



# State Medicaid Advisory Committee (SMAC)

Wednesday, October 11, 2017

AHCCCS

Gold Room - 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

## Agenda

I. Welcome	Director Thomas Betlach
II. Introductions of Members	ALL
III. Approval of July 12, 2017 meeting summary	ALL

## Agency Updates

IV. RFP for AHCCCS Complete Care Update RFP for SMI Determination	Dana Hearn
v. Easter Seals	Gina Judy
VI. AHCCCS efforts to revise the current Quality Strategy	Jakenna Lebsock
VII. First Things First	Joe Fu
VIII. AHCCCS Update- Repeal and Replace FY2019 Budget Request Waiver Update Network Analysis AHCCCS Leadership Academy Hospital Assessment Update	Director Tom Betlach
IX. Call to the Public	Director Tom Betlach
X. Adjourn at 3:00 p.m.	ALL

### \*2017 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration 701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

~~January 11, 2017~~ – Rescheduled to February 15, 2017

~~April 12, 2017~~ – Rescheduled to April 5, 2017

July 12, 2017

October 11, 2017

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

# **July 2017 Meeting Summary**

**State Medicaid Advisory Committee (SMAC) Meeting Summary**  
**Wednesday, July 12, 2017, AHCCCS, 701 E. Jefferson, Gold Room**  
**1:00 p.m. – 3:00 p.m.**

<p><b>Members in attendance:</b> Tara McCollum Plese Kathleen Collins Pagels Amanda Aguirre Peggy Stemmler Marcus Johnson</p>	<p>Steve Jennings Vernice Sampson Gina Judy (telephone) Phil Pangrazio Daniel Haley (telephone) Greg Ensell</p>
<p><b>Members Absent:</b> Tom Betlach, Cara Christ, Leonard Kirschner Kim VanPelt, Frank Scarpati, Nic Danger, Timothy Leffler, Joyce Millard Hoie</p>	
<p><b>Staff and public in attendance:</b> Yisel Sanchez, HRC Coordinator, AHCCCS Dana Hearn, Assistant Director, AHCCCS Markay Adams, AHCCCS Elizabeth Carpio, AHCCCS Liz Lorenz, AHCCCS Heidi Capriotti, AHCCCS Jim Hammond, The Hertel Report Amanda Metcalf, Special Olympics AZ Sandy Indermuhle, Dignity Julie Graham, Dignity Health Heather Naylor, Dignity Health Fermuza Amarovi, Vitalyst</p>	<p>Deborah Gullett, AZAHP Kanita Bernstein, FTF Matt Jewett, Mountain Park Karen Woodhouse, Eyes on Learning Michael Sucher, CBI Brandy Petione, GSPA Ilian Marquez, RCBH, Inc. Sherri Wince, DDD Michael McDermott, MidWestern Veronica Miller, Hologic Elena Rodriguez, RCFBH Ryan Ouimette, AZAHP Michelle Pabis, Honor Health</p>

**AGENDA**

- |   |                    |
|---|--------------------|
| <b>I. Welcome &amp; Introductions</b>                         | <b>Tom Betlach</b> |
| <b>II. Introductions of Members</b>                           | <b>All</b>         |
| <b>III. Approval of April 5, 2017 Meeting Summary/Minutes</b> | <b>Unanimous</b>   |

**AGENCY UPDATES**

- |  |                            |
|--|----------------------------|
| <b>IV. Alliance</b>  | <b>Tara McCollum Plese</b> |
| <ul style="list-style-type: none"> <li>• What you may not know about Federally Qualified Health Centers</li> <li>• Over 9,200 Communities</li> <li>• National perspective of the Community Health Center Program</li> <li>• FQHCs must meet 19 requirements</li> </ul> |                            |

- HRSA Operational Site Visits (OSV)
- Performance Measures- *All grantees report on over 20 quality measures in the Uniform Data System (UDS).*
- AACHC represents the largest primary healthcare network in the state
- AACHC has 25 full members and 9 associate members
- Services provided by Community Health Centers
- Services provided by Individual Practices
- 2015 UDS Payer Mix
- Special Populations served in 2015 by Arizona's CHCS
- 2015 Clinical FTE Types; Nurse Practitioners, Pharmacy, Family Practice, Pediatric, Dentists, OBGYN, Internists, Physician Assistants, Certified Midwives, BH Specialists, Dental Hygienists, Phycologists/Psychiatrists
- 95% Electronic Health Records, 70% Patient Centered Medical Home, 19% Health Centers Quality Leaders

## V. Dignity Health

**Sandy Indermuhle**

- Addressing the Opioid Epidemic
- Part of the Problem
  - Centers for Medicare & Medicaid Studies' use of patient satisfaction surveys to determine payments to hospitals
  - Hospitals Under Pressure to Manage Pain due to financial incentives
  - (HCAHPS) to measure patients' perception of their hospital experience, including three questions on pain management.
- Conflict: Satisfaction Scores vs. Opioid Epidemic
  - Providers Under Pressure to Manage Pain for Reimbursement
  - National Pressure from Regulatory Agencies to Address Opioid Epidemic
- Questions are being changed to address overall patient comfort rather than addressing pain
- Hospital Policies/Resources
- Pain Services
- Education
  - Pain Resource Nurse Committee
  - St. Joe's Annual Dignity Health Pain Symposium
  - Pre-op Education
  - RX 360 Community Education
- Pain Education- Discharge instructions/education
- Educational Flyer
- Referral to Treatment
- Future Collaborative Projects
  - Peer Support Program

## VI. AHCCCS Update

**Liz Carpio**

- Senate Proposal Analysis
- Value of Medical Coverage
- Budget Update
- Budget FY17: \$12,201,541,300
- AHCCCS Award
- Arizona Management System
- 10/1/2018 RFP Major Decisions

- Opioid Death Counts Among Arizona Residents and Non-Residents in AZ from 2007-2016
- Opioid Average 10-year Death rate per 100,000 Population by age group from 2007-2016
- The Cost of all Opioid-Related Encounters has Increased 125% from 2009-2015.
- Estimated Distribution of Funds Across Each Strategic Focus Area per Year

**VII. American Indian Medical Home (AIMH)**

**Markay Adams**

- MCO's
- HIS/638 Facilities
- AIMH
- AIMH Medical Homes Provide
  - Required
  - Optional
  - Voluntary
- AIMH Provider Requirements
- AIMH Services
- AIMH Implementation Timeline

**VII. Communications Update**

**Heidi Capriotti**

- Public Information/Relations
- Website Information
  - For Members
  - For Providers
  - How to Contact
- Subscribe
- AHCCCS Pharmacy Information
  - Filter and Sorting Capabilities
- Social Media at AHCCCS
- Social Blogs

**IX. Call to the Public**

**Liz Carpio**

**X. Adjourn at 3:00 p.m.**

**All**

**Update to RFP's for SMI Determination  
and AHCCCS Complete Care**

**Update to AHCCCS Request for  
Proposal for SMI Eligibility  
Determination Contractor YH18-0017**

# Updates to RFPs: SMI Determination & AHCCCS Complete Care

Dana Hearn, Assistant Director  
Division of Health Care  
Advocacy and Advancement





# AHCCCS Request for Proposal for SMI Eligibility Determination Contractor YH18-0017





# Purpose

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- Request for Proposal to serve as statewide contractor to conduct Eligibility Determinations for those who may have a Serious Mental Illness
  - For Persons 18 or older who request or consent to a determination
  - For persons 17 and six months who are currently receiving behavioral health services in preparation for behavioral health services as an adult
  - For Persons ordered to undergo a determination by/through a Superior Court in Arizona

# Overview of Requirements

- A critical component of the AHCCCS service delivery system is the effective and efficient identification of persons who have special behavioral health service needs due to significant functional impairments resulting from a behavioral health disorder
- AHCCCS has developed a standardized process and criteria to determine SMI eligibility to ensure that persons designated as SMI are promptly identified and enrolled for services.
- SMI eligibility criteria is applied to the information obtained through a behavioral health assessment, the assessor's evaluation of whether the individual meets the SMI eligibility criteria, and all relevant treatment records necessary for the Contractor to make a final determination of SMI eligibility

# Overview of Requirements

- The Contractor will be responsible for rendering final SMI Eligibility Determinations, the Grievance System requirements, and all administrative responsibilities related thereto
- The Contractor must develop and maintain
  - Quality Management Program
  - Information Systems
- Must adhere to Key Personnel requirements
- Statewide Contractor

# Overview – Current Landscape

- Current Contract ends 12-31-2018
- Recent changes impacting the current contractor
  - Administrative Simplification – merger with DBHS makes this the first time this RFP is under AHCCCS
  - Service expansion for FFS, Tribal ALTCS, ALTCS E/PD
  - AHCCCS Complete Care RFP is underway for integrated physical and behavioral health services for most members

