



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

## Welcome to today's Special Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

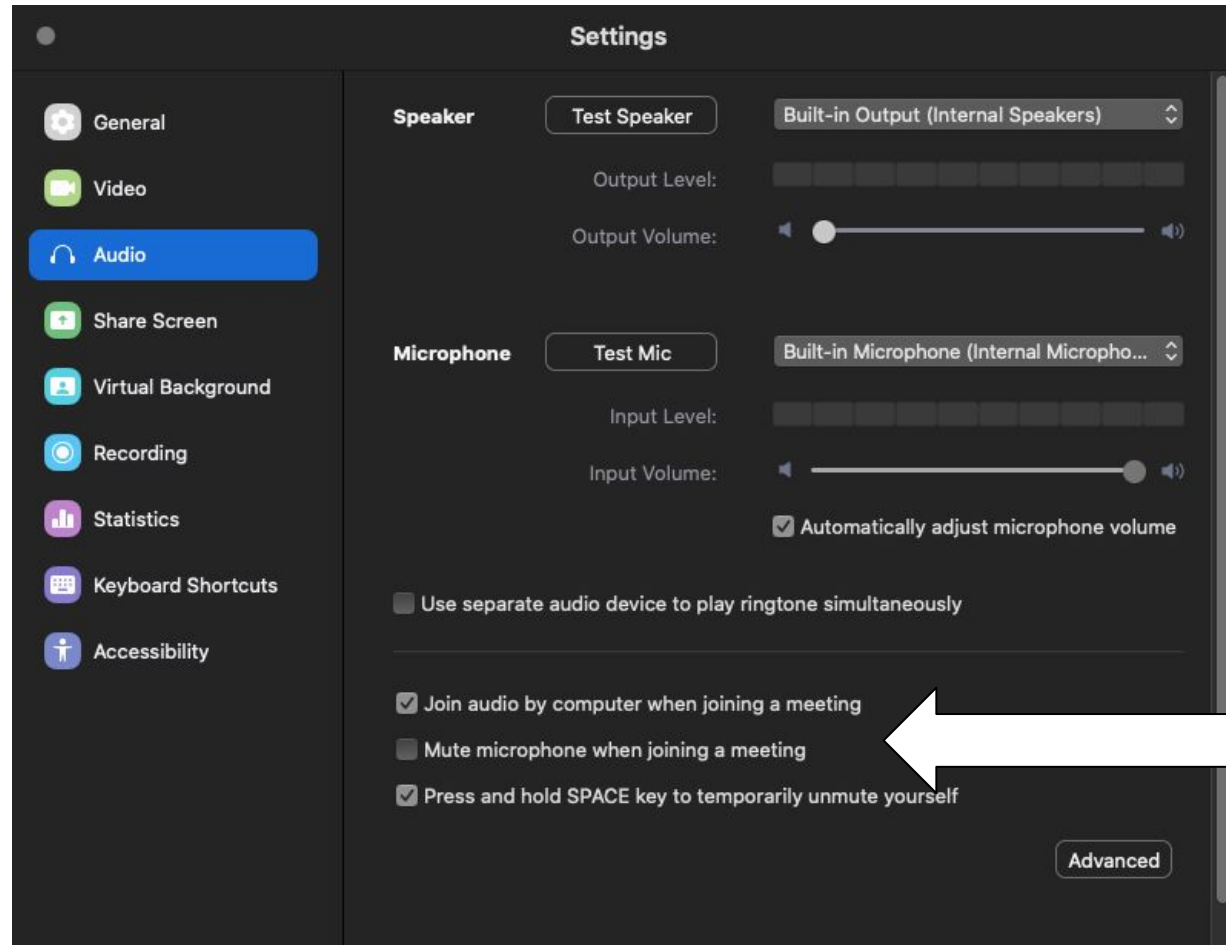
Please only join by phone or computer.

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



Thank you.

# Audio Settings



The screenshot shows the Zoom application settings window, specifically the Audio settings. The left sidebar contains various settings categories, with 'Audio' selected and highlighted in blue. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for the output device (set to 'Built-in Output (Internal Speakers)'), an 'Output Level' indicator, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for the input device (set to 'Built-in Microphone (Internal Micropho...)'), an 'Input Level' indicator, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). A white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox. At the bottom right of the settings panel is an 'Advanced' button.

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

**Microphone** Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

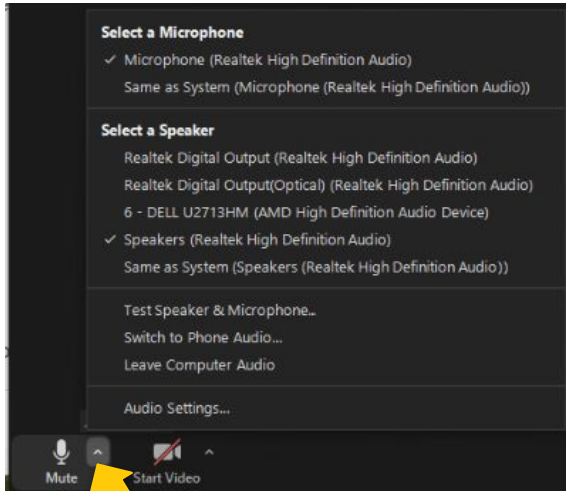
Press and hold SPACE key to temporarily unmute yourself

Advanced

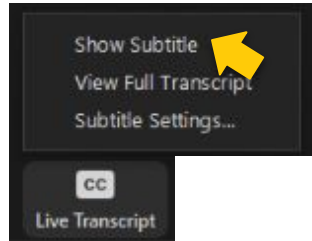
# Zoom Webinar Controls

## Navigating your bar on the bottom...

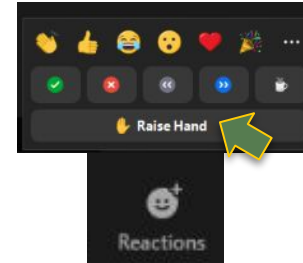
Audio Settings



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

# Tips for successful ZOOM PARTICIPATION



MUTE your mic  
when you're not  
speaking



BACKGROUND  
NOISE watch when  
turning on mic



Limit the  
DISTRACTIONS  
around you



Look at the  
CAMERA  
not your screen



PREPARE & queue  
docs or links that  
you plan to share



Stay FOCUSED by  
not texting or side  
conversations



Use GALLERY  
VIEW to see all  
participants



Use CHAT to ask  
questions or share  
resources

# This Meeting Is Being Recorded

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

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

# April 4, 2023 Meeting Recap

- Tribal stakeholders shared insight, experiences, and feedback
- Recommendations:
  - Licensing and Certification
  - Monitoring, Reporting, and Evaluation
  - Transportation
  - Communication
  - Policy, Rules, and Guidelines
  - Continue Meeting Series

