



AHCCCS MCO Update Meeting

January 25, 2022



AHCCCS Updates

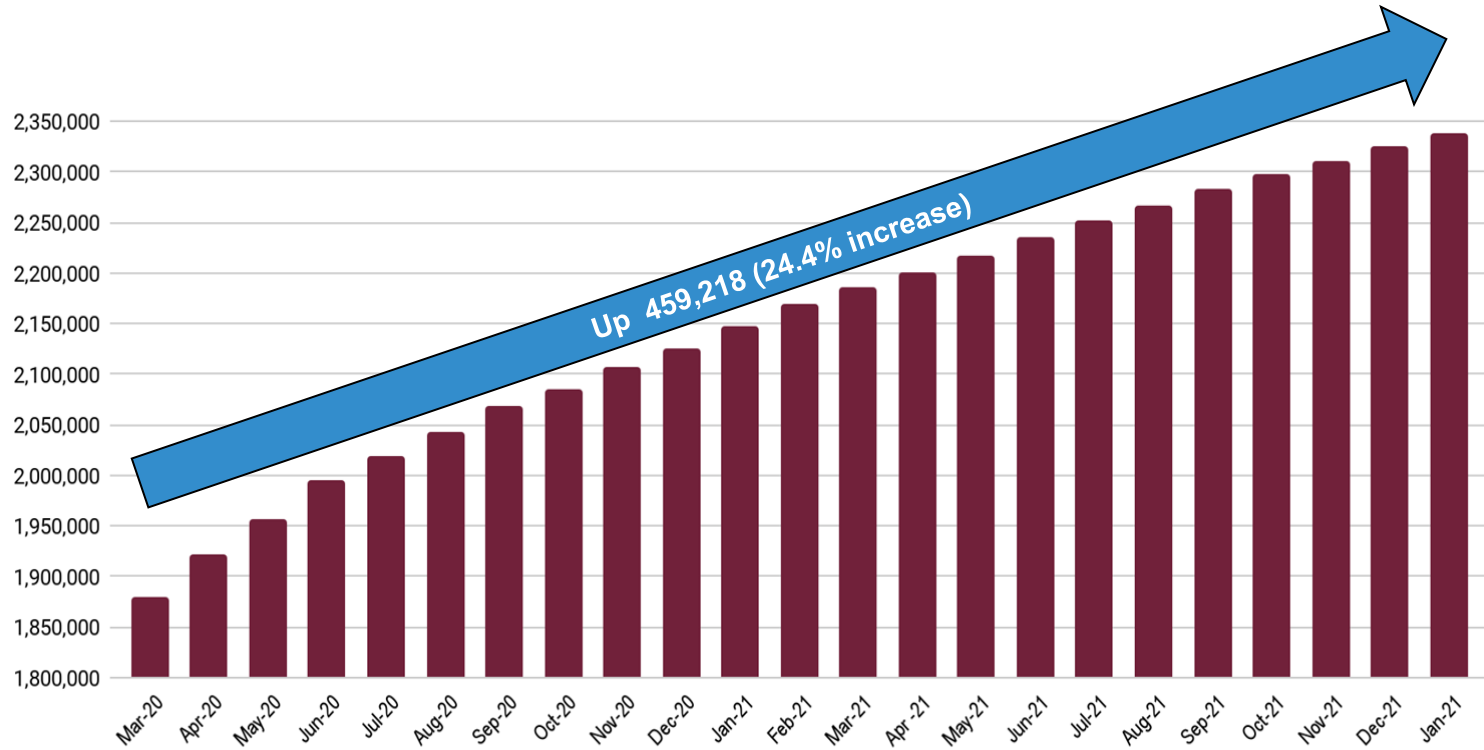
Jami Snyder, AHCCCS Director



Follow us on social media!



AHCCCS Enrollment: March 2020- January 2022



PHE Renewed - Effective January 16, 2022

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		
												4/30/22-5/1/22 Expiration of the Maintenance of Effort Requirement/ Initiation of Processing Redeterminations				
Continuous Enrollment																
6.2% FMAP																
PHE																
1/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue		4/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue			6/20/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue			10/18/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue			1/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue			4/16/22 PHE Ends		
													6/30/22 Expiration of the Enhanced Federal Match			

*HHS has indicated that it will provide states with 60 days advance notice prior to ending the federally declared PHE

