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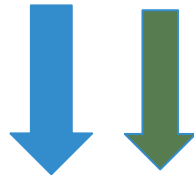
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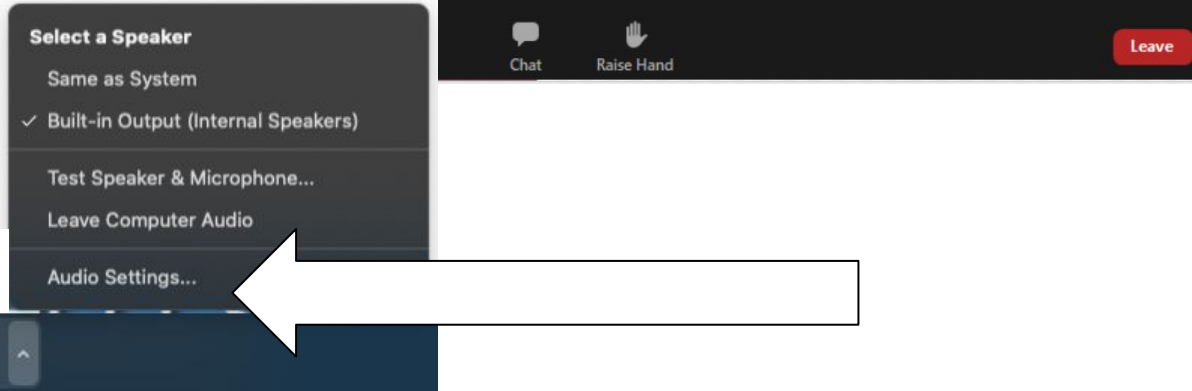
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Speaker Test Speaker Built-in Output (Internal Speakers)

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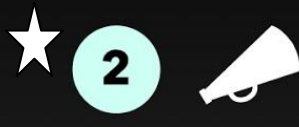
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Stay FOCUSED by
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participants



Use CHAT to ask
questions or share
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State Medicaid Advisory Committee (SMAC) Quarterly Meeting