# Opening Prayer



Gerilene Haskon  
*ADHS Tribal Liaison*



# Special Tribal Consultation Meeting

June 1, 2023



ARIZONA DEPARTMENT  
OF HEALTH SERVICES





# Opening Remarks



**Carmen Heredia**  
*AHCCCS Director*



**Jennifer Cunico**  
*ADHS Interim Director*

# Offices of the Governor



**Zaida Dedolph**

*Office of the Governor Katie Hobbs  
Health Policy Advisor*



**Valaura Imus-Nahsonhoya**

*Office of the Governor Katie Hobbs  
MMIP Coordinator*

# Meeting Facilitators



Kim Russell  
*AACIHC Director*



April Tinhorn  
*Tinhorn Consulting*

# Scope of the Problem: The Tribal Perspective

Open Floor

# AK-CHIN INDIAN COMMUNITY



Robert Miguel  
*Chairman*

Lemuel Vincent  
*Vice Chairman*

Pamela Thompson  
*Health & Human Services Director*

# COCOPAHI INDIAN TRIBE



Sherry Cordova  
*Chairwoman*

Rose J. Long  
*Vice Chairwoman*

Sheryl Taylor  
*Tribal Health Maintenance Program  
Director*

# COLORADO RIVER INDIAN TRIBES



Amelia Flores  
*Chairwoman*

Dwight Lomayesva  
*Vice Chairman*

Andrea Harper  
*Executive Director*  
*Dept. of Health & Social Services*

# FORT MCDOWELL YAVAPAI NATION



Bernadine Burnette  
*President*

Paul J. Russell  
*Vice President*

Rosemarie Kennaley  
*Acting Health Division Director*



# FORT MOJAVE INDIAN TRIBE



Timothy Williams  
*Chairman*

Shan Lewis  
*Vice Chairman*

Connie Hilbert  
*Fort Mojave Indian Health Center  
Interim Director*

# GILA RIVER INDIAN COMMUNITY



Stephen R. Lewis  
*Governor*

Monica Antone  
*Lt. Governor*

Candalerian Preston  
*Tribal Health Department Director*

# HAVASUPAI TRIBE



Thomas Siyuja, Sr.  
*Chairman*

Edmon Tilousi  
*Vice Chairman*

Lenora Jones  
*CHR Program Director*

# HOPI TRIBE



Timothy L. Nuvangyaoma  
*Chairman*

Craig Andrews  
*Vice Chairman*

Beatrice Norton,  
*Department of Health Services  
Director*

# HUALAPAI TRIBE



Sherry J. Parker  
*Chairwoman*

Shelton Scott Crozier  
*Vice Chairman*

David Dawley  
*Hualapai Health Education &  
Wellness Director*

# KAIBAB BAND OF PAIUTE INDIANS



Ona M. Segundo  
*Chairwoman*

Carmen M. Bradley  
*Vice Chairwoman*

Laura Savala  
*CHR Health Director*

# NAVAJO NATION



Buu Nygren  
*President*

Richelle Montoya  
*Vice President*

Rhonda Tuni  
*Department of Health  
Executive Director*

# PASCUA YAQUI TRIBE



Peter Yucupicio  
*Chairman*

Robert Valencia  
*Vice Chairman*

Reuben Howard  
*Health Services Division  
Executive Director*



# QUECHAN TRIBE



Jordan D. Joaquin  
*President*

Ina M. Hall  
*Vice President*

Sosa Nita Diaz  
*CHR Program Director*

# SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY



Martin Harvier  
*President*

Ricardo Leonard  
*Vice President*

Nancy Mangieri  
*Department of Health &  
Human Services Director*

# SAN CARLOS APACHE TRIBE



Terry Rambler  
*Chairman*

Tao Etpison  
*Vice Chairman*

David Reede  
*Department of Health &  
Human Services Executive  
Director*

# SAN JUAN SOUTHERN PAIUTE



Johnny Lehi, Jr.  
*President*

Candelora Lehi  
*Vice President*

# TOHONO O'ODHAM NATION



Ned Norris, Jr.  
*Chairman*

Wavalene Saunders  
*Vice Chairwoman*

Tara Chico-Jarillo  
*Department of Health &  
Human Services Executive  
Director*

