

February 28, 2020

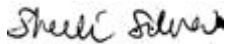
Kelsey Smyth
Project Officer, Division of State Demonstrations, Waivers & Managed Care
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
Mailstop: S2-01-16
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Smyth:

In accordance with Special Terms and Conditions paragraph 52, enclosed please find the Quarterly Progress Report for October 1, 2019 through December 31, 2019, which also includes the Quarterly Quality Initiative, and the Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Mohamed Arif at Mohamed.Arif@azahcccs.gov or Shreya Prakash at Shreya.Prakash@azahcccs.gov.

Sincerely,



Shelli Silver
Deputy Director- Health Plan Operations

AHCCCS Quarterly Report
October 1, 2019 – December 31, 2019

TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report
Demonstration Year: 37
Federal Fiscal Quarter: 1st (October 1, 2019 – December 31, 2019)

INTRODUCTION

As written in Special Terms and Conditions (STCs), paragraph 52, the State submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration.

ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for October 1, 2019 through December 31, 2019, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

Population Groups	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr
Acute AFDC/SOBRA	1,156,387	3,102	275,303
Acute SSI	197,786	401	20,215
Prop 204 Restoration	451,739	628	43,036
Adult Expansion	131,573	259	23,514
LTC DD	35,278	52	2,382
LTC EPD	34,643	86	5,385
Non-Waiver	45,318	158	17,315
Total	2,052,724	4,686	387,150

Table 2 is a snapshot of the number of current enrollees (as of January 1, 2020) by funding categories as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan ¹	1,338,312
Title XXI funded State Plan ²	35,837
Title XIX funded Expansion³	407,247
• Prop 204 Restoration (0-100% FPL)	330,936
• Adult Expansion (100% - 133% FPL)	76,311
Enrollment Current as of	1/1/2020

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

In accordance with STC 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 waiver demonstration programs including research questions, hypotheses, and proposed measures for the programs noted below. In addition, AHCCCS is required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 waiver demonstration by September 30, 2020 and February 12, 2023 respectively.

- AHCCCS Complete Care (ACC) Program
- Arizona Long Term Care System (ALTCS) Program
- Comprehensive Medical and Dental Program (CMDP)
- Regional Behavioral Health Authorities (RBHA)
- Targeted Investments Program (TI)
- AHCCCS Works
- Retroactive Coverage Waiver.

AHCCCS worked with an independent evaluator to develop the Waiver Evaluation Design plans for all these programs.

On July 17, 2019, AHCCCS submitted the Waiver Evaluation Design plans for AHCCCS Works and Prior Quarter Coverage waivers. On November 13, 2019 AHCCCS submitted the Waiver Evaluation Design Plans for the AHCCCS core programs (ACC, ALTCS, CMDP, and RBHA) and the Targeted Investments program to CMS. AHCCCS received feedback from CMS regarding the Evaluation Design plans for ACC, ALTCS, CMDP, RBHA and TI plans along with additional feedback on the revised AHCCCS Works and Prior Quarter Coverage design plans.

¹ SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1
² KidsCare
³ Prop 204 Restoration & Adult Expansion

AHCCCS is working with the independent evaluator to incorporate all the feedback received from CMS and is on track to submit the revised Waiver Evaluation Design plans by February 29, 2020.

In FY 2020, AHCCCS will continue to work with CMS to conduct Interim Evaluations and submit the Interim Evaluation Report for the TI program, AHCCCS Complete Care, ALTCS, CMDP, Retroactive Coverage Waiver and RBHA demonstrations.

Targeted Investments Program Update

The following is a summary of the accomplishments and activities of the AHCCCS Targeted Investments (TI) Program during the period October 1, 2019 to December 31, 2019:

- TI Program participant Year 3 milestone attestation and document validation submissions were reviewed
- TI Program Year 4 milestone performance measures were finalized and presented, following an extensive consultation process with internal and external stakeholders
- Collaborated with Arizona State University to establish a Quality Improvement Collaborative (QIC) for TI Program participating providers to assist them with maximizing results on Year 4 milestone performance measures
- The TI team participated in Agency wide presentations, such as the Community Stakeholder Quality Forum on the Agency’s quality initiatives
- The participant Attestation Portal was updated to enable more streamlined calculation of Year 3 incentive payments
- Engaged with AHCCCS managed care organizations (MCOs) to ensure alignment of TI Program and MCO provider performance expectations, and to identify opportunities to sustain integrated care delivery accomplishments
- The TI team traveled to numerous program participant sites around the state to learn about their integrated care activities and to learn how they can be best supported in their continuing integration efforts
- The TI team made presentations to numerous internal and external stakeholders on the Program and its impact on enhancing the integration of physical and behavioral health care to AHCCCS members served by TI Program participants
- Worked closely with the state health information exchange (Health Current) to support Program participants’ efforts to establish bi-directional data exchange with the HIE, and
- Submitted revised/corrected baseline targets to CMS for the Statewide Population Measures pursuant to STC paragraph 69

State Plan Update

During the reporting period, the following State Plan Amendments (SPA) were filed and/or approved:

SPA #	Description	Filed	Approved	Eff. Date
Title XIX				
SPA 19-005 Advanced	Updates the advanced directives section of the State Plan to ensure	9/30/2019	10/17/2019	7/1/2019

SPA #	Description	Filed	Approved	Eff. Date
Directives	the advanced directives brochure is always current.			
SPA 19-006 - Census Wage Eligibility Groups	Updates the eligibility groups for which wages related to Census activities are excluded.	9/30/2019	12/26/2019	7/1/2019
19-012 - OP Hospital Rates	Revises Outpatient Hospital Rates effective 10/1/2019.	11/15/2019	12/16/2019	10/1/2019
SPA 19-013 - Dental AIR	Reflects the emergency dental benefit cap as being the higher of \$1,000 or the full AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities.	12/02/2019	N/A	10/1/2019
SPA 19-014 - DRG Rates	Updates the State Plan DRG Rates, effective October 1, 2019	12/30/2019	N/A	10/1/2019
SPA 19-015 - NF DAP	Updates the State Plan to update the NF DAP program.	12/30/2019	N/A	10/1/2019
SPA 19-016 - EMS Rates	Updates the State Plan EMS rates, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-017 - NF Rates	Updates the State Plan to reflect updated nursing facility rates, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-018 - Other Provider Rates	Updates the State Plan Other Provider rates, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-019 - LTC & Rehab Rates	Updates the State Plan long-term care and rehabilitation rates, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-020 - Opioid DUR	Updates the State Plan to comply with SUPPORT Act requirements regarding opioid drug utilization reviews.	12/30/2019	N/A	10/1/2019
SPA 19-021 - IP DAP	Updates the IP DAP program, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-022 - OP DAP	Updates the State Plan OP DAP program, effective October 1, 2019.	12/30/2019	N/A	10/1/2019
SPA 19-023- MACPro Eligibility	Updates the MACPro system to reflect the Arizona eligibility criteria.	12/30/2019	N/A	10/1/2019

CONSUMER ISSUES

In support of the quarterly report to CMS, presented below is a summary of advocacy issues received in the Office of Client Advocacy (OCA) for the quarter October 1, 2019 – December 31, 2019.