# Anticipated Procurement Timeline

Date	Activity
Issue Request for Proposal	March 15, 2018
RFP Questions Due from Prospective Offerors By 5:00 p.m. Arizona Time	March 26, 2018
First RFP Amendment Including Responses to RFP Questions	April 02, 2018
<b>Proposals Due By 3:00 p.m. Arizona Time</b>	<b>May 10, 2018</b>
Contract Awarded	July 02, 2018
Implementation	January 01, 2019
Term of Contract	Through September 30, 2023

*Note: Dates are subject to change*

# RFP Bidders' Library

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- Website to assist Offerors with information and resources regarding the RFP
- Pre-Release RFP Information in the RFP Bidders' Library on the AHCCCS website:  
<https://azahcccs.gov/PlansProviders/HealthPlans/YH18-0017.html>
- To receive notification of update to the Bidders' Library sign up for Constant Contact Notifications: [Sign Up RFP SMI Eligibility Determination](#)

# Seeking Stakeholder Feedback

- AHCCCS is seeking stakeholder feedback on the following topics regarding this RFP:
  - How can the SMI eligibility determination process be improved for applicants?
  - How can the SMI eligibility determination process be improved for providers?
  - Requirements regarding education and training for Tribal ALTCS, FFS, MCOs, and Providers
  - SMI eligibility grievance and appeal processes

# Seeking Stakeholder Feedback

- Tribal Liaison Collaboration
- Collaboration with IHS/638 facilities
- Coordination with Justice System
- Exchange of behavioral health assessments
  - What is working? What could be improved?
  - Should this be an AHCCCS product and not a vendor product?
- Exchange of determination decision via the AHCCCS SMI Portal



# Public Comment

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- Submit feedback and comments to:  
[SMIEligDet\\_RFP\\_Feedback@azahcccs.gov](mailto:SMIEligDet_RFP_Feedback@azahcccs.gov)
- Comments and feedback will be accepted until close of business November 23, 2017.



## PLANNING THE FUTURE OF INTEGRATED HEALTHCARE

# Update on AHCCCS Complete Care RFP

# Stakeholder Engagement for RFP



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?



## PLANNING THE FUTURE OF INTEGRATED HEALTHCARE

Follow our Integration Progress



Reaching across Arizona to provide comprehensive  
quality health care for those in need

# Major Decisions

## Planning the Future of Integrated Health Care Delivery

Subscribe to Email Updates

In November 2017, AHCCCS will issue a Request for Proposal (RFP) to integrate physical and behavioral health care services.

Read more about the Integrated Contractor planning process:

Major Decisions, May 2, 2017



Major Decisions, July 5, 2017



Major Decisions, July 25, 2017



Major Decisions, Sept. 25, 2017



YH17-0059 Request for Information (closed contract)

YH17-0108 - Integrated Contractors – Affiliated Organization Requirement (open contract)

Integrated Health Care Delivery presentation, July 5, 2017



(version 2)

Integrated Health Care Delivery presentation for tribal members, Aug. 30, 2017



# AHCCCS Complete Care

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- Process to brand the new integrated managed care program.
- Internal and external market research with stakeholders and AHCCCS occurred
- Participants focused on words “care” and “complete”

# Affiliated Organizations

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- If a RBHA that holds a current contract with AHCCCS or an affiliated organization of the RBHA is a successful bidder on the AHCCCS Complete Care Contract, it will be required to have a single product (legal entity and brand) for both the Integrated Contract and the RBHA Contract.
- Review of contracts assigned to single legal entity



# Expansion of Non-Affiliated RBHA Services

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- RBHAs Contractors not affiliated with an offeror awarded an AHCCCS Complete Care contract in the same GSA will be given the option to add in physical health services for adult (non SMI) and children (non CMDP).
- This will be for the remainder of the current RBHA contract

# Member Assignment and Choice of RBHA

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- Adult Members (non SMI) and Children Members (non CMDP) previously receiving a determined amount of services with a RBHA will have a one time choice 10/1/18 to elect to stay with the RBHA (if that RBHA elects to expand its services to become an ACC) instead of selecting one of the new AHCCCS Complete Care plans.
- Tribal members will continue same frequency of choice option.
- Annual Enrollment options continue



# Medicare Advantage D-SNP Plan Requirement

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- Each Integrated Contractor will be required to have a Medicare Advantage D-SNP option in alignment.
- Timeline delineated.

# Delegated Agreements

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- AHCCCS will require written approval for delegation agreements of operational functions that will take away from integration.

# Future Integration Efforts for Foster Children Enrolled with CMDP

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- AHCCCS is partnering with the Department of Children Safety (DCS) to identify future integration opportunities;
- Integration target date of Behavioral Health Services for CMDP members is 10/1/2019;
- In 2017, an analysis will be conducted to assess infrastructure needs for DCS to take on oversight of BH Services in CMDP.

# ACC Contractor Provider Transition Requirements for CRS and BH Services

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

# CRS

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- CRS members will continue to be identified and designated by AHCCCS
- CRS members will have ACC choice in their respective areas
- Foster care children with CRS enrolled with CMDP will continue with CMDP for all physical services; BH services will transition to RBHA

# CRS Continued

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- CRS members will receive services from ACC through the EPSDT delivery system for children ages 0-20 or as an adult 21+
- Commercial insurance have choice of their network in addition to ACC network
- Members of CRS also with DDD will continue to receive services for PH and BH under CRS under a contract with DES/DDD

Thank you!



# **Easter Seals**





State Medicaid Advisory Council  
October 11, 2018

**A southern Arizona  
community where all people live  
healthy, productive & independent lives.**

# LEADERSHIP

Easterseals Blake Foundation, a 501(c)(3) nonprofit service organization, was formed in 1950 as the Cerebral Palsy Foundation of Southern Arizona.

## Board of Directors

danny Blake • Community Volunteer  
Betsy Bruce • Journalist  
Elizabeth F. Claiborne • Attorney of Law  
Lindy Cote • Raytheon Missile Systems  
Jeffry Gardner • BRAKEMax Care Centers  
Michael Goldsmith • H2OJoe Drinking Water Systems  
Gene Goldstein • Bramic Design Group PLLC  
James Maina • Main Street Executive & Employee Benefits  
Eric Meyers • Enterprise Fleet Management  
Eric Smith • National Bank of Arizona  
James Woodrow • Law Offices of James Woodrow

## Executive Team

Ema M. Kammeyer, Chief Executive Officer  
Gina K. Judy, Chief Operations Officer  
Roxanne Holly, Chief Financial Officer  
Thomas Wolfe, Chief Information Officer  
Dina Scalone, Chief Philanthropy Officer  
Laura Morales, Chief Health Services Officer

## Our Inspiration & Namesake

Easterseals Blake Foundation is a 501(c)3 nonprofit social service organization originating in 1950 as the Cerebral Palsy Foundation of Southern Arizona.



In 1993, the organization was renamed the Blake Foundation in recognition of danny Blake. After a difficult childbirth, danny was diagnosed with Cerebral Palsy and his parents refused to place their son in an institution.

Even though various educators doubted his abilities, danny was selected as high school class president and earned a master's degree. danny was passionate about giving back to his community and became involved with the Cerebral Palsy Foundation of Southern Arizona while working at the University of Arizona Medical Center in social work. He continues to serve as inspiration for Easterseals Blake Foundation and individuals with disabilities throughout Arizona

In 2006, Blake Foundation became a Southern Arizona affiliate of Easterseals.



Providing access to children, teens and adults with outpatient care coordination and therapy, comprehensive psychiatric and medication services, therapeutic residential treatment, semi-independent living for adults with serious mental illness, and family preservation, reunification support and education.

In 2017, Cenpatco Integrated Care, the Regional Behavioral Health Authority for Southern Arizona, recognized **Easterseals Blake Foundation** as one of only three Centers of Excellence.

A Behavioral Health Center of Excellence is known as a great place to get care with standards including easy access, world-class customer service built on a culture of engagement and wellness, comprehensive care, excellent outcomes and excellent value.

Easterseals Blake Foundation is a Behavioral Health Home contracted with Cenpatco and a Fee For Service provider for MMIC (Mercy Maricopa Integrated Care) and HCIC (Health Choice Integrated Care).

We provide behavioral health services to children and adults.

We have a long history of providing quality services to the *birth to five population* – including 14 years of Rapid Response for DCS involved children and families.



Improving lives everyday



# Current Behavioral Health Evidence-Based Models in 10 Counties

- Infant and early childhood mental health refers to the quality of a child's first and early relationships and the child's social and emotional development.
- Trauma Therapy (Neurosequential Model of Therapeutics-NMT)
- Behavioral Interventions for IDD and Autism
- Positive Behavior Support
- Progressive Relaxation Therapy
- ACRA- Adolescent Community Reinforcement Approach-
- Behavioral Health Camp (Campo de Oeste)- therapeutic program that reconnects youth to nature
- Skills Training and Development (Individual, Family or Group)
- Healthy Relationships
- Psychoeducational Service
- Equine Assisted Psychotherapy (EAP)
- Expressive Art Therapy
- Home Care Training (Family) Services-directed towards restoration, enhancement or maintenance of family functioning
- Respite Services
- Behavioral Health Residential Facilities (BHRF)- for children (3 facilities) and adults (2 facilities)
- SLS- Supportive Living Services- semi-independent living setting for adults with complex needs
- Standard Outpatient BH Services- Care Coordination, Treatment and Medication Management



# Stepping Up to the Value Based Purchasing Challenge

- Easterseals Blake Foundation Behavioral Health Services has worked these past two years to improve quality while reducing costs.
- Evidence-based clinical interventions have been modified to reduce cost while maintaining fidelity to the clinical models and ensuring outcomes for members.
- Administrative teams restructured to maximize efficiency, reduce duplication, and establishing a data-driven decision making culture.