# TONTO APACHE TRIBE



Calvin Johnson  
*Chairman*

Charles Lopez  
*Vice Chairman*

Michelle Johnson  
*Community Health  
Representative*

# WHITE MOUNTAIN APACHE TRIBE



Kasey Valasquez  
*Chairman*

Jerome Kasey  
*Vice Chairman*

Jessica Rudolfo  
*Division of Health Services  
Executive Director*

# YAVAPAI-APACHE NATION



Tanya Lewis  
*Chairwoman*

Richard Pacheco  
*Vice Chairman*

Trudy Clark  
*Medical Clinic Manager*



# YAVAPAI PRESCOTT INDIAN TRIBE



Robert Ogo  
*President*

Calvin Hunter, Jr.  
*Vice President*

Abril Caballero  
*CHR Health Director*

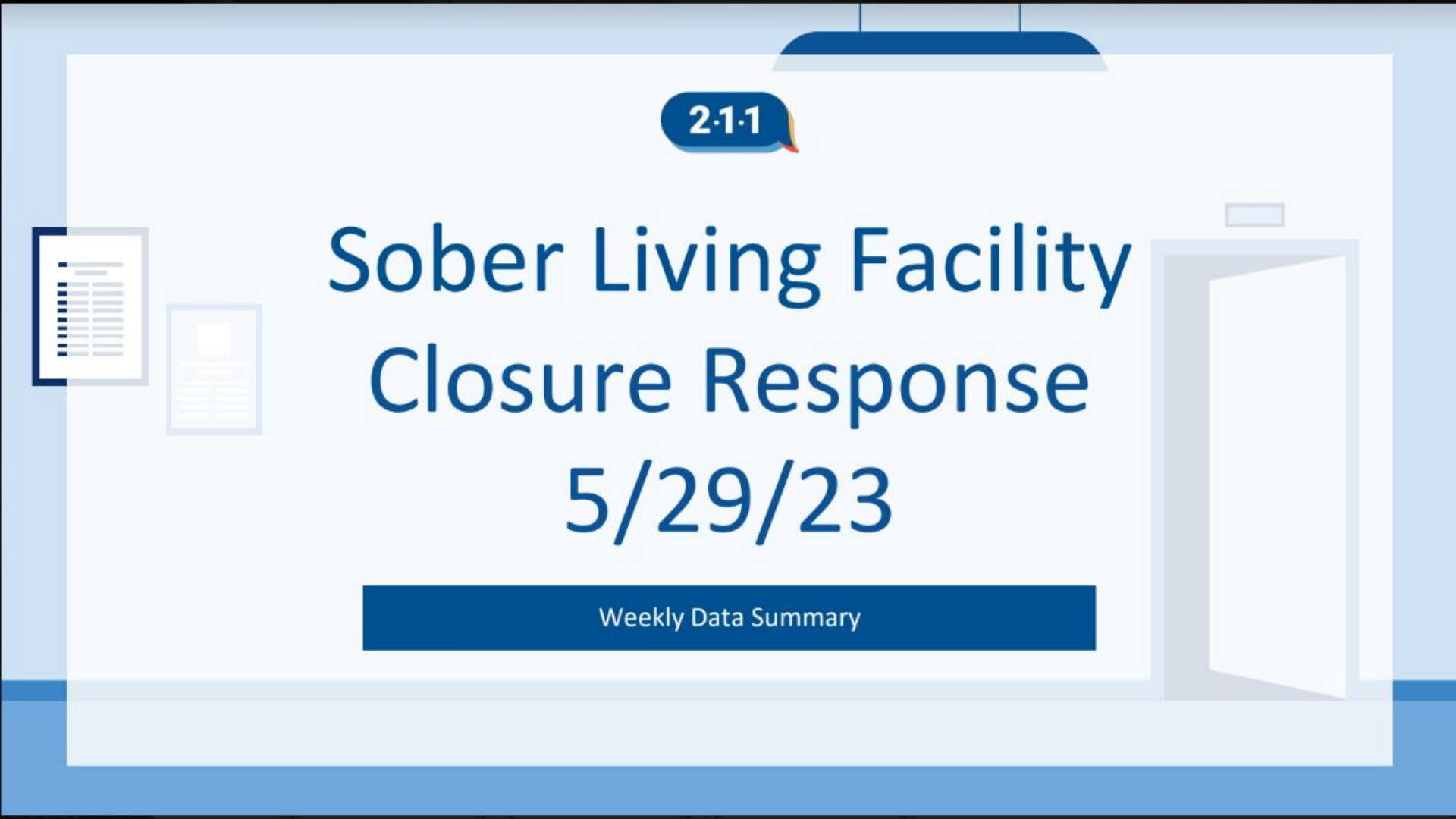
An orange ceramic mug is the central focus, sitting on a light-colored desk. The words "Break Time" are written in white, cursive-style font on the side of the mug, with a white horizontal line underneath. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break  
Time

We will resume at  
12:20 pm MST



2-1-1



# Sober Living Facility Closure Response 5/29/23

Weekly Data Summary

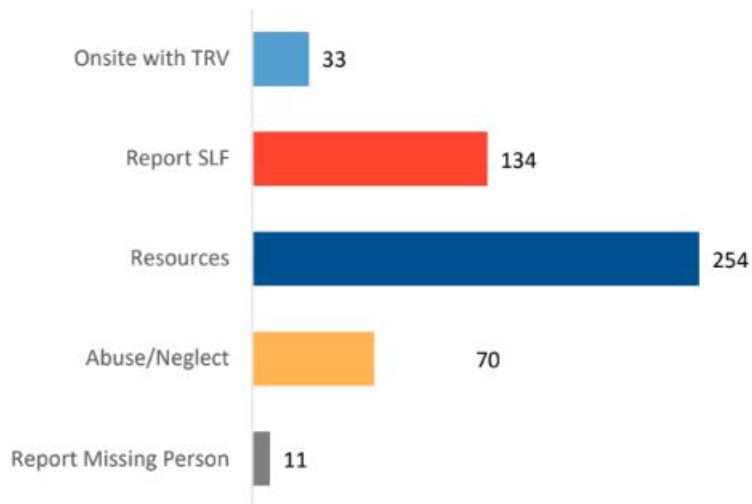
# Sober Living Facility Closure Response