Advocacy Issues ⁴	October	November	December	Total
Billing Issues <ul style="list-style-type: none"> • Member reimbursements • Unpaid bills 	10	7	12	29
Cost Sharing <ul style="list-style-type: none"> • Co-pays • Share of Cost (ALTCs) • Premiums (Kids Care, Medicare) 	0	0	0	0
Covered Services	32	26	26	84
ALTCs <ul style="list-style-type: none"> • Resources • Income • Medical 	9	9	9	27
DES <ul style="list-style-type: none"> • Income • Incorrect determination • Improper referrals 	29	19	15	63
KidsCare <ul style="list-style-type: none"> • Income • Incorrect determination 	1	5	3	9
SSI/Medical Assistance Only <ul style="list-style-type: none"> • Income • Not categorically linked 	8	11	12	31
Information <ul style="list-style-type: none"> • Status of application • Eligibility Criteria • Community Resources • Notification (Did not receive or didn't understand) 	64	48	32	144
Medicare <ul style="list-style-type: none"> • Medicare Coverage • Medicare Savings Program • Medicare Part D 	4	3	2	9
Prescriptions <ul style="list-style-type: none"> • Prescription coverage • Prescription denial 	11	8	2	21

⁴ Categories of good customer services, bad customer service, documentation, policy, and process are captured under the category it may relate to.

Fraud-Referred to Office of Inspector General (OIG)	0	0	0	0
Quality of Care-Referred to Division of Health Care Management (DHCM)	4	3	1	8
Total	172	139	114	425

Issue Originator⁵	October	November	December	Total
Applicant, Member or Representative	157	126	101	384
CMS	2	1	2	5
Governor's Office	9	7	7	23
Ombudsmen/Advocates/Other Agencies	4	3	3	10
Senate & House	0	2	1	3
Total	172	139	114	425

OPT-OUT FOR CAUSE

Attached is a summary of the opt-out requests filed by individuals determined to be seriously mentally ill (SMI) in Maricopa County and Greater Arizona, broken down by months, MCOs, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

QUALITY ASSURANCE/MONITORING ACTIVITY

Attached is a description of AHCCCS' Quality Assurance/Monitoring Activities during the quarter. The attachment also includes updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance/Monitoring Activities

Attachment 3: Arizona Medicaid Administrative Claiming Random Moment Time Study Report

STATE CONTACT(S)

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AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD- 4200

⁵ This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

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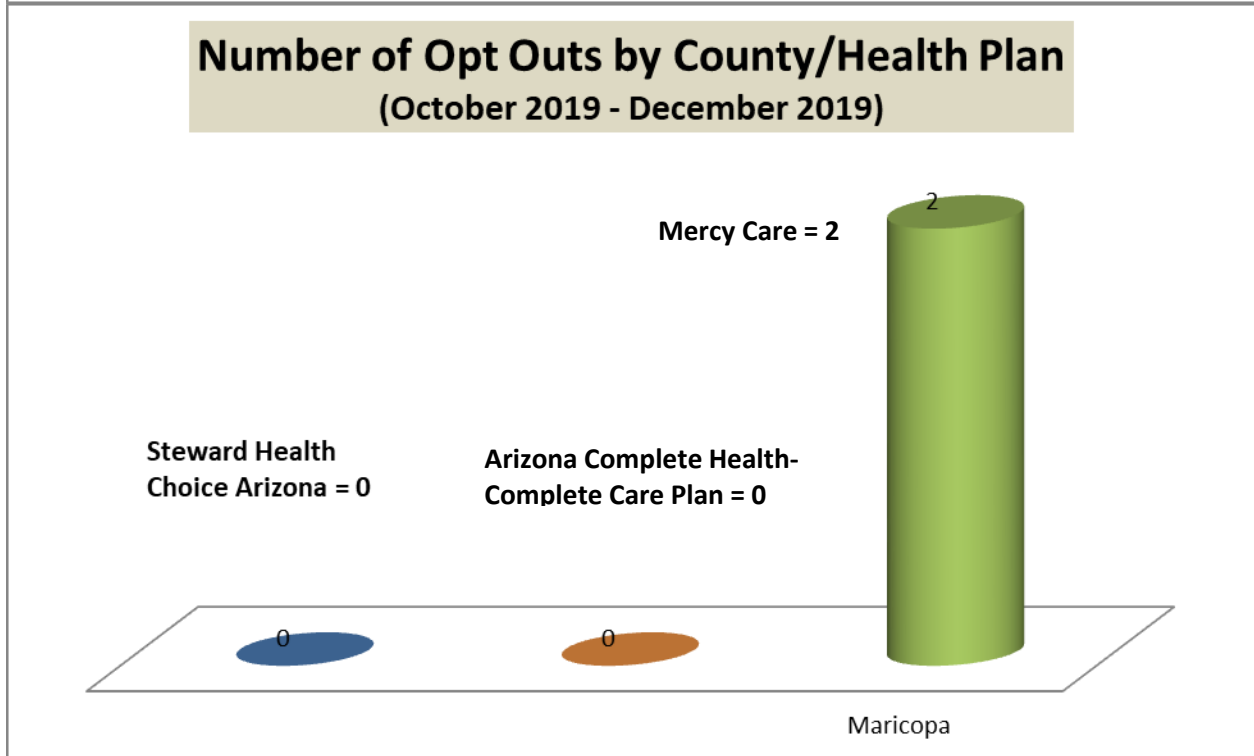
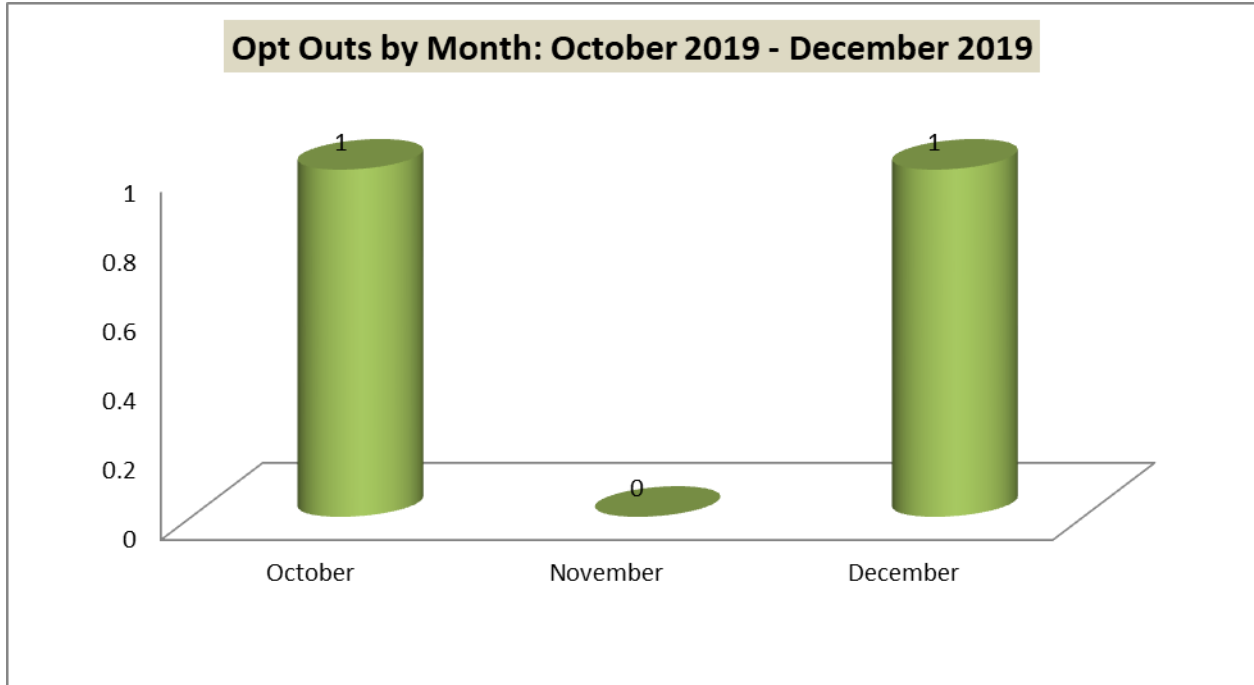
DATE SUBMITTED TO CMS