# Ensuring Sustainability of Behavioral Health throughout Southern Arizona

- In collaboration with Cenpatico Integrated Care, Easterseals Blake Foundation continues to identify unintended consequences of the current payment model... And actively looks for solutions.
  - Evaluation of PMPM (Per Member Per Month) rates to ensure service costs covered
  - Identify system wide outcomes that incorporate the HEDIS (Healthcare Effectiveness Data and Information Set) measures in preparation for the October 2018 roll out.
- Managing Increasing Deficits and Looking for Solutions
  - While Easterseals Blake Foundation continues to work with Cenpatico Integrated Care to find solutions to the rate model, the Foundation is working hard to manage a \$1.6 million deficit in behavioral health lines of service.





**Five Star Child Care Centers  
Inclusive Early Childhood Education  
Early Head Start Programs  
Head Start Programs  
Family Preservation, Reunification Support & Education  
Professional Development  
Child & Youth Health, Disability & Family Support**



Let me introduce you to Antonio Vassallo. Antonio celebrated his birthday in a very special way this year. Instead of receiving gifts, Antonio asked his friends to give gifts to children receiving services through Easterseals Blake Foundation. Antonio brought a huge load of new toys by to give to children receiving services. Antonio explained that he suffered a serious head injury as a baby years ago and Easterseals Blake Foundation was there for him and his parents. He shared that one of the special things he received was a toy. He fondly remembers the toy and wanted to help other children receive toys too. Smart, articulate, caring, personable, and noble.... Antonio is a shining example of the what investing in Arizona's children will accomplish.



EBF serves more than 30,000  
individuals & families each year





Residential and rehabilitative services, plus supportive day programs and in-home support for adults with intellectual &/or physical disabilities

Easterseals Blake Foundation's employment related, residential, rehabilitative, in-home, and supportive day services for individuals with intellectual and physical disabilities are examples of excellence in community integration.

We continue to foster a spirit of excellence in everything we do. We are not in competition to show how good we are compared to other service providers, we are in a competition with ourselves. We continue to enhance existing services and strive to expand services to meet the needs of individuals throughout Arizona. This spirit of excellence begins with the development of each employee. Both new and longer term members of our team are provided with continuous learning opportunities because we believe that learning is never over. Learning is a life-long process. Employees are encouraged to ask questions. This is how services improve. This is how Easterseals Blake Foundation achieves excellence.

Supervision and support by trained direct support professionals are available for up to twenty four hours a day, seven days a week. These direct support professionals are a key factor in ensuring individuals are provided the greatest opportunity to pursue their interests and dreams.

EBF serves more than 30,000 individuals & families each year

## Community Inclusion Makes All The Difference



**Is there anything more important to an individual than their home? A home is where you are comfortable. Your home is an expression of who you are and it's a place where you relax and take solace.**

Easterseals Blake Foundation recognizes the importance of home and strives to ensure individual's with intellectual and developmental disabilities and behavioral health needs have opportunities to live in a home in their communities through Easterseals Blake Foundation Community Living and Supported Living Services. Whether these services are provided in an individual's own home or in one of many licensed homes of the Foundation, the emphasis of service is to assist individuals to become as self-reliant as possible in a safe, warm and supportive environment that nurtures independence, self-worth, and living skills.

**Easterseals Blake Foundation develops two Homes for Children on the Autism Spectrum in Southern Arizona.**

**EBF serves more than 30,000  
individuals & families each year**



# easterseals

Blake Sage Employment & Community Services

Providing job training/support for teens and adults with intellectual or physical disabilities in Pima, Graham and Greenlee counties.



Supported employees at **Campo Urbano** are responsible for the care of domestic animals, gardening, water-harvesting systems up-keep, and community outreach. They receive training in green vocations, construction, landscaping, and low-impact gardening.

**Campo del Oeste** provides Pima County youth with a year-round, nature-based experience, which strives to empower youth to be a positive force of change in their lives and community. Campers explore the Sonoran Desert through hikes, overnight trips, gardening, animal husbandry, expressive arts, and service learning. The program models a mentor-based structure to teach personal responsibility, increase self-esteem, and develop skills beneficial to making healthy life choices.

**Cup 'n Cone** is an ice creamery in Morenci popular with locals, and has a profound effect on employees' lives.

**Main Street Café's** aim is to create employment opportunities for individuals with disabilities while providing a gathering place for the Safford community. The Café has won several awards, including Best Downtown Business and Best Downtown Dish.

**McMoran Copper Recycling** In collaboration with Freeport-McMoran Copper Mine, Sage supports employees who recycle discarded metals from wire, providing work opportunities while allowing for reuse of materials.

**McMoran Recreation Center** Freeport McMoran provides supported employment janitorial jobs at their Industries Recreation Center. McMoran funds 80 hours per week of supported employees' wages and associated costs, and Department of Developmental Disabilities' funding provides a job coach for the program.

**Project SEARCH** is a business-led collaboration that enables young adults with disabilities to gain and maintain employment through training and career exploration in collaboration with a host business.

Focusing on individual strengths, employees of **Sage Ceramics** in Tucson design, manufacture and sell a variety of handcrafted ceramics.



We are one Easterseals and are committed to making things better!

# IT TAKES EVERYONE



**FUNDING PARTNERS** ● AHCCCS, Arizona Department of Economic Security, Head Start, United Way, Cenpatco Integrated Care, Department of Child Safety, and many more!

**ARIZONA TAX CREDIT** ● A certified **Qualifying Foster Care Charitable Organization**, we encourage donations that will directly return to the donor!

**ESTATE PLANNING** ● Annual “**Why a Will**” planning sessions.

**IN-KIND DONATION** ● In-kind services and discounts can make a difference.

**PAYROLL & COMPANY MATCHING DONATION** ● Corporate giving via each employee.

**SIGNATURE EVENTS** ● Events ensure a strong connection in each community.

**VOLUNTEER** ● Gifts of time go along way.



Invest your time, talent,  
and treasure!

# **AHCCCS Efforts to Revise the Current Quality Strategy**



# AHCCCS Quality Strategy

October 11, 2017

Jakenna L. Lebsock, MPA

Clinical Administrator

Arizona Health Care Cost Containment System





# Purpose and Overview



# Purpose of the Quality Strategy

- A coordinated, comprehensive, and proactive approach to drive quality throughout the AHCCCS system
- Promotes utilization of creative initiatives, monitoring, assessment, and outcome-based performance improvement
- Outlines expectations around quality of services received; promotion to meet/exceed standards related to access to care and quality of care/services



# Quality Strategy Regulation

- Required of states with Managed Care delivery system
- In accordance with 42 CFR 340 – Managed Care State Quality Strategy
- Update to the 2013 Quality Strategy
  - Annual Review
  - Comprehensive update at least every three years

# Federal Regulation Requirements

- State-defined network adequacy and availability of services standards for MCOs
  - Including examples of evidence-based clinical practice guidelines
- State goals and objectives for continuous quality improvement
  - Must include all populations in the State served by MCOs
- Detailed description of quality metrics and performance targets, some of which must be published to the State's website at least annually

# Federal Regulation Requirements

- Performance Improvement Projects including interventions being proposed to improve access, quality or timeliness of care
- Arrangements for annual, external independent reviews (External Quality Review process)
- Transition of Care Policy overview
- Plan to identify, evaluate, and reduce health disparities based on age, race, ethnicity, sex, primary language, and disability status of which all must be provided to the MCOs

# Federal Regulation Requirements

- Descriptions of use of appropriate intermediate sanctions with MCOs
- Mechanisms to how individuals in need of long-term supports and services (LTSS or LTC in Arizona) are identified
- How the State ensures there is not a duplication of effort related to External Quality Review activities
- The State's definition of "significant change" as it related to the Quality Strategy

# Stakeholder Engagement Requirements

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In drafting or revising the Quality Strategy, the State must:

- Make the Strategy available for Public Comment
- Obtain input from SMAC
- Obtain input from Tribal Consultation

# Major Highlights of the Quality Strategy



# Agency Introduction

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- Background/History of Agency as well as the Strategy
- Mission
- Vision
- Organizational Structure

# Agency Initiatives

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- Autism Spectrum Disorder
- Integrated Health Care
- Opioid Crisis
- Care/Services for Children in the Foster Care System
- Justice Population (Early Reach-In)
- Commitment to Ongoing Learning



# Agency Initiatives

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- Grants
- Workforce Development
- Employment
- Housing



# Agency Efforts

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- Public Information/Transparency
- Relationship with CMS
- OIG/Quality Management Collaboration
- Technical Assistance
- Stakeholder Engagement