Call Volume

2,199



Reason for Call



Nights of Lodging

1,599



Transportation Provided

200



Deployments

5

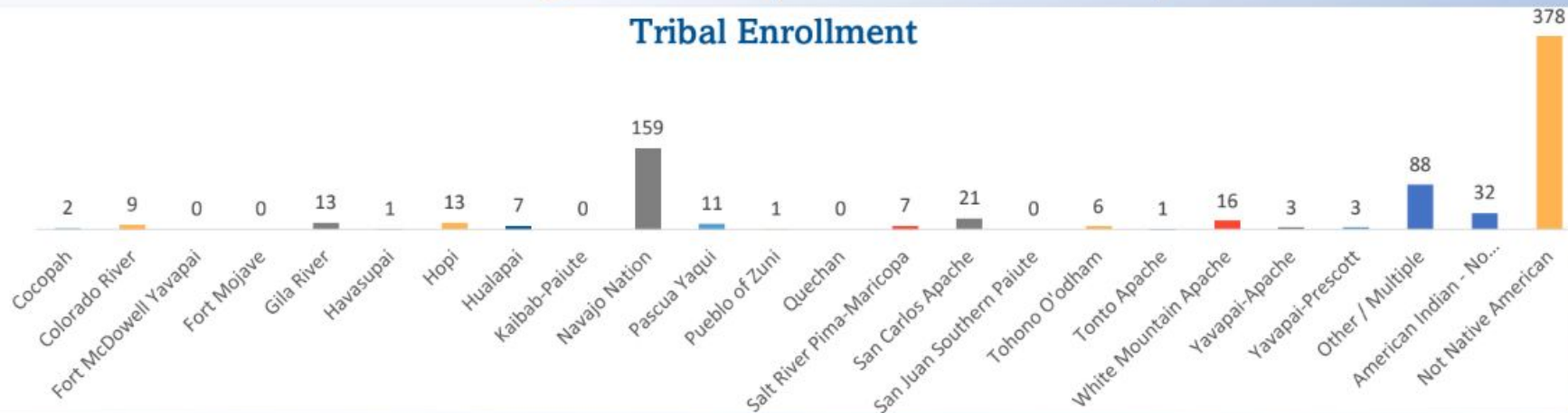
Persons Served

886

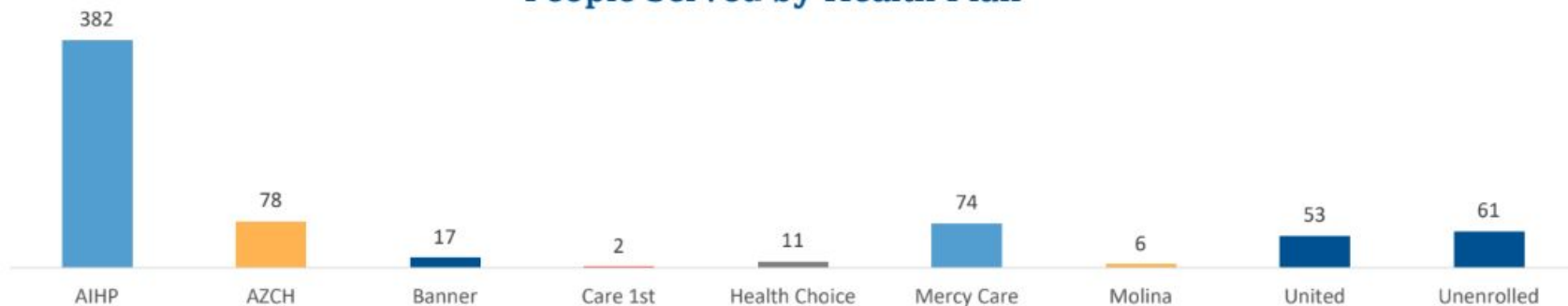


# Sober Living Facility Closure Response

## Tribal Enrollment



## People Served by Health Plan





# AHCCCS General Session

# Acronyms

- AI/AN - American Indian / Alaskan Native
- AIHP - American Indian Health Program
- AIMH - American Indian Medical Home
- BH - Behavioral Health
- CAF - Credible Allegation of Fraud
- CMS - Centers for Medicare and Medicaid Services
- EHR - Electronic Health Record
- FFS - Fee for Service
- FWA - Fraud, Waste, and Abuse
- IOP - Intensive Outpatient Program
- MCO - Managed Care Organization
- MH - Mental Health
- NEMT - Non Emergency Medical Transportation
- TRBHA - Tribal Behavioral Health Authority

# American Indian Health Program

- Approx. 150,000 members,
- Under federal law, American Indians are not required to enroll in a managed care plan; hence FFS (AIHP) is an option to this population,
- AIHP bills on a fee-for-service (FFS) basis- meaning directly to AHCCCS (not through managed care plan),
- No network restrictions for AIHP - all AHCCCS registered providers must agree to serve the AIHP population,
- Available statewide - no geographic restrictions.



# How Did We Get Here?

# Contributing Factors

- AHCCCS agency structure and staffing shortages
- Agency communication silos
- Lack of required documentation for AIHP enrollment,
- Pandemic and resulting BH and Substance Use increase
- “By Report” code for Intensive Outpatient Programs,
- Data analysis
- Health system structure, lack of managed care
- Prior to 2019 all trends were steady,
- Criminal activity-trends starting in 2019

# A Variety of Schemes

- Using unlicensed, unregistered facilities,
- Providing incentives (housing, food, money, alcohol, drugs),
- Enrolling non- AI/AN members in AIHP,
- Ghost billing,
- Inappropriate use of codes,
- Overlapping use of codes,
- By-report abuse,
- Movement between companies,
- Shell companies,
- BHP use and recruitment,
- Business “consultants” and group billers,
- Paying recruiters “per person”.

# Where Are We Now?

# May 16, 2023 Press Release and Fact Sheet

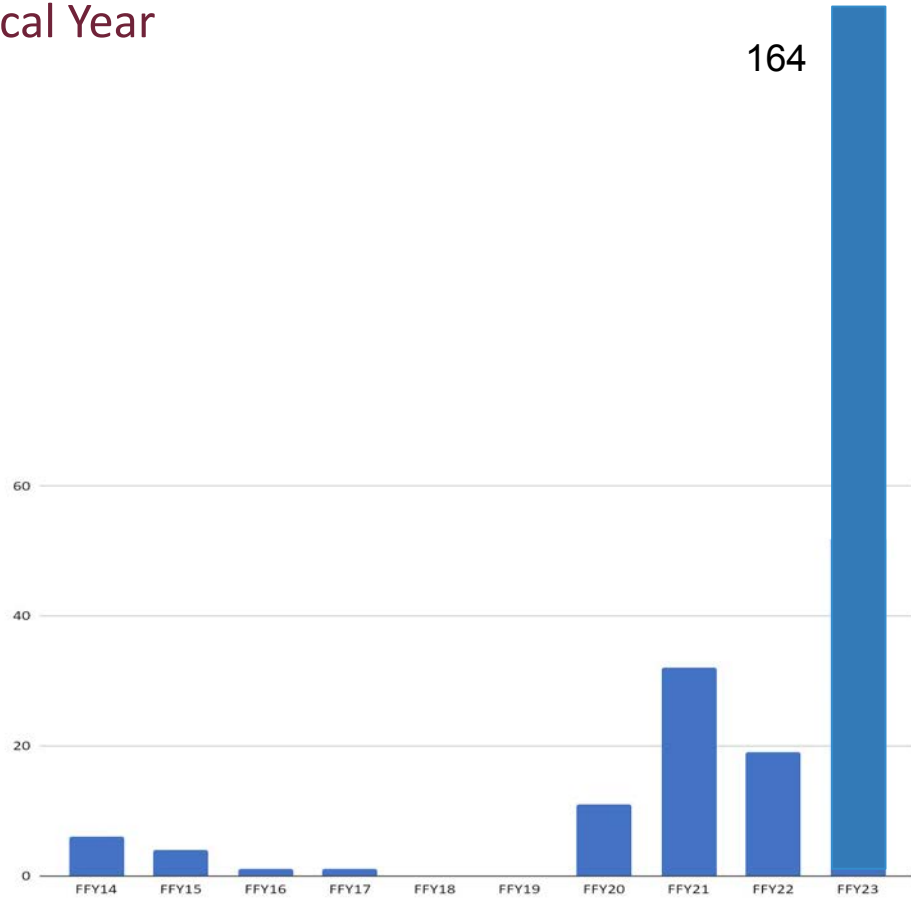
- More than 100 providers suspended from Medicaid payments based on credible allegations of fraud
- ~7,000 members potentially impacted
- [List of suspended providers](#)
- [Fact sheet](#)
- [Press release](#)

The screenshot displays the AHCCCS website header with the logo and navigation menu. The main content area features a news article titled "AHCCCS Suspends Payments to Behavioral Health Providers Based on Credible Allegations of Fraud" dated May 16, 2023. A "Fact Sheet: AHCCCS Provider Payment Suspensions" is overlaid on the page, providing detailed information. The fact sheet includes contact information for Cliff Summerhill, PIO, and outlines the background and findings of the investigation. It states that the AHCCCS Office of Inspector General and the Arizona Attorney General's Office became aware of potential fraudulent billing practices, leading to a multi-agency review and investigation of potential fraud, waste, and alleged criminal activity targeting Indigenous peoples and other vulnerable Arizonans. The fact sheet also mentions that more than 100 registered providers of Medicaid services based on credible allegations of fraudulent billing activities have been suspended, and that the total number of suspensions is expected to increase as the investigative process evolves. A list of these suspended providers, along with prior suspensions since 2019 and provider terminations since May 1, 2023, is posted on the AHCCCS Provider Suspensions and Terminations web page. The fact sheet concludes with a note that according to federal regulation 42 CFR 455.2, a credible allegation of fraud may be an allegation, which has been verified by the State, from any source, including but not limited to the following:

- (1) Fraud hotline tips verified by further evidence,
- (2) Claims data mining, or
- (3) Patterns identified through provider audits, civil false claims cases, and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability, and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

# AHCCCS Office of Inspector General Suspensions

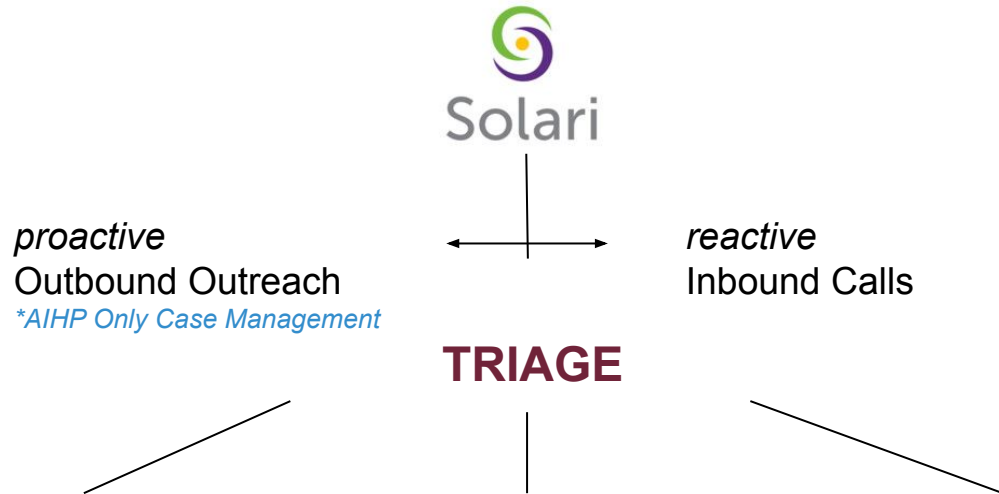
Counts by Fiscal Year



# Top Challenges

- How to find the members:
  - Bad actors were using unlicensed, unregistered facilities,
  - Ghost billing.
- Member cooperation:
  - Some members may not want to leave,
  - Some don't see themselves as victims,
  - Some are afraid to report, coercion,
  - Some members are not interested in treatment, limiting BH facility for residential treatment
- Resources:
  - Assessing who needs BH/SUD,
  - Assessing who needs housing,
  - Availability of resources.
- Communication:
  - Sensitive information,
  - Active criminal investigations.
- Safety:
  - Reports of violence, weapons in facilities.
- Congregate Settings

# Incident Command 2-1-1 Model



<b>AIHP ONLY</b>	<b>AIHP + TRBHA / AIMH</b>	<b>MCO</b>
*Solari AIHP Only case management	TRBHA / AIMH case management	MCO provider case management



# Law Enforcement Partnership to Help Find Missing Persons

- Law enforcement offices may request member information to help find missing persons
- Link on [AHCCCS Contact Us web page](#)
- Return the Request for Data Form to [missingpersons@azahcccs.gov](mailto:missingpersons@azahcccs.gov).



# System Changes & Payments Stop-Gap Plan

## AHCCCS Operational Changes: To-Date

- Reporting structure changes,
- Culture of transparency,
- External audit firm,
- Provider Registration - moratorium request to CMS (Provider Types B8, IC, 77, and NEMT),
- Provider Registration - moving Provider Types B8, IC and 77 to high risk; in the interim conducting second level reviews of applications,
- Postponement of H20, and
- By Report rate setting.

# System Improvements to Stop Fraudulent Billing and Protect Members

## Recent Changes (as of May 2023)

- Elevated 3 Behavioral Health Provider Types to High-Risk Screening
- Established Uniform H0015 Rate for Behavioral Health Intensive Outpatient Treatment Services through a State Plan Amendment (SPA)
  - \$157.86 per unit effective May 1, 2023
- Added additional documentation requirements and prepayment review of specified behavioral health codes exceeding limits
- Stopped approving retroactive enrollment of providers back to the date of licensure
- Reviewing all existing claims edits which differ from national standards
- Hired an external forensic auditor to review all claims for payment since 2019

# Where Are We Going?

# System Improvements to Stop Fraudulent Billing and Protect Members

## Upcoming Changes

- AHCCCS has requested federal approval to place a moratorium on BH providers types including Behavioral Health Outpatient Clinics, Integrated Clinics, Non-Emergency Medical Transportation providers, Community Service Agencies, and Behavioral Health Residential Facilities.
- Producing trend reports of BH billing and system reporting to flag concerning claims.

# Goals, Objectives and Next Steps

- Continue to identify gaps and vulnerabilities in AHCCCS systems,
- **Identify strategies to address known and future gaps, impacts and concerns,**
- **Obtain consensus on strategies to move forward with,**
- Assess impact of proposed strategies,
- **Collaboratively develop and implement agreed upon strategies.**

# Potential Solutions

AHCCCS is seeking feedback on the following:

- **Requiring proof of tribal membership or IHS eligibility to enroll in AIHP,**
- Removing the phone option for AIHP enrollment changes unless proof of IHS eligibility is on record,
- Freezing enrollment changes to AIHP unless proof of IHS eligibility is provided or on record,
- Exploring tribally-operated MCOs,
- Re-creating the Covered Behavioral Health Services Guide,
- Conducting data pulls for populations served and utilization, and/or
- Setting max limits for each code and requiring PA for anything above the limit.