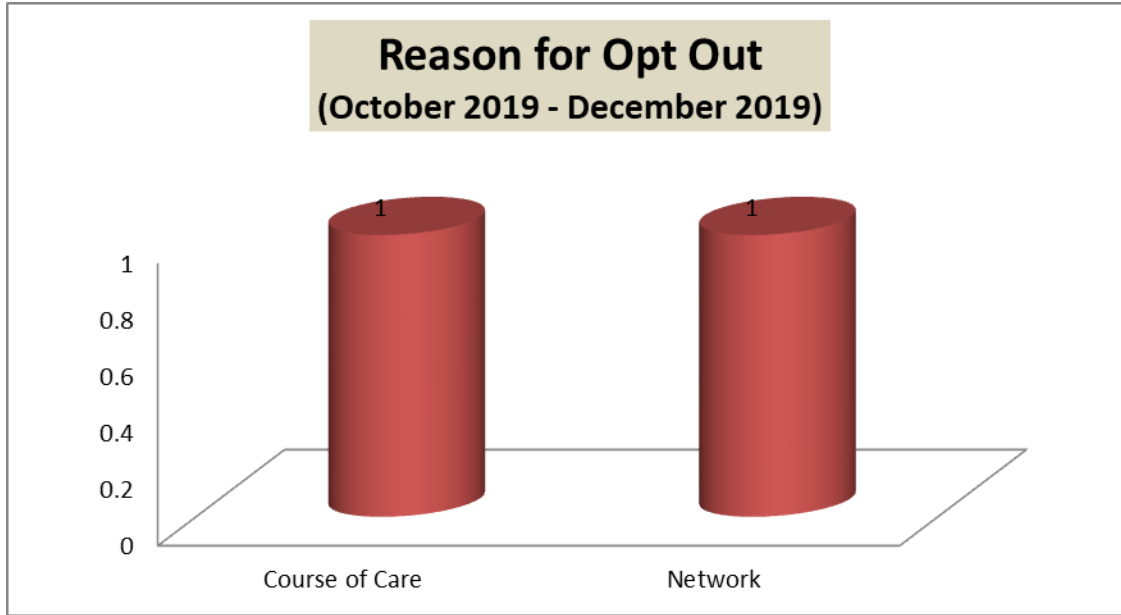
February 28, 2020

ATTACHMENT 1

Opt Out for QTR1 (Oct 2019 – Dec 2019)

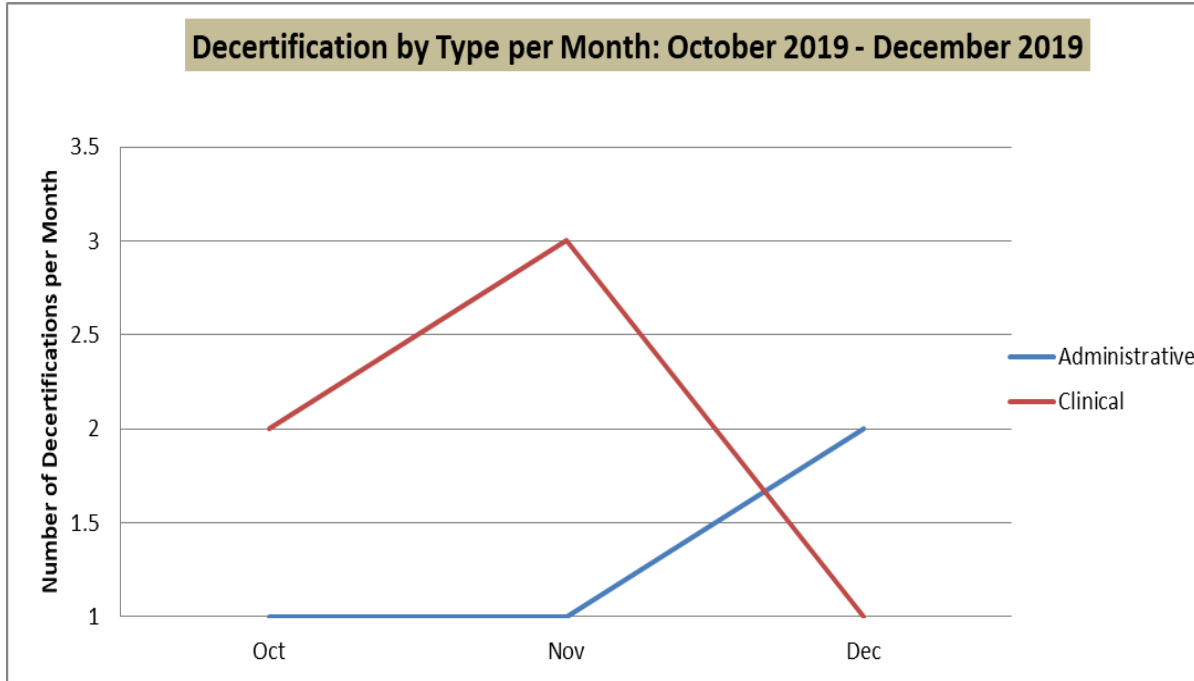
Charts generated by Information Management/Data Analytics Unit (IMDAU)





Initial Opt Out Decisions (October 2019 - December 2019)			
Approved	Withdrawn	Denied	Pending
0	0	2	0

Appeal Outcomes (October 2019 - December 2019)			
Approved	Withdrawn	Denied	Pending
0	0	0	0



ATTACHMENT 2

Quality Assurance/Monitoring Activity

Demonstration/Quarter Reporting Period

Demonstration Year: 39

Federal Fiscal Quarter 1/2020 (10/1/19 – 12/31//19)

Prepared by the Division of Health Care Management
January, 2020

Introduction

This report describes the Arizona Health Care Cost Containment System (AHCCCS) quality assurance and monitoring activities that occurred during the first quarter of Federal Fiscal Year 2020, as required in STC 52 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy, in accordance with the Managed Care Act requirements. This report will highlight AHCCCS activities and goals for the statewide model of care that occurred predominately between October 1st and December 31st, 2019 plus other activities related to ongoing quality and performance improvement during the quarter.

The reported activities will be those occurring under the oversight of AHCCCS Division of Health Care Management (DHCM), including Quality Management (QM), Performance Improvement (PI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), and the Arizona Long Term Care System (ALTCS). Additional activities within other areas of AHCCCS, such as Workforce Development, Grants Management, Community Affairs and Information Systems will also be reported.

AHCCCS Strengths – Innovation and Community Involvement

AHCCCS is continually reviewing opportunities to improve the effectiveness and efficiency of Arizona's health care delivery system, as well as the methods utilized to promote optimal health for members. There are teams throughout the Agency that promote innovation and transparency for both internal and external processes. Below is an update on efforts in which the QM, PI, and MCH/EPSDT teams are involved.