# Major Areas of Focus

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- Alignment with the Agency Strategic Plan
- Value-Based Purchasing
- Targeted Investment
- Quality Management (Critical Incident investigation)
- Managed Long Term Supports and Services
- Emergency Preparedness
- Centers of Excellence

# Quality Metrics

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- Outlined in MCO contracts as well as several Agency initiatives (e.g. Targeted Investment)
- Posted to the website:  
<https://www.azahcccs.gov/Resources/OversightOfHealthPlans/quality.html>
- Self-reported quarterly by MCOs
- Regularly reported to CMS via quarterly and annual processes as well as via the electronic reporting system and EQRO reports

# Performance Improvement Projects

- Not outlining specific topics but rather the process by which PIPs are conducted
- Language being added back in about potential for self-selected PIPs as an MCO-required activity
- Included in CMS quarterly/annual reporting as updates are available

# External Quality Review Process

- Conducted in accordance to 42 CRF 438.364
- Use of CMS-designated External Quality Review Organization
- AHCCCS participates in mandatory activities:
  - Validation of Performance Measures
  - Validation of Performance Improvement Projects
  - Review of MCO compliance oversight
  - Network Adequacy (as of 07/01/2018)
- Managed through DHCM; limits duplication of effort at the MCO level

# Quality Strategy Review and Implementation Process

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- Cross-Agency review team including SMEs for every aspect of the plan
- Core Team Steering Committee (DHCM leadership and clinical staff)
- Will be scheduled for review every Fall post 07/01/2018
  - Will allow for time for updates and public comments if significant changes are necessary

# Stakeholder Engagement





# Stakeholder Review Process

- State Medicaid Advisory Committee (10/11/17)
- AHCCCS Tribal Consultation (10/18/17)
- AHCCCS Quality Management Quarterly Committee (11/30/17)
- AHCCCS ALTCS Advisory Committee (tentative 12/07/17)
- AHCCCS Update (CEO) Meeting (Date TBD)
- AHCCCS CMO Meeting (Date TBD)
- Public Comment (Posting Date TBD)

# Feedback or Questions?



Thank you.

[Jakenna.Lebsock@azahcccs.gov](mailto:Jakenna.Lebsock@azahcccs.gov)  
602-417-4229



# **First Things First**



## SMAC – First Things First Overview

Joe Fu, Senior Director: Children's  
Health, Family Support & Literacy

READY FOR SCHOOL. SET FOR LIFE.

# AGENDA

- **Agency goals**
- **Oral health**
- **Care coordination**
- **Developmental, sensory screening**
- **Home visitation**



# First Things First Strategic Plan

**Access to Quality Health Care Coverage & Service** – Collaborate with partners to increase access to high quality health care services (including oral health and behavioral health) and affordable health care coverage for young children and their families.

**GOAL 1:** To increase access to oral health, behavioral health, and immunizations. This includes services for families that address the social determinants of health.

**GOAL 2:** To increase Arizona children birth through five that are receiving care coordination services and healthcare through a medical and dental home.

**GOAL 3:** To increase parents and caregivers knowledge and understanding on how to support their child's optimal health and development.

# First Things First Strategic Plan

**Early Screening & Intervention** - Collaborate with partners to increase awareness of and access to a continuum of information, support, and services for families and their children who have or are at risk of having developmental, physical, and/or behavioral health issues.

**GOAL 1:** To increase children receiving appropriate developmental and health screening.

**GOAL 2:** Coordinated statewide and community based systems to identify and serve children with physical, behavioral, developmental and social needs.

**GOAL 3:** To increase children that are getting appropriate supports, intervention services based on screenings.

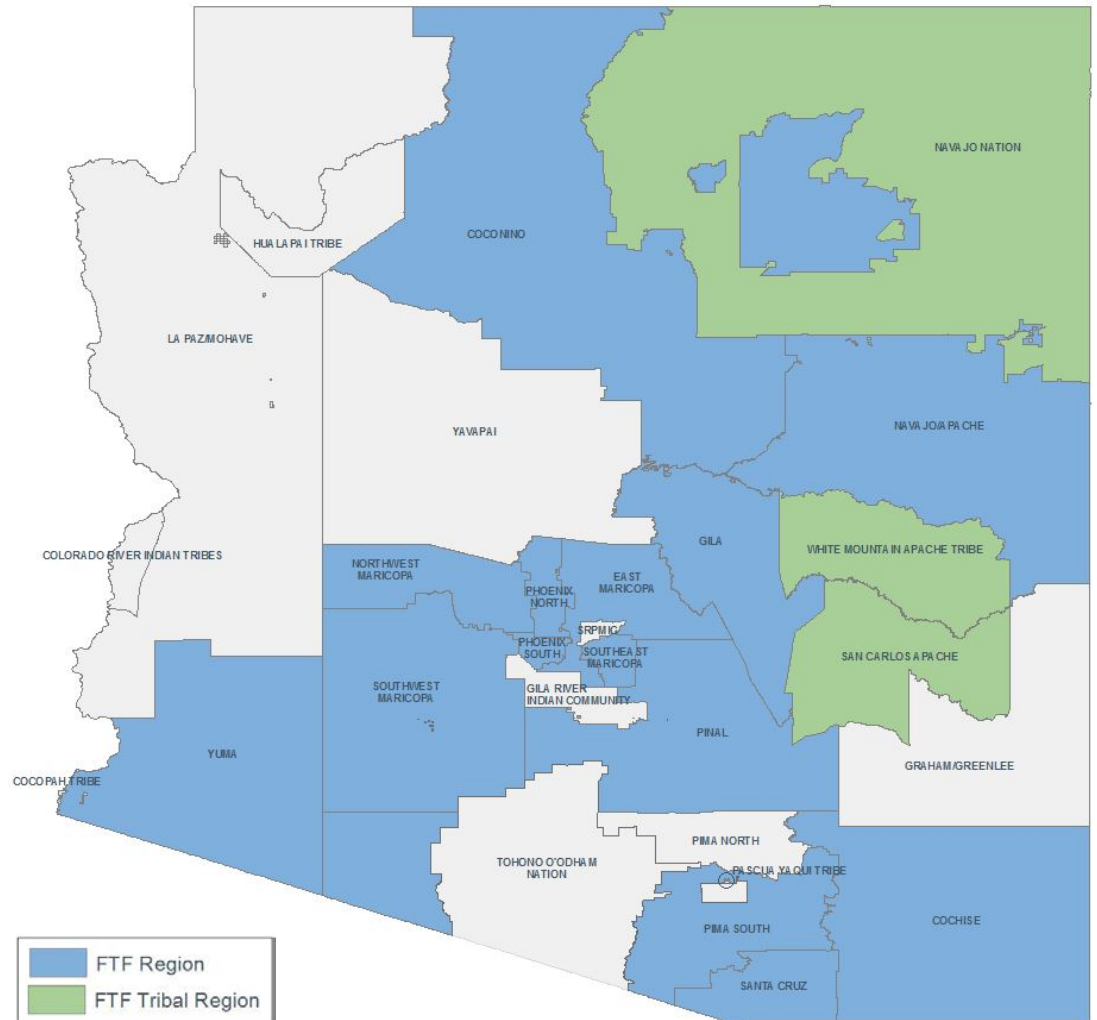
**GOAL 4:** To increase pregnant women who are receiving early and adequate maternal health services, oral health screening, and immunizations.



