



# Quarterly Tribal Consultation Meeting

February 13, 2020



# NATIVE HEALTH Highlight

Walter Murillo, CEO  
NATIVE HEALTH

# NATIVE HEALTH



*Accredited by*



**MISSION:**

NATIVE HEALTH provides accessible holistic patient centered, to empower our community to achieve the highest quality health and well-being.

**VISION:**

Healthy People in Healthy Communities

## **NATIVE HEALTH Central**

4041 North Central Avenue, Building C - Phoenix

**Hours: 8 a.m.-7 p.m.**





# NHW Community Health Center

2423 West Dunlap Avenue, Suite 140 - Phoenix

**Hours: 8 a.m.-7 p.m.**



# NATIVE HEALTH Mesa

777 West Southern Avenue, Mesa

**Hours: 8 a.m.-5 p.m.**



- 6% of population
- Medical
- Food Distribution
- WIC
- DES SNAE&T
- AHCCCS Enrollment
- Behavioral Health
- Community Classes



# NATIVE HEALTH WIC





# New CMS grant

## Connecting Native Americans and families to coverage!

**NATIVE HEALTH** can help eligible individuals  
and families enroll for AHCCCS and  
KidsCare benefits. **Walk ins welcome!**

Please bring these documents to enroll:

- Photo ID
- Birth certificate
- Social Security card(s) for individual(s) applying
- Proof of all income
- Proof of residency (current utility bill)
- Proof of pregnancy (if applicable)
- Tribal enrollment verification (if applicable)

For more information please call **(602) 279-5262, ext. 3440**  
or email: [enasingoetewa@nachci.com](mailto:enasingoetewa@nachci.com)



a service of

NATIVE  HEALTH

**your healthcare home**

in partnership with public schools  
in Maricopa County

# Primary Care/ Family Medicine



- Well women, child, and men exams
- Sick visits
- Pediatrics
- Work, school, and sports physicals
- Prenatal Services and Family Planning
- Testing and treatment of sexually transmitted infections
- Integrated Behavioral Health
- Immunizations, including flu shots

# Integrated Behavioral Health



- Behavioral Health Clinicians (BHCs) use their behavioral health clinical skills with their patients
- Services provided in Exam Rooms
- The BHC's focus on the obstacles patients face by providing brief interventions with a focus on improved physical health



## 403b Program

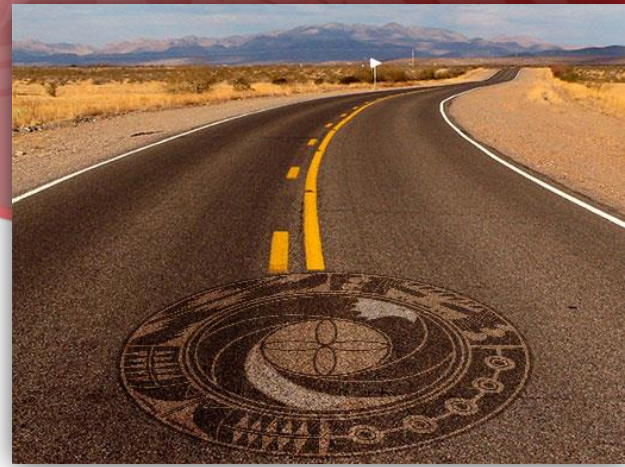
*Walgreens*

# Dental Services



- Cleanings
- X-rays
- Fillings
- Root canals
- Dentures
- Extractions
- Crowns
- Sealants for Children
- Emergency Dental Services
- Once monthly pediatric Saturday dental clinics
- **Dental contract for Pascua Yaqui Tribal Members**

# Behavioral Health

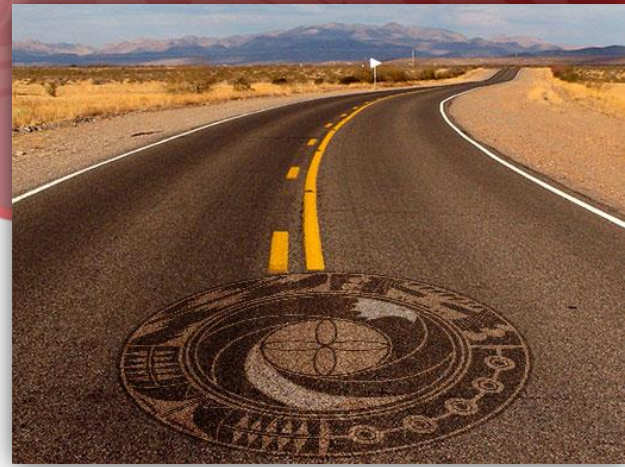


- Contract Provider for Medicaid plans including American Indian Health Program and Tribal Regional Behavioral Health Authority
- Mental Health services
- Individual, family/child counseling
- Recovery Services
- Adult Intensive Outpatient Program (IOP), Standard Outpatient Program (StOP)
- Youth Substance Abuse



# Behavioral Health (continued)

- Adult Anger Management Groups
- Domestic Violence Offender Treatment Program: Male and Female groups
- Women's DV treatment & Case Management Services
- Talking Circle
- Art Therapy at 1 in 10
- Meth Suicide Prevention Initiative
- **San Lucy Tribal Community**
- Public Health Nurse Case Management Program
- Psychiatry and Tele-Psych



# Community Health and Wellness



# Community Health and Wellness



- **NATIVE HEALTH WIC**  
(4 locations)
- **Health Start**
- **Home Visiting**
- **Youth Resilience**

- **Circles of Care**
- **Tribal Practices**



# Indigenous Wellness Program

## WELLNESS WARRIORS

- Native American children (ages 7 to 12 years old) and their families, who are interested in learning about healthy living.
- Monthly activities include basketball fundamentals, soccer, bowling, Bike Rodeo, and much more.







## NATIVE HEALTH Community Garden and Traditional Garden

- Located at the KeepPhoenixBeautiful Gardens, a few miles from NATIVE HEALTH Central
- Located at Agave Farms, walking distance from NATIVE HEALTH Central
- Monthly Garden Work Days and community classes
- Includes traditional plants, such as beans, squash, corn, herbs, and other indigenous, drought tolerant plants.





# HIV Program

- Education, Testing and Counseling
- Integration into primary and behavioral health care
- Linkage to care
- Ryan White Treatment Program



NATIVE HEALTH

**inHarmony**

HIV Services



## Community Health and Wellness

# ALTCS Case Management

- Case management for eligible participants of long term care services for 13 Arizona Tribes



# Free Community Classes

- Safe Sleep/Home Safety
- Infant Massage
- Beading, Moccasin, Regalia workshops
- Traditional Cooking Demonstrations
- Childbirth & Car Seat Classes
- Read It and Eat Literacy and Cooking Matters



# Addressing Food Insecurity

- Recognized by National Association of Community Health Centers as being one of top three Community Health Center's (CHC) in the U.S. for addressing food insecurity.
- Nationally recognized as one of four CHC's in providing enabling services.





# Department of Economic Security at NATIVE HEALTH

**DES Division of Benefits and Medical Eligibility services available at NATIVE HEALTH**

**Monday, Wednesday, Thursday and Friday**  
**8:00 a.m.-5:00 p.m.**

**NATIVE HEALTH**  
 4041 North Central Avenue, Building C - Phoenix

DES services available for those who wish to apply for AHCCCS, Cash Assistance (TANF), Nutrition Assistance (SNAP) and more.

For more information call  
**(602) 279-5262 ext. 3440**  
 or email: [enroll@nachci.com](mailto:enroll@nachci.com)

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture. This institution is an equal opportunity provider.

NATIVE HEALTH DEPARTMENT OF ECONOMIC SECURITY  
*Our Commitment to a Strong Arizona*

**SNA E&T**  
 Supplemental Nutrition Assistance Employment and Training

available at  
**NATIVE HEALTH Mesa**  
 777 West Southern Avenue, Building C - Mesa  
**Thursdays, 9:00 a.m.–12 p.m.**

Do you receive food stamps and need assistance in finding a job? If so, you may be able to get help with:

- Job Readiness (resumes, interview skills)
- Job Searches
- Education and Training Opportunities

You may get funds to help with:

- \$150 towards employment readiness
- Books and training materials
- Background checks
- Clothing for interviews
- Course registration fees
- Test fees (drug, GED, etc.)
- Fingerprinting and more.
- \$100 towards transportation reimbursement after 4 weeks of participation

For more information call **(480) 550-4048**  
 or email: [aphillips@nachci.com](mailto:aphillips@nachci.com)

DEPARTMENT OF ECONOMIC SECURITY **NATIVE HEALTH**  
*Our Commitment to a Strong Arizona*

**REENTRY WORKFORCE SERVICES** available at NATIVE HEALTH

**DO YOU NEED A JOB? WE CAN HELP!**  
 ARIZONA@WORK Employment Counselors are stationed onsite to provide you with no-cost workforce services!