January 12, 2022

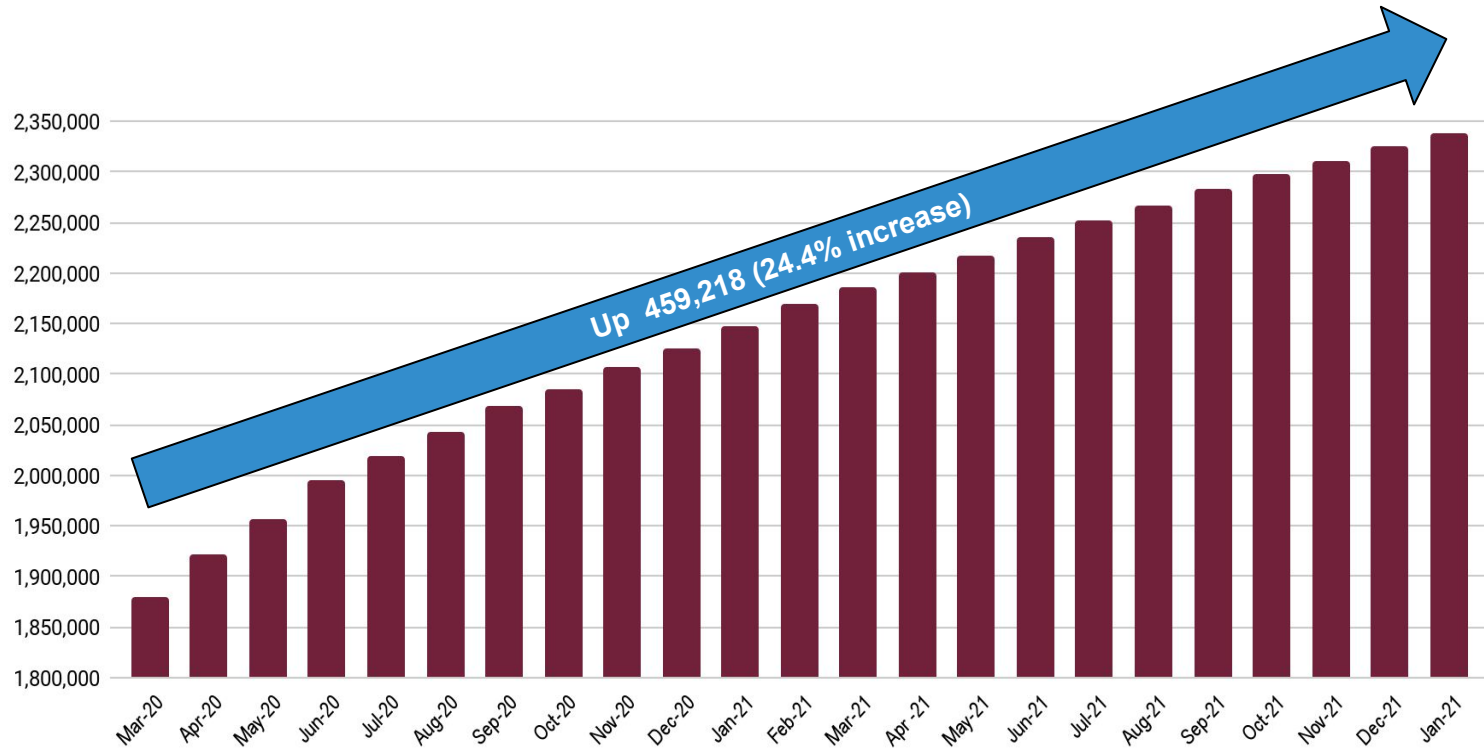


AHCCCS Updates

Jami Snyder, AHCCCS Director

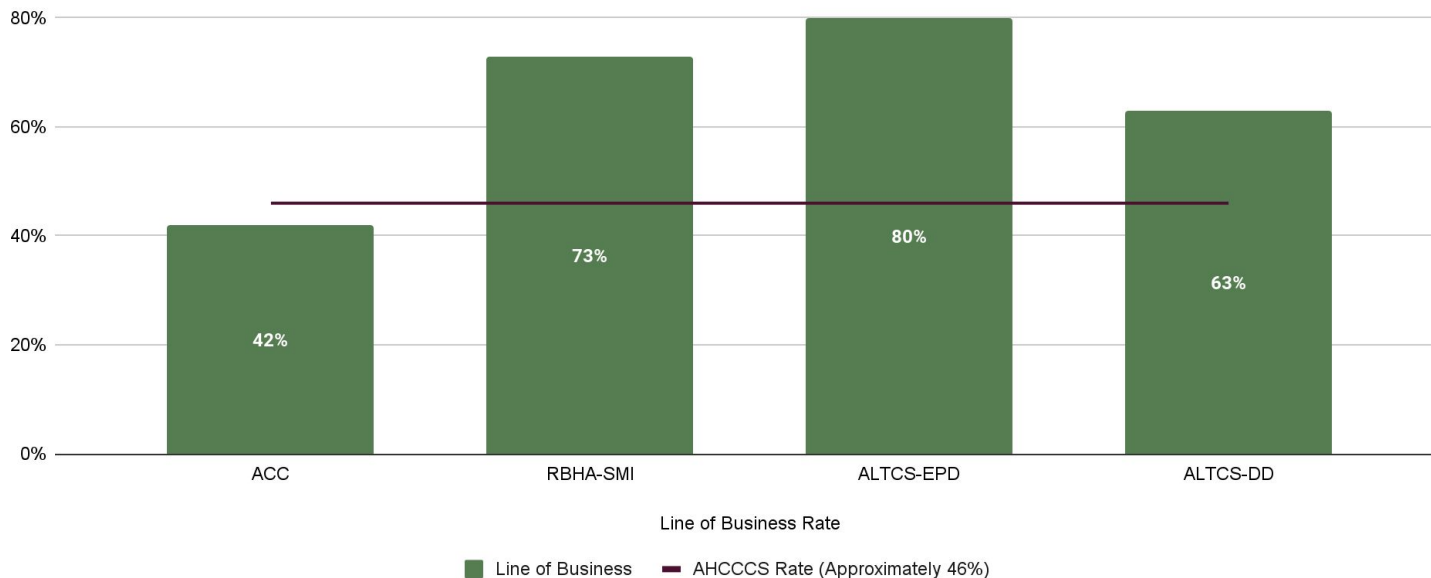


AHCCCS Enrollment: March 2020- January 2022



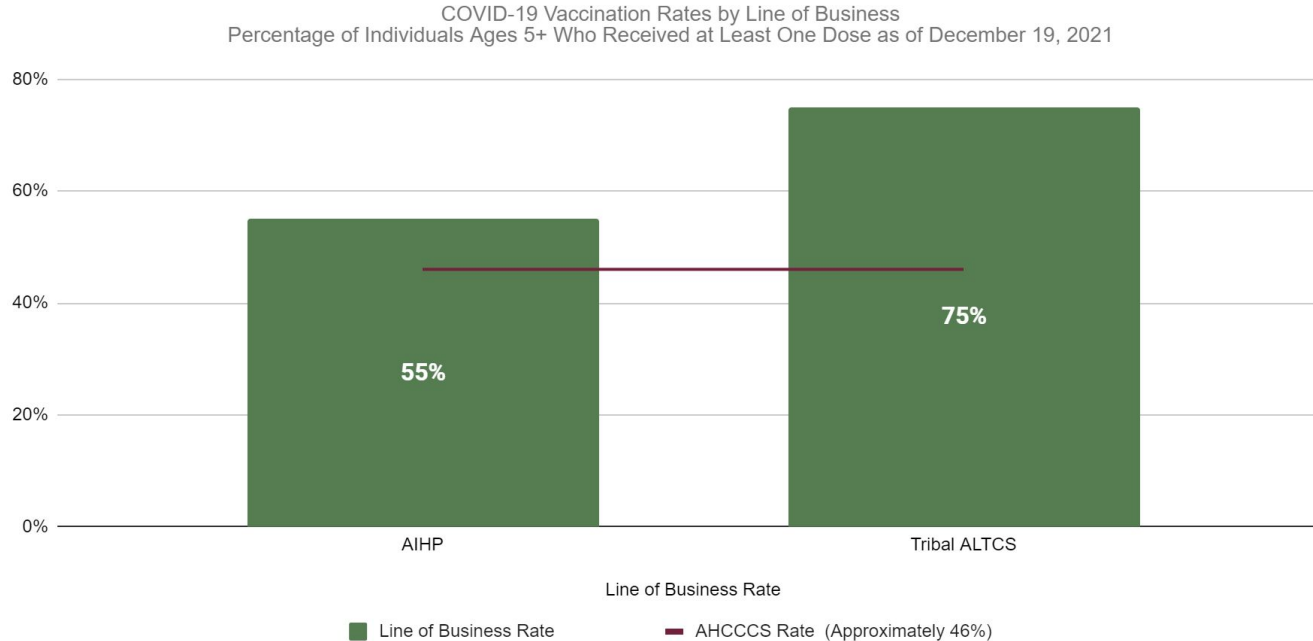
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of December 19, 2021



