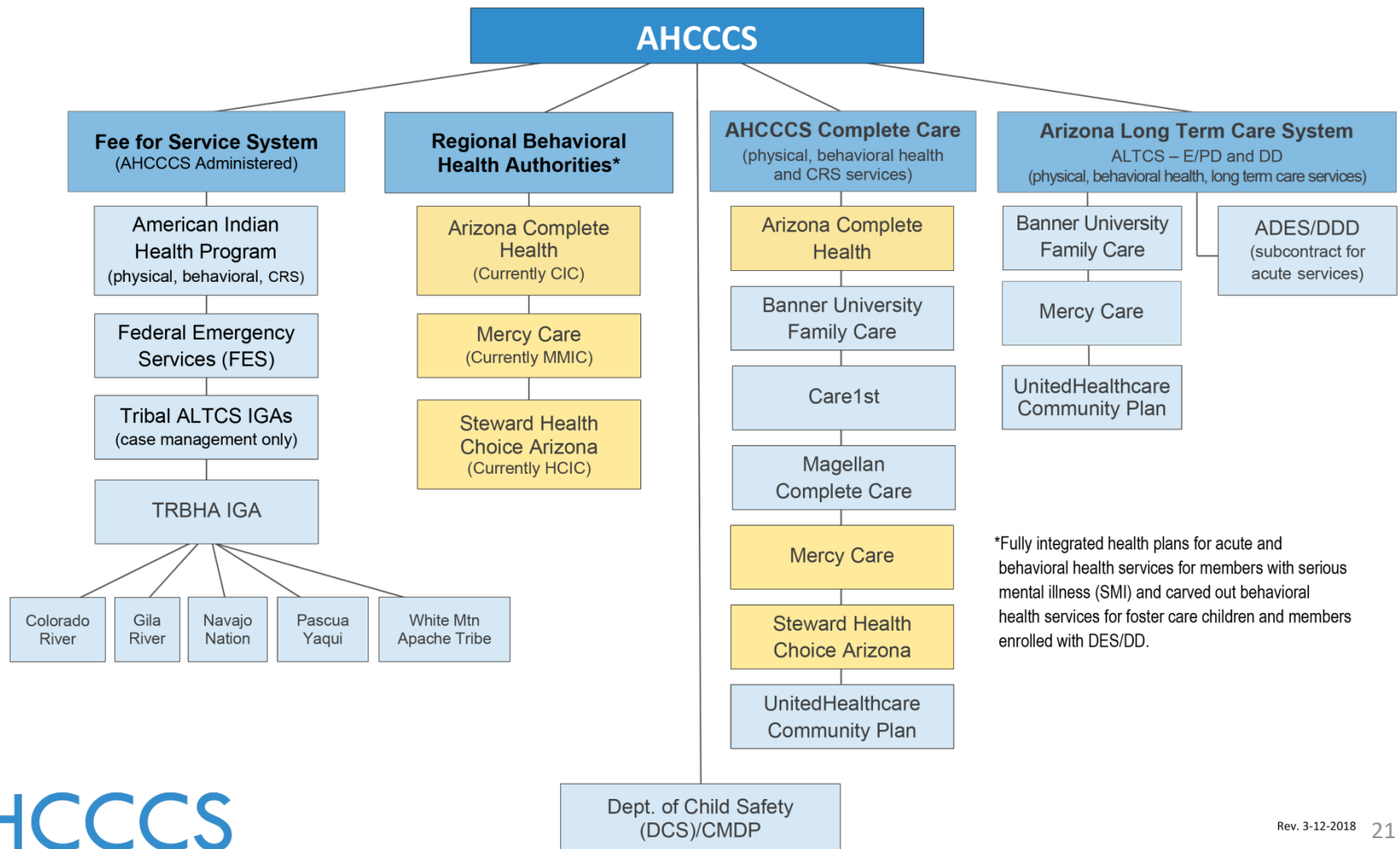
Current Care Delivery System

Pre 10/1



*Fully integrated contractors for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for Acute Care/DD adults with general mental health and substance abuse needs (GMH/SA) and children.