**Resume Assistance**  
**Job Referrals**  
**Interview Skills Development**  
**Registration on Arizona's Jobs Database**  
**Soft Skills Development**  
**Background-Friendly Hiring Events**

**4041 North Central Ave. Bldg. C - Phoenix**  
**Monday - Friday**  
**8:00 a.m. - 4:30 p.m.**

**Walk-ins welcome!**

For more information call:  
**(602) 279-5262**  
 ext. 3144, ext. 3145  
 or ext. 3146

email:  
[lbeard@azdes.gov](mailto:lbeard@azdes.gov) | [mibaiza@azdes.gov](mailto:mibaiza@azdes.gov)

**ARIZONA@WORK** NATIVE HEALTH  
 innovative Workforce Solutions



# Community Legal Services

- Medical Legal Partnership
- Free for any individual that meets income guidelines



**Community**  
Legal Services  
Advocate. Litigate. Educate.



# Newsletter

- Monthly distribution 38,000+
- News and events welcome

## NATIVE HEALTH Newsletter Upcoming Events



### Contact Information

#### NATIVE HEALTH - Central

4041 North Central Avenue,  
Building C  
Phoenix, Arizona 85012  
P (602) 279-5262  
F (602) 279-5390



#### Medical Hours:

Monday-Friday,  
8:00 a.m.-7:00 p.m.

#### Same Day Medical Appointments:

Monday-Friday  
8:00 a.m.-6:00 p.m.

NATIVE HEALTH and NHW Community Health Center accepts AHCCCS (Medicaid) Health Plans and American Indian Health Program. CMDP and many private insurance plans are accepted. Sliding fee scale available. Please email [Amanda](mailto:Amanda) for additional information or you may call (602) 279-5262.

### Volume 13, Issue 2

February 2019

February has a lot of health awareness observances. Did you know it is Children's Dental Health Month, Teen Dating Violence Awareness Month and also American Heart Month. NATIVE HEALTH has many programs and activities that support these observances. Our programs aim to bring awareness

and fun and educational activities to the community. We have some fun programs scheduled this month such as Tea with the Tooth Fairy to educate the younger generation on dental care and encourage them to take an active interest in their health. Through education and awareness we are moving to the needle for a healthier community!



We've been listening to the community feedback and are adding more FREE programs and classes. This month we're adding Talking Circles, additional Community Gatherings and Dinners at our Central and Mesa locations, beading classes, additional moccasins and regalia classes and much more. Take a look below and keep watching our Facebook and Instagram.

P (480) 550-4048



**Medical Services**  
Building E  
Monday-Friday  
8:00 a.m.-5:00 p.m.  
Same day appointments available.

### Wellbearto's Travels

Where was Wellbearto last month? Check out the photos below and see what he's been up to. You can also follow our [Facebook page](#) to see what he's been up to!



Wellbearto has been traveling so much! He decided that he would stay home in January and just relax! He decided to go out to NATIVE HEALTH's Community Garden at Agave Farms and dig in the dirt!

Wellbearto loves cotton! He loves his cotton t-shirt, cotton weighted blanket and all things cotton! He didn't know that NATIVE HEALTH's Community Garden at Agave Farms is growing cotton. Pretty cool!



Wellbearto loves broccoli. He saw some beautiful stalks and realized it would make a great dinner if he put them in the oven with some olive oil, salt and pepper. He did and loved this healthy meal!

Wellbearto had never heard of Cheddar Cauliflower. He learned that it tastes a little different than white cauliflower and it is delicious! He also saw some beautiful purple cauliflower!



# Native Talk Arizona Radio Talk Show

- Native Talk Radio is aired weekly on [www.radiophoenix.org](http://www.radiophoenix.org)
- The show is currently syndicated and aired in multiple locations







# Emergency Assistance Program



# PUBLIC HEALTH **Internship**

Food for Thought  
(Diabetes Food Pantry)  
and full time Food  
Coordinator funded by  
Blue Cross Blue Shield  
Arizona Mobilize AZ



FOR THOUGHT

**Free, 20 week program held  
every Thursday at two times:  
9 a.m.-11 a.m. | 5:30 p.m.-7:30 p.m.**

**NATIVE HEALTH Central**  
4041 North Central Avenue, Building C  
2nd Flood Conference Room - Phoenix

NATIVE HEALTH patients diagnosed with diabetes will learn how to prepare healthy recipes that are nutritious and tasty. Each participant will receive a FREE box of healthy food and produce every week. Free bus passes available.

To save a spot or for more information call  
(602) 279-5262, ext. 3134 or email: [masmith@nachci.com](mailto:masmith@nachci.com)



An Independent Licensee of the Blue Cross Blue Shield Association



# DHAT and CHAT and all UI Providers



# National Agenda and Indian Parity Act Veterans Administration

# Working with HIE and Azara and outcome based improvement



NATIVE HEALTH Central  
4041 North Central Avenue, Building C - Phoenix **(602) 279-5262**

NHW Community Health Center  
2423 West Dunlap Avenue, Suite 140 - Phoenix **(602) 279-5351**

NATIVE HEALTH Mesa  
777 West Southern Avenue, Building C, Suite 301 - Mesa **(480) 550-4048**

NATIVE HEALTH is funded in part by the Indian Health Service, Health Resources and Services Administration, Substance Abuse and Mental Health Services Administration, Centers for Medicare and Medicaid, Centers for Disease Control and Prevention, US Department of Agriculture, Administration for Children and Families, Arizona Department of Health Services, Arizona Health Care Cost Containment System, Office of the Arizona Attorney General, Inter Tribal Council of Arizona, Inc., Gila River Indian Community Tribal Gaming Office Funds, Pascua Yaqui Tribe, Delta Dental of Arizona Foundation, Aunt Rita's Foundation, Consulado General de México en Phoenix, private organizations, private donations, foundations, federal, state and local governments and Arizona Tribal communities.

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[www.nativehealthphoenix.org](http://www.nativehealthphoenix.org)



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ACCREDITATION ASSOCIATION  
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# Tribal Consultation Policy Update

Amanda Bahe, AHCCCS Tribal Liaison



# Update on AHCCCS Tribal Consultation Policy Revisions

- Guidance from Tribal Consultation Policy Workgroup in three areas:
  - Considerations for more transparent process for consultation on AHCCCS policies
  - Sharing of collective feedback received from Tribes and I/T/U
  - Making resources more accessible, understandable, and user-friendly

# Policy to Practice

- Updating Portal for Tribal Consultation on AHCCCS Policy to be in alignment with forms in current Tribal Consultation Policy
- Updating Tribal Consultation Policy to be inclusive of feedback from workgroup
- Beginning process of **NEW** policy development in tribal consultation
- Adhering to Standard Tribal Consultation Protocol

# AHCCCS Standard Tribal Consultation Protocol

- 45-day Feedback Period prior to each Tribal Consultation, for tribal leaders to request agenda items and items of discussion
- Recommendations and Concerns can be sent to AHCCCS Tribal Liaison at any time
  - Email or via Forms in TC Policy (can be mailed/faxed as well)
- All comments for ongoing policy revisions sent directly to respective policy leader via [comments.azahcccs.gov](https://comments.azahcccs.gov).
- Incorporation of Policy Links on AHCCCS Tribal Consultation website for easy access

# AHCCCS Tribal Consultation and Public Comment Process for Policy Changes

## AHCCCS Tribal Consultation and Public Comment Process for Policy Changes

Subscribe to AHCCCS Policy Update Notifications

AHCCCS provides a 45-day public comment and Tribal Consultation period before publishing any substantial policy changes.

At the link below, you will find policies currently open for Tribal Consultation and public comment. All policies are from the AHCCCS Contractor Operations Manual (ACOM) and the AHCCCS Medical Policy Manual (AMPMP).

You will receive acknowledgement that your comments have been received. All comments are reviewed, however AHCCCS cannot provide responses to individual comments. If a comment/suggestion is appropriate, it may be addressed in the final version upon publication. Refer to the Revision Memo when policies are published to the AHCCCS website.

Link to AHCCCS Tribal Consultation Notification/Public Comment of Proposed Policy Changes:  
<https://comments.azahcccs.gov>

NOTE: The policy documents are in "Red Line" format to track the changes. An explanation of each substantive proposed change is included as a footnote.

- Proposed changes adding new language or relocating existing language are Underlined.
- Proposed changes removing, relocating, or modifying existing language are ~~Crossed Out~~.



# AHCCCS Tribal Consultation and Public Comment Process for Policy Changes

## AHCCCS Contractor Operations Manual (ACOM)

The AHCCCS Contractor Operations Manual (ACOM) consolidates and provides ease of access to the Administrative, Claims, Financial, and Operational Policies of the AHCCCS Administration. The ACOM provides information to Contractors and subcontractors who are delegated responsibilities under a contract.

Visit the [ACOM](#).