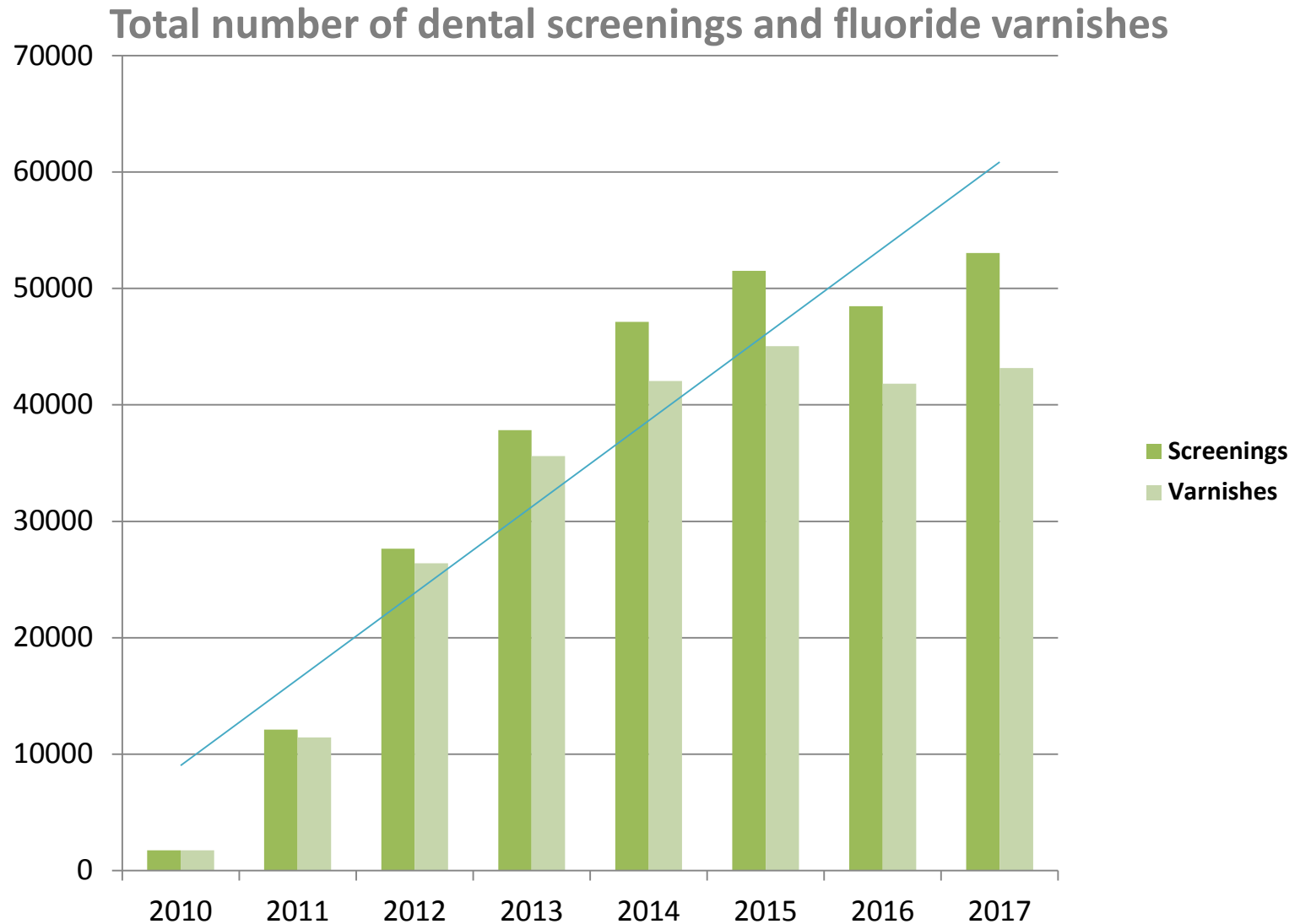
# Oral Health

**FY 2018**

- **17** regions
- **\$3.78** million



# Oral Health



# Oral Health

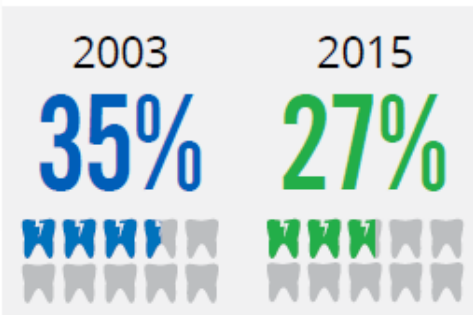
## FY 2018

- **45,000** children screened
- **2,400** pregnant women screened
- **12,400** parents + early learning professionals educated
- **600** medical + oral health professionals educated

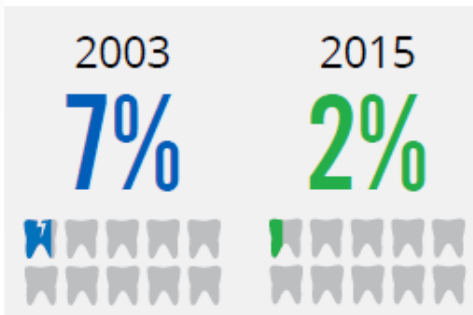
# Outcomes

## Something to smile about

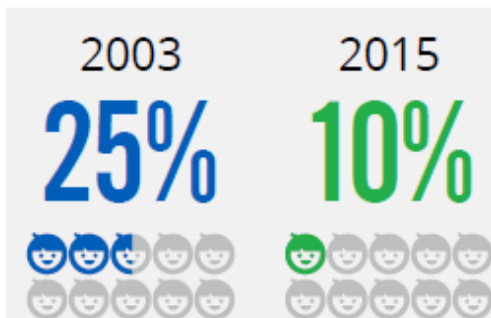
Fewer AZ kindergarteners have untreated tooth decay.



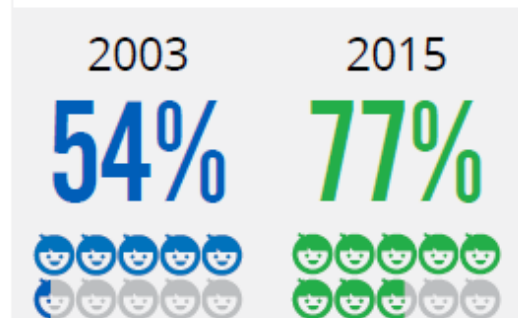
Fewer AZ kindergarteners have dental pain or infection.



Fewer AZ kindergarteners have never been to a dentist.



More AZ kindergarteners visited a dentist in the last year.



# Outcomes

## Challenges remain

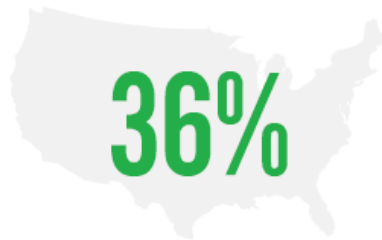
Too many young children in AZ experience tooth decay.

AZ kindergarteners



2015

US 5-year-olds



2010



Children from low-income households and some racial and ethnic groups have higher levels of dental disease.



Many AZ parents do not know that their child's AHCCCS (Medicaid) coverage includes dental care benefits.

# Care Coordination

- **Partnership with FQHCs and look-alike**
- **\$3mm, Served 6,500 kids in FY17**
- **Healthy Steps**
- **Moving towards outcome data**



# SCREENING

- **Developmental, vision, hearing**
- **FY17 approximately 15,000 children screened**
- **Required as part of home visitation, care coordination work**
- **Early Screening/Intervention System Partners**
- **Eyes on Learning**



# Home Visitation

- **In 2017, 5826 families served, \$18.5mm invested**
- **For pregnant women, new parents, or infants**
- **Partnership between DCS, DHS (MIECHV), FTF**
- **Evidence-based models implemented by local non-profit and government partners**
- **20 regions, including urban, rural and tribal**



# Home Visitation

**Every dollar invested results in \$5.70 in savings from reduced health services utilization -- including ED visits...decreased special education placements**

**RCT in NC showed 50 percent reduction in hospital emergency department visits and hospital overnight stays in the first 12 months of life.**

**Children statistically less likely to report use of cigarettes, alcohol and marijuana, and less likely to have mental health internalizing disorders, such as anxiety and depression**

**Among 19-year old girls born to high-risk mothers: reduced lifetime risk of arrest or conviction by more than 80 percent, teen pregnancy by 65 percent, and led to reduced enrollment in Medicaid by 60 percent**

**In 2015, 17 states with Home Visiting Program grantees including AZ, reported developmental screening rates of at least 75 percent**

# Home Visitation Opportunity



Medicaid Financing of Home Visiting Services for Women, Children, and Their Families

*Becky Normile, Karen VanLandeghem, and Alex King*



*Joint Informational Bulletin*

March 2016: Coverage of Maternal, Infant, and Early Childhood Home Visiting Services

**An estimated 33 states cover home visiting services through Medicaid, and approximately one-quarter use Medicaid to support home visiting programs – NASHP**

# FIRST THINGS FIRST



**THANK YOU**

**[joefu@firstthingsfirst.org](mailto:joefu@firstthingsfirst.org)**

**Joe Fu, Senior Director: Children's  
Health, Family Support & Literacy**

**READY FOR SCHOOL. SET FOR LIFE.**

**SYSTEM ROLE:**  
**Access to Quality Health Care Coverage & Service** – Collaborate with partners to increase access to high quality health care services (including oral health and behavioral health) and affordable health care coverage for young children and their families.

**GOAL 1:** To increase Arizona children birth through five with access to preventive health services, including oral health, behavioral health, and immunizations. This includes oral health, behavioral health, immunizations, and services for families that address the social determinants of health.

**GOAL 2:** To increase Arizona children birth through five that are receiving care coordination services and healthcare through a medical and dental home.

**GOAL 3:** To increase parents and caregivers knowledge and understanding on how to support their child’s optimal health and development.