Care Delivery System as of Oct. 1, 2018



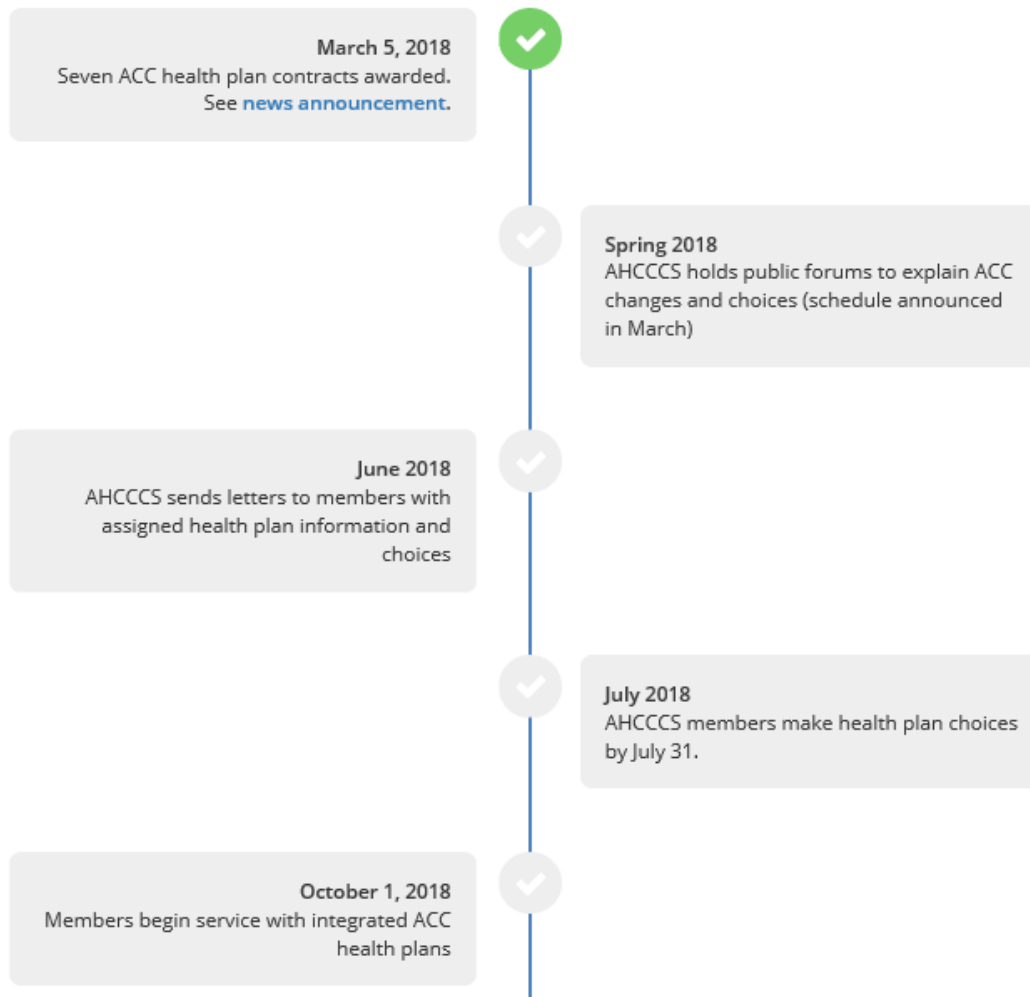
*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

What's Next?



AHCCCS Complete Care Timeline

What Happens Next?



Ensuring current information on HEA Plus

Need to report a change?

www.healthearizonaplus.gov



My Account

My Household

| Application Number | Date Started | Date Sent | Status | View |
|--------------------|--------------|-----------|-----------|---|
| | 2/6/2018 | N/A | Submitted | Provide/View Documents View Application Summary Next Steps Request an Appeal |

Health-e-ArizonaPLUS Address change?