### ACOM Policies Currently Open for Tribal Consultation and Public Comment:

- Deadline of March 02, 2020
  - [ACOM 330, Access to Professional Services Initiative](#)
  - [ACOM 330, Attachment A - APSI Example of Final Payment Calculation](#)
  - [ACOM 433, Member Identification Cards](#)
  - [ACOM 433, Attachment A - Table of Requirements](#)
  - [ACOM 449-Behavioral Health Services For Children In Department Of Child Safety Custody And Adopted Children](#)
    - [ACOM 449, Attachment A - Children in Out-Of-Home Placement and in the Legal Custody of DCS Services Reporting Access to Services](#)
    - [ACOM 449, Attachment B - DCS and Adopted Children Services Reporting: Calls and Emails and Rapid Response Reconciliation](#)
- Deadline of March 23, 2020
  - [ACOM 327, Pediatric Services Initiative](#)
  - [ACOM 327, Attachment A - Pediatric Services Initiative Reconciliation Example](#)

# AHCCCS Tribal Consultation and Public Comment Process for Policy Changes

## AHCCCS Medical Policy Manual (AMPM)

The AHCCCS Medical Policy Manual (AMPM) provides information to Contractors and Providers regarding services that are covered within the AHCCCS program. The AMPM is applicable to both Managed Care and Fee-for-Service members.

Visit the [AMPM](#).

### AMPM Policies Currently Open for Tribal Consultation and Public Comment:

- Deadline of March 02, 2020
  - AMPM 310-I, Home Health Services
  - AMPM 1240-G, Private Duty Nursing Services
  - AMPM 1240-G, Attachment A - Medical Supplies Included in FFS Home Health Nursing Visits
  - AMPM 1240-G, Attachment B - Home Health Skilled Nursing Services
  - AMPM 1250-D, Respite Care
- Deadline of March 15, 2020
  - AMPM 310-DD, Covered Transplants And Related Immunosuppressant Medications
  - AMPM 310-DD, Attachment A, Extended Eligibility Process Procedure for Covered Solid Organ and Tissue Transplants

# AHCCCS Tribal Consultation and Public Comment Process for Policy Changes

- For Updated List of Policies Open for Tribal Consultation:
  - <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/policypubliccomment.html>
- To sign-up for AHCCCS Policy Tribal Consultation Notifications via email:
  - <https://www.azahcccs.gov/AmericanIndians/TribalRelations/>

Subscribe to Tribal Relations news

# New Policies Under Development

- AMPM Policy 320-W, Therapeutic Foster Care for Children and Adult Behavioral Therapeutic Homes
- AMPM Policy 961, Incident, Accident, and Death Reporting



# To Submit Early Feedback and Recommendations

- [AHCCCS Tribal Consultation Policy Attachment B: Formal Recommendation](#)
- Letterhead
- Other legible written format

**AHCCCS**  
Arizona Health Care Cost Containment System

**Tribal Consultation Form**  
**Formal Recommendations**

Date: \_\_\_\_\_

Name of Submitter: \_\_\_\_\_

Title: \_\_\_\_\_

Program: \_\_\_\_\_

Tribe/Organization: \_\_\_\_\_

Description of Issue/Topic: \_\_\_\_\_

Impact: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Please submit completed forms to the AHCCCS Tribal Relations Liaison at  
[amanda.bahe@azahcccs.gov](mailto:amanda.bahe@azahcccs.gov)

11 of 13

# Submission of Feedback and Recommendations

- All communications can be submitted via:
  - Email: [amanda.bahe@azahcccs.gov](mailto:amanda.bahe@azahcccs.gov)
  - Mail: Attn: Amanda Bahe, 801 E. Jefferson, MD-4200, Phoenix, AZ 85034
  - Fax: 602-256-6756
  - In-person
    - All comments and feedback given during AHCCCS Tribal Consultation are shared back with appropriate AHCCCS teams and included in summaries.



# Division of Fee for Service Management Updates

# AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

Rachel Hunter, AHCCCS Tribal ALTCS Administrator

# What is EVV?

**A Federal Mandate per Section 1903 of the Social Security Act (42 U.S.C. 1396b) requires:**

- Electronic verification of personal care and home health services that span across all lines of AHCCCS business (ACC, AAIHP, Tribal ALTCS).
  - Attendant Care, Personal Care, and Homemaker
  - Companion Care
  - Habilitation
  - Home Health
  - Respite
  - Skills Training and Development
- AHCCCS is planning to implement EVV around June 30, 2020.
- EVV will reduce provider administrative burden, and help prevent fraud, waste, and abuse.



# EVV System

**EVV will help AHCCCS make sure that members get the services they need when they need them.**

- The System will require visit verification from both the DCW and the member/responsible party.
- The DCW verification will occur both at the beginning and the end of the shift
- The member/responsible party will be required to verify the services provided at the end of the DCW's shift
- The system will include flexible options for member/responsible party verification including, but not limited to, options for services to be verified remotely and to delegate the verification responsibilities to another person of suitable age, discretion, and other defined criteria.

# EVV System Modules

## Elimination of Paper Timesheets:

- AHCCCS will be establishing criteria for limited exceptions to the EVV system requirements when technological infrastructure is limited, unreliable or nonexistent. In addition, when allowable, the use of paper timesheets will be required to be used in combination with a fixed device to generate a code with a time and date stamp to verify the beginning and end of the service delivery.

## Data Collection Devices:

- Members and/or the responsible party will be able to choose a device or data collection modality, amongst a set of options, that best fits their lifestyle and the way in which they manage their care.
  - Multi-level escalating alerts whenever a scheduled visit does not happen.

# Fee-For-Service Providers & Survey

## EVV Survey Questions:

- Questions on the survey are very specific to the Tribal Communities:
  - How many Tribal ALTCS members do you provide services to?
  - Who is the primary cell phone provider in the member's service area?
  - Who is the primary Internet Service Provider in the member's service area?
  - Do you believe there are any barrier(s) that may cause interruptions in the use and/or implementation of EVV for your agency? And if you have identified any, please describe what solutions you think could solve or circumvent these barriers.

## Tribal ALTCS:

- 36 Providers with only 5 responses to EVV Survey

## IHS and 638 Facilities:

- 3 Providers – Providers should be on the look out for survey.

# Additional EVV Resources

**Additional information on EVV can be found on AHCCCS' website at [www.azahcccs.gov/evv](http://www.azahcccs.gov/evv) including:**

- The most up to date information available
- Member and provider specific information
- A list of all provider types and service codes subject to EVV
- A high level timeline of EVV activities
- How to sign up for AHCCCS' Constant Contact email list to stay informed



# Care Coordination: AIMH and 100% FMAP

Leslie Short, Integrated Services Administrator



# Integrated Services Care Coordination Priorities

- Identify, create and support care coordination opportunities within the IHS and Tribal 638 health care delivery system to improve member health outcomes
- Building and Fostering Care Coordination Partnerships
  - Broadening scope of care coordination to move beyond High Needs/High Cost
  - Ensure that regional partnerships are convened with the appropriate hospital system, IHS/638 facility, TRBHA, and ACC plan
- Initiatives:
  - American Indian Medical Home
  - 100% federal match (“FMAP”)

# Active American Indian Medical Homes

AIMH	Tier Level	Enrolled Members	Monthly Payment	Projected Annual Payment
Phoenix Indian Medical Center	2	4,062	\$70,923	\$851,070
Chinle Comprehensive Health Care Facility *Pinon and Tsaile Health Clinics	4	12,459	\$324,557	\$3,894,683
Winslow Indian Health Center *Leupp and Dilkon Health Centers	3	3,152	\$74,892	\$898,698
Whiteriver Indian Hospital	2	4,674	\$81,608	\$979,296
San Carlos Apache Healthcare *Clarence Wesley Health Center	4	1,400	\$36,470	\$437,640
Fort Yuma Health Center	1			

- Approximately 1 in 5 AIHP members are enrolled in an AIMH

# Facilities Actively Pursuing AIMH Status

Facility	Readiness
Fort Defiance Indian Hospital	<ul style="list-style-type: none"><li>• PCMH accreditation in progress</li><li>• 24/7 care line in progress</li></ul>
Four Corners Health Center	<ul style="list-style-type: none"><li>• PCMH accreditation in place</li><li>• 24/7 care line in progress</li></ul>
Kayenta Health Care	<ul style="list-style-type: none"><li>• Assessing readiness</li></ul>
Hopi Health Care Center	<ul style="list-style-type: none"><li>• PCMH accreditation in place</li><li>• 24/7 care line in progress</li></ul>
Tohono O'odham	<ul style="list-style-type: none"><li>• PCMH accreditation in progress</li><li>• 24/7 care line in progress</li></ul>
Tuba City Regional Health Care Corporation	<ul style="list-style-type: none"><li>• PCMH accreditation in place</li><li>• 24/7 care line in progress</li></ul>