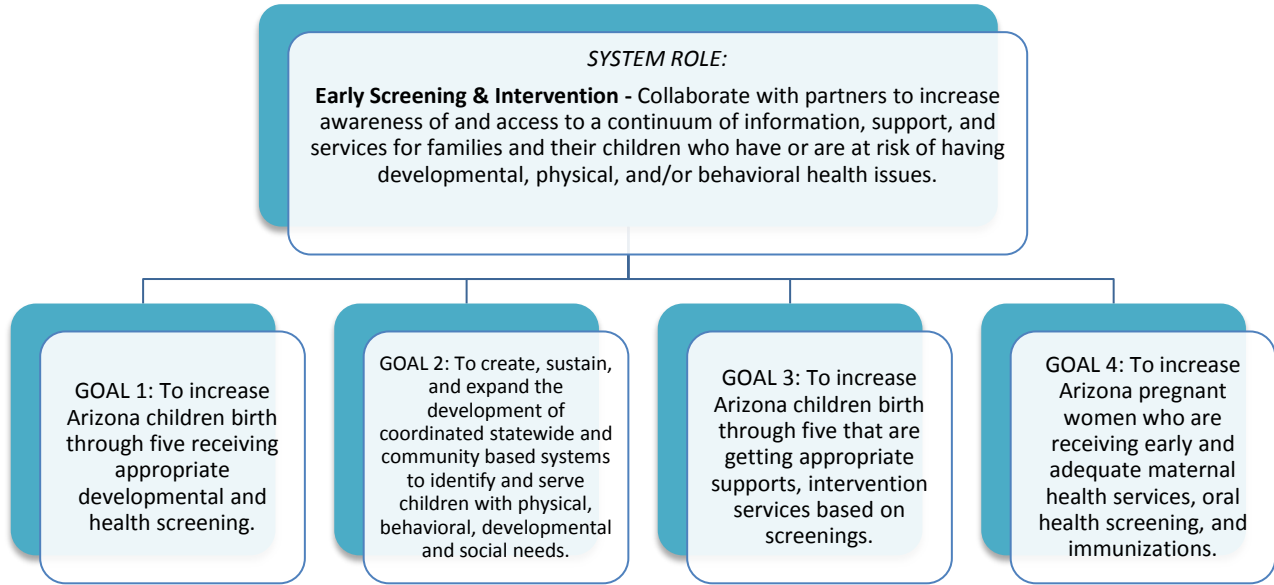
**AREAS OF FOCUS:**

*Respective goals are noted in parenthesis.*

- Continue efforts to improve children’s oral health and work to make sure that oral health care is unduplicated and coordinated for children with a focus on high risk and vulnerable children. (1,2,3)
- Support medical homes (including tribal health partners) providing care coordination services for children with an emphasis on children with complex needs and high risk and vulnerable children.
- Work with system partners serving children birth through five to provide timely, coordinated, and appropriate care to families.
- Identify how to integrate and align health programs provided in early childhood education settings with the care provided to children in medical and dental homes.
- Support health insurance outreach, enrollment and increase health literacy and health insurance literacy (1,2,3)
- Collaborate with AHCCCS, managed care plans, and tribal health partners to work on issues affecting children birth through five, including:
  - Analysis of data on utilization of healthcare services, including EPSDT and other children’s preventive health services. Use data to support work promoting children’s access to early and periodic screening, diagnosis and treatment. (1,2)
  - Support AHCCCS flexibility to provide children’s preventive services through home visitation, screening and interventions, and behavioral health services. (1,2)
- Support medical homes (including tribal health partners) providing care coordination services for children with an emphasis on children with complex needs and high risk and vulnerable children. Support referrals to maternal health services, and screening for social determinants through the medical home. (1,2,3)
- Explore ways to help rural and tribal children better access services such as lay health workers, telehealth, transportation, and workforce capacity building. (1,2)
- Coordination of programs, funding, care delivery for children among state agency partners, managed care plans, tribal health, and other partners working with children birth through five so that services are not duplicated and families receive timely and appropriate care when they need it. (2)
- Identify how to integrate health programs provided in early childhood education settings so that it is aligned with the care provided to children in medical and dental homes. Bring partners together to explore/define what an integrated system of care looks like (2)
- Support efforts to increase referrals to maternal health services, and services that address the social determinants of children’s health across health programs and policies.
- Partner to increase the health literacy of families so they can effectively advocate within the health system for timely, appropriate, and coordinated care for their children. (2,3)
- Support efforts to align and increase coordination of programs addressing maternal health.

**PROPOSED MEASURES OF SUCCESS:**

- % of AZ children 0-5 with untreated tooth decay (FTF/AZDHS)
- % of AZ children 0-5 with health coverage (Census)
- % of children receiving a well child visit (6 visits by 15 months - AHCCCS data/Indian healthcare data)
- % of AZ children Age 19-35 months who are immunized (National Immunization Survey, AZDHS)



**AREAS OF FOCUS:**

*Respective goals are noted in parenthesis.*

- Support standardized developmental, autism, oral health and sensory screening services. Screenings should include social determinants and toxic stress to better support the child and family. Refer mothers to maternal health services and screenings (1, 4); and connect families to appropriate services and interventions (3).
  - Partner to ensure children are meeting national standards for appropriate screenings; getting referred for evaluation, and connected to services and treatment. (1,2,3)
  - Work with partners to reduce duplication of services, coordinate screenings, help families understand the results, and support the appropriate follow up and referrals needed. (2,3)
  - Convene partners to address children’s access to appropriate and timely interventions (1,2,3)
  - Continue to partner with efforts to increase sensory screening including identification of data sources. (2)
- Explore the use of telehealth services to expand capacity, with attention to shortage areas (1,3)
- Work with tribal health partners to improve collaboration with state agencies to increase screening and decrease no show rates. (Goals 1,2,3)
- Partner to identify opportunities to leverage best practices around the integration of screening and referral for social determinants of health (Goals 1,2)
- Support organizations working with young children to inform families about and increase access to screenings, maternal health services, and immunizations. (Goals 1,2,3,4)

**PROPOSED MEASURES OF SUCCESS:**

- % of AZ children age 9 months to 5 years who received a standardized screening for developmental or behavioral problems (National Children’s Health Survey, AHCCCS)
- % Adequacy of Prenatal Care received by pregnant women in Arizona (PRAMS - baseline)



## OVERVIEW

First Things First partners with parents and communities to give all Arizona children the opportunity to arrive at kindergarten healthy and ready to succeed.

### Created by Arizona Voters

In 2006, Arizonans made an historic decision on behalf of our state's youngest citizens. By majority vote, they made a commitment to all Arizona children 5 and younger: that kids would have the tools they need to arrive at school healthy and ready to succeed. The voters backed that promise with an 80-cent per pack increase on tobacco products, so that funding for early childhood services for our youngest children would not be at the mercy of economic and political winds. The initiative also created the statewide First Things First board and regional partnership councils that share the responsibility of ensuring that these early childhood funds are spent on strategies that will result in improved education and health outcomes for kids 5 and younger.



### Focused on Kids Birth to 5

Why focus on kids 5 and younger? Research shows that 90% of a child's brain develops by age 5. Because of this rapid development, what happens to children in the early years lays the foundation for a lifetime. Research has proven that kids with quality early childhood experiences do better in school. They are more likely to advance into college and successful careers. They also tend to be healthier and demand less from the public welfare system.

### Driven By Local Communities

Not all children have the same needs; and voters designed First Things First to meet the diverse needs of Arizona communities. Decisions about which early education and health strategies will be funded are made by regional partnership councils made up of community volunteers, not government bureaucrats. Each regional council member represents a specific segment of the community that has a stake in ensuring that our children grow up to be healthy productive adults, including: parents, tribal representatives, educators, health professionals, business leaders, philanthropists and leaders of faith communities. The regional councils study the challenges faced by children in their communities and the resources that exist to help kids in their area. Because of all these factors, the regional councils know best what their kids need.

### Proven to Work

National studies show that children exposed to high-quality early childhood education:

- Are 40% less likely to need special education or be held back a grade;
- Are 70% less likely to commit a violent crime by age 18;
- Have better language, math and social skills, and better relationships with classmates;
- Have better cognitive and sensory skills and experience less anxiety; and,
- Score higher on school-readiness tests.

First Things First's signature programs build on this body of research to address critical early childhood needs statewide, including supporting parents in their role as a child's first teacher, improving the quality of early learning in homes and child care centers, enhancing the professional skills of teachers working with our youngest kids, and helping doctors to address a child's developmental and physical needs.

## Effective

The impact of First Things First programs has been significant. In Fiscal Year 2016 alone:

- 34,812 parents and caregivers attended parenting workshops or groups at family resource centers. In addition, more than 232,000 accessed early childhood information, resources or referrals through the centers.
- 72,058 families of newborns left the hospital with tools to help the support their child's health and learning.
- 6,121 families received voluntary, evidence-based home visitation from trained providers to enhance their parenting skills and deal with specific challenges, including first-time parenting, parenting a child with special needs or dealing with multiple births.
- 3,711 parents and other caregivers completed a voluntary series of community-based classes on topics like parenting skills, brain development, early literacy and nutrition.
- 51,069 children had access to a higher standard of early learning through preschool and child care programs participating in Quality First.
- 9,250 Infants, toddlers, and preschoolers accessed high quality early learning with the help of a preschool or child care scholarship.
- 27,376 children received screenings to detect vision, hearing, and developmental issues to prevent later learning challenges.
- 48,480 children received an oral health screening to detect tooth decay. In addition, 41,805 fluoride varnishes were applied to protect against dental decay.