# American Indian Health Program Enrollment: Proposed Solution

Ewaryst Jedrasik

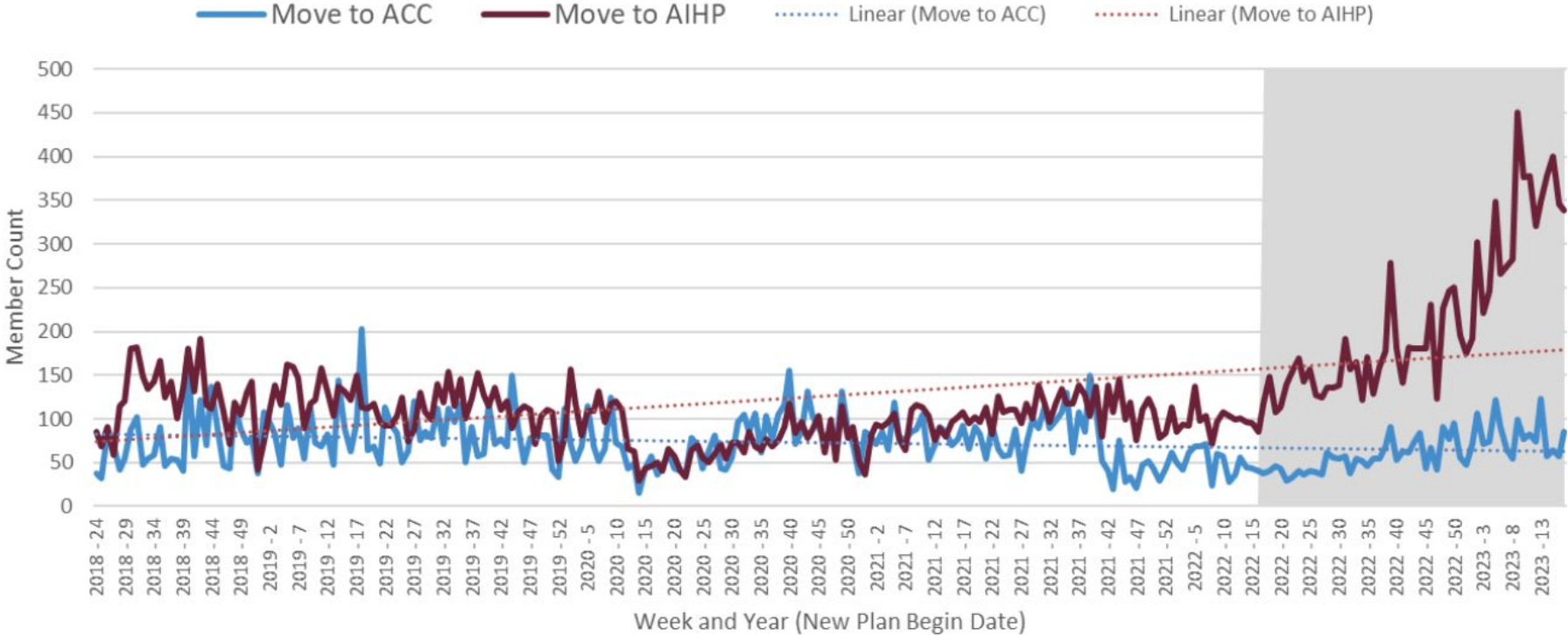
# Current Enrollment Policy

- American Indian customers may change from an available health plan to American Indian Health Program (AIHP) or from AIHP to an available health plan **at any time**.
- No proof of American Indian identity is required to make these changes, and the change can be requested using any standard modality, including by phone and online.
  - **A verbal attestation** of tribal affiliation is all that is currently required.

# Policy Background and Basis

- This policy was initially implemented:
  - Because of past issues of eligible individuals experiencing barriers or delays in accessing services through IHS;
  - To further align with Medicaid “simplicity of administration” rules;
  - Because there is no Medicaid enrollment requirement for proof of eligibility for IHS services;
  - Because certain non-Indian individuals are eligible for IHS services;
  - AHCCCS placed priority on the efficient enrollment of individual customers to increase ease of coverage and access to care.

# Movement Between MCO and AIHP



# Proposed Solution: AIHP Enrollment

- AHCCCS is seeking feedback on the implementation of required documentation to improve the verification of Native American/ Alaskan Native status. Below are the documents the agency is considering requiring:

**Members of federally recognized tribes and their children and grandchildren may submit documentation including, but not limited to the following examples:**

- Certificate of degree of Indian blood
- Tribal ID
- Tribal census record
- Other document provided by the tribe stating that the person is a member of the tribe
- An official letter on tribal letterhead from the tribe stating that the applicant is a child or grandchild of a tribal member
- A document verifying the tribal member's enrollment in the tribe and a document verifying that the applicant is a child or grandchild of the tribal member

# Other Potential Solutions

# Other Potential Solutions

- AHCCCS is also seeking any feedback you may have on:
  - Removing the phone option for AIHP enrollment changes unless verification of IHS eligibility is on record,
  - Freezing enrollment changes to AIHP unless documentation of Tribal membership is provided,
  - Exploring tribally operated MCOs,
  - Recreating the Covered Behavioral Health Services Guide,
  - Conducting data pulls for populations served and utilization, and/or
  - Setting max limits for each code and requiring PA for anything going above the limit.

<b>Breakout Session</b>	<b>Facilitator</b>	<b>Audience</b>	<b>Room</b>
#1	Kim Russell	In-Person Attendees	Conf. Room 200
#2	April Tinhorn	In-Person Attendees	Conf. Room 104
#3	Alex Demyan	In-Person Attendees	Conf. Room 200
#4	Jon Clark	Virtual Tribal Leaders	Virtual
#5	Susan Kennard	Virtual All Other Attendees	Virtual



# Open Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written in a white, casual, handwritten font on the front of the mug, with a white horizontal line underneath. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus. The overall scene is a clean, modern office or workspace.

Break  
Time

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# ADHS General Session

# Arizona Department of Health Services Overview & Updates



**Thomas Salow**  
*ADHS Assistant Director*  
*Public Health Licensing*

# ADHS Licensing: Sober Living Homes & Behavioral Health Residential Facilities

June 1, 2023

Tom Salow | Assistant Director



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# ADHS Leadership

Jennie Cunico - Acting Director/Deputy Director

Sheila Sjolander - Deputy Director

Tom Salow - Assistant Director

Megan Whitby - Deputy Assistant Director

Tiffany Slater - Bureau Chief

Siman Qaasim - Health Equity Administrator

Gerilene Haskon - Tribal Liaison



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# Topics

- Overview of Licensing - SLHs & BHRFs
- Growth
- ADHS' regulatory role
- Actions taken to address bad actors
- How can we do more?
- Tools for the public



# Overview

Sober Living Homes	Behavioral Health Residential Facilities
<ul style="list-style-type: none"><li>• Supervised setting for a group of unrelated individuals recovering from substance use disorders that may provide activities that are directed primarily toward recovery from substance use disorders</li><li>• <b><u>NO medical or clinical services provided</u></b></li><li>• Not covered by insurance, AHCCCS, Medicare/Medicaid, etc.</li><li>• Addresses are confidential</li></ul>	<ul style="list-style-type: none"><li>• Health Care Institution</li><li>• <b><u>Behavioral health services MUST BE provided on-site</u></b>, which may include treatment for a mental disorder, personality disorder, substance use disorders or a significant psychological or behavioral response to an identifiable stressor(s)</li><li>• Typically covered by insurance, AHCCCS, Medicare/Medicaid, etc.</li><li>• Addresses are not confidential</li></ul>