# AIMH Information

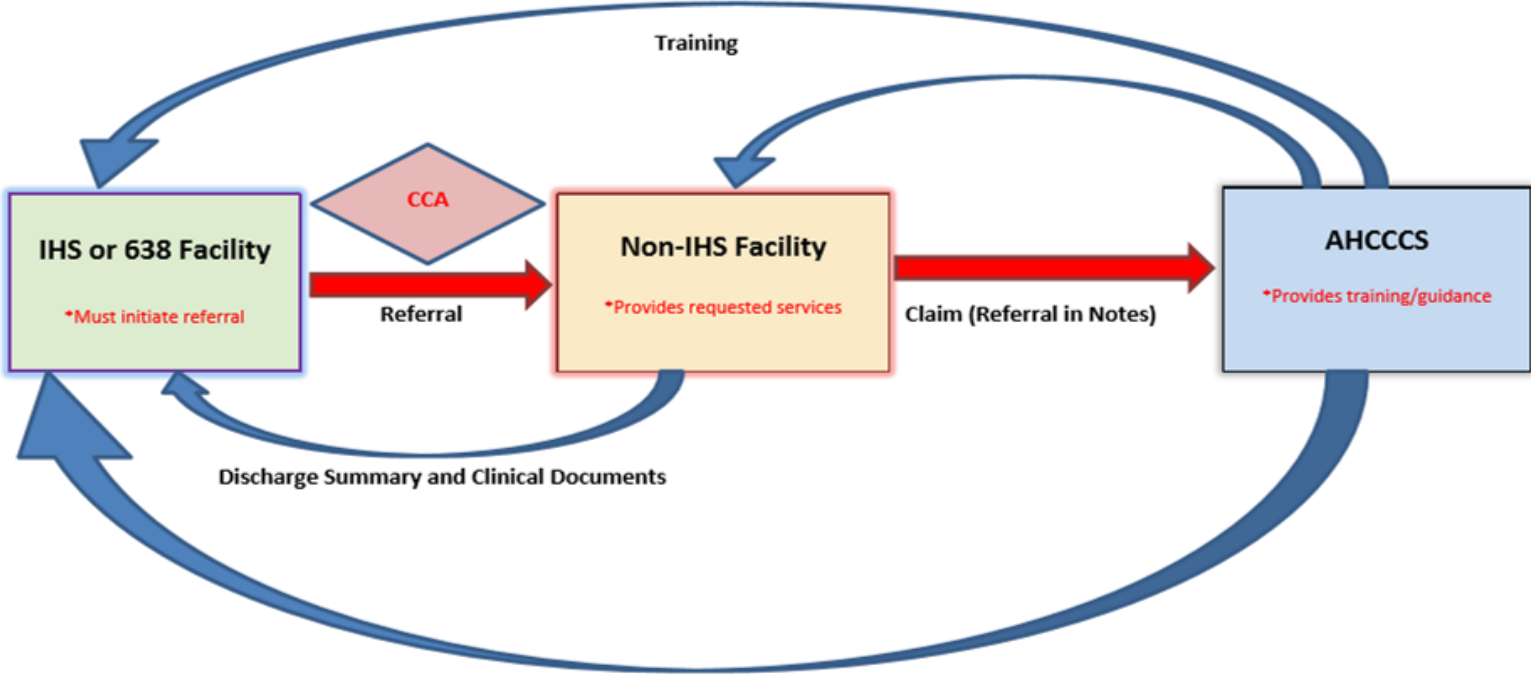
- Webpage information includes IGA templates, application packet, and contact information:
- <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- Email: [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)

# 100% Federal Funding for Services Furnished via Care Coordination Agreements

- 100% federal match (“FMAP”) for services “received through” IHS/Tribal Facilities, per CMS reinterpretation of statute
- Extends 100% FMAP for services provided by Non-IHS/638 facilities under a written Care Coordination Agreement (“CCA”)
- Minimum requirements must be met – examples:
  - Valid CCA, with billing option defined
  - Both referring and servicing facility must be a registered AHCCCS provider
  - Must be established relationship between member and referring IHS/638 provider
  - Valid referral process in place
  - IHS/638 facility continues to assume responsibility for the member



# CCA 100% FMAP Process Flow



AHCCCS to Audit for Medical Record – Includes Referral and Discharge Summary

Questions?

# Pharmacy

Chris Ray, Claims Operations Administrator

# IHS/638 Pharmacy Update

- April 1, 2019 – Dates of service or disperse dates on or after 04/01/2019
- Pharmacy Benefits Manager – OptumRx
  - Reimbursement:
    - The Office of Management and Budget / All Inclusive Rate (OMB/AIR)
      - Single AIR reimbursement per member per day per pharmacy
    - Specialty Medications
      - Defined as cost greater than the current OMB/AIR
      - Must be state and federally reimbursable
      - All Specialty Medications Require Prior Authorization

# IHS/638 Pharmacy Update

- The member's centralized profile of prescription claims assists in identifying:
  - Drug-drug interactions;
  - Drug-pregnancy precautions;
  - Drug-disease interactions;
  - Duplicate therapy;
  - Drug-age precautions;
  - Over and under utilization;
  - Excessive doses; and
  - High and suboptimal dose treatment therapies.



# IHS/638 Pharmacy Update

- Pharmacy Work Group :
  - Collaboration between IHS/638 stakeholders, OptumRx and AHCCCS;
  - Regular meetings were held every two weeks for issues and process discussion;
  - Monthly meetings will continue to distribute information and identify areas of concern by IHS/638 stakeholders;
  - Issues identified are immediately researched and managed;
  - AHCCCS created a specific email list serve for IHS/638 Pharmacies.  
**To sign up:** Click [HERE](#) and select IHS 638 Pharmacies list.

# IHS/638 Pharmacy Update

- Prior Authorizations submitted to OptumRx may be approved retroactively for up to a maximum 15 days back to the date the PA was requested/submitted. (Effective 12/2019)
- Smart Authorization: Electronic Prior Authorization has been implemented 1/1/2020.
- Identifying Tribal self-funded insurance.

# AHCCCS Fee-For-Service Drug Lists

- **FFS Acute & Long Term Care Drug List**

[https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS\\_FFS\\_Drug\\_List\\_012020.pdf](https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_FFS_Drug_List_012020.pdf)

- **FFS TRBHA Behavioral Health Drug List**

[https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS\\_TRBHA\\_Drug\\_List\\_012020.pdf](https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_TRBHA_Drug_List_012020.pdf)

- **FFS Dual Eligible Drug List**

<https://azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf>

# IHS/638 Pharmacy Update

Points of contact:

Chris Ray at [Christopher.Ray@azahcccs.gov](mailto:Christopher.Ray@azahcccs.gov)

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Lisa DeWitt at [Lisa.DeWitt@azahcccs.gov](mailto:Lisa.DeWitt@azahcccs.gov)

Questions?



ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE

# Community Health Representative (CHR) Assessment

Kim Russell

Executive Director, Arizona Advisory  
Council on Indian Health Care





# Learning Objectives

- History of CHRs
- Current Efforts with CHRs
- Overview of CHR Workforce Assessment
- Next Steps



# History of the CHR Workforce



# CHR Program History

- 1968 – The CHR Program was established under the Snyder Act.
- 1975 – Indian Self-Determination and Education Assistance Act
  - Authorized the Secretary of Health, Education, and Welfare to enter into contracts with, and make grants directly to, federally recognized **Indian** tribes.
  - Today, the CHR program serves as the largest tribally contracted and compacted program with more than 95% of CHR programs being directly operated by Tribes

# What is a CHR?

- Frontline public health workers who are trusted members of the community with a close understanding of the community, language, and traditions. CHRs serve as a link between the clinical setting and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

# CHRs are a Unique and Distinct Workforce

CHRs are unique from other health professions

- 1. Relationship and trust-building** – to identify specific needs of clients
- 2. Communication** – especially continuity and clarity, between provider and patient
- 3. Focus on social determinants of health** – conditions in which people are born, grow, work, live, and age

# CHR Program History

- 1988/1992 - Indian Health Care Improvement Act (IHCIA) amendments provided clearer authorizing language, including guidelines, goals and standards of practice for the paraprofessional program.
- 2010 - Affordable Care Act amendments included authorization for an Urban Indian Health CHR program

# Today

- Nationwide, there are more than 1,600 CHRs representing over 250 tribes in all 12 IHS Areas.
- In Arizona, all 21 Tribes have CHRs providing services.
  - Approximately 250 CHRs in Arizona







# Current CHR Initiatives



# CHR Initiatives

- Support of the AZ CHW Voluntary Certification bill (now state law) to include tribal provisions and tribal representation on the Advisory Board
- Coordination of Monthly CHR Directors Meeting
- Organization and support of the CHR Summit (we are now conducting our 6th Summit on May 5-7, 2020 in Henderson, NV)

# SAVE THE DATE

5.5.20 > 5.7.20

## CHR Summit VI

*Building Healthier Communities through  
Integration, Best Practices, Advocacy, and Culture*