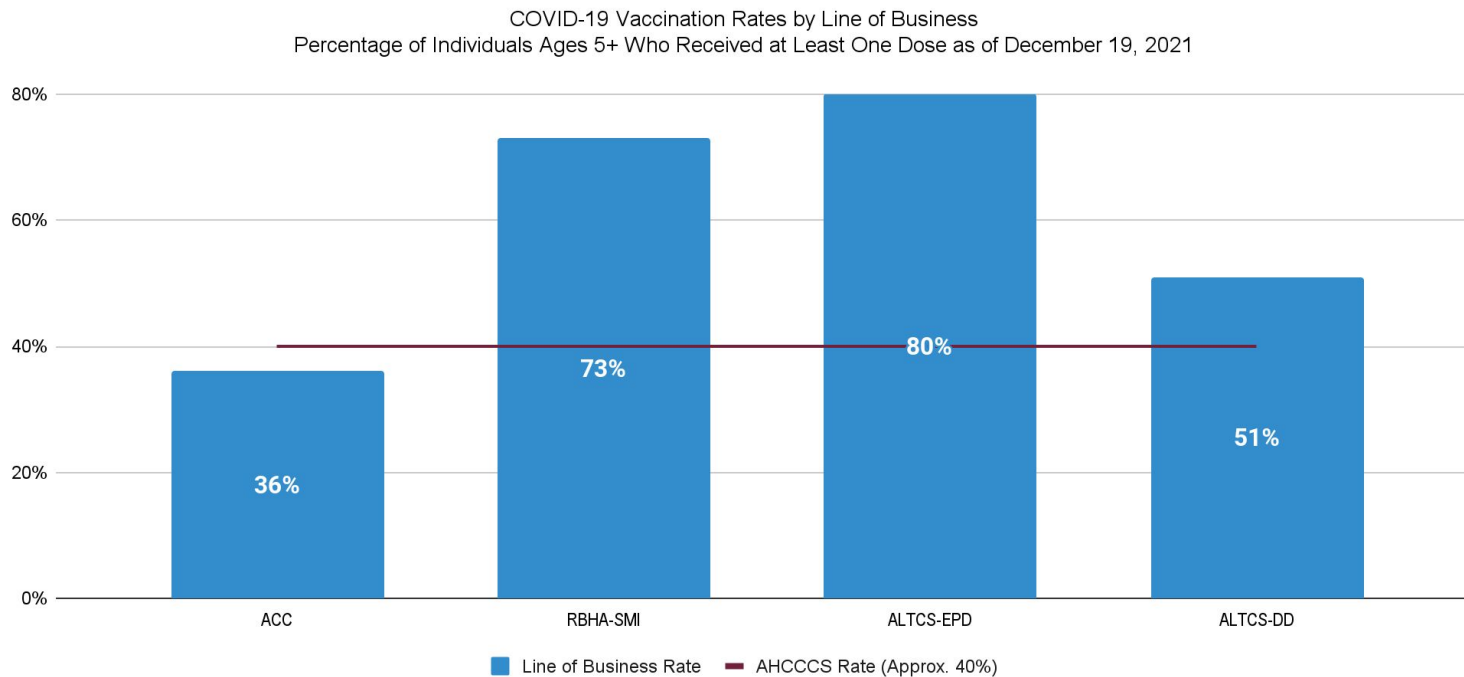
*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIS as well as claim and encounter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