Report a Change

- New Contact Information
- Add Person(s) - Someone Moved in or Had a Baby
- Remove Person(s) - Someone Moved Out or Passed Away
- Household Moved or Will Move
 - Moved Within Arizona
 - Moved Out of Arizona
- Update Information About a Person(s)
- Update Tax Filing Information
- Income Changed
- Apply for another program
- Disability Changed

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

- Other Change

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Member Assignment and Choice

- Members currently in a health plan that will also be an ACC Plan in their service area will stay with their current plan for October 1, 2018.
 - These members will have choice of other ACC Plans on their annual enrollment choice date.
- Members currently in a health plan that will not be an ACC Plan in their area will be assigned an ACC Plan, but will also be allowed to choose a different ACC Plan available in their area.

Member Assignment and Choice

- Members with choice will receive letters from AHCCCS with assignment and choice options in late June 2018.
- Members with choice may select a different ACC Plan by July 31, 2018.

What if I already get services with a RBHA and want to stay?

- Certain members previously receiving services with a RBHA will have a one time choice for 10/1/18 to elect to stay with the “RBHA-affiliated” ACC Contractor
 - Members given this choice must:
 - not already be enrolled in a RBHA-affiliated Plan that will be an ACC Plan; or
 - not already be getting choice of all ACC Plans (including RBHA-affiliated ACC Plan) due to current enrollment in exiting plan

RBHA Affiliated ACC Plans

| GSA | RBHA (current) | RBHA Affiliated ACC |
|---------|--------------------------------|-------------------------------|
| North | Health Choice Integrated Care | Steward Health Choice Arizona |
| Central | Mercy Maricopa Integrated Care | Mercy Care |
| South | Cenpatico Integrated Care | Arizona Complete Health |

Children's Rehabilitative Services (CRS) Changes

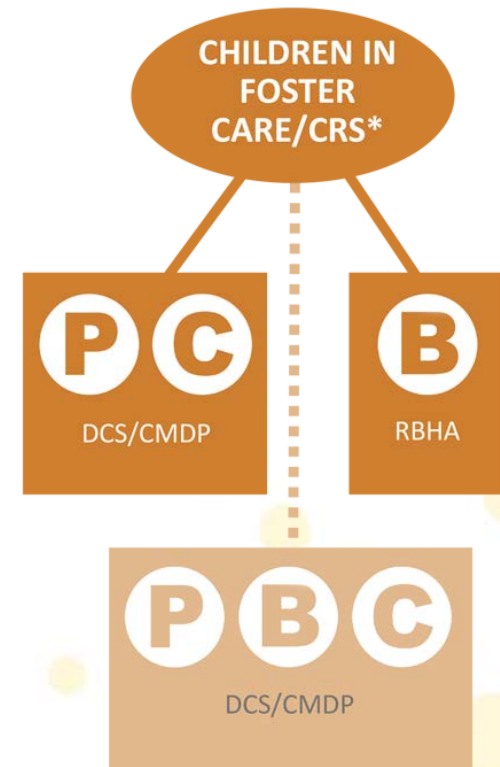


CRS Members

- CRS members will have choice of ACC Plan
- Members currently enrolled with CRS will receive all physical health and behavioral health services from an ACC Plan.
- CRS members will continue to be identified and designated by AHCCCS.