# BHRF & SLH Growth

**Bill passed in 2018  
requiring SLH Licensure**

\*Licensing numbers from January of each year

## Licensed BHRFs:

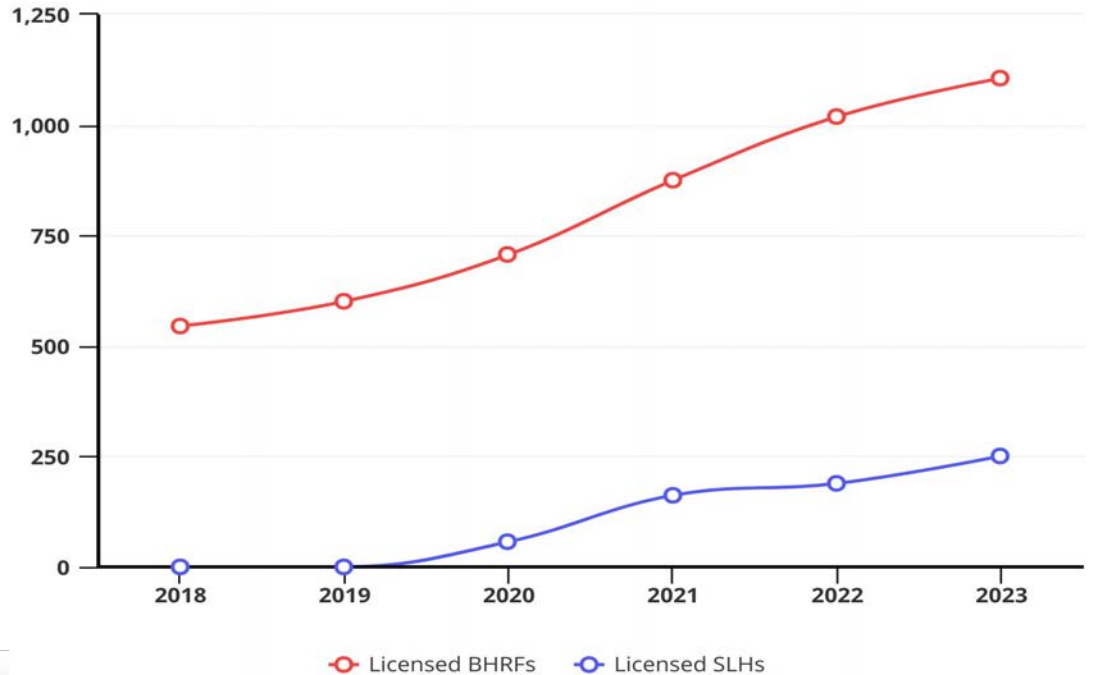
- 2018 = 545
- 2023 = 1,106

## Licensed SLHs:

- 2018 = 0
- 2023 = 251

## 2023 New Applications:

- BHRFs = Over 300
- SLHs = Over 500



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# Regulatory Tools

<b>Applications</b>	<ul style="list-style-type: none"><li>• Ensures only facilities that meet the minimum regulatory requirements become licensed</li></ul>
<b>Compliance Inspections</b>	<ul style="list-style-type: none"><li>• Most facilities inspected at least annually to ensure they are operating in compliance with regulations</li></ul>
<b>Complaint Investigations</b>	<ul style="list-style-type: none"><li>• Investigate all complaints that allege facilities are not operating within regulations</li></ul>
<b>Enforcement Actions</b>	<ul style="list-style-type: none"><li>• Due to substantial noncompliance, licensees may be subject to: revocation, application denial, fines, etc.</li></ul>



# Regulatory Limitations

ADHS does **not** have authority over:

1

**Where facilities are located**

Local jurisdiction controls  
zoning ordinances

2

**Billing issues**

AHCCCS, insurance companies,  
and Department of Insurance

3

**Abuse, neglect, exploitation**

APS and DCS have authority to  
substantiate these allegations

4

**Criminal Activity**

Should be reported to law  
enforcement

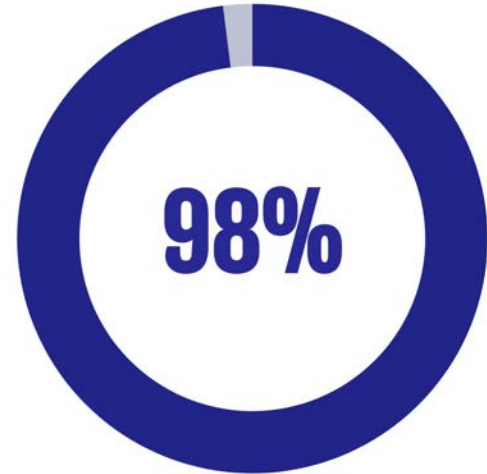


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# Complaint Investigations

- Investigate high-priority complaints timely (serious risk to health/safety)
- Investigate unlicensed complaints and issue C&D orders with fines
  - BHRF = \$500/day
  - SLH = \$1,000/day
- Substantiated allegations may result in:
  - Technical assistance
  - Statements of Deficiencies
  - Enforcement action (revocation, suspension, civil penalties, etc.)



In 2022, 54/55 A & B Complaints for BHRF & SLH Facilities investigated timely



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# 60-Day Touchpoint

In February 2023, ADHS began inspecting new facilities after they've been licensed for about 60 days (accredited/certified facilities are exempt from this inspection).

These inspections:

- Allow health/safety concerns to be addressed much earlier
- Provide licensees with a technical assistance (T/A) opportunity
- Have already led to enforcement actions



# Enforcement Actions

Our goal is always to work with licensees to get them into compliance. However, serious health/safety concerns result in enforcement.

From January-April 2023, ADHS determined enforcement action was needed for over 200 licensed BHRFs. Those actions included:

- 175 BHRFs were assessed fines
  - \$198,260 in total fines assessed
- 40 BHRFs were subject to Notices of Intent to Revoke



# How can we do more?

There is room to improve our regulatory oversight of SLHs and BHRFs with the help of legislative changes and budgetary action.



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# Potential Solutions

## Eliminate ownership loopholes

- Prevent licensees in enforcement from being able to “sell” the company and complete a change of ownership (CHOW) process, which prevents the licensing history from following them.

## Increase fine limits in statute

- Statute limits fines for violating a regulation to \$500 for BHRFs, which is not effective.
- Consider: AHCCCS pays BHRFs at least \$261.67 per day for each member, and many BHRFs have at least 5 beds.





# Potential Solutions

## Require fine payment with annual licensing fee

- ADHS has authority to assess fines, but cannot force licensees to pay them.
- Requiring fines to be paid in order to maintain license would be more effective.