Place: The Westin Lake Las Vegas Resort & Spa  
101 Montelago Blvd, Henderson, NV 89011

Dates: Tuesday, May 5 - Thursday, May 7, 2020



# CHR Initiatives

- Partnership with NAU and ITCA to submit a Patient-Centered Outcomes Research Institute grant application;
- Commissioned Report with NAU Center for Health Research
  - Dr. Samantha Sabo, Ricky Camplain, and Louisa O'Meara



# CHR Workforce Assessment



# Timeline

- May 1, 2019 – June 30, 2019 : Project Period
- June 1, 2019: Present progress to CHR Movement
- Sept 5, 2019: Final Report Submitted to AACIHC
- October 1, 2019 : Present results to CHR Movement
- November 1, 2019 : Final Report Dissemination

# Purpose of Report

- To conduct a baseline CHR workforce assessment to support current and future:
  - CHR professional development
  - Training
  - Supervision
  - Career advancement and
  - Financing of the CHR workforce in Arizona



# Methods

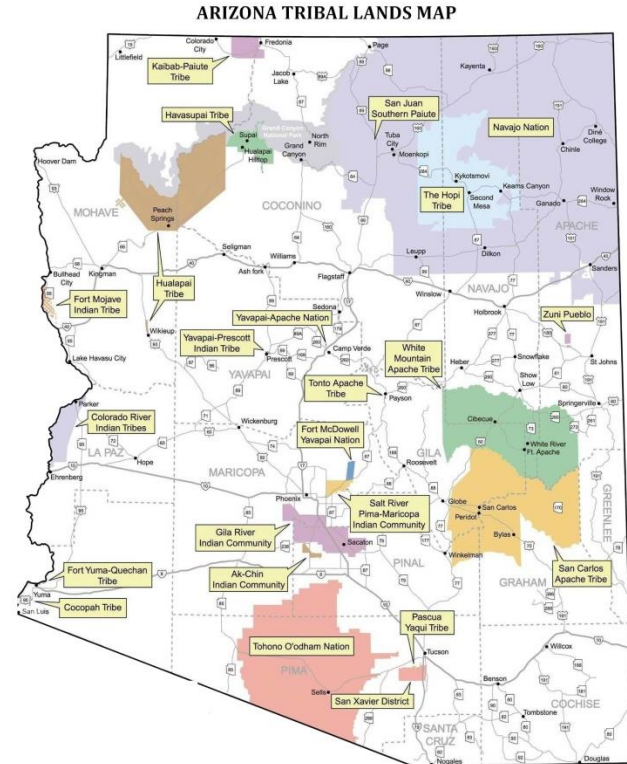
1. Collect CHR job descriptions and scopes of work from the 19 CHR Programs, Urban Indian Health Centers and American Indian serving not for profits organizations operating in Arizona
2. Develop a CHR Workforce Database to document and track CHR core competencies, roles and skills overtime.

# Methods

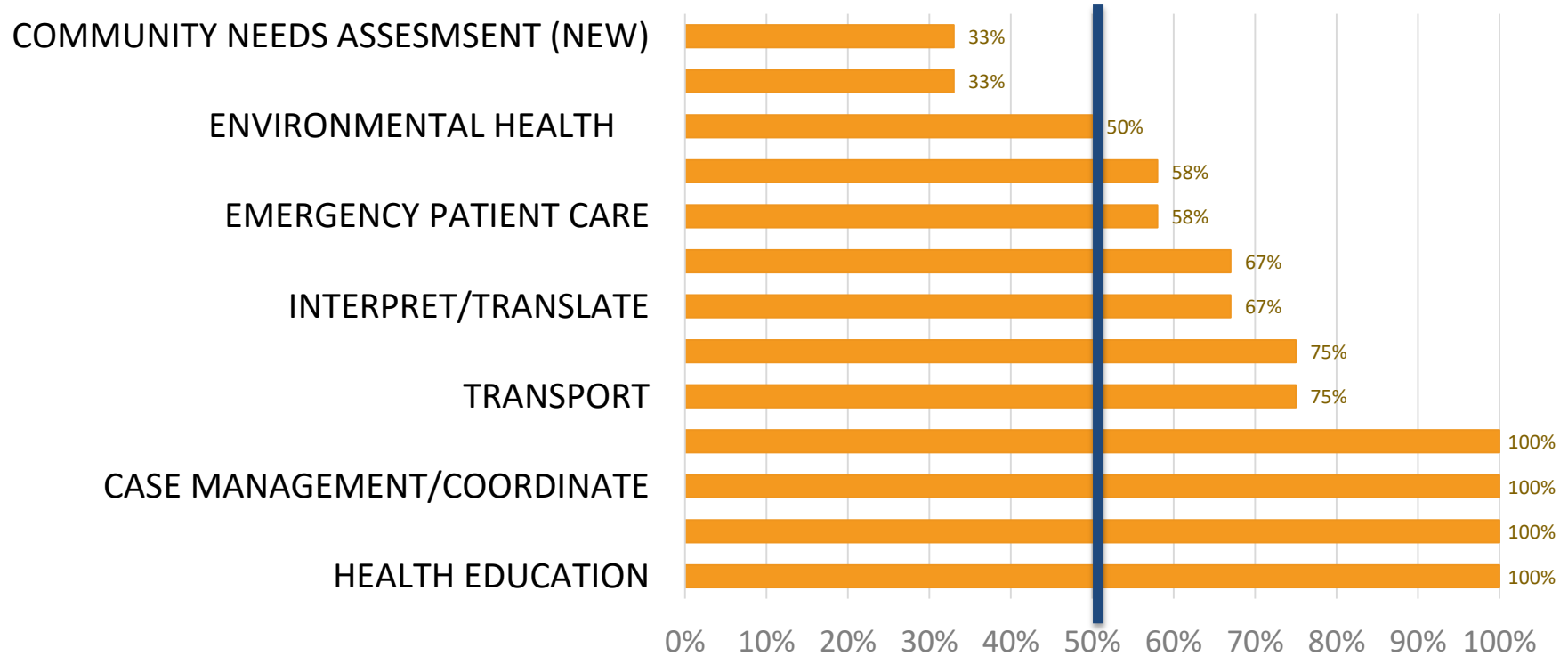
3. Document CHR core competencies skills and activities across the CHR workforce
4. Compare CHR competencies, skills, activities by:
  - Indian Health Service CHR Standards of Practice
  - National Community Health Worker (CHW) Core Competencies
  - Emerging competencies, skills, activities
5. Identify CHR Program outcomes and impact

# Sample Size

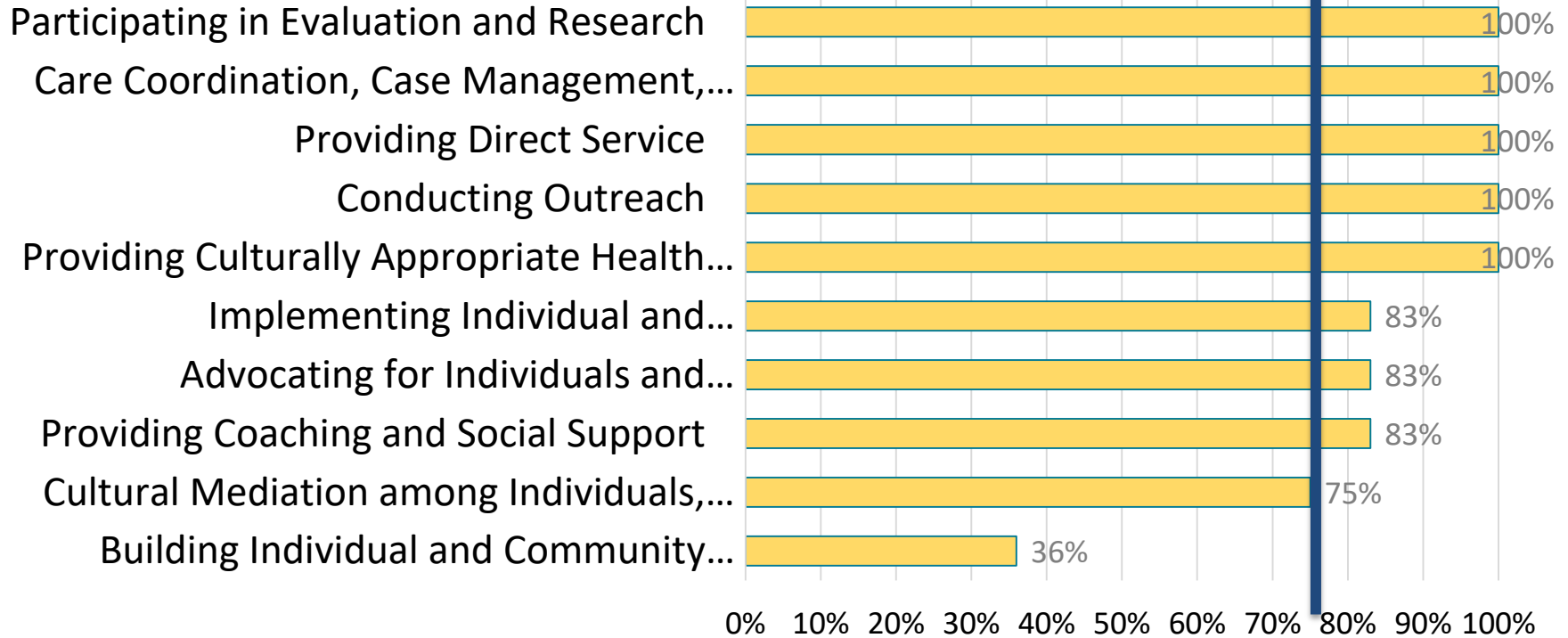
- 12 of the 19 Tribes in Arizona participated