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

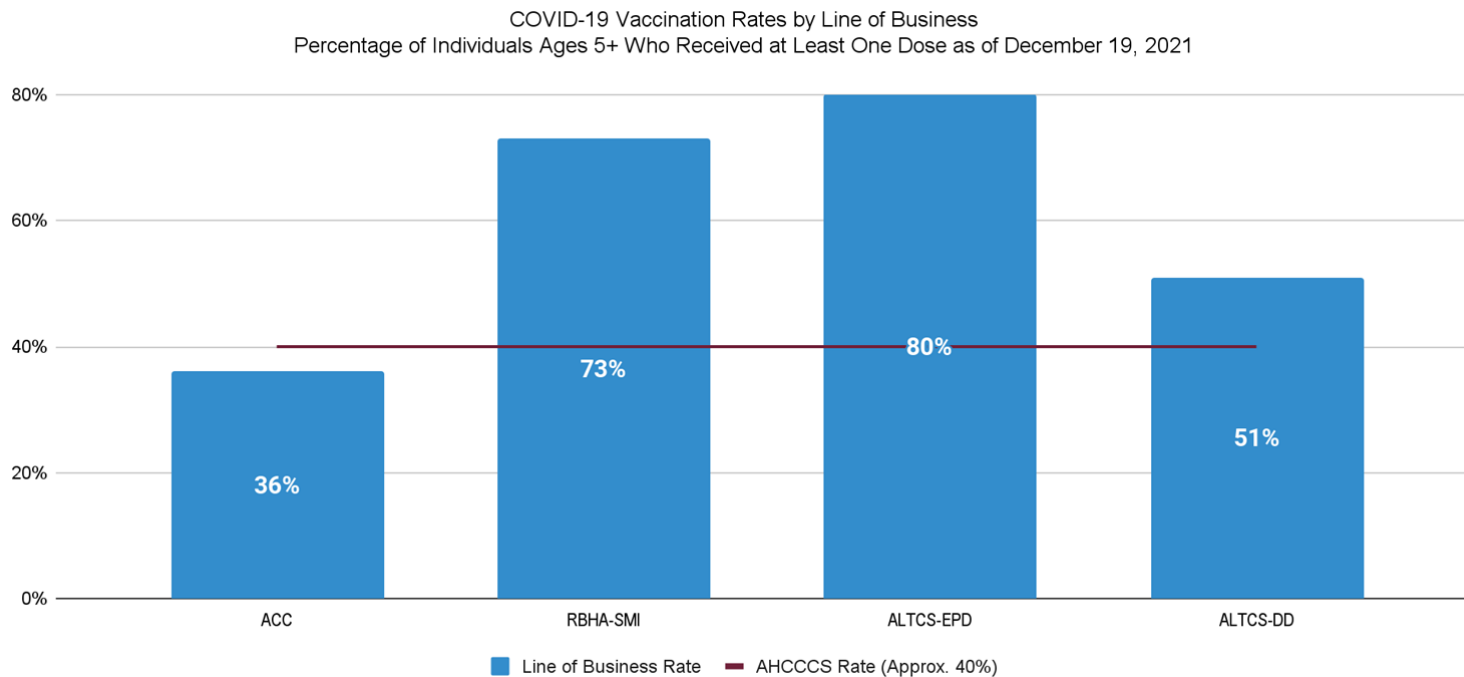
- Implemented Arizona's [Electronic Visit Verification](#) program to ensure access to care for members who receive in-home services and supports
- Provided behavioral health services to 6,000 students either on school campuses or in established clinics in response to referrals for services
- In alignment 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

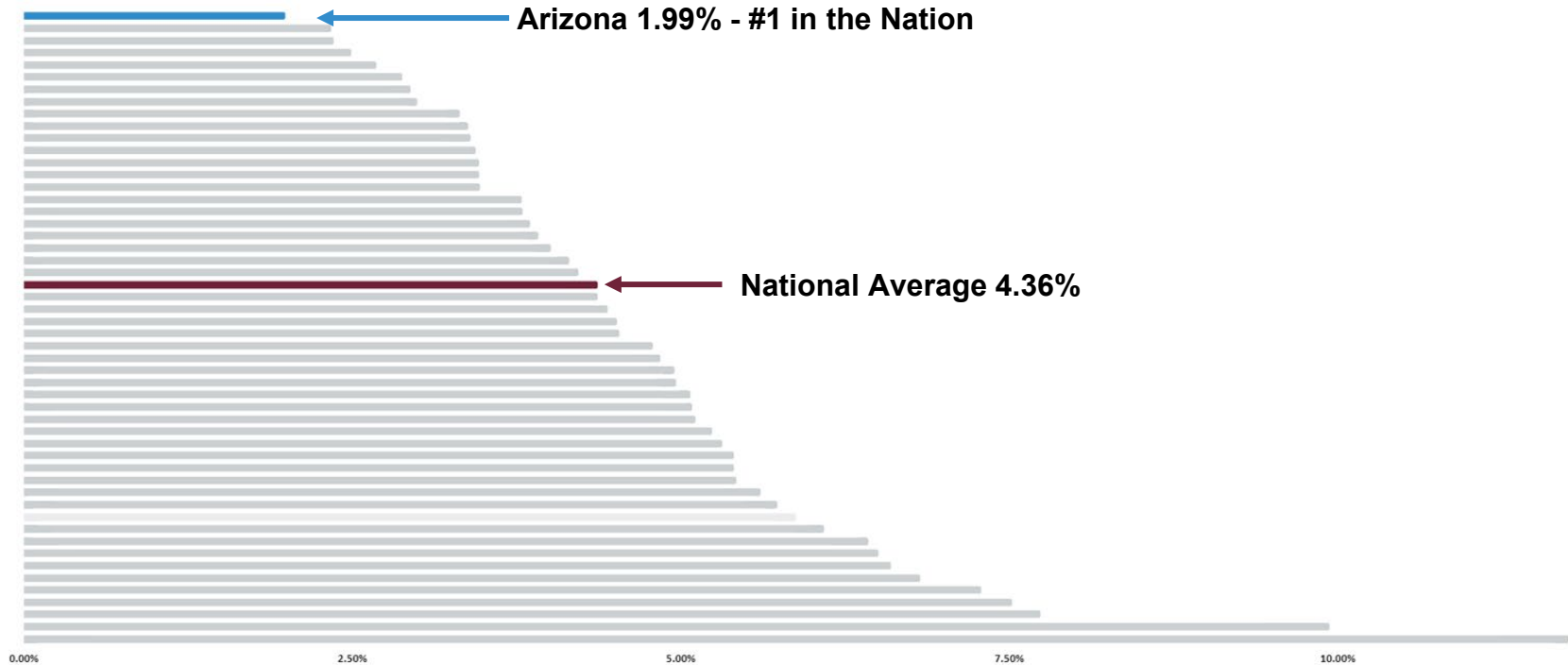
- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency; enrollment increased by nearly 24 percent over 22 months
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries, including mobile-based vaccine distribution 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