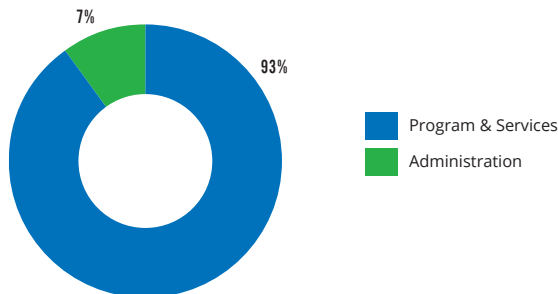


## Accountable

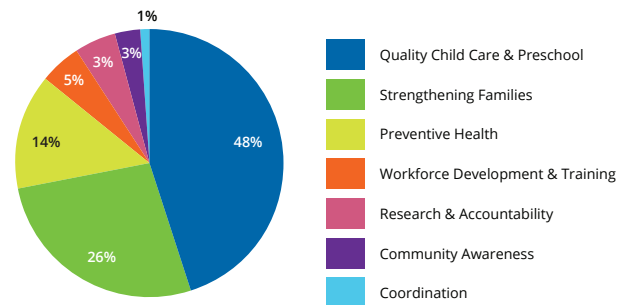
Most importantly, First Things First is accountable – to voters, to the state, and most importantly, to Arizona's children. The strategies funded by First Things First have demonstrated effectiveness in improving educational and health outcomes for kids, or in increasing the knowledge, skills and capacities of parents and other caregivers, such as medical professionals and teachers working with young children. FTF grantees are required to submit detailed financial information, as well reports regarding the numbers of children or families served. This ensures that funds are being spent efficiently and that programs are reaching the intended groups of children. In addition, FTF's Quality Assurance Team works with individual grantees to review program implementation and identify best practices that can be shared with other grantees or that can be used to improve the overall program. At the systemic level, FTF has identified 10 indicators to help us ensure that we are contributing in meaningful ways to improved school readiness for Arizona's kids. FTF also worked with a group of national experts to identify additional steps FTF can take to make sure the programs being funded are making a difference – for individual children and families, and for school readiness throughout Arizona.

## Efficient

In addition to being effective, First Things First is also efficient. Investments in programs and services that help prepare children for success constituted approximately 93% of spending in FY2016. Administrative expenses are kept low – approximately 7% in FY16.

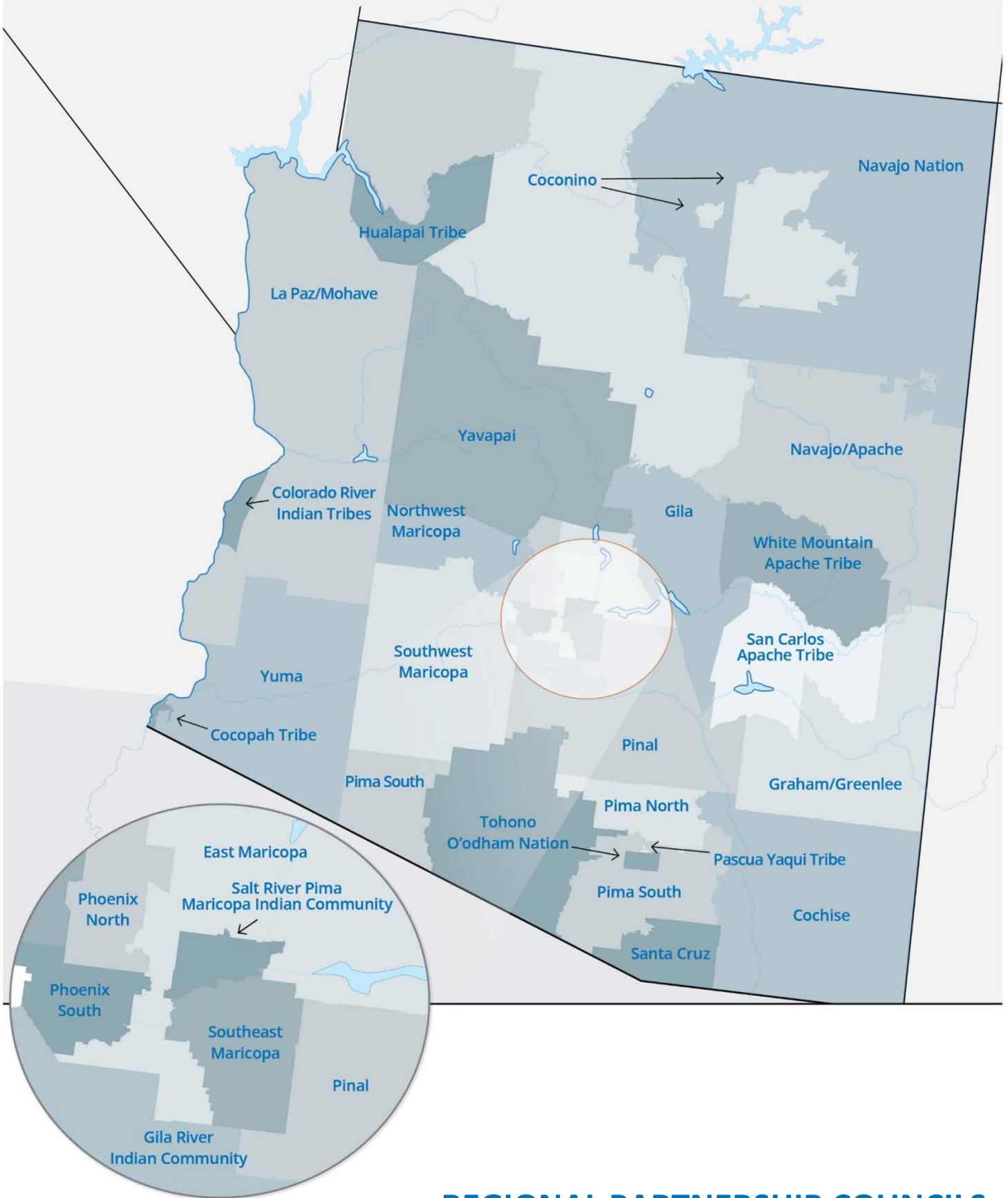


First Things First  
Priority Funding Areas FY09-17\*



\* This figure represents actual expenditures through FY16 and FY17 funding awards through October 14, 2016.

# FIRST THINGS FIRST



## REGIONAL PARTNERSHIP COUNCILS



**Cochise Regional Partnership Council**

**Melissa Avant**, Regional Director  
mavant@firstthingsfirst.org  
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**Coconino Regional Partnership Council**

**Peter Van Wyck**, Regional Director  
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**Cocopah Tribe Regional Partnership Council**

**Nohemi Ortega**, Regional Director  
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**Colorado River Indian Tribes Regional Partnership Council**

**Jacqueline Flores**, Regional Director  
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**East Maricopa Regional Partnership Council**

**Conrad Lindo**, Regional Director  
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**Gila River Indian Community Regional Partnership Council**

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**Gila Regional Partnership Council**

**John Taylor**, Regional Director  
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**Graham/Greenlee Regional Partnership Council**

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**Hualapai Tribe Regional Partnership Council**

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**La Paz/Mohave Regional Partnership Council**

**Vijette Saari**, Regional Director  
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**Navajo Nation Regional Partnership Council**

**Memarie Tsoie**, Regional Director  
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**Northwest Maricopa Regional Partnership Council**

**Christina Lyons**, Regional Director  
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**Pascua Yaqui Tribe Regional Partnership Council**

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**Phoenix North Regional Partnership Council**

**Karen Yearwood**, Regional Director  
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(602) 771-5056

**Phoenix South Regional Partnership Council**

**Jeanine Bashir**, Regional Director  
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**Pima North Regional Partnership Council**

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**Pima South Regional Partnership Council**

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**Pinal Regional Partnership Council**

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**Salt River Pima - Maricopa Indian Community Regional Partnership Council**

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**Southwest Maricopa Regional Partnership Council**

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**White Mountain Apache Tribe Regional Partnership Council**

**Jessica Beach**, Regional Director  
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**Yavapai Regional Partnership Council**

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**Yuma Regional Partnership Council**

**Rudy Ortiz**, Regional Director  
rjortiz@firstthingsfirst.org  
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as of May 2017