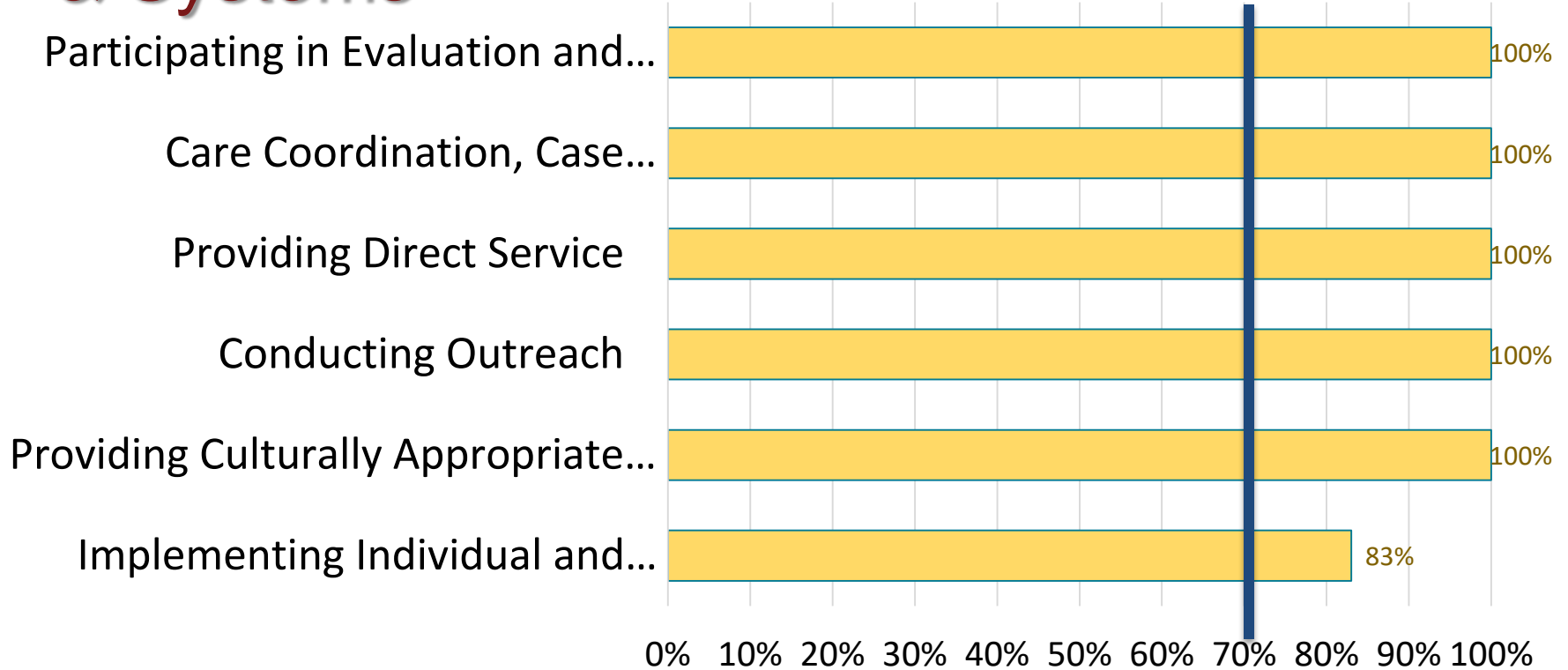
# CHR Standards of Practice



# National CHW Core Competencies



# National CHW Core Competencies – Clinical & Systems



# National CHW Core Competencies – social & Systems

Advocating for Individuals and Communities

83%

Providing Coaching and Social Support

83%

Cultural Mediation among Individuals, Communities, and Health and Social...

75%

Building Individual and Community Capacity

36%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



# Key Findings

- The CHR workforce employed through Tribal CHR Programs of Arizona are a highly trained, standardized workforce with a comprehensive scope of practice outlined by the IHS and enhanced by Tribal CHR Programs. CHR workforce roles and competencies span both the IHS and National Community Health Worker core roles and competencies.

# Key Findings

- CHRs are required various cultural, traditional and linguistic experiences and knowledge, and a variety of education and professional training and certifications to meet the unique needs of American Indian communities

# Key Findings: Common Roles and Activities

- All 12 participating Arizona CHR Programs' SOPs and job descriptions identified the CHR workforce core roles and activities including the **IHS standards of practice** of:
  - health education,
  - case finding and screening,
  - care management and coordination and
  - patient care and monitoring

# Key Findings: Common Roles and Activities

- and the following national **CHW Core Competencies** of:
  - providing culturally appropriate health education and information,
  - conducting outreach,
  - providing direct service,
  - care coordination, case management and systems navigation and
  - participating in evaluation and research.

# Policy Recommendations

1. Engage the CHR workforce in identification of workforce assessment priorities related to training, supervision, career progression, evaluation and financing.
2. Develop CHR workforce assessment protocol to systematically monitor workforce demographics, scope of practice, professional development, career progression and financing across urban and rural contexts over time.

# Policy Recommendations

3. Utilize the full range of IHS and Tribal level data sources to conduct rigorous CHR workforce impact studies, including cost benefit analysis and return on investment studies, to assess CHR impact on population health outcomes and cost savings.
4. Recognize CHRs as important members of the medical care team and critical to the American Indian Medical Home and Patient-Centered Medical Home models of care.



## COMMUNITY HEALTH REPRESENTATIVE WORKFORCE ASSESSMENT 2019

| A report to the Advisory Council on American Indian Health Care

Samantha Sabo DrPH, MPH  
Associate Professor  
Department of Health Sciences  
Center for Health Equity Research  
Northern Arizona University

Louisa O'Meara, MPH  
Research Assistant  
Center for Health Equity Research  
Northern Arizona University

Ricky Camplain, PhD  
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Department of Health Sciences  
Center for Health Equity Research  
Northern Arizona University

**NAU** NORTHERN ARIZONA  
UNIVERSITY

Center for Health Equity Research

- Ways to access report:
  - Arizona Advisory Council on Indian Health Care website
  - The Center for Health Equity Research website
  - Click on image to the left

To advocate for increasing access to high quality health care programs for all American Indians in Arizona.





Questions?





ARIZONA ADVISORY  
COUNCIL ON INDIAN  
HEALTH CARE

Thank You.





# Federal Relations Updates



# Waiver Updates

Mohamed Arif, AHCCCS Federal Relations Administrator

Shreya Prakash, AHCCCS Waiver Manager

# Section 1115 Waiver

- Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law
- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers
- States must obtain approval from CMS before implementing 1115 waivers

# Examples of Arizona's 1115 Waiver Demonstrations

- Since the inception of its Medicaid program, Arizona has leveraged its 1115 waiver to implement numerous innovations including:
  - 1982–Statewide mandatory managed care program (with some exceptions)
  - 1989–Arizona Long Term Care System (ALTCS)
  - 2012–Safety Net Care Pool (SNCP)/Uncompensated Care Waiver for IHS and Tribal 638 facilities
  - 2013–Integrated CRS Health Plan
  - 2014–Integrated RBHA Health Plans
  - 2017–Targeted Investments (TI) Program