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



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

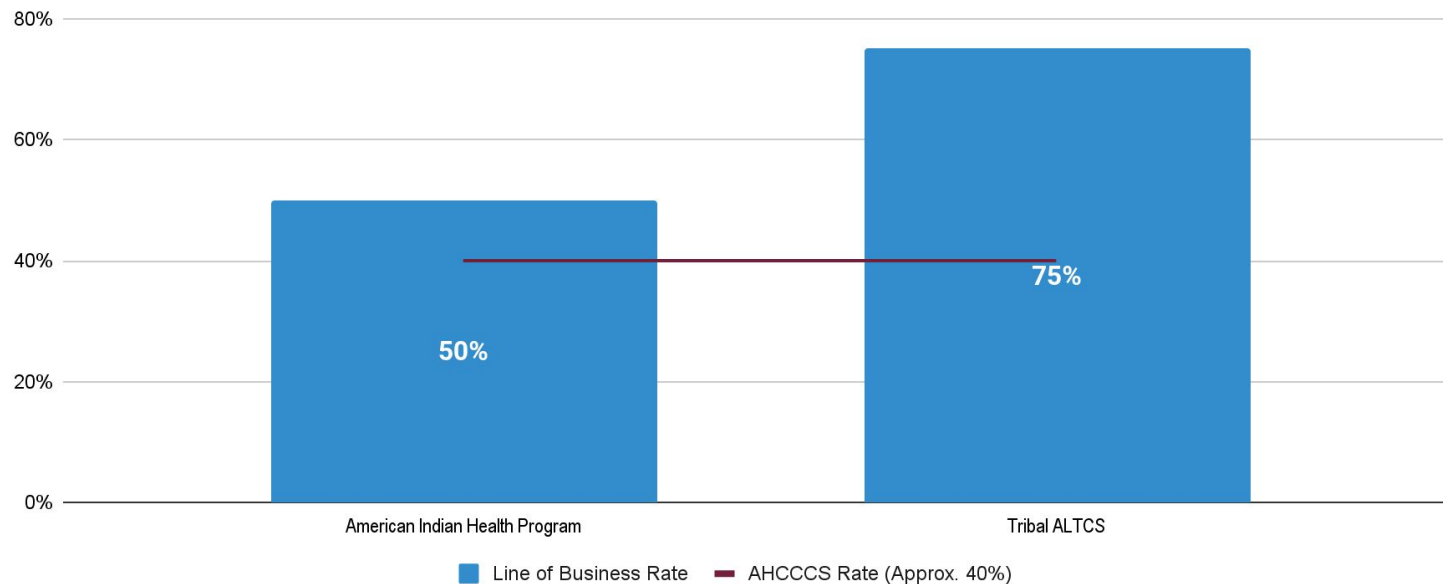
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*



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

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

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of December 19, 2021



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

2021 Accomplishments

INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY

- Awarded [Competitive Contract Expansion](#) contracts to three AHCCCS Complete Care health plans to serve individuals with a Serious Mental Illness designation
- Submitted the [AHCCCS Housing and Health Opportunities \(H2O\) demonstration](#) waiver request to CMS, aimed at enhancing the availability of housing-related services for individuals experiencing homelessness or at risk of homelessness
- Transitioned the maintenance and operations of [Health-e-Arizona Plus](#), AHCCCS' eligibility system, on July 1, 2021 to a new vendor, Accenture, with **no** disruption to system operations
- Expanded the existing [Medicaid School Based Claiming program](#) to allow **all** Medicaid-enrolled children to access health care services on school campuses (not just those students with an Individualized Education Program)
- Implemented the [Emergency Triage, Treat and Transport program](#) to reduce unnecessary transports to emergency departments and allow members to be transported to alternate destinations
- Launched the [Opioid Services Locator](#) tool
- With the state's Health Information Exchange (HIE), launched a [closed loop referral system](#) to make it easier for clinicians to connect members to needed social services

2021 Accomplishments

INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY continued

- Implemented Arizona's [Electronic Visit Verification](#) program to ensure access to care for members who receive in-home services and supports
- Provided behavioral health services to 6,000 students either on school campuses or in established clinics in response to referrals for services
- In alignment with the [Home and Community Based Services Enhanced Federal Match](#) provision allowing states to supplement existing funding, submitted a spending plan for more than \$1 Billion detailing how the agency will use additional federal funding to strengthen and enhance the HCBS system of care
- Contracted with and successfully transitioned to a statewide [Housing Administrator](#) to oversee the AHCCCS Housing Program, consisting of permanent supportive housing and housing support programs for individuals with behavioral health needs who are experiencing homelessness
- Created a comprehensive [Digital Tool Box](#) for Tribal Arizona Long Term Care System (ALTCS) programs
- Developed a Peer to Peer Coaching program through the Office of Individual and Family Affairs to provide personal support to peers in the workforce
- Completed the [ONE AHCCCS](#) move and transitioning all AHCCCS main campus operations into the 801 building

2021 Accomplishments

RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency; enrollment increased by nearly 24 percent over 22 months
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries, including mobile-based vaccine distribution for members enrolled in the AHCCCS Long Term Care System (ALTCS)
 - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the [Crisis Counseling Program](#) to help individuals and communities recover from the pandemic; served more than **17,000 unique individuals** statewide with crisis counseling and group counseling/public education
- Distributed over \$18 million in additional pandemic relief funding to nursing facilities