## Monitoring fee for non-compliant licensees

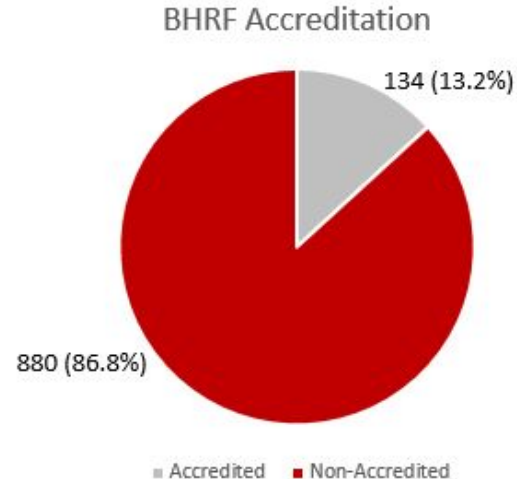
- All licensees are subject to the same licensing fees.
- Those not in substantial compliance cost much more to regulate, due to the additional staff and legal resources required.



# Potential Solutions

## Eliminate inspection loopholes

- Accredited BHRFs not subject to annual compliance inspections.
- If a BHRF has a deficiency-free survey, they are exempt from compliance inspections for 24 months.
- AzRHA-certified SLHs are exempt from initial and annual compliance inspections.



# Potential Solutions

## More Stringent Requirements for BHRFs

- Rules are non-prescriptive, and do not provide enough direction regarding staffing, care, and oversight.
- Exempt rulemaking authority would allow ADHS to quickly address gaps to ensure health and safety.

## Remove SLH confidentiality

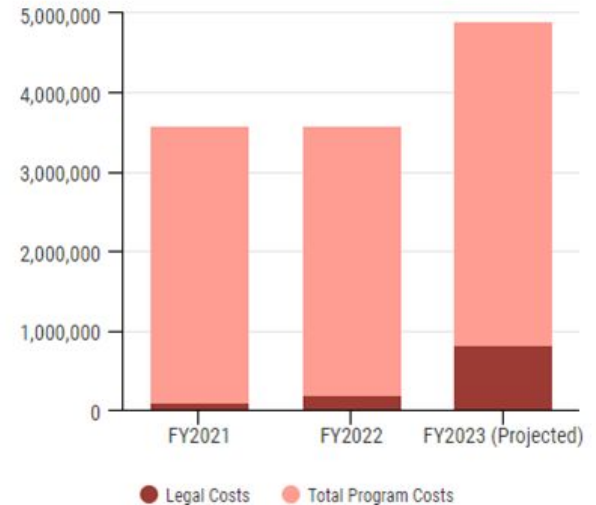
- ADHS prohibited from sharing SLH addresses with everyone except local law enforcement and zoning officials.
- Causes frustration for the public and hinders collaboration with other agencies.



# Potential Solutions

- While our number of licensed facilities have increased significantly, additional funding is needed to effectively regulate the increased number of licensees.
- Raising licensing fees and increasing our appropriation would help address the needs identified on the following slides.

Residential Facilities Program Costs



# Potential Solutions

## Funding for electronic systems

- The SLH and BHRF licensing teams rely on paper processes and outdated systems.
- Moving the programs to the ADHS electronic Licensing Management System would make processes more efficient, and allow more information to be posted on [www.AZCareCheck.com](http://www.AZCareCheck.com) in a more timely manner for the public.

## Funding for additional staff

- The number of BHRFs has nearly doubled from 545 in 2018 to 1,014 today, but staffing levels have remained stagnant.
- Additional staff is needed to ensure compliance and complaint inspections can be completed timely.



# Online Complaint Forms

[www.AZDHS.gov](http://www.AZDHS.gov)



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Arizona Community Protection and Treatment Center (ACPTC)

Center for Psychiatric Excellence

Volunteer Services & Charitable Donations

## Director's Office

## Licensing

Enforcement Action Search

**Online Complaint Forms**

Online Provider Services

Provider & Facility Databases

Map of Health and Child Care Facilities

Child Care Licensing

## Planning & Operations

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Procurement

## Preparedness

Epidemiology & Disease Control

## Prevention

Health Systems Development

Healthy People Healthy Communities IGA

Women's & Children's Health

Nutrition and Physical Activity

Tobacco and Chronic Disease

Tobacco Free Arizona



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# www.AZCareCheck.com

Allows the public to:

- Find a licensed provider in their area
- Verify licensing information
- View cited deficiencies
- View plans of correction
- View enforcement actions



AZCareCheck.com



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THANK YOU

[AZDHS.gov/Licensing](https://www.azdhs.gov/Licensing)  
Main Licensing Line: 602.364.2536



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<b>Breakout Session</b>	<b>Facilitator</b>	<b>Audience</b>	<b>Room</b>
#1	Kim Russell	In-Person Attendees	Conf. Room 200
#2	April Tinhorn	In-Person Attendees	Conf. Room 104
#3	Alex Demyan	In-Person Attendees	Conf. Room 200
#4	Jon Clark	Virtual Tribal Leaders	Virtual
#5	Susan Kennard	Virtual All Other Attendees	Virtual

# Open Discussion

# Tomorrow's Schedule

- Open Mic: Tribal Perspective
- Questions for Comment and Discussion
- Post Consultation Call to Action Items for ADHS & AHCCCS Next Steps

# Follow & Support AHCCCS on Social Media

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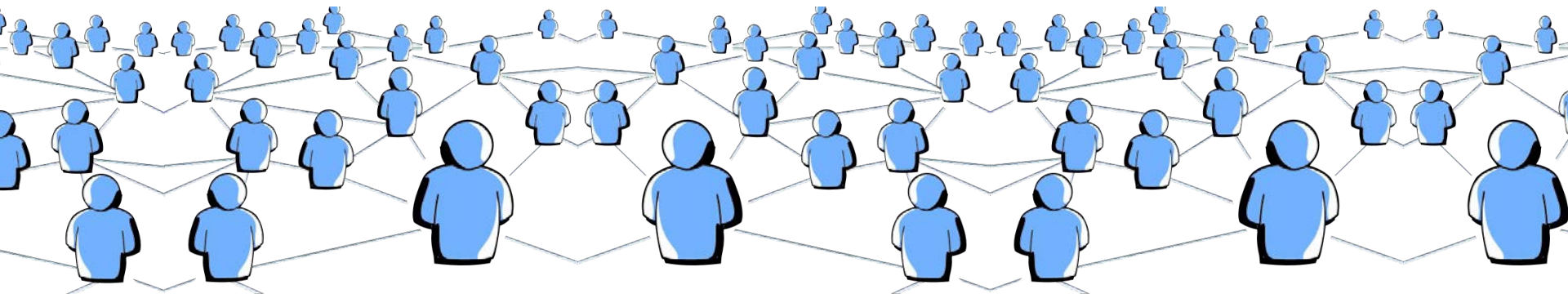
[@AHCCCSGov](https://www.instagram.com/AHCCCSGov)

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

Channel:

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



# 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!