CRS Members continued

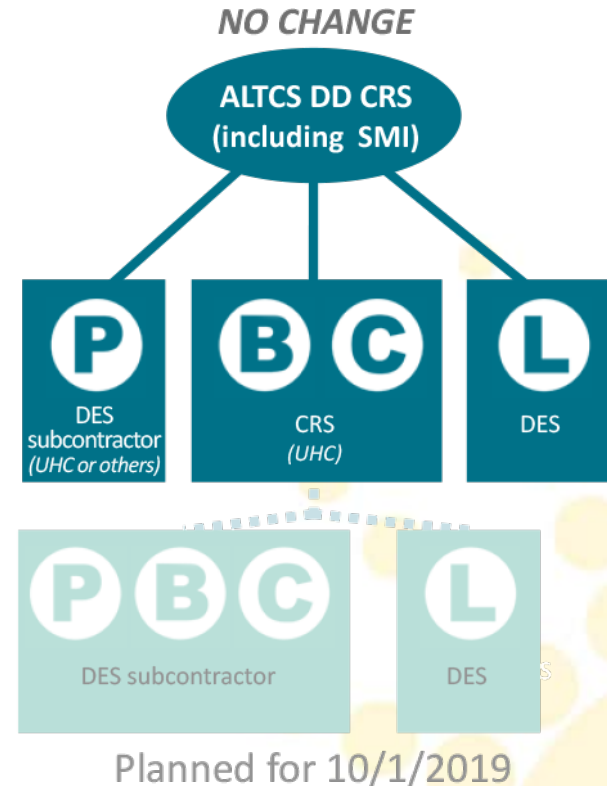
- Children in foster care with CRS conditions will receive physical health services, including services for CRS conditions, from CMDP.
- BH services will transition to RBHA



Planned for 10/1/2020

CRS Members continued

- CRS members enrolled with DES/DD will continue to receive physical and behavioral health services through United/CRS.
- <https://des.az.gov/service/s/disabilities/developmental-disabilities/integrated-health-plan>



CRS Members continued

- CRS members determined SMI and not enrolled with DES/DD will be moved to the RBHA.



This represents a change only for SMI/CRS members.

American Indian Health Program (AIHP) Changes

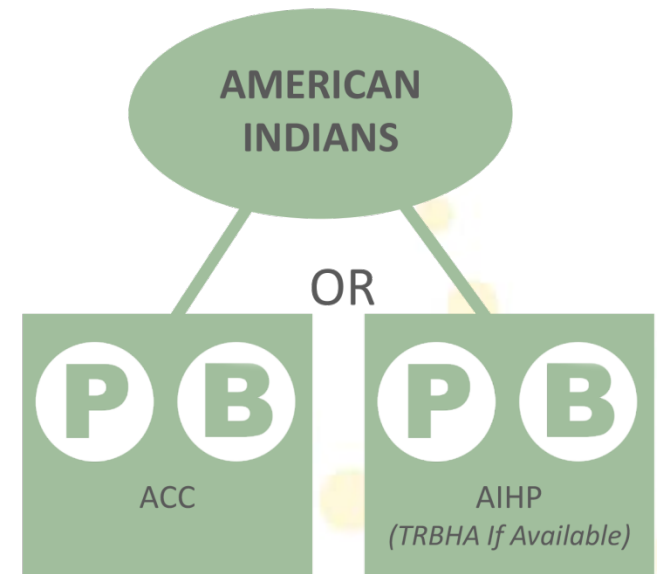


Changes for American Indian Health Program (AIHP)

- AIHP will:
 - Pay for and manage care for physical and behavioral health services
 - Pay for and manage care for CRS services
 - RBHA will only continue to serve American Indian members with SMI
 - Manage care with TRBHAs when available and member enrolled

Supporting Choice for American Indian Members

- Integrated choices for the Non-SMI populations will be available within:
 - AIHP or AIHP and TRBHA; or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



Choice for American Indian Populations

- Tribal members will continue same frequency of choice options
- Annual Enrollment options continue

Specific Transitions for American Indian Populations

| Current Health Plan Enrollment/Assignment | Assignment on 10/1/2018 | |
|---|----------------------------|----------------|
| CRS (acute and CRS services), TRBHA | ACC Plan | Approx. 350 |
| AIHP, CRS (CRS services only) and TRBHA | AIHP and TRBHA | Approx. 700 |
| AIHP, CRS and RBHA | AIHP | Approx. 300 |
| AIHP and TRBHA | AIHP and TRBHA – No Change | |
| AIHP and RBHA | AIHP | Approx. 41,000 |
| Acute Plan and TRBHA | ACC Plan | Approx. 200 |
| Acute Plan and RBHA | ACC Plan | Approx. 37,000 |
| CMDP and TRBHA | CMDP and TRBHA- No Change | |
| <u>DDD and TRBHA</u> | DDD and TRBHA-No Change | |

Other things to be aware of...