2022 Priorities

- Unwinding from the Public Health Emergency (PHE)
- Readiness and launch of ACC/RBHAs on 10-1-2022
 - Includes statewide crisis line & 988 readiness and launch
- Initial preparations for ALTCS bid (contracts term on 9/30/24)
- 1115 Waiver Negotiations for 10/1/2022
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H20)
- Continued Prioritization of COVID-19 Response
- Transition of members who are American Indian/Alaska Native and designated with a SMI to integrated options (AIHP for all services, AIHP/TRBHA if TRBHA available, or ACC-RBHA for all services)
- Continued roll out of closed Loop Referral System
- Division-level succession planning



2022 Legislative Session

- Expenditure authority for American Rescue Plan Act (ARPA) HCBS and ongoing enhanced FMAP under the Public Health Emergency
- Expansion of covered services
 - 12 months postpartum coverage
 - Comprehensive dental for pregnant women
 - Chiropractic care
 - Diabetes self management
- Codifying current flexibility to conduct Preadmission Screening Assessments (PAS) for ALTCS telephonically



Current Audits/Reviews

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

Recent Transitions

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



SMAC Members

Open Discussion, Comments and Questions



American Rescue Plan Act (ARPA) Updates - Home and Community Based Services

Jakenna Lebsock, Assistant Director
Division of Health Care Management

American Rescue Plan Act of 2021

 A small glass vial labeled 'VACCINE COVID-19 CORONA VIRUS' is surrounded by red, spiky virus particles. A white plus sign is positioned to the right of the vial.	 A white van is shown in motion, with a blurred background suggesting speed.	 A pile of white, oval-shaped pills is spilling from an orange pill container onto a US one hundred dollar bill.	 A wide-angle view of a city skyline with mountains in the background under a clear sky.	 A woman with long dark hair is sitting at a table, looking at a blue folder, while a young girl sits across from her, also looking at the folder.	 A black and white photograph of a woman in profile, looking down thoughtfully with her hand to her face.	 A person wearing a dark hooded jacket is sitting on a stone ledge, looking away from the camera.
Vaccine COVID-19 Administration	Mobile Crisis Services	Elimination of Medicaid Drug Rebate Cap	100% FMAP for Urban Indian Health Program	10% Increase to FMAP for HCBS	Twelve Months Postpartum Coverage	SAMHSA Block Grants to Address Addiction, Mental Health Crisis

ARPA, Section 9817 (HCBS)

- Provides states with a temporary 10% increase to the Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for Home and Community Based Services (HCBS)
- States must use the federal funds attributable to the increased FMAP to supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021
 - States must implement or supplement the implementation of activities to enhance, expand, or strengthen HCBS under the Medicaid program through March 31, 2024

American Rescue Plan Act HCBS

- CMS is requiring states to submit both an initial and quarterly HCBS spending plan and narrative to CMS on the activities that the state has and plans implement.
- There is opportunity to amend the initial spending plan through subsequent quarterly reports.
- AHCCCS submitted the [ARPA HCBS spending plan 7/12/2021](#) after gaining approval for a thirty-day extension to obtain further stakeholder input
 - On 9/28/2021, CMS granted a [partial approval](#) of the AHCCCS spending plan.
 - On 10/12/2021, AHCCCS responded to the CMS requests for additional information contained in the CMS partial approval letter.

ARPA HCBS Spending Plan - Partial Approval

- Arizona received partial approval of the spending plan on September 28, 2021
- The partial approval letter includes:
 - Verification that Arizona qualifies for the temporary 10 percentage point increase in FMAP for certain Medicaid expenditures,
 - Approval for the state to claim the increased FMAP for qualifying expenditures between April 1, 2021, and March 31, 2022,
 - A request for additional information that CMS needs before issuing full approval as Arizona further plans and develops the activities in its spending plan,
 - General considerations, and
 - Information related to the submission of subsequent quarterly spending plans.

HCBS Funding Priority #1:

Strengthening and Enhancing Arizona's Home and Community Based System of Care

- Empowering parents and families to provide care and meet the needs of their children
- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes



HCBS Funding Priority #2:

Advancing Technology to Support Greater Independence and Community Connection



- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence

ARPA HCBS Spending Plan - Next Steps

- Provide information to and answer question from Arizona legislators
- AHCCCS will be working with CMS to ensure they have information necessary to issue a full approval.
- AHCCCS will communicate updates with with stakeholders.
 - Once full approval is received, AHCCCS will coordinate with the community and begin compiling workgroups for spending plan implementation.
- Ongoing updates will be available on the AHCCCS website:
www.azahcccs.gov/AHCCCS/Initiatives/ARPA



SMAC Members

Open Discussion, Comments and Questions



Unwinding Update-Renewals/Redeterminations

**Joni Shipman, Assistant Director
Division of Member and Provider Services**

Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members “COVID override”
 - Did not complete renewal
 - Shown to be ineligible
- Social Media campaigns
- PHE Social Media Toolkit for MCOs
 - consistent/approved messaging to members and providers
- Ensure accurate and current member contact information

Unwinding Strategies

- Reports to MCOs for member outreach
 - Did not complete renewal during PHE
 - Upcoming Annual renewals
- Considering eligibility system enhancements - messaging and making renewal links more prominent
- Prioritizing “COVID overrides”
 - Team in place over 18 months
 - Data driven
 - Factually ineligible first “bucket” to work