# Arizona's 1115 Waiver Renewal

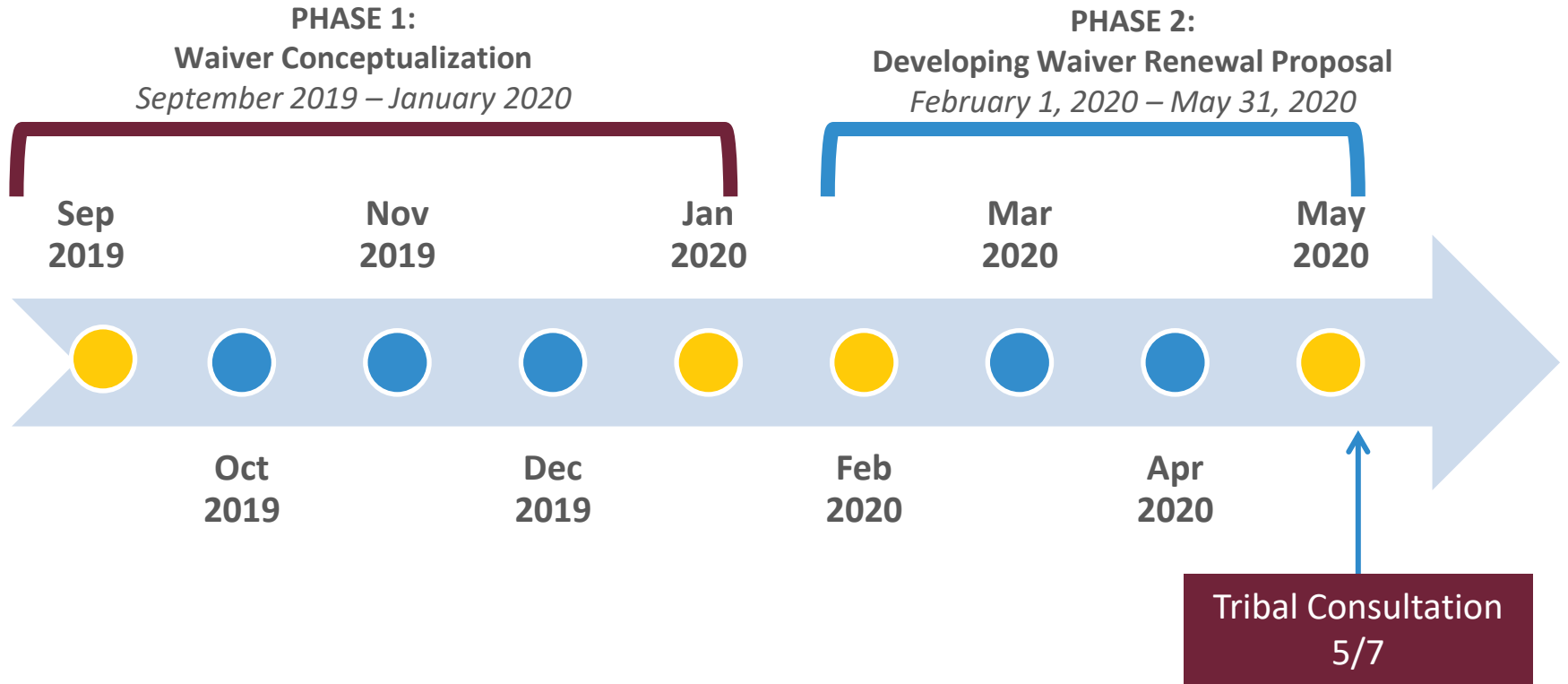
- Arizona's current Waiver is scheduled to expire on **September 30, 2021**
- Arizona will submit an 1115 Waiver Renewal packet to CMS by **September 30, 2020**



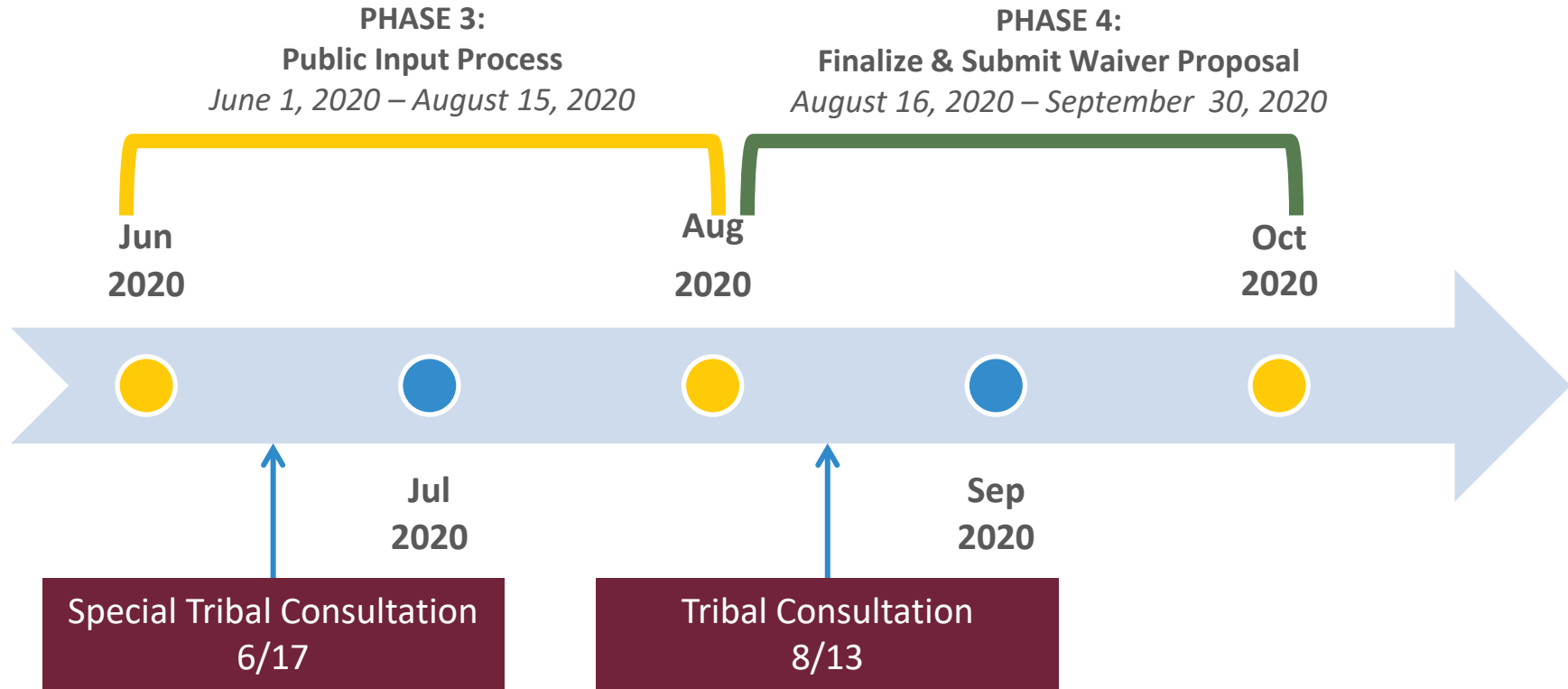
# Tribal Authorities

- Authority to maintain IHS/638 Uncompensated Care Pool
- Authorities for direct payments made to IHS or Tribal 638 providers by the state, which are offset from the managed care capitation rate

# Important Milestones for Arizona's 1115 Waiver Renewal



# Important Milestones for Arizona's 1115 Waiver Renewal



# 1115 Waiver Evaluation

- The Independent evaluator is evaluating Arizona's Section 1115 Waiver demonstrations by three main phases of work:
  - Phase I: Develop the Evaluation Design Plans;
  - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports; and
  - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Reports.

# Evaluation Design Plan- Hypotheses

Hypotheses	Metrics
<p>Quality of care will maintain or improve as a result of the integration of behavioral &amp; physical care</p>	<ol style="list-style-type: none"><li>1. Percentage of beneficiaries with a well-child visit in the first 15 months of life</li><li>2. Percentage of beneficiaries with a follow-up visit after ED visit for mental illness</li><li>3. Percentage of beneficiaries with a screening for depression and follow-up plan</li><li>4. Number of ED visits per 1,000 member months</li></ol>

# Evaluation Design Plan- Hypotheses

Hypotheses	Metrics
Access to care for beneficiaries enrolled in CMDP will be maintained or increase during the demonstration	<ol style="list-style-type: none"><li>1. Percentage of children and adolescents with access to PCPs</li><li>2. Percentage of beneficiaries with an annual dental visit</li></ol>
Health outcomes for adult beneficiaries with an SMI enrolled in a RBHA will be maintained or improve during the demonstration	<ol style="list-style-type: none"><li>1. Percentage of beneficiaries who reported a high rating of overall health</li><li>2. Percentage of beneficiaries who reported a high rating of overall mental or emotional health</li></ol>

# Evaluation Design Plan- Hypotheses

Hypotheses	Metrics
Quality of life for ALTCS beneficiaries will maintain or improve over the waiver demonstration period	<ol style="list-style-type: none"><li>1. Percentage of beneficiaries residing in their own home</li><li>2. Percentage of beneficiaries who believe services and supports help them live a good life</li><li>3. Percentage of beneficiaries who have friends who are not staff or family members</li><li>4. Percentage of beneficiaries who decide or has input in deciding their daily schedule</li></ol>