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



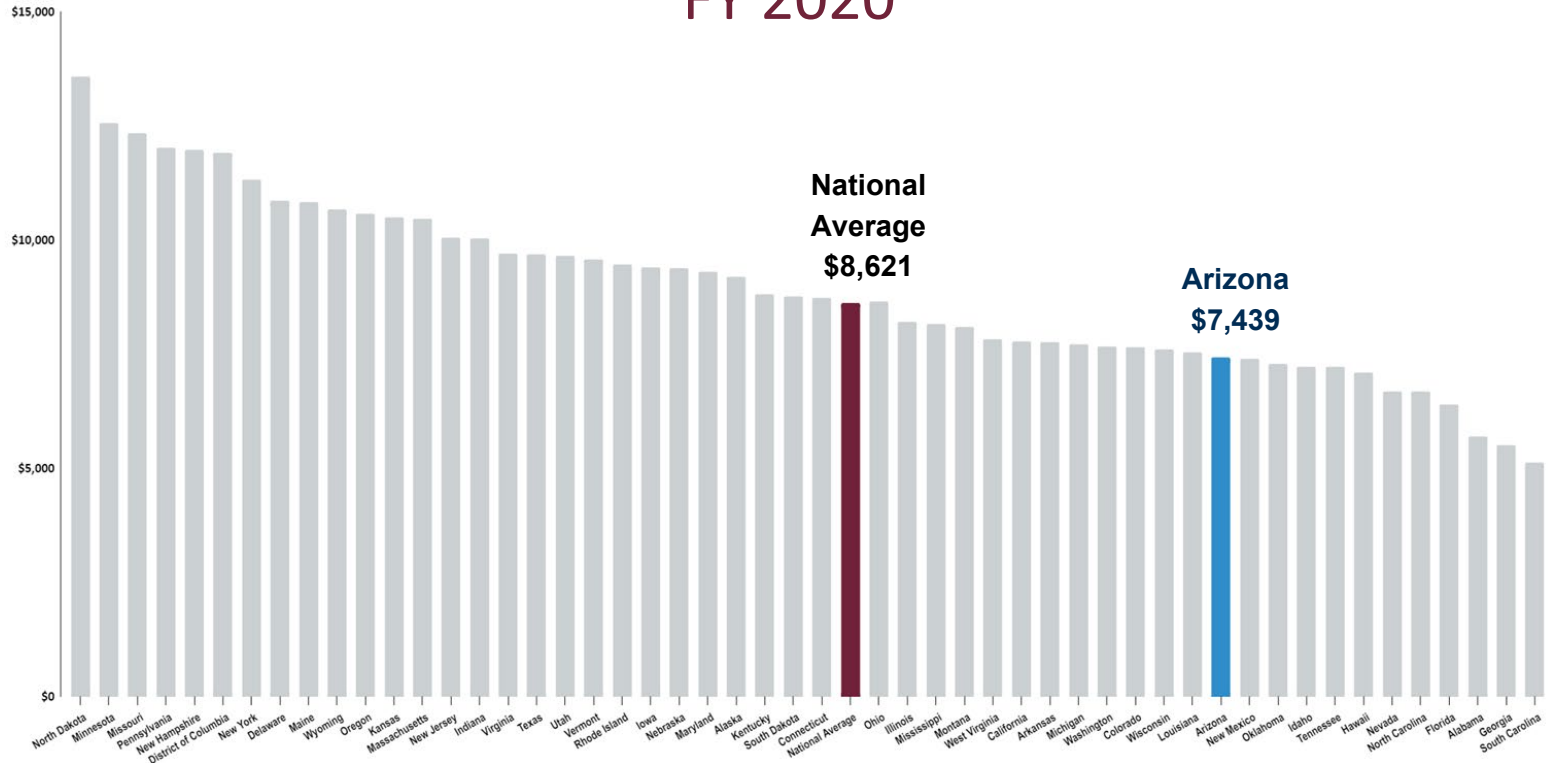
*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIS as well as claim and encounter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

Medicaid Administrative Expense Ratio by State FY 2020



Source: Medicaid and CHIP Payment and Access Commission, MACStats Exhibit 16,
<https://www.macpac.gov/macstats/>

Medicaid Spending Per Member Per Year by State FY 2020



Source: Medicaid and CHIP Payment and Access Commission, MACStats Exhibit 23,
<https://www.macpac.gov/macstats/>