SMAC Members

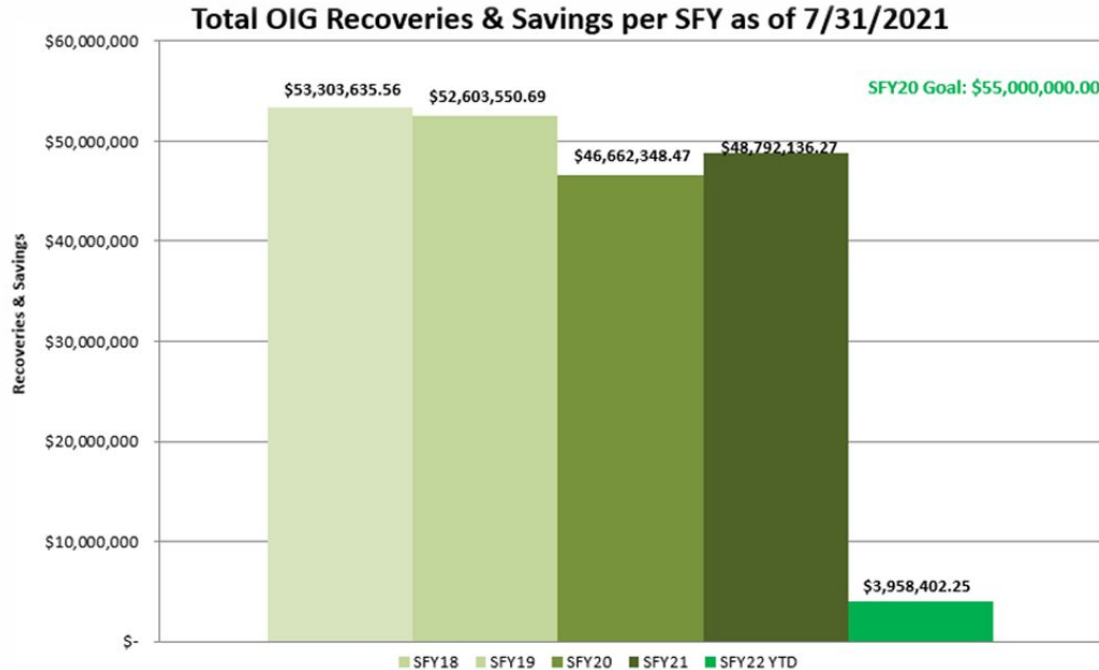
Open Discussion, Comments and Questions



Office of the Inspector General Updates

Vanessa Templeman, Acting Inspector General
Office of the Inspector General

2021 Accomplishments



- SFY 2021 3rd highest year
- First full year in the PHE
- Accomplishments slowed by continuous enrollment requirement
- Prohibition on member disenrollment unless:
 1. Died
 2. Voluntarily requested
 3. Moved out of state

Caused a 50% reduction in recoveries and savings

All Accomplishments and Goals for 2022 are set forth to support the **Number #1 Goal: Recoveries and Savings**

Major Case

- Case initiated by DIG Vanessa Templeman
- Joint with MFCU and OIG
- Some cases joint with MFCU, FBI, and OIG
- Increased the reputation of the OIG
 - MFCU takes OIG on S-Ws
- 176 providers had been referred or identified
- Focus on BHRF and PT77s
- 30-50% of staff assigned cases and projects related to the case on any given day

2022 Goals

- Statistical workbook: redesign, transparency, SME backed processes, and workload reduction.
- Continued work on major case
- Award of data analytics software contract
- Transition to electronic documentation
- Maintenance of intern program from ASU Health Care Compliance Program
- Fee for service team - focus on non-emergency medical transportation



SMAC Members

Open Discussion, Comments and Questions



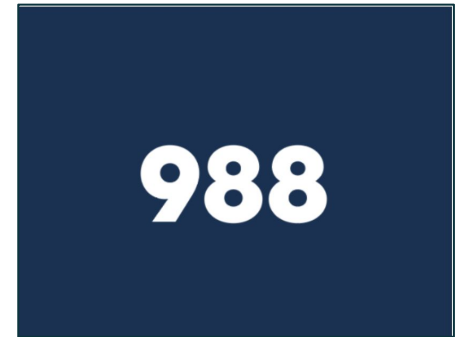
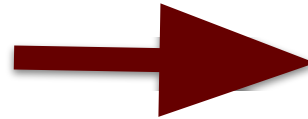
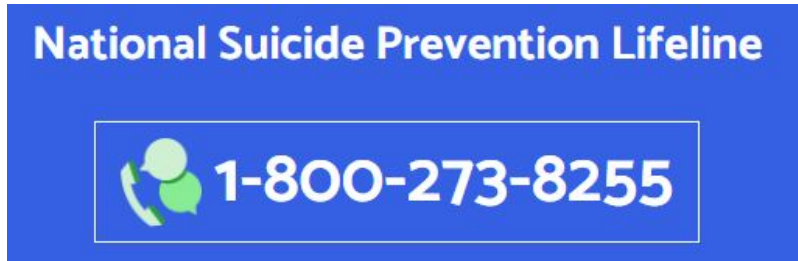
988: Crisis Line