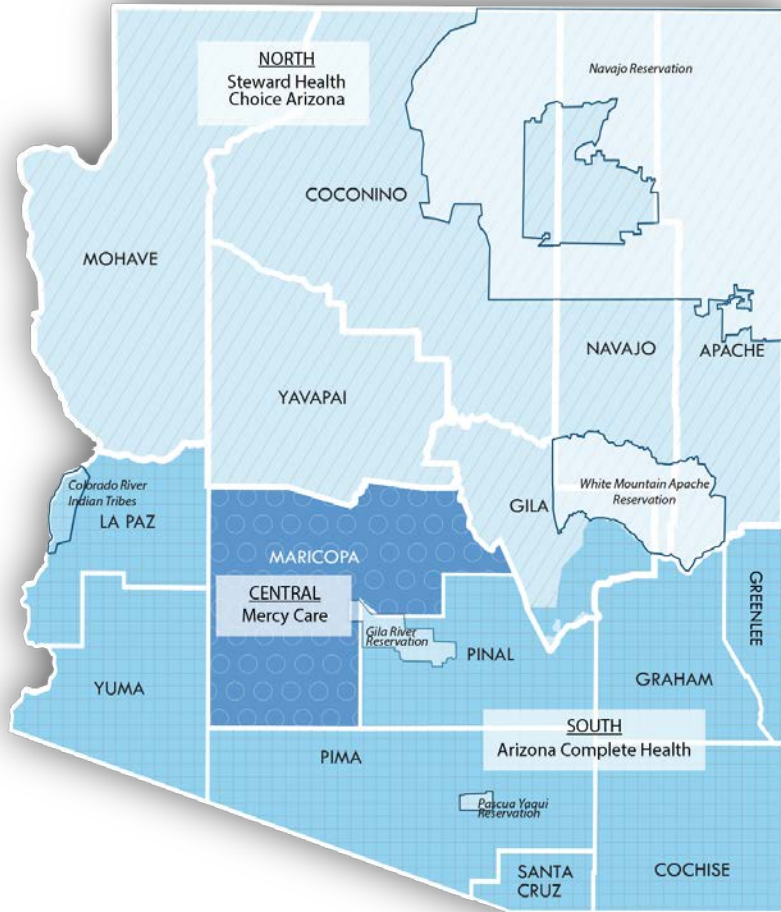
Changes with RBHA services

Regional Behavioral Health Authorities (RBHAs) will no longer serve most adults and children as of October 1, 2018 (with exceptions below). Behavioral health services will be provided through your AHCCCS Complete Care (ACC) Plan.

RBHAs will continue to provide and serve:

- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
- Crisis services, grant funded, and state-only funded services

RBHA/TRBHA and Crisis Services



- The Crisis system responsibilities will remain with the RBHA (in their respective GSA areas)