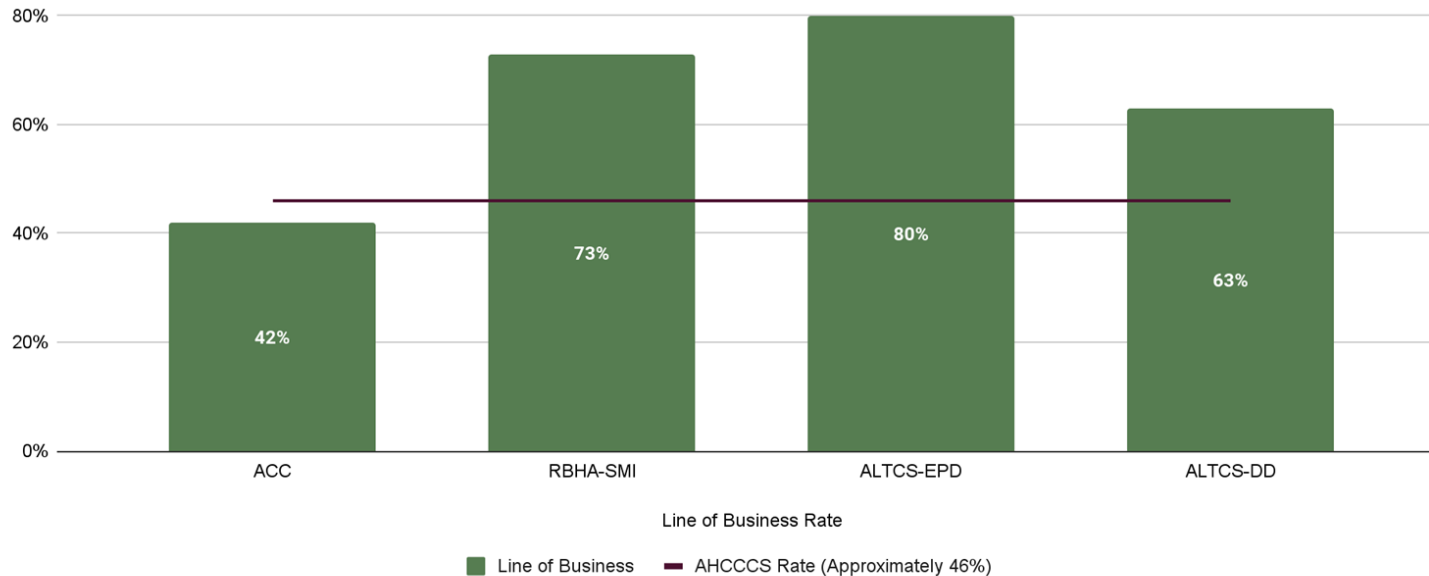
2022 Priorities

- Unwinding from the Public Health Emergency (PHE)
- Readiness and launch of ACC/RBHAs on 10-1-2022
 - Includes statewide crisis line & 988 implementation
- 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)
 - Analyzing CA waiver approved on 12/29/21, allowing for recuperative care (up to 90 days) and short-term post-hospitalization housing (up to 6 months)
- ARPA HCBS - Full Approval Received 1/19/2022
- Continued Prioritization of COVID-19 Response, including increasing vaccination rates among AHCCCS beneficiaries
- 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 CommunityCares (closed loop referral system)
- Division-level succession planning



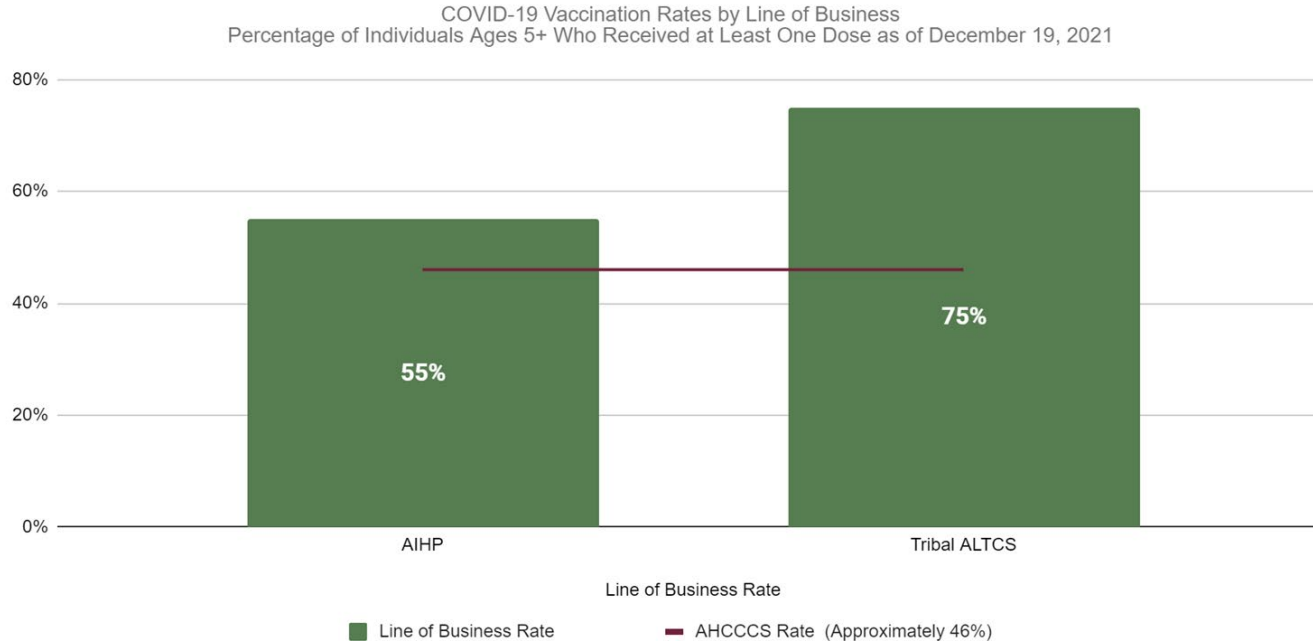
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

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.