Innovative Practices and Delivery System Improvement

Continuing Integration Strategies: AHCCCS continues to augment the knowledge and understanding of behavioral health care by hiring additional expertise to support its workforce. Between October 1st and December 31st, AHCCCS added key top level administrative positions including an additional Medical Director and a Chief Clinical Officer, who is a licensed Behavioral Health Professional. These additional positions will focus on oversight and enhancements of AHCCCS integration efforts. Additionally, an Assistant Director was hired to support the new Division of Grants Administration. This new division was established to place additional focus on grant monitoring and behavioral health service delivery from an agency perspective, and to allow for increased efficiency for internal and external stakeholders.

AHCCCS Complete Care: As of the first quarter of FFY20, the focus with the integrated care contracts has been to continue monitoring for consistency and divergence across all MCOs contracted throughout Arizona. Strategies continue to ensure evaluation of network adequacy, contract compliance, service delivery, care coordination and use of evidence-based models. Efforts began during this quarter to formally address MCO adherence to AHCCCS policies, via development of revised Operational Review tools that will identify requirements for integrated

care. Further, AHCCCS continues to modify existing policies to ensure they incorporate integrated care procedures and methods.

ALTCS/DDD: Following implementation of DDD’s new subcontracted integrated MCOs on October 1, 2019, AHCCCS continued to meet with DDD to discuss any issues or concerns related to implementation of the new model. AHCCCS worked closely with DDD to support a smooth transition and monitor for any access to care issues; DDD reported that they did not receive any member complaints during the transition process or post-transition.

ALTCS/EPD: As reported within previous quarterly reports, the ALTCS/EPD contracts were designed to utilize a fully integrated care perspective at both the systemic and direct care levels (e.g. use of community-based health homes, electronic health records, coordinated case management, and holistic treatment of behavioral and physical health). During Q2 and Q3 of FFY19, AHCCCS completed first-round Operational Reviews that focused on the contract implemented as of October 1, 2017.

For the first quarter of FFY20, AHCCCS completed reviews to determine necessary Corrective Action Plans (CAP) for the ALTCS/EPD plans. Focus of the Operational Review CAPs included:

- **MCH/EPST**: Processes to improve provider outreach and compliance for ALTCS/EPD children that are eligible for EPSDT services
- **Medical Management**: Processes to monitor timeliness of authorization process; appropriate discharge planning, behavioral health service utilization, timely delivery of ALTCS services to newly enrolled members
- **ALTCS Case Management**: Processes related to ALTCS case management components including service plan development, review and reassessment, coordination of care, brokerage of services, and member advocacy to assist ALTCS members in achieving highest possible functional levels
- **Quality Management**: Processes to improve quality management training, incident investigation reporting and tracking, as well as processes to improve monitoring of Controlled Substances Prescription Monitoring Program (CSPMP)
- **Performance Improvement**: Processes to support optimized health outcomes for members, including performance measures, performance improvement projects, and community engagement

Stakeholder Involvement

The success of AHCCCS remains attributable to concentrated efforts by the Agency to cultivate partnerships with its sister agencies, contracted MCOs, providers, and the community. AHCCCS maintains these ongoing collaborations to address common issues and maintain or improve high quality health care delivery to Medicaid recipients and KidsCare members, including those with special health care needs. Concentrated efforts persist to include stakeholder and member feedback in most facets of Agency operations, including Policy Committee, quarterly Quality

Management meetings related to the adult/child systems of care, and separate quarterly meetings for Maternal Child Health/EPSDT and Medical Management requirements.

Ongoing advisory councils and specialty workgroups, such as the Behavioral Health Planning Council and the Office of Individual and Family Affairs (OIFA) continue to operate. These two entities continue to work in tandem to ensure stakeholder involvement and feedback occurs on a regular basis.

Behavioral Health Planning Council:

Each state is required to establish and maintain a Behavioral Health Planning Council to carry out the statutory functions as described in 42 U.S.Code 300x-3 for adults with Serious Mental Illness (SMI), Substance Use Disorder (SUD) and children with Severe Emotional Disturbance (SED).

The mission of the Arizona Behavioral Health Planning Council shall be to advise the state in planning and implementing a comprehensive community based system of Behavioral Health and Mental Health Services. The majority (51% or more) of a state’s planning council should be comprised of members and family members. This Council is mandated to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit to the State any recommendations of the Council for modifications to the plans
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems
- To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State

The State’s Behavioral Health Planning Council ensures collaboration among key state agencies and facilitates member input into the state’s mental health services and activities. During the first quarter of FFY20, Council membership increased by four members.

Office of Individual and Family Affairs:

The OIFA has maintained an ongoing advisory council, inclusive of all stakeholders, since 2010. The OIFA defines Community Engagement as “*Educating and sharing information through interactions with external stakeholders at meetings, trainings, community events, conferences, committees, workgroups and one-on-one interactions*”. OIFA engages an average of over 600 stakeholders per month.

One strategy for engaging the community includes publishing weekly newsletters, which offer updates on AHCCCS policies and activities to more than 2,000 community stakeholders. Recent newsletters have included information on:

- DDD Integration
- AHCCCS Competitive Contract Expansion
- OIFA 2.0 Renewing the Vision
- Provider lists with service descriptions
- Community Resources

OIFA held a summit in October 2019 (OIFA 2.0), in which 140 community members took part in a day long series of interactive discussions. From this summit came a report with a set of recommendations that is being used by the AHCCCS OIFA office for developing their strategic plan. When this plan is complete, it will be shared with the OIFA counterparts from AHCCCS MCOs to create a statewide strategic plan for stakeholder engagement.

Arizona Stakeholders and AHCCCS MCH/EPSDT:

The MCH/EPSDT team is able to further efforts toward increasing statewide capacity for screening, referral and access to early intervention services by working with various State agencies, such as those listed within the table below.

<i>Arizona Department of Health Services (ADHS)</i>	<i>Arizona Early Intervention Program (AzEIP)</i>
<i>ADHS Arizona Women, Infants, and Children's Program (WIC)</i>	<i>Arizona Head Start Association</i>
<i>ADHS Bureau of Tobacco and Chronic Disease</i>	<i>Arizona Health-E Connection/Health Information Network of Arizona</i>
<i>ADHS Bureau of USDA Nutrition Programs</i>	<i>Arizona Medical Association</i>
<i>ADHS Cancer Prevention and Control Office</i>	<i>Arizona Newborn Screening Advisory Committee</i>
<i>ADHS Children with Special Health Care Needs</i>	<i>Arizona Perinatal Trust</i>
<i>ADHS Emergency Preparedness Office</i>	<i>Arizona Strong Families</i>
<i>ADHS Immunization Program and Vaccines for Children Program</i>	<i>Attorney General's Health Care Committee</i>
<i>ADHS Office of Environmental Health – Targeted Lead Screening</i>	<i>First Things First</i>
<i>ADHS Office of Newborn Screening</i>	<i>Healthy Mothers/Healthy Babies</i>
<i>ADHS/HSAG Statewide Workgroup on Psychiatric Inpatient Readmissions</i>	<i>Injury Prevention Advisory Council</i>
<i>Arizona Chapter of the American Academy of Pediatrics</i>	<i>National Alliance on Mental Illness (NAMI)</i>
<i>Arizona Department of Child Safety</i>	<i>Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs</i>
<i>Arizona Diabetes Steering Committee</i>	<i>The Arizona Partnership for Immunization (TAPI)</i>

Specific examples of MCH interagency involvement throughout FFY20-Q1 include:

The AHCCCS MCH staff participated with the Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs. The purpose has been to address substance use in pregnant women, neonatal effects of substance use and importance of early intervention to reduce long term effects of substance use.