Continuity of Care – Plan Provider Transitions

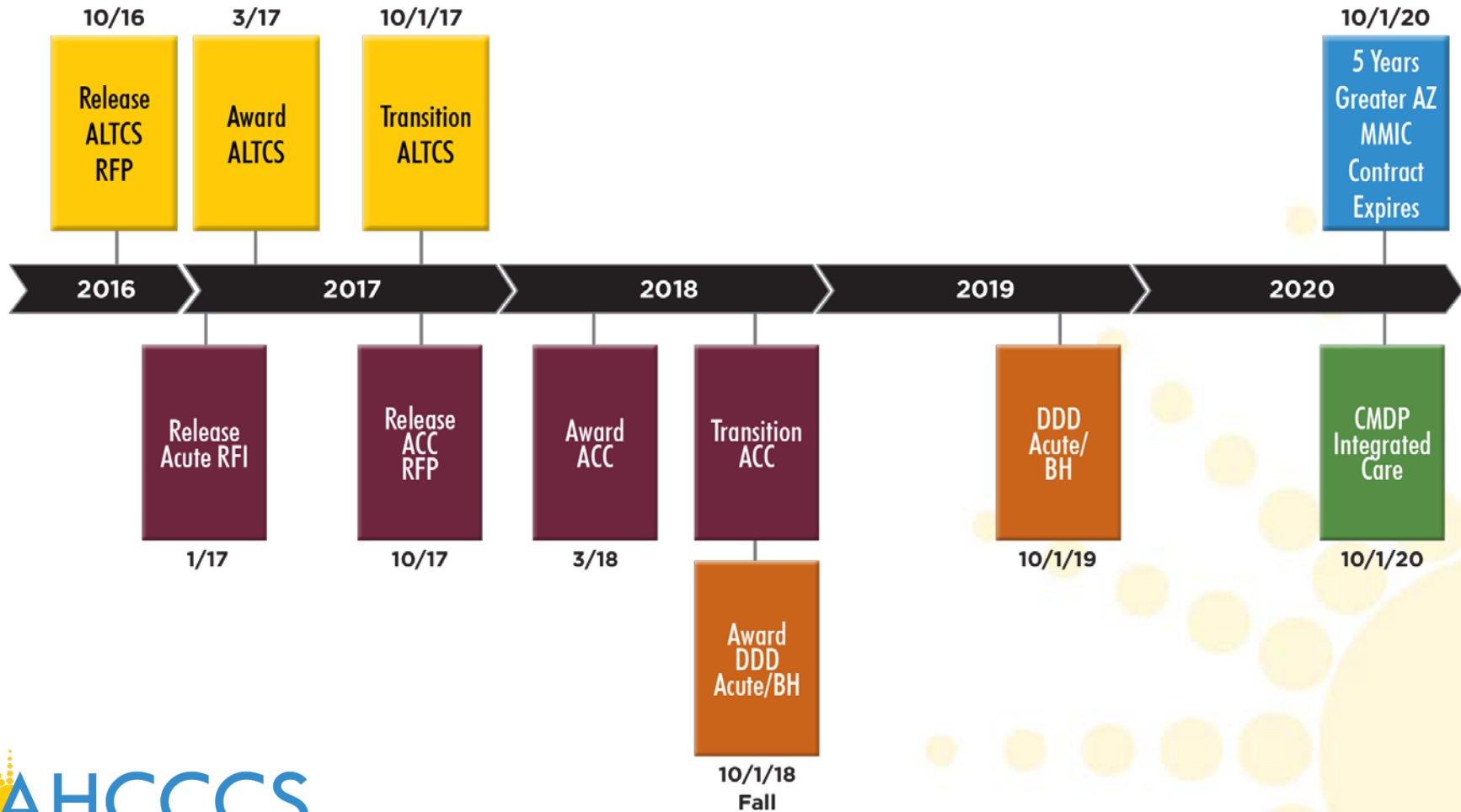
- For transitioning members, ACC Plans must:
 - Allow members receiving BH treatment continued access to specific providers as listed in treatment plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first
 - Allow members with CRS qualifying conditions in active course of treatment on plan (if agreed by provider) for duration of treatment or 6 months; whichever occurs first

Medicare Advantage D-SNP Plan Requirement

- To further integration, each ACC Plan is required to have a Medicare Advantage D-SNP option to offer alignment to members with Medicare.
- Members with health plan changes may need to make future changes to Medicare enrollment to continue to be aligned.