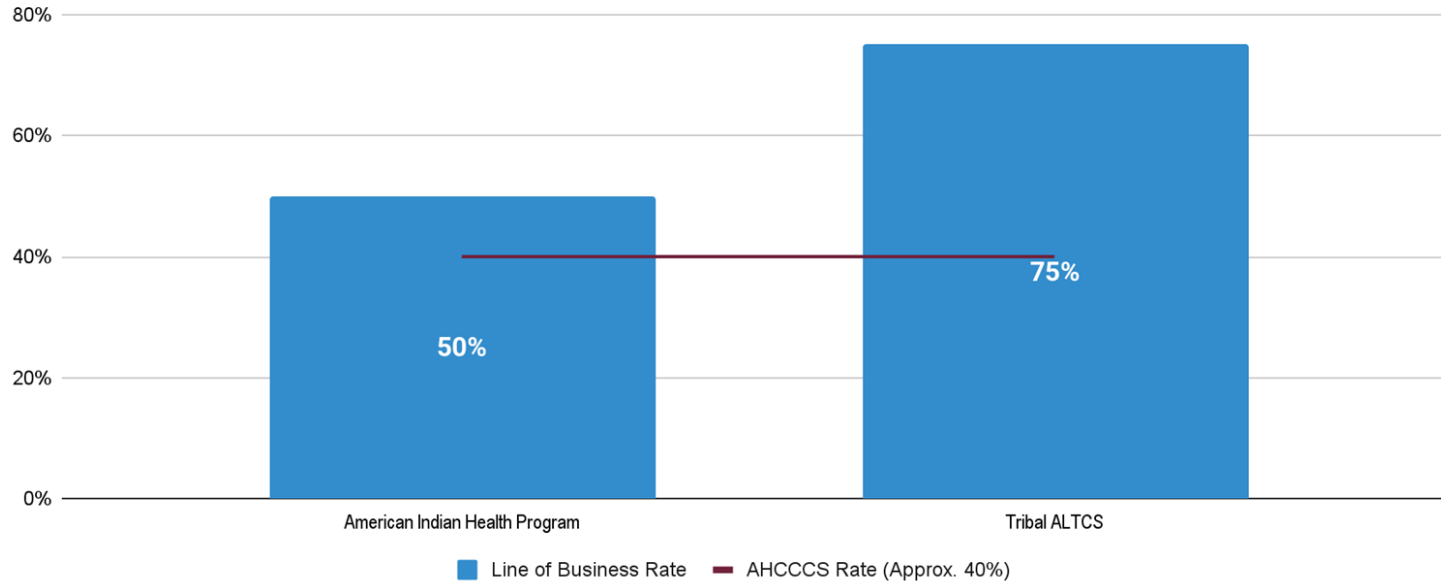
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*



**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*

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.*

American Rescue Plan Act

Home and Community Based Services Opportunity

- AHCCCS submitted the ARPA HCBS spending plan to CMS on 7/12/2021
- CMS approvals
 - [Partial approval](#) on 9/28/22
 - [Conditional \(final\) approval](#) on 1/19/22
 - Allows the state to begin implementing activities in the spending plan and qualifies state for 10 percentage point increase to the FMAP
- HB 2157 (expenditure authority legislation) passed out of House Appropriations Committee on 1/19/22; vote 11-1 (Representative Cobb absent)
- Provider directed payment pre-print submitted to CMS on 1/21/22
- Updated spending plan, incorporating stakeholder feedback from last quarter (to be included in quarterly update to CMS on or before 2/1/22) can be found [here](#)

ARPA HCBS

Provider Directed Payment

- Provider directed payment pre-print submitted to CMS on 1/21/22
 - Requested expedited review to leverage 10% enhanced FMAP prior to 3/31/2022
- Directed payment will be computed as a flat annualized percentage of eligible providers' prior Medicaid payments for select ARPA qualifying codes from a selected time period
 - Estimated to be approximately 17% in ARPA year 1 and 8% in ARPA years 2 and 3 (DES-DDD reimbursement will be similar but will use a slightly different methodology)
- Total amount across 3 ARPA years estimated to be \$866M between all lines of business
 - If approval and payments for year 1 are not made to the health plans by 3/31/2022, year 1 percentage and total payments will be reduced
- Directed payments are subject to change if other ARPA spending plan initiatives impact funding available