Other community involvement activities included participation in the initial planning meetings with the Governor's Goal Council on Strategic Initiatives to address sexually transmitted diseases, childhood immunizations, and maternal mortality. During the 1st quarter of FFY20, AHCCCS has continued it's focused on maternal mortality. Below is a table summarizing

changes to AHCCCS policies via collaborative efforts with multiple stakeholder groups listed within the previous table.

POLICY	AGENCY	CHANGE
AMPM 410	AHCCCS	CSPMP Check Once Every Trimester
AMPM 410	AHCCCS/ADHS	Third Trimester RPR Screening
AMPM 410	AHCCCS	Required RPR Results for Stillbirth Supplemental Payment
AMPM 410	AHCCCS	Minimum of One Prenatal and One Postpartum Depression Screening
AMPM 410/AMPM 430	AHCCCS/AAP	Recommend Postpartum Depression Screening at 1 and 2 month EPSDT Visit
AMPM 310-M	AHCCCS/ADHS	Expanding Immunization Coverage to Include County Health Departments
AMPM 310-V	AHCCCS/ADHS	Removal of Prior Authorization for PrEP
AMPM 411	AHCCCS	Well Women’s Comprehensive Visit Covered Benefit
AMPM 400-3	AHCCCS	Comprehensive Member Outreach
INTERNAL	AHCCCS	Expanding Provider Types to Serve SUD Mothers (i.e. Hushabye Nursery)

Arizona Stakeholder and ALTCS Case Management Unit:

The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders:

<i>Statewide Independent Living Council</i>	<i>DES/DDD Employment Specialists</i>
<i>Long Term Care Ombudsman</i>	<i>Governor’s Advisory Council on Aging</i>
<i>Regional Center for Border Health</i>	<i>AARP</i>
<i>ARC of Arizona</i>	<i>Easter Seals Blake Foundation</i>
<i>Rehabilitation Services Administration</i>	<i>Arizona Health Care Association</i>
<i>Raising Special Kids</i>	<i>Governor’s Office on Aging</i>
<i>UCP of Southern Arizona</i>	<i>Sonoran University Center on Excellence in Developmental Disabilities</i>
<i>Arizona Association for Providers for People with Disabilities</i>	<i>Arizona Autism Coalition</i>
<i>Aging and Disability Resource Center</i>	<i>Office of Children with Special Health Care Needs</i>

Relative to the above table of stakeholders, ALTCS/EPD staff continue to interface with the Arizona Health Care Association and Arizona Department of Health Services to clarify licensure standards for nursing facilities that serve individuals with behavioral health needs. The focus is to ensure that nursing facilities and AHCCCS ALTCS/EPD MCOs have consensus regarding licensure and service delivery requirements. The focus of the discussions involves clarification of definitions related to behavioral health service delivery that can be provided in nursing home settings.

Identifying Priority Areas for Improvement

AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources. Two considerations drive decisions for identification of priority areas: (1) the focused initiative has elements that are actionable; (2) there is potential for enhanced quality improvement,

member satisfaction and system efficiencies. MCO input is also sought as part of the identification process when prioritizing areas for improvement.

The process continues to take into account such factors as: (1) the prevalence of a particular condition and population affected, (2) the resources required by both AHCCCS and its MCOs to conduct studies and shape improvement, (3) whether focus areas are currently priorities of CMS or state leadership and/or can be combined with existing initiatives, and (4) the feasibility of CMS priorities to be combined with current initiatives.

Beginning in FFY19 and moving into Q1 of FFY20, a key performance improvement strategy has been to realign performance measures according to CMS Child and Adult Core measures sets. AHCCCS intends to prioritize performance measures that are specific to CMS Child and Adult Core Set measures and select National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures and will monitor MCO performance against those methodologies.

Ongoing Initiatives:

Collaboration with DCS:

AHCCCS continues its efforts to improve behavioral health care for children in the foster care system that are served under Comprehensive Medical and Dental Plan (CMDP), Arizona's Medicaid plan for children in Arizona's Foster Care system.

- AHCCCS continues regular collaboration with the Arizona Department of Child Safety (DCS). It is anticipated that these collaborative efforts will improve system delivery for DCS children enrolled with CMDP. The goal of these collaborative activities is to: Standardize and strengthen training, supervision, and prior authorization procedures across the state for Therapeutic Foster Care (previously known as Home Care Training to Home Care Client or "HCTC")
- Reduce DCS shelter placements, both the number of days in shelter and the number of different shelter placements of foster children
- Strengthen 72 hour rapid response process, a required practice for children's first entry into custody through DCS. The process requires that a behavioral health service provider be dispatched within 72 hours to assess a child's immediate behavioral health needs; referrals are completed for additional services through the behavioral health system
- Collaborate to increase fidelity to children's behavioral health initiatives
- Strengthen AHCCCS policies related to timely and appropriate delivery of services to both foster and adoptive children.

AHCCCS has begun to regularly report outcomes for children in CMDP on its website. These reports summarize the above objectives through quarterly dashboard updates. Specific metrics include, but are not limited to:

- Out-of-home placements; shelter placement rates
- Therapeutic foster care utilization including average length of stay
- Percent of enrolled children that receive behavioral health services
- Utilization of respite services

- Access to behavioral health services

Behavioral Health Audit Tool:

During 2017, AHCCCS began an initiative to develop a consistent, statewide tool and process for monitoring behavioral health service delivery. Initially, contracted Regional Behavioral Health Authority (RBHA) staff were brought together to evaluate relevancy of current requirements. Feedback from these meetings was used to build two draft tools, one for children and one for adults. These tools were further reviewed by the newly contracted ACC plans and ALTCS plans to ensure understanding of the tool requirements and expectations. Ultimately, the tools were finalized such that all providers will be audited by a statewide, standardized set of tools (i.e. one for children, one for adults).

The audit process will be conducted over two six month cycles during the year. Final implementation of the audit tool process began as of October 1, 2019, with providers being audited using the standardized tools. Results for the first six month cycle will be due April of 2020.

Workforce Development (WFD):

In 2016, AHCCCS began an organized statewide campaign designed to assist its acute MCOs, behavioral health and long term care provider networks to develop their workforce. With the overall goal of acquiring and retaining the most interpersonally, clinically, culturally, and technically capable healthcare workforce, AHCCCS created an Office of Healthcare Workforce Development to oversee the workforce development efforts of all MCOs (ACC, RBHAs, ALTCS/EPD and DDD). In anticipation of an upcoming integration effort that will move management of behavioral health services for CMDP kids from the RBHAs to CMDP, the Office of Healthcare Workforce development is reopening AHCCCS's Workforce Development Policy to ensure that CMDP and its provider workforce is adequately monitored and supported.

Currently the ACC/RBHA Health Plan Alliance is working to establish a standard set of job specific competencies and provider staff orientation programs, as required by various AHCCCS policies. This includes customizing job specific basic training programs and operating a single learning management system. In a collaborative effort for 2020, the Workforce Development Operations of all ACC and RBHA MCOs are reaching out to the provider networks to strengthen the provider operated workforce development programs. This outreach requires each program organization submit a workforce development plan.