AHCCCS Contract Timeline

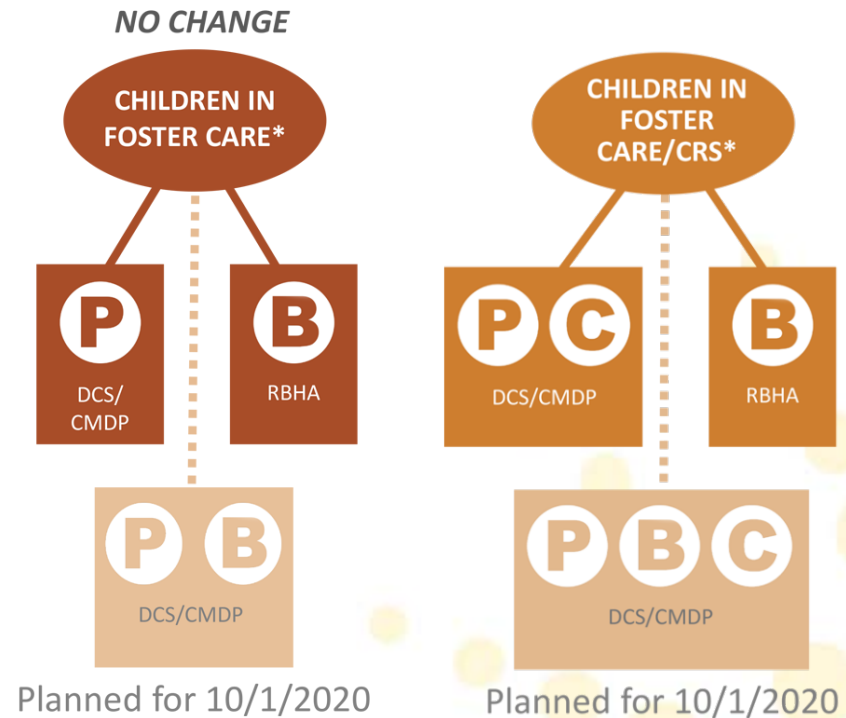


Integration Efforts for Foster Children Enrolled with CMDP

- CMDP will manage CRS services for members starting 10-1-18
- AHCCCS & DCS are identifying future integration opportunities
- Integration planned for 10-1-20

Read the final Mercer Analysis at

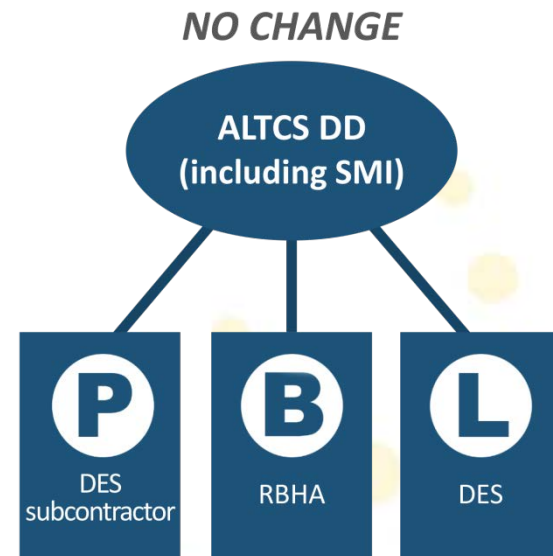
https://www.azahcccs.gov/Members/Downloads/Resources/AHCCCS_Analysis_of_an_Integrated_Health_Plan.pdf



Integration Efforts for DDD

- DDD is working on a Request for Proposal for furthering integration planned for 10-1-19.

<https://des.az.gov/services/disabilities/developmental-disabilities/integrated-health-plan>



Thank you!



**AHCCCS Update-
Budget, Enrollment, Legislative Update,
Opioids, and TI
General Waiver Update/Spa Update**



AHCCCS Update

State Medicaid Advisory Committee

May 9, 2018



Enrollment Data

- Overall enrollment down 74,000 over past year
- KidsCare growth of 8,900 over past year
- Enrollment declines for 8 of past 12 months

Current and Future Waiver Requests



Flexibilities Overview

- March 14, 2017 letter from HHS/CMS encouraged states to seek flexibilities in the administration of their Medicaid programs
- November 17, 2017 concept paper submitted to CMS