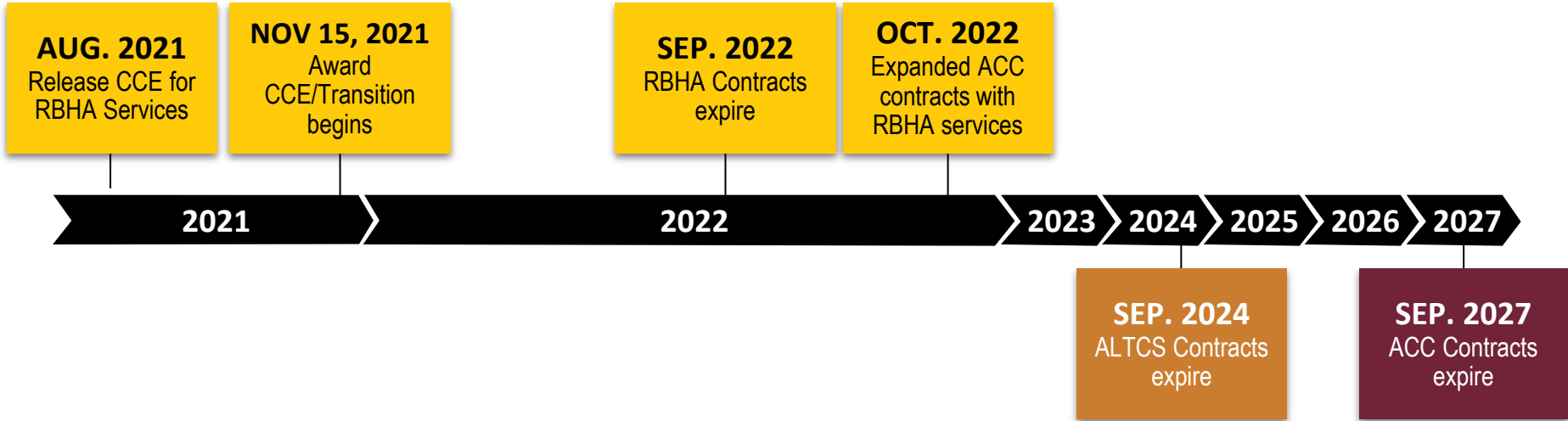
SFY 2023 Budget

Executive Recommendation v JLBC Baseline

	Executive Recommendation	JLBC Baseline
Total Fund	\$21.3 Billion	\$17.4 Billion
General Fund	\$2.245 Billion	\$2.173 Billion
PHE Assumption	Assumes MOE ends January 2022 and enhanced FMAP ends March 2022*	Assumes MOE ends January 2022 and enhanced FMAP ends March 2022*
Capitation Rate Growth	4.6% across all programs	3.1% across all programs
Enrollment Growth Projections	FY22: -1.53% FY23: -9.18%	FY22: -4.0% FY23: -6.7%

*PHE has been extended through 4/16/22; MOE termination of April 2022; enhanced FMAP termination of June 2022

AHCCCS Managed Care Contracts Timeline



■ ACC Contracts Expire ■ RBHA ■ ALTCS

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**
 - Program Integrity in Managed Care
- **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)



Legislative Update

Willa Murphy, Legislative Liaison
Office of the Director

Legislative Update: 2022 Legislative Session

- Current legislative session timeline
- Bills of interest:
 - HB 2157 SUPPLEMENTAL APPROPRIATIONS; COMMUNITY-BASED SERVICES
 - HB 2088 ALTCS; PREADMISSION SCREENING
 - Various other bills expanding covered services/benefits to members



ARPA Mobile Crisis Update

Alex Demyan, Deputy Assistant Director
Division of Community Advocacy and Intergovernmental
Relations

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 to the right of the vial.	 A white van driving on a road with green hills in the background.	 A pile of white pills spilling from an orange pill container onto a US dollar bill.	 Aerial view of a city with mountains in the background.	 A woman sitting at a table with a young girl, looking at a blue folder.	 A black and white image of a woman holding a baby.	 A person in a dark hoodie sitting on a stone ledge, looking away.
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



Section 9813



Mobile Crisis Services

4/1/22 -
3/31/27

- Creates a state option to cover community-based mobile crisis intervention services as defined in the ARPA.
- This state option is available for a period of 5 years beginning on the April 1, 2022.
- Federal matching for the costs of these services is set at 85% unless the state qualifies for a higher matching percentage under other applicable provisions.
- The 85% federal matching rate is available for 12 fiscal quarters.

Section 9813 Updates



Mobile Crisis Services

4/1/22 -
3/31/27

- On December 28, CMS released [State Health Official \(SHO\) Letter #21-008](#) which describes the requirements for receiving an increased FMAP (85%) for the delivery of mobile crisis intervention services. The SHO letter includes guidance on:
 - Service Requirements
 - Provider Considerations
 - State Flexibilities
 - Maintenance of Effort (MOE) Requirements
 - Claiming the Enhanced FMAP
 - Administrative Claiming
 - Data Reporting
 - Necessary Federal Authorities



PHE 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
 - email address for questions: covidreportquestions@azahcccs.gov
- 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

Provider Unwinding Strategies

- April 4 is the expected date for Provider flexibilities to end
- Collection of fees, fingerprinting and site visits will resume
- Only about 30k providers completed the re-registration process
- Revalidation process will replace current re-registration
 - If providers do not comply with revalidation they will be disenrolled
- Moderate/High risk providers who completed the re-registration process will need to revalidate (fees, fingerprinting and site visits will be required)
 - Approximately 4,000 will need to revalidate
 - 269 high risk need fingerprinting (included in the 4,000)



Provider Flexibilities

Jakenna Lebsock, Assistant Director
Division of Health Care Management



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.



Housing Update

David Bridge, Housing Administrator
Division of Health Care Management

Housing Administration Structure - Statewide

AHCCCS

- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

MCOs and Providers

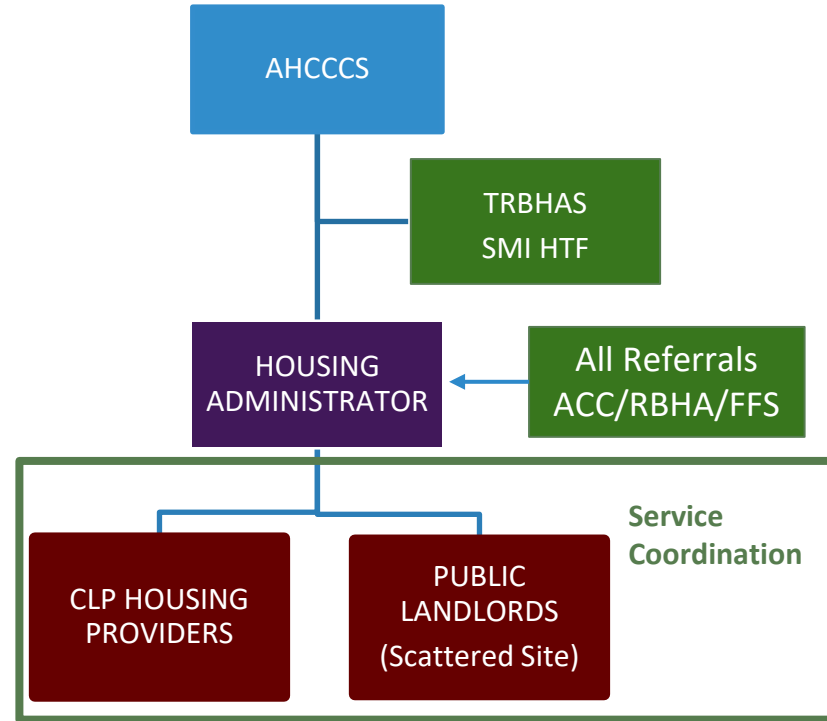
- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

Housing Administration – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices

GOAL: Members should have access to all housing they are eligible for.