The ALTCS EPD and DDD Health Plan Alliance are working together with providers and industry leaders to address the impending shortages of direct care/direct support workers. Together with AHCCCS and providers, the Alliance has participated in a legislative process that increases reciprocity in training and testing between in-home care and assisted living caregivers, thus allowing workers the flexibility to move between settings. The Alliance has also created unique partnerships with secondary education sectors to bring newly graduated students into the long term care workforce as direct care workers. With support of AHCCCS and the ALTCS Workforce Development Advisory Committee, the Workforce Development Alliance of the four EPD/DDD MCOs are jointly contracted with PHI International. This relationship allows creation of an Arizona specific survey of the unlicensed Direct Service caregiver personnel. The survey is intended to achieve two goals: (1) Describe the reasons that caregivers both stay and

leave their jobs and (2) Assist leaders of long term care service agencies to develop more personalized strategies to improve retention.

Finally, AZ Healthcare Workforce Alliance, consists of all Health Plans and continues to focus on strategic issues facing Arizona's development of a workforce that can extend across Arizona and offer high quality healthcare to those in need.

Community Initiatives:

Behavioral Health in Schools:

AHCCCS has partnered with the Arizona Department of Education on two innovative, on-going projects. The first is the SAMHSA-funded Project AWARE, which increases access to suicide prevention trainings in public schools. It is estimated some 12,000 Arizonans will receive training during the five-year grant period.

Further, AHCCCS works with the Department of Education through an on-going interagency service agreement to provide further funding for mental health trainings of teachers. In the first year of this funding, more than 350 school staff participated.

Finally, AHCCCS has incentivized providers to partner with schools to provide behavioral health services on campus. We have seen more than a 200% increase in these services in the last year as a result.

AHCCCS Opioid Initiative: The overarching goal of this initiative is to reduce the prevalence of Opioid Use Disorders (OUD) and opioid-related overdose deaths. The initiative approach includes advancing and supporting state, regional, and local level collaborations and service enhancements, plus development and implementation of best practices to comprehensively address the full continuum of care related to opioid misuse, abuse and dependency. Strategies include:

- Increasing access to Naloxone through community-based education and distribution, as well as a co-prescribing campaign for individuals receiving opioid prescriptions in excess of 90 morphine equivalent daily doses and combinations of opioids and benzodiazepines
- Increasing access to participation and retention in Medication Assisted Treatment
- Increasing access to recovery support services
- Reducing the number of opioid-naïve members unnecessarily started on prescription opioid pain management
- Promoting best practices and improving care process models for chronic pain and high-risk members

AHCCCS continues to revise policies as changes are dictated by current contract, grant requirements, State regulation, and best practices.

AHCCCS' Medication Assisted Treatment: The Prescription Drug Opioid Addiction Program (MAT-PDOA) grant focuses on the need for medication assisted treatment to treat opioid use

disorder for adults involved with the criminal justice system. This program has three primary goals:

- Create a bridge to connect those incarcerated to treatment services when re-entering into the community
- Reduce stigma associated with MAT for individuals in the criminal justice system
- Support individuals participating in drug courts, probation and parole

Based on the most current numbers available from January 1, 2017 through September 30, 2019, the MAT PDOA program has enrolled 269 participants to receive services. Among those enrolled, program outcomes include reductions in crimes committed, nights spent in jail, and drug-related arrests, with preliminary data showing the following:

- 59% reduction in crimes committed
- 56% reduction in nights spent in jail
- 33% reduction in arrests
- 43% reduction in drug arrests

The program has also produced an increase in gainful employment, housing and treatment retention.

MAT PDOA providers have expanded collaboration and engagement efforts with Correctional facilities, Re-entry Centers, Department of Parole, Department of Probation and Drug Courts.

This grant is currently in a No Cost Extension and will end February 29, 2020.

The Opioid State Targeted Response (STR) grant and the State Opioid Response (SOR) grant were awarded to AHCCCS in May 2017 and September 2018, respectively. These grants are designed to enhance community-based prevention, treatment, and recovery, including 24/7 access to treatment sites in “hotspot” areas through Arizona. Additional Opioid Treatment Programs (OTPs) have extended hours, thereby increasing the availability of peer supports, access to additional care coordination efforts among high risk and priority populations, and additional recovery supports for housing and employment.

- Arizona has opened four 24/7 access points for opioid treatment. The 24/7 access points is an Opioid Treatment Program in a designated "hotspot" that is open around the clock, seven days a week for intakes and warm handoff navigation on a post intake basis. Arizona has also opened three Medication Units and four OTPs in rural Arizona to make medication assisted treatment more accessible within those communities. As of December 31, 2019, (which encompasses the FFY20-Q1 reporting period), 24,588 individuals have been connected to OUD treatment through the STR and SOR grants.
- AHCCCS launched a concentrated effort through the STR and SOR grants to increase peer support utilization for individuals with Opioid Use Disorder. Through the STR and SOR grants, additional peer support navigators have been hired in identified hot spots in Arizona, and efforts to include peer support navigation in the Centers of Excellence, jails, and emergency departments. First responder scenes in the hotspot areas have been

increased. As of December 31, 2019, over 32,119 individuals have received peer support and recovery services through the STR and SOR grants.

- Special populations for STR and SOR include justice-involved individuals, pregnant and parenting women, tribal populations, veterans, service members, military families, and individuals with brain and/or spinal cord injuries.

OUD treatment and recovery service delivery numbers for STR and SOR are provided within the table below:

	STR			SOR		
	Year 1	Year 2	Year 3	Year 1	Year 2	Cumulative Total
Recovery Support Services	3,379	11,235	2,130	4,576	2,975	24,295
Treatment Services	4,362	10,545	3,379	10,459	3,667	32,412
Unduplicated Count	6,143	15,232	3,602	12,467	5,184	42,628

Use of Evidence Based Practice:

Additional AHCCCS efforts to combat the opioid epidemic

1. Oxford House: Each RBHA is contracted with Oxford House, Inc. utilizing SAMHSA Substance Abuse Block Grant (SABG) funds. Oxford House is a worldwide network of over 2,500 sober living houses and Arizona was the forty-seventh (47) state to adopt the Oxford house Model. The Oxford house model provides support to individuals with a Substance Use Disorder (SUD) diagnosis or a co-occurring disorder (SUD and mental health issues), who would benefit from practicing the Social Model of Recovery – one which allows individuals a residential setting, peer support and the time they need to bring about behavior change that promotes permanent sobriety and recovery. This is an initial step in assisting individuals with behavioral health needs that also have many needs related to social determinants of health (SDOH). Oxford House Inc. will assist in addressing housing, employment, income, and social connectedness. This resource can be part of a continuum of services addressing SDOH, in addition to the clinical and recovery services currently available within Arizona’s RBHA system. Currently, Arizona has a directory of seventeen (17) houses, within the directory nine (9) houses opened October 1, 2019 through December 31, 2019. The population of focus is for gender specific houses and a specialty population that includes Women and Children.
2. Medication Assisted Treatment (MAT): Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. For those with an opioid use disorder (OUD), medication addresses the physical difficulties that individuals when they stop taking opioids. MAT

can help to reestablish normal brain function, reduce substance cravings and prevent relapse. The longer individuals are in treatment, the more they will be able to manage their dependency and move toward recovery. Arizona has sixty (60) OTPs, throughout Arizona, that are certified through the Substance Abuse and Mental Health Services Administration (SAMHSA). This includes two (2) OTPs that opened between October 1, 2019 and December 31, 2019. The OTP locations include outpatient settings, correctional health facilities, inpatient facilities, and one is on tribal land.