AHCCCS Works

- On December 19, 2017, AHCCCS submitted a request to CMS to implement AHCCCS Works
- To qualify for AHCCCS coverage, certain able-bodied adults 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
 - Be employed or actively seek employment;
 - Attend school; or
 - Participate in employment support and development activities.
- Negotiations with CMS ongoing
- Operational workgroups defining policy parameters and system requirements in preparation for waiver approval
- Four states' waivers approved to date: Kentucky, Indiana, Arkansas, New Hampshire

Prior Quarter Coverage

- Currently, Arizona covers enrollees three months prior to the month of application if the enrollee would have been eligible at any point during those months
- Amendment submitted on April 6, 2018 proposes limiting retroactive coverage to the month of application, consistent with AHCCCS policy prior to 2014
- CMS 30-day public comment period began on April 23, 2018

Non-Emergency Medical Transportation

- Exploring limitation on NEMT for those who meet the following criteria:
 - Adults aged 19-49 above 100% FPL
 - Subject to mandatory managed care
 - Do not have a disability or medical frailty
 - Live in an urban area with adequate public transportation
- Also actively considering policy modifications aimed at ensuring appropriate utilization of NEMT

Prescription Drug Flexibilities

- Developing waiver proposal to obtain more leverage on prescription drugs
 - Exclude drugs until market prices are reasonable and cost effectiveness data exists
 - Establish formulary with at least 2 drugs per class/category (with exceptions)
- Working with consultant to evaluate current management of pharmacy benefit and assist in development of waiver proposal

2018 Legislative Session Update



SFY 2019 Budget Highlights (General Fund Impact)

- Funds suicide prevention coordinator to assist school districts and charter schools in suicide prevention efforts – \$100k
- Increases SNF/ALF provider rates by 3% – \$2.7M
- Supplies onetime assistance to DD providers to offset cost increases resulting from enactment of proposition 206 - \$11M
- Increases inpatient and outpatient hospital rates by 2.5% based on hospital performance on established quality measures – \$9.8M
- Increases funding for Critical Access Hospitals – \$1.8M
- Provides funding for provision of behavioral health services in schools - \$3M
- Provides funding for 12 FTEs within American Indian Health Program to support integration effort - \$300k
- Behavioral Health Inpatient Facility reimbursement capped at 90% of fee schedule if a contractor and provider do not enter into a contract (\$1M)

2018 Session Legislation Highlights

- HB 2228- Exemption to work requirement for American Indians
- SB 1450- Renames the Human Rights Committees to Independent Oversight Committees and transitions jurisdiction to ADOA
- SB 1504- Appropriates additional funding for DD members who exceed the cost effective study rate to stay in their home
- New Reporting Requirements: Diabetes Annual Report (HB2258), Abortion Report (SB1394), Group Home Bed Report (SB1396), and Behavioral Health Semi-Annual Report (SB1397)
- No expansions or contractions of scope of services

Arizona Opioid Epidemic Act



Opioid Use Disorder Grant Parameters

- Opioid Epidemic Act signed on January 26, 2018
- \$10 million appropriation to AHCCCS
- Treatment services/resources
- Uninsured and underinsured Arizonans

Opioid Use Disorder Grant

Steps to Date

- Disseminated \$2M to RBHAs on February 2, 2018
- Disseminated remaining RBHA allocation on March 26, 2018
- Disseminated T/RBHA allocation on April 25, 2018
- 10 community forums to obtain input on use of funds
 - February 12th through February 22nd
 - Tribal consultation – March 7th
 - Themes: priority populations, outreach and navigation, recovery needs, treatment gaps
- Mandatory monthly reporting on number individuals served, services offered and dollars spent by provider

Targeted Investments Program



Targeted Investments

- \$66.5 M in incentive payments will be made for TI Year 2 [\$19 M for Year 1]
- 35 primary care practices added as HIE [Health Current] participants due to TI incentives
- Over 150 Primary Care Pediatric staff being trained to screen for childhood trauma
- The first TI milestone is due for completion on May 31, 2018

Questions