CLP Housing – AHCCC purchased, fixed site, owned by provider/non-profits, block leasing

Scattered Site (Vouchers) – Market affordable housing, community landlords



Transition – Key Accomplishments (10/21-12/21)

- ACOM 448 Housing Policy Implemented
- All Maricopa Scattered Site Units Transitioned/Standardized (1,000+ Units)
- All Existing Waitlist/Searching Members Transitioned (2,500+ Members)
- Established Statewide Online Application Process
 - 726 New Applications Submitted in Quarter
- Continuity of Referrals, Placements and Housing Stability
 - 53 New Placements
 - 1st Quarter Retention: CLP - 99.6% Scattered Site – 97.7%
 - Transitioned 200+ Units to New Providers
- Created Single Statewide Housing Database
- 18 Days Average from Program Referral/Acceptance to Placement
- New AHCCCS Housing Program Staff (2 Positions)

Ongoing Transition Issues

Immediate (3/22)

Finalize MCO Standard Reports
Finalize Guidebook Based on Current Operations and Existing Processes
Preliminary Financial Analysis
Finalize Housing Database/Rosters

Midterm Goals (12/22)

Standardize CLP Payments and Operations
Fill Existing Scattered Site Vacancies
Complete Re-Certifications of All Housed Members
Educate MCO/Provider Network on Referral Processes
Benchmark Metrics

Strategic (Ongoing)

Continued Data Informed Process Improvement

PSH Service Enhancement and Integration
- Define PSH Services
- GMHSUD Housing Need
- Coordination with Housing Admin.

Increase Housing Capacity/Stock

Housing Policy Changes (ACOM 448)

- Expand List of Referring Housing Entities
 - MCO and Registered Providers
 - Tribal Organizations and Fee for Service Providers
 - PATH Teams
- Eligibility: Homelessness + Documented Housing Need
 - Literal Homelessness
 - Institutional Discharges
 - Other Needs (e.g., DV, Unsafe Living Situation, Z Codes, Medical Need)
 - Frequent ED/Inpatient/Homeless Experiences
- Prioritization
 - Medical/Behavioral Health Need (Cost) or Immediate Care Coordination Need
 - Actual Homeless Status/By Name List Status
 - VI-SPDAT or Other Objective Acuity Score
 - Other Factors (Homeless Coordination)

Key Messages

- No direct client applications to ABC/Housing Administrator - connect to clinic/service provider
 - Need Provider Verification
 - Ongoing Service Coordination
 - FAQs, trainings, forms and information posted on websites
 - [HOM Homepage - HOM \(hominc.com\)](http://hominc.com)
 - [AHCCCS Housing Programs \(AHP\) – Arizona Behavioral Health Corporation \(azabc.org\)](http://azabc.org)
 - [AHCCCS Housing Programs \(azahcccs.gov\)](http://azahcccs.gov)
 - [AHP Eviction Prevention Dashboard - HOM \(hominc.com\)](http://hominc.com)
- No changes to funding allocations for housing
- Eviction Prevention Modified – No Motel or Moving Assistance
- AHP Transition Hotline Ending 1/31/22
 - Waitlist, Referrals, Provider Coordination Concerns: (ABC)
 - Housed or Searching Members Concerns/Issues: (HOM)
- Housing is Challenging
 - Finding Affordable Housing in Market is Difficult with Voucher
 - Subsidy Demand Exceeds AHCCCS Housing Program Capacity
 - Providers should not limit housing coordination to AHP programs only





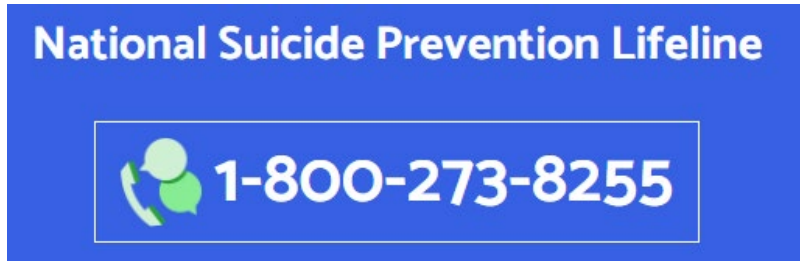
988: Crisis Line

Dana Flannery, Senior Policy Advisor & Assistant Director
Division of Community Advocacy and Intergovernmental
Relations

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).