CJ Loiselle, Crisis Administrator
Division of Grants Administration

Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)

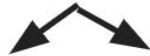
- Signed into law on October 17, 2020
 - Designates 988 as the dialing code for the Lifeline
 - Increased Lifeline federal appropriation
 - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



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

988 Planning Update

NSPL in Arizona

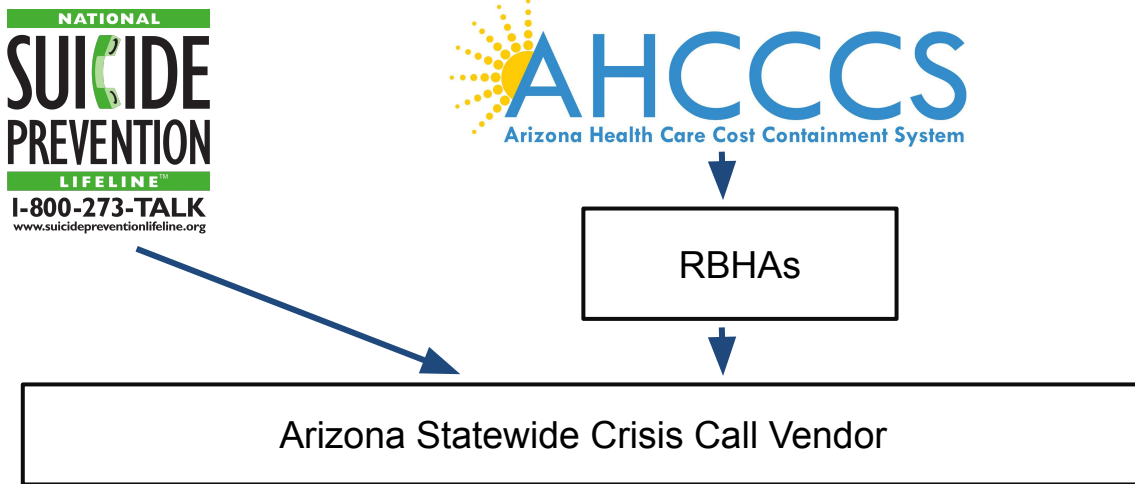


AHCCCS Crisis in Arizona



9-8-8 Planning Grant

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



988 LeCroy Milligan Progress

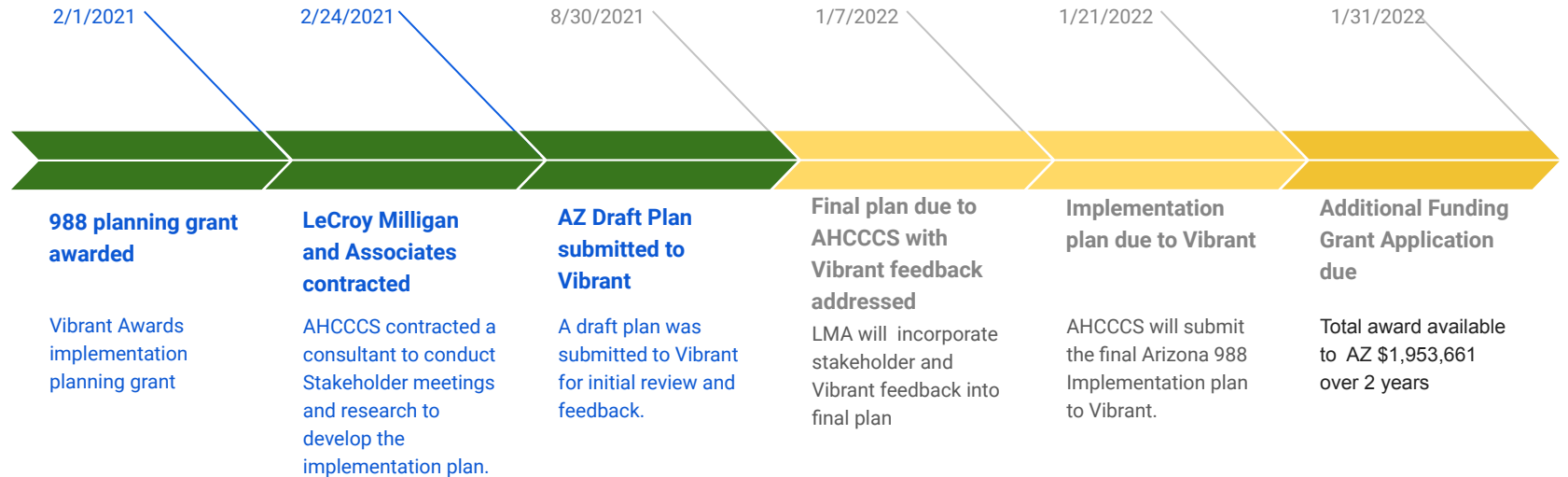
- 11 Stakeholder meetings held by LeCroy Milligan
 - 4/19/21 Initial Overview of the project and plan
 - 5/18/21 Planning Session: recap and SWOT analysis of crisis system
 - 6/2/21 Planning Session: recap and SWOT analysis of crisis system
 - 7/13/21 Text and Chat
 - 8/25/21 Messaging
 - 9/16/21 Listening session
 - 9/27/21 Next Steps
 - 10/28/21 Children and Youth
 - 11/30/2021 911 and 988 Stakeholder meeting
 - 12/09/21 Survey results report out
 - 12/13/21 Final feedback session
- Other Activities
 - LMA held interviews with key stakeholders around best practices/standards of care
 - Final report due back to AHCCCS January 7th, due to Vibrant January 21st, 2022