3. **Harm Reduction:** Harm reduction models use a variety of strategies to reduce the harmful consequences associated with substance misuse. [Harm reduction](#) strategies seek to reduce morbidity and mortality associated with substance misuse for those for whom abstinence is not an immediate and/or feasible goal. The goal of harm reduction models is to reduce at-risk, moderate, and high-risk behaviors often associated with substance use disorders.

Naloxone Expansion Program: There is evidence that naloxone distribution and education programs can reduce opioid overdose death rates in communities, although additional research is needed. Through a direct contract supported by the Substance Abuse Block Grant from January 1, 2019 through September 30, 2019, 71,127 have been served and 2,011 reversals have been reported.

New Initiatives:

Social Determinants of Health:

Growing national attention on Social Determinants of Health (the impact that social factors have on a person's health and well-being) indicates that socio-economic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS has addressed these complex issues through efforts to provide housing, employment, criminal justice, nonemergency transportation and home/community based services for members using Medicaid-covered services. Concurrently, AHCCCS has also relied on a broad range of funding sources for services and supports not available under the Arizona Medicaid program. AHCCCS has developed a specific Whole Person Care Initiative (WPCI) to continue to explore opportunities to address:

- Transitional housing, particularly for individuals leaving a correctional facility, those being discharged from a behavioral health inpatient stay, and individuals experiencing chronic homelessness
- Non-medical transportation with a focus on access to healthy food and employment navigation services
- Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCS) services in their own homes including, but not limited to, peer support programs

In 2020, forums will be held for community and stakeholder feedback to ensure the Whole Person Care initiative meets the needs of its members. In an effort to support providers, MCOs,

community-based organizations, and community stakeholders who collaborate to address the social service needs of AHCCCS members, we will be partnering with Arizona's Health Information Exchange (HIE), to explore technology that will facilitate screening for social risk factors with an option to seamlessly refer members to community resources. In 2020, the HIE will undertake the evaluation of available solutions for a single, statewide, electronic, closed-loop referral platform for social service fulfillment. Such technology will allow health care providers to screen patients for social risk factors, submit electronic referrals to local agencies, and see when a member's social service needs have been successfully fulfilled.

Over the next year AHCCCS will collaborate with its contracted managed care organizations, community-based organizations, tribal partners, providers, and other external stakeholders to implement this important initiative to improve our members' health.

Improving Oversight of HCBS Rules:

As a new initiative, AHCCCS has begun to focus on improving oversight of adherence to HCBS Rules. As of the first quarter, the following has been completed.

- HCBS setting specific workgroups consisting of AHCCCS, MCO, Providers, and members were established to provide feedback about the tools, communications and other items
- The workgroups have been working on finalizing the tool suite that will be used by the Quality Management units at each MCO to assess for provider HCBS compliance. The tool suite consists of a provider self-assessment, member file review, member interviews, and observations plus community interviews
- Interface continued with the MCO Quality Management teams to develop a collaborative HCBS assessment process and steps to operationalize the use of the tools
- AHCCCS has continued to meet with MCO Workforce Development Officers to define and offer the provider training sessions that will be offered in early 2020

CMS Core Measure Set Alignment:

Historically, AHCCCS has utilized HEDIS, the CMS Adult Core Set, and the CMS Child Core Set measures to monitor and evaluate MCO performance. During the first quarter, AHCCCS has evaluated this strategy and has made a determination that beginning with CYE 2020, AHCCCS will transition from HEDIS measures and move toward the incorporation of all CMS Adult and Child Core Set measures, as well as the CMS Long Term Services and Supports (LTSS) measures for applicable MCOs. This is also being proactively undertaken to prepare for the required reporting of all CMS Child Core Set measures in 2024. AHCCCS has maintained select HEDIS measures in contract in order to continue monitoring focus areas such as mental health utilization and metabolic monitoring for children and adolescents on antipsychotic medications.

Revised Policy Language That Promotes Improved Outcomes:

AMPM policies related to quality management and performance improvement are currently under revision to clarify and enhance QI related requirements. AHCCCS has completed revisions to further identify care coordination requirements for improved integration of physical and behavioral health. Policies have been revised to address the need for Performance Improvement Plans to more specifically identify unique needs of the various lines of business for

which they may be reporting (e.g. ALTCS/EPD, ALTCS/DDD, General Mental Health, and/or Seriously Mentally Ill). Between October 1st and December 31th of 2019, these revised policies have been finalized and approved with planned implementation during FFY20.

Further enhancements to the new crisis policy, which began during the third quarter of FFY19, are continuing. As stated in prior reports, these will outline specific requirements for mobile crisis response teams, as well as telephone crisis call centers. The policy will also address cross-system coordination standards, engagement with first responders and requirements for development of at-risk crisis planning for members at increased clinical risk for crisis events. AHCCCS is seeking feedback from MCOs regarding what guidelines would be most helpful to ensure crisis planning and services meet the needs of the individuals they serve.

System of Care Enhancements: Historically, System of Care policies and guidelines have addressed requirements, functions and processes within the behavioral health system. Historically, the System of Care has focused on children. During Q1, discussions have begun to broaden the System of Care model to incorporate adults, and to focus more on physical health, as part of the overall AHCCCS System of Care. Existing MCO deliverables are also being reevaluated to accommodate potential changes under discussion.

Regular Monitoring and Evaluation of MCO Compliance

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement and performance improvement outcomes through several methods outlined below.

On-site Operational Reviews: Operational and Financial Reviews (ORs) are used by AHCCCS to evaluate MCO compliance related to access/availability and quality of services, including implementation of policies and procedures and progress toward plans of correction to improve quality of care and service for members. A complete OR is conducted every three years and includes a combination of onsite as well as desk reviews.

As of the first quarter of FFY20, AHCCCS has established an interdisciplinary workgroup to address requirements that will accommodate contract changes for FFY20 that need to be incorporated into the OR process.

Clinical Oversight Committee: The Clinical Oversight Committee meets on a quarterly basis and was designed to ensure two key requirements are enacted:

- Transparency and frequent communication across all levels of AHCCCS plus the community of stakeholders and AHCCCS membership regarding quality initiatives, activities and outcomes
- Development of a reporting mechanism for review by the Governor, the President of the Senate, the Speaker of the House of Representatives and other key Legislative members

During the first quarter of FFY20, plans were announced during the quarterly meeting to change meeting structure and oversight in order to accommodate newly hired clinical staff.