988 Planning Update

NSPL in Arizona

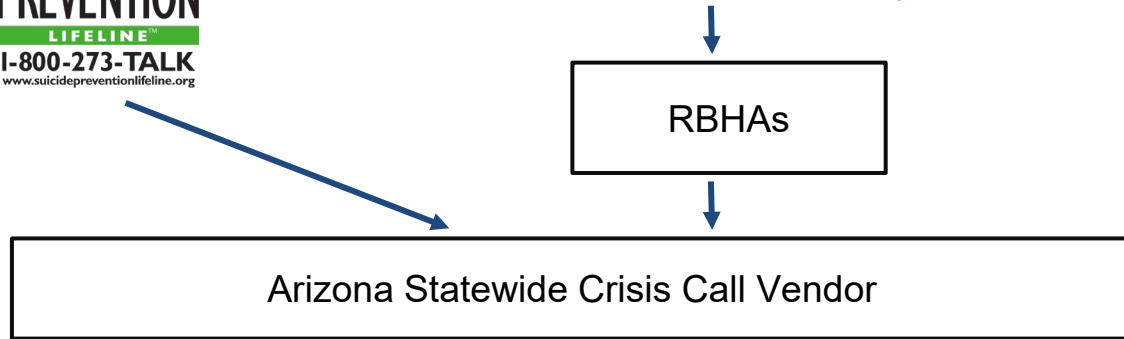


AHCCCS Crisis in



9-8-8 Planning Grant

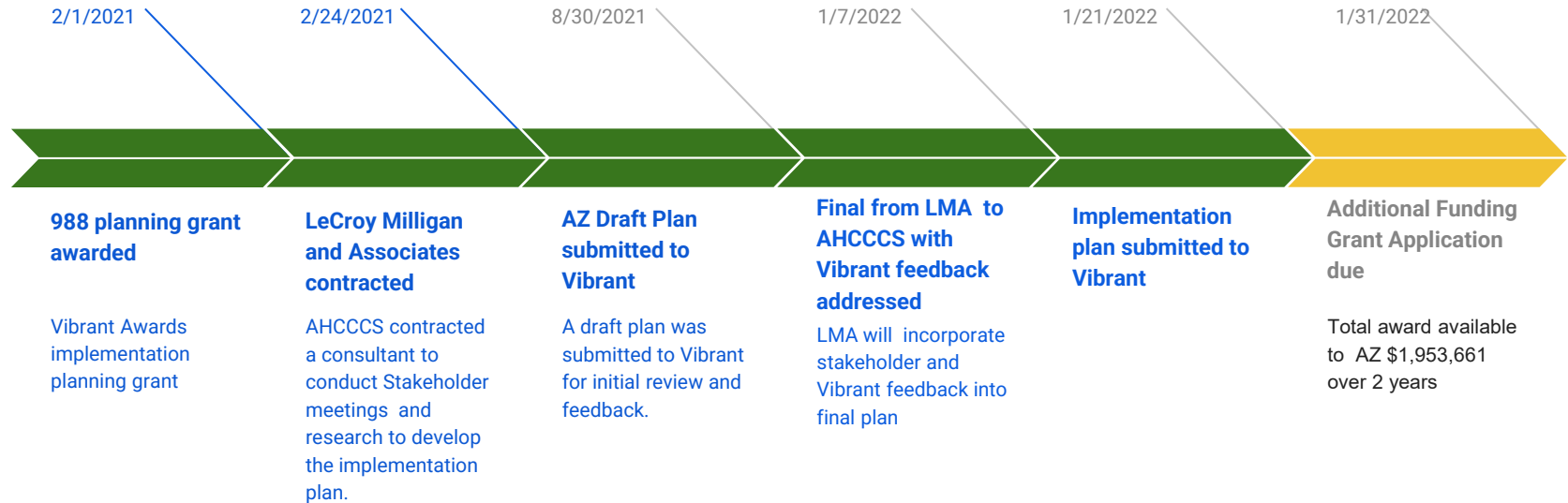
- \$135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds dedicated to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the 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 to AHCCCS January 7th
 - Final plan submitted to Vibrant January 21st, 2022

988 Planning Update



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.



Capitation Rates Update

Colby Schaeffer, Chief Actuary
Division of Health Care Management

CYE 23 Rates Timeline

#	Key Activity	Date
1	AHCCCS Send MCO Ground-Up Administrative Information Request	On or before 1/28/2022
2	MCO Encounter Data Submission for CYE 23 Rate Setting (first cycle)	2/3/2022
3	MCO Encounter Data Submission for CYE 23 Rate Setting (final cycle)	2/17/2022
4	MCO Ground-Up Administrative Information Request Responses Due	(4 weeks after sent)
5	MCO Identification of Items for Consideration by Actuaries via email or meeting	January 31 through March 4, 2022
6	AHCCCS Send MCO Data Request (non-exhaustive list: MMs, admin, encounters, anything noted during MCO meetings)	On or before 3/11/2022
7	MCO Data Request Responses Due	(2 weeks after sent)
8	AHCCCS Send Projected Trends to MCOs	On or before 5/31/2022
9	MCO Feedback to AHCCCS on Projected Trends	(2 weeks after sent)
10	AHCCCS Send Projected Admin, Case Management (CM), and HCBS Mix % (if applicable) to MCOs	On or before 6/30/2022
11	MCO Feedback to AHCCCS on Projected Admin, CM, and HCBS Mix % (if applicable) to MCOs	(2 weeks after sent)
12	AHCCCS Send Rates to MCOs with Summary of Key Items	Send on 7/15/2022
13	MCO Feedback to AHCCCS on Rates	(1 week after sent)
14	AHCCCS Submit Actuarial Certifications to CMS	Send on 8/12/2022

ARPA HCBS Funding & Impact to CYE 22 Rates

- Spending plan approved last week (Jan 19)
- Large portion of funding going into lump sum directed payments
- Some funding going into the capitation rates, with material impacts likely for both ALTCS programs (EPD and DDD)
- Amended capitation rates expected to be ready closer to Spring 2022, based on legislative approval



COVID-19 Vaccine and Testing Strategies

Dr. Mark Carroll, Health Choice Arizona

Questions?

Thank You.