Additional 988 Infrastructure Grant Opportunity

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

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

988 Planning Update





SMAC Members

Open Discussion, Comments and Questions



Competitive Contract Expansion Readiness

Christina Quast, Deputy Assistant Director
Division of Health Care Management

Readiness Review

- After a Request for Proposal (RFP), a Readiness Review is performed of awarded Contractors (health plans) to ensure the health plan is adequately prepared to meet the needs of the population served and meets requirements and processes of the newly awarded contract.
- Performing a review of the Contractor's readiness is also required by CMS. (*42 CFR 438.66(d)*)
- Areas reviewed during readiness include:
 - Operations/Administration; Service Delivery; Financial Management; System Management

Readiness Review (cont.)

- AHCCCS completes a desk audit review utilizing a Readiness Assessment Tool (RAT) which includes over 300 individual evaluation elements across 12 broad review areas.
- Evaluation elements are AHCCCS established requirements used to measure the health plan's progress towards readiness.
- Health plans submit RAT updates monthly detailing the progress in addressing each identified element, including identified risks, gaps in network and strategies for remediation.

Readiness Assessment Tool (RAT) Review Areas

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

Readiness Assessment Tool (RAT) Timeline

- Readiness review of each health plan typically begins 6-7 months prior to the contract go-live date.
- A timeline is created outlining when:
 - Health plan submissions are due to AHCCCS
 - AHCCCS submissions are due back to the health plan

Additional Readiness Activities

- Readiness Update Meetings
 - Health plans provide updates to AHCCCS Leadership on numerous topics, including:
 - Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities
- Network Assessment
 - Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files

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

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

ACC-RBHA Geographical Service Areas (GSA)

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

Member Impact

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

Member Impact

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

Member Transitions

8,046 members transitioning
to new health plans

40,226 members remaining
on current health plans

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

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

*Enrollment as of December 1, 2021

Member Transitions (cont.)

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



SMAC Members

Open Discussion, Comments and Questions



SMAC Bylaws & Membership Discussion

Virginia Rountree

Deputy Director of Community Services
and Managed Care, DES

The Bylaw subcommittee recommends the following changes:

- Incorporate updated language to include the utilization of technology to facilitate meetings.
- When an assigned SMAC member is unable to continue their service to the SMAC, the member recruitment subcommittee will convene to review nominations and recommend candidates for a voting session as needed and in accordance with the new bylaws.
 - A proxy may be utilized until the subcommittee presents nominations for a voting session.

The membership recommendation is to ensure fidelity of the membership and maximize contributions of those appointed to SMAC.



Call to the Public

2022 SMAC Meetings

**Per Bylaws, meetings are to be held 2nd Wednesday of
January, April, July and October from 1 p.m. - 3 p.m**

2022 SMAC Meetings

January 12, 2022

April 13, 2022

July 13, 2022

October 12, 2022

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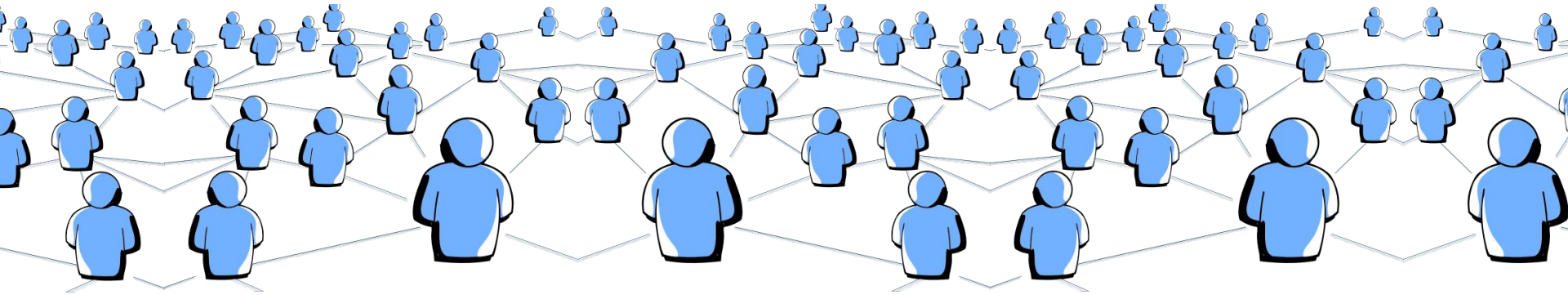
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Thank you