Per the standard meeting agenda, data and outcomes were reported on various monitoring activities including, but not limited to:

- Updated summary, dashboard data for CMDP including, but not limited to foster care children in shelter settings, therapeutic foster care utilization, and use of crisis services
- ALTCS/EPD Case Management (timeliness of visits)
- Out of State placements for children needing behavioral health residential treatment
- Behavioral Health services provided in schools

Review and analysis of periodic reports: A number of contract deliverables are used to monitor and evaluate MCO compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate. Quarterly reports are reviewed during the quarter following the reporting quarter. Beginning in April 2019, AHCCCS began to focus on streamlining these reports. A cross-divisional analysis of report requirements and content is being combined with internal discussions to streamline reporting requirement, while also ensuring alignment with new federal and state requirements. Reports currently under review include Annual Plans and Integrated Health Care Reports. Reports will begin to require greater focus on the following:

- Behavioral health utilization and inpatient psychiatric utilization for members in out of state settings
- Behavioral health services in schools

Annual Plans: AHCCCS requires all lines of business to submit annual plans which addresses details of the MCOs' methods for achieving optimal outcomes for their members. Annual plans are submitted for: QM/QI, EPSDT, MCH, Case Management, Provider Network Development and Management, Medical Management, Workforce Development, and Dental Care. The Quality Improvement team is currently in the process of consolidating these annual deliverables to reduce burden on MCOs and further delineate expectations.

Performance Measures: AHCCCS currently utilizes an External Quality Review Organization to perform measurement calculations, thus helping to ensure validity and accuracy of Performance Measurement activities.

Quarterly EPSDT and Adult Monitoring Reports: Historically, AHCCCS has required all MCOs to submit quarterly EPSDT and Adult Performance Measure Monitoring Reports which have been reviewed on a quarterly basis. Beginning in FFY20 Q-1, this deliverable is in the process of being separated into two deliverables to reduce confusion and better delineate expectations. The EPSDT and Adult Monitoring report is intended to be inclusive of metrics including, but not limited to blood lead screening, EPSDT referrals, member and provider outreach. The Performance Measure Monitoring report is intended to be inclusive of standardized performance measures (i.e. CMS Child and Adult Core Set measures and select HEDIS measures). These reports will be received and reviewed on a quarterly basis.

Providing Incentives for Excellence and Imposing Sanctions for Poor Performance: AHCCCS regularly monitors MCOs to ensure compliance with contractually mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the MCO must achieve. Those measures are evaluated for compliance and determination of the need

for imposing regulatory actions is assessed. At a minimum, measures that fail to meet the MPS require a Corrective Action Plan.

Review and analysis of Program-Specific Performance Improvement Projects: AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While MCOs may select and implement their own PIPs to address areas of opportunity specific to their plans, AHCCCS mandates other program-wide PIPs in which MCOs must participate. In turn, AHCCCS monitors performance until each MCO meets requirements for demonstrable and sustained improvement. The QI team has implemented an enhanced PIP checklist in order to provide more comprehensive feedback to MCOs.

Specific PIPs: AHCCCS has implemented an additional PIP to further enhance outcomes for EPSDT requirements.

- **Back to Basics:** This is a newly developed PIP related to improvement of EPSDT-related requirements. The Back to Basics PIP has been selected for ACC, CMDP, DDD, and KidsCare MCOs with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number of children and adolescent well-child/well-care visits, and to increase the number of children and adolescents receiving annual dental visits. This PIP is inclusive of the following measures: Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Annual Dental Visits. Due to a noted decline in performance measure rates, AHCCCS has identified these measures as areas of opportunity and improvement for the overall well-being of children and adolescents. Increasing the rates for these measures also impacts other measures and focus areas, such as childhood and adolescent immunizations, dental sealants for children at elevated caries risk, and developmental screenings.

Maintaining an Information System that Supports Initial and Ongoing Operations

Identifying, Collecting and Assessing Relevant Data

AHCCCS maintains a robust information system—the Prepaid Medical Management Information System (PMMIS)—that documents all members, their claims and encounter data, plus many other data points. PMMIS data feeds into the AHCCCS Data Warehouse, which is the centralized system used for data analytics. There is a Data Integrity Warehouse team designed to support maintenance of valid, accurate, and reliable data for reporting and data transactions. This team is made up of system experts and data users from across the Agency. It meets at least quarterly to discuss any issues or opportunities around the data and systems. AHCCCS has focused on building data expertise within every division of the Agency, promoting data analytics as the cornerstone of operations and monitoring/oversight activities. The agency has a data governance manager who is responsible for data management best practices.

During the latter half of FFY19, AHCCCS began to develop additional reporting mechanisms to receive and compile information directly from MCOs into the AHCCCS data warehouse. Additional efforts include development of an out of state reporting portal, development of an inventory to show provider availability for routine and specialty treatment, tracking of high needs case managers and available housing programs. These efforts have come to fruition within the last quarter with the advent of a dedicated Quality Management data analyst.

Establishing Realistic Outcome-Based Performance Measures

Payment Reform Efforts: During previous reports, AHCCCS reported implementation of a payment reform initiative (PRI) for the Acute Care, Children’s Rehabilitative Services (CRS) and ALTCS populations, designed to encourage MCO activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This PRI process is performed on a contract year basis. CRS and Acute Care are no longer contracted line of business and thus not reported separately.

As such, AHCCCS has implemented an updated Value Based Purchasing (VBP) Alternative Payment Model (APM) for the ACC, ALTCS/EPD, ALTCS/DDD and RBHA populations. The APM is designed to encourage MCO activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This VBP APM process will be performed annually on a contract year basis. The contracts that the MCOs execute with health care providers, governed by APM arrangements, will have increases according to the tables immediately below.

ALTCS/DDD		
Year	Sub-Contracted MCOs	LTSS
CYE 19	35%	10%
CYE 20	50%	20%
CYE 21	60%	35%

ACC	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE
CYE 19	50%
CYE 20	60%
CYE 21	70%

ALTCS/EPD	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE (ALTCS/EPD AND MA-DSNP)
CYE 19	50%
CYE 20	60%
CYE 21	70%

RBHA		
	INTENDED MINIMUM VALUE PERCENTAGE	
YEAR	SMI-Integrated	Non-Integrated
CYE 19	35%	20%
CYE 20	50%	25%
CYE 21	60%	25%

Reviewing and Revising the Quality Strategy

AHCCCS continues its efforts to enhance the Agency’s Quality Strategy report. Current initiatives are underway to reevaluate structure, content and data analysis. Part of the approach will be to incorporate synchronized reporting processes to ensure alignment across various AHCCCS reports that relate to quality (e.g. Strategic Plan, Quality Strategy, and External Quality Review Organization Report). The AHCCCS Quality Strategy, Assessment and Performance Report will be a coordinated, comprehensive, and proactive approach to drive improved health outcomes by utilizing creative initiatives, ongoing assessment and monitoring, and result-based performance improvement. Members, the public, and stakeholders provide input and recommendations regarding the content and direction of the Quality Strategy through stakeholder presentations and public comments. The Quality Strategy incorporates all required elements outlined in 42 CFR 438.340.

Attachment 3

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
October 2019 – December 2019

The October through December 2019 quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative, direct service, and personal care time study cost pools.

Active Participants

The “*Medicaid Administrative Claiming Program Guide*” mandates that all school district employees identified by the district’s RMTS coordinator as being qualified to provide direct services or administrative activities participate in a RMTS. Staff rosters are updated by RMTS coordinators on a quarterly basis to ensure accuracy of participants in the time study. The table below shows the number of participants in the administrative, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	October - December 2019
Administrative	2,885
Direct Service	3,455
Personal Care	5,761

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85% return rate in the October to December 2019 quarter.

The return rate reflects number of responses received divided by the total number of moments generated per quarter.

Return Rate

Cost Pool	Moments Generated	Valid Response	Return Rate
Administrative	2,900	2,743	94.59%
Direct Service	3,300	3,147	95.36%
Personal Care	3,300	2,984	90.42%