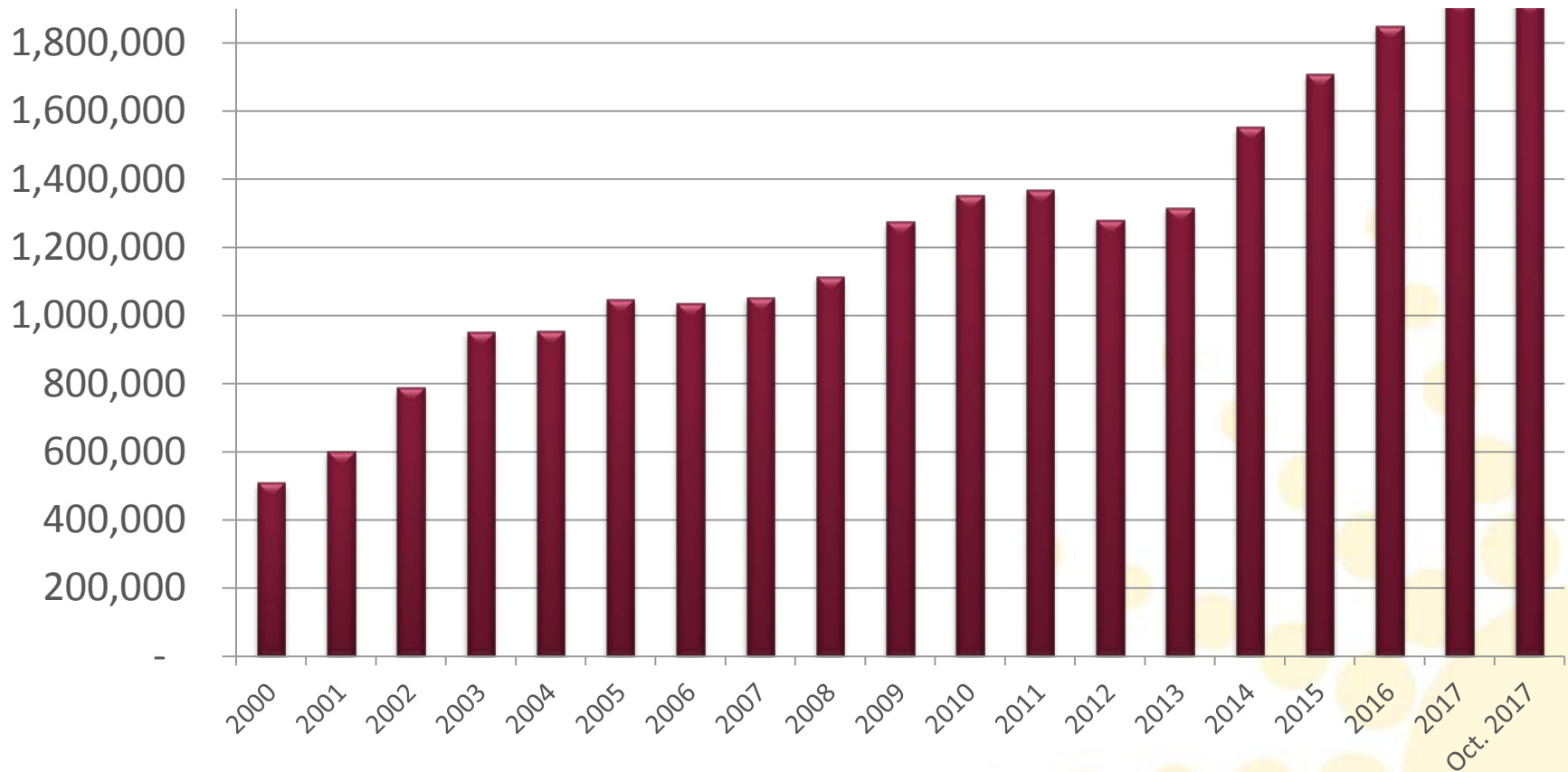
# **AHCCCS Update**



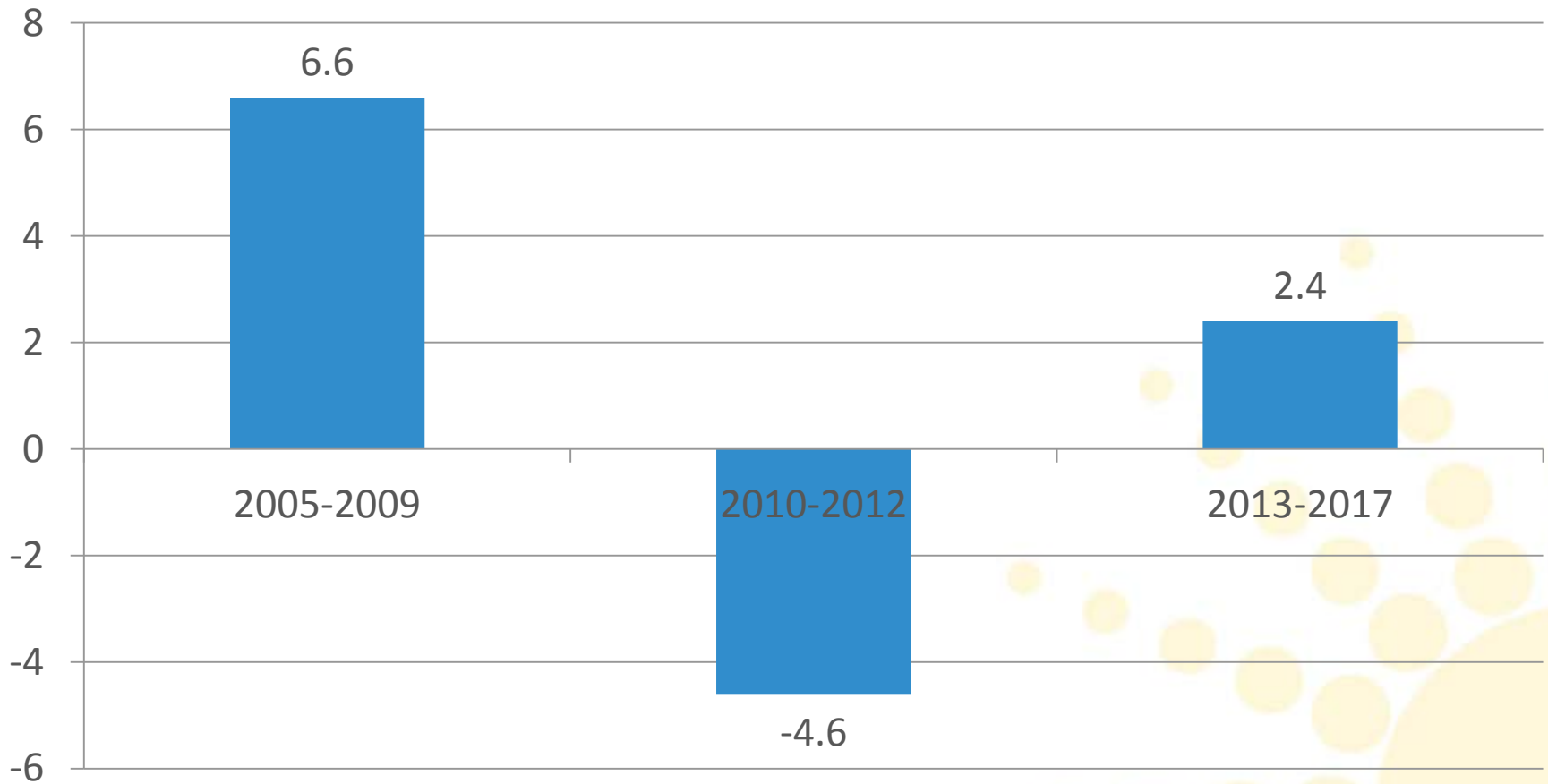
# AHCCCS Update



# AHCCCS Population as of July 1, 2000 – 2017



# AHCCCS Cap Rate History



# FY 2019 Budget Request

- \$90 m GF - \$990 m TF
- GF amount is only 2.5% higher than FY 2008 Budget – serving 800,000 more members
- Assumes 3% cap rate growth – 2% pop.
- \$26 m GF is reinstatement of Health Ins. Fee
- Requested \$370,000 GF (\$1.0 m TF) for salary adjustments – 1.5% perf pay – FY 2008 last leg. Funding for agencies

# Repeal and Replace ????????????????????



# Graham Cassidy Proposal

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- Builds off of Previous Senate Bill BCRA
- Per Capita Caps
- Combines Medicaid Expansion – Tax Credit – Cost Sharing Funds into Block Grant
- Complex Formula that looks to equalize funding by 2026 for population 50-138%
- Makes adjustments to formula for risk and coverage
- Other changes around American Indian financing positively impacts Arizona



# Graham Cassidy Cont.

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Start Date for Block Grant is 1-1-2020

Use of Funds for Block Grant include

1. High Risk Pools
2. Provide Funding to insurers to stabilize premiums
3. Pay Providers Directly
4. Pay Individuals for out of pocket costs
5. Provide coverage through Medicaid (limited)
6. Coverage through managed care

# Graham Cassidy 2020-2026 Impact in Billions

Impact	Funding
Block Grant Funding compared to Baseline	(4.7)
Funding of all American Indian expenses 100%	2.1
Maintain American Indian coverage in Medicaid	1.3
Total	(1.3)

# CHIP/KidsCare Funding ??????????



# AHCCCS Leadership Academy

7 Half Day Sessions for 30 Staff

1. State Government Overview
2. AHCCCS Overview
3. Healthcare Transformation
4. Healthcare Delivery System
5. Leadership Development
6. Looking at Health More Broadly
7. Project Presentations and Graduation

# Other Items

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- Waiver Update
- HB 2442 Network Analysis (CMDP Behavioral Health)
- Study on impact of cost increases on providers from Prop 206 – due Feb 1<sup>st</sup>
- Analysis for CMDP integration
- Hospital Assessment update for 7-1-18
- Publish Parity Analysis
- Beat DHS in SECC Giving
- Staffing Transitions