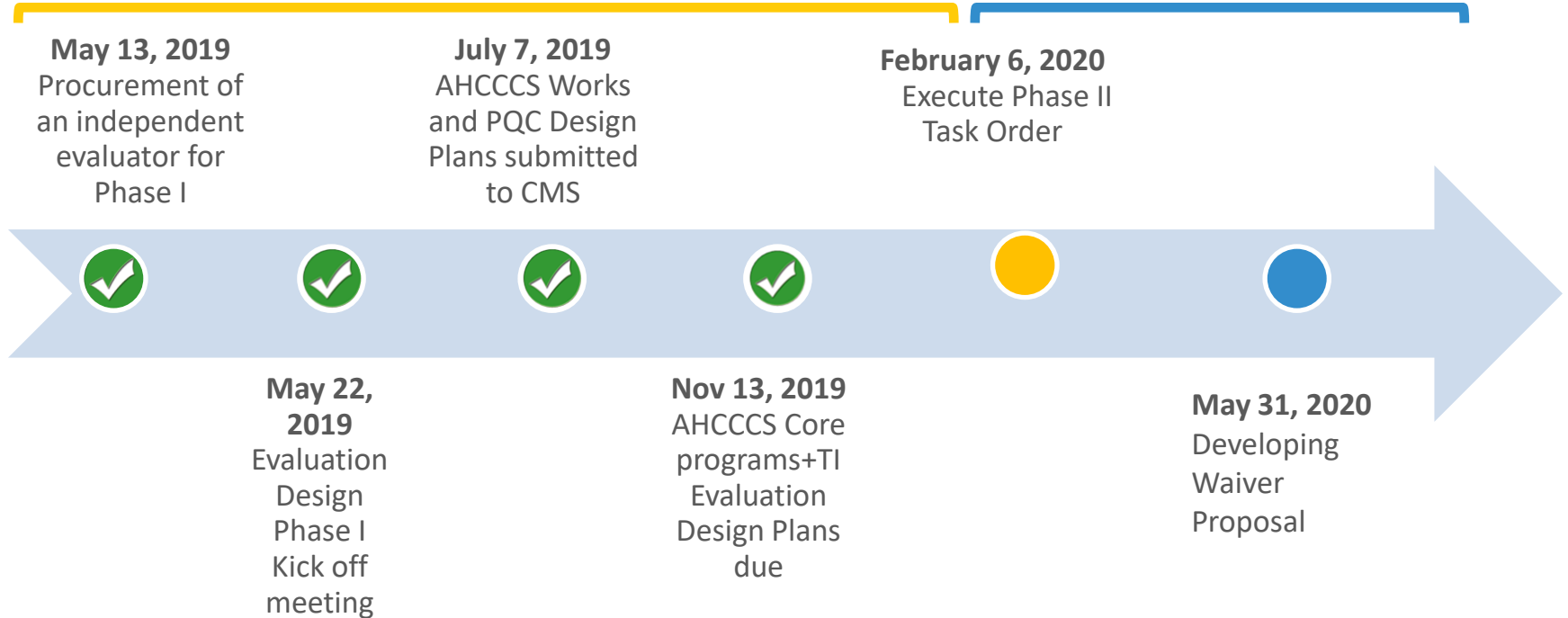
# Interim Evaluation

- The state must submit an Interim Evaluation Report for the completed years of the demonstration, and for each subsequent renewal or extension of the demonstration
- The Interim Evaluation Report will discuss evaluation progress and present findings to date as per the approved Evaluation Design
- The findings of the Interim Evaluation will be presented as a part of the 1115 Waiver Renewal Public Forums

# Waiver Evaluation

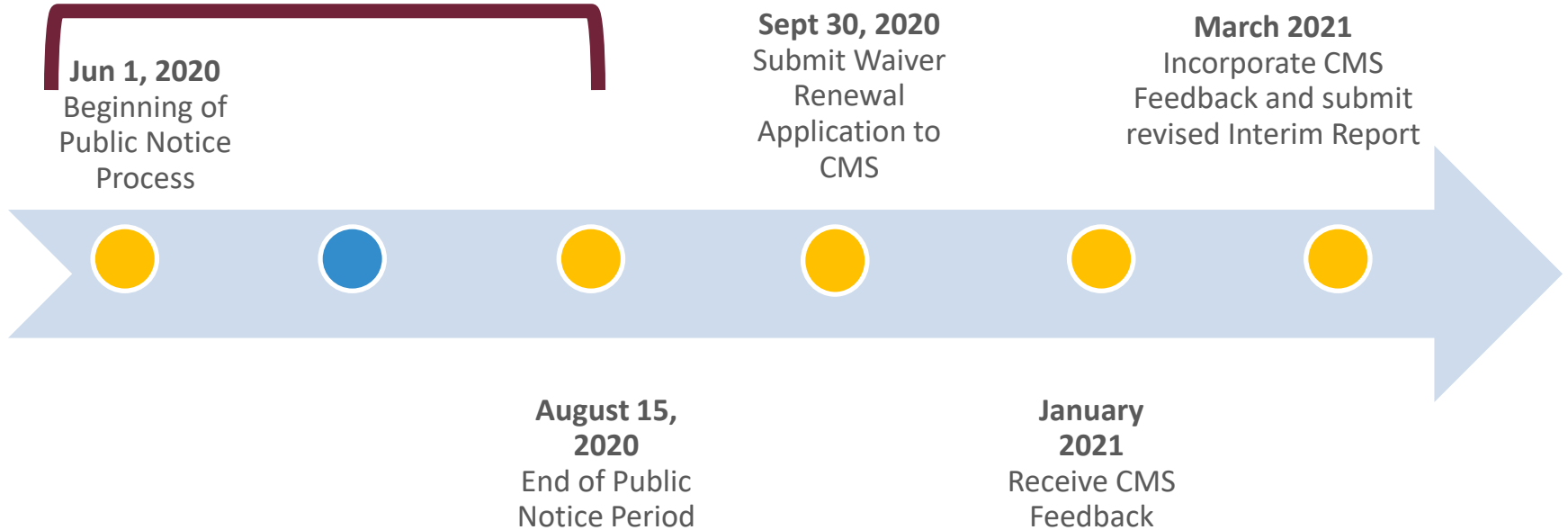
## Phase I : Evaluation Design Plans

## Phase II : Interim Evaluation and Report



# Waiver Evaluation

*Public Input Process*  
*Jun 1, 2020-Aug 15, 2020*



Questions?



# State Plan Amendments

Alex Demyan, AHCCCS State Plan Manager

# Overview of State Plan/State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

# Relevant SPAs Submitted Last Quarter



# Dental All Inclusive Rate (AIR)

- Updates the dental benefit description in section 3.1-A Limitations
  - Changes will reflect the emergency dental benefit cap as being the higher of \$1000, or the full AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities

# Opioid Drug Utilization Review (DUR)

- AHCCCS submitted a SPA to demonstrate compliance with SUPPORT Act DUR provisions
- Opioid DUR requirements include:
  - Prospective safety edits on opioid prescriptions
  - Retrospective reviews on opioid prescriptions
  - Programs to monitor antipsychotic medications to children
  - Fraud and abuse identification

# SPAs to be Submitted This Quarter

# Nursing Facility Rates

- AHCCCS will be submitting SPAs for the following rate updates (effective 1/1/20):
  - Rates for Nursing Facilities are being increased by 1.3% statewide and 1.2% for Flagstaff to address the increased labor costs from the Arizona minimum wage increase and employee benefit provisions mandated by Prop 206 and the Flagstaff minimum wage increase mandated by Prop 414 and later amended through action of the Flagstaff City Council.

# Tribal Consultation and Public Comment Process

- The Tribal Consultation/Public Comment portal can be found at: <https://comments.azahcccs.gov>
- Public Comments can be submitted through email or mail at the address below:
  - Email: [publicinput@azahcccs.gov](mailto:publicinput@azahcccs.gov); or
  - Mail: AHCCCS Attn: Office of Intergovernmental Relations 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034



# Suicide Prevention and Awareness Update

Kelli Donley Williams, Suicide Prevention Specialist

# 2020 State Action Plan

- Collaboration with ADHS
  - High Risk Population Stakeholder subgroup to identify specific recommendations for action plan
  - To be led by Carla Berg, ADHS, and include representatives from tribal governments, IHS, AHCCCS, managed care organizations, etc.

# Creating or Strengthening Your Plan

- Identify risks
  - What loss is worrying your community?
- Understand communication strategies
  - Do your neighbors want to read an email, or hear a radio program? What language would be best to reach the most people?
- Work with partners on and off tribal lands
  - Consider partnering with interfaith communities and other identified stakeholders who regularly meet with members of your community



# Community Perspectives and Strategies

- Are there any community perspectives and strategies that might inform this work?
- How can communities improve and support referrals to care?
- How can communities support friends and family members who have lost someone to suicide?
- Can the national strategy be of use for your community?
- How can we provide technical assistance for the creation and/or monitoring of the plan?

# Contact Information

Kelli Donley Williams

[kelli.williams@azahcccs.gov](mailto:kelli.williams@azahcccs.gov)

602-417-4493



# AHCCCS Update

Director Snyder

# Follow Up Items from November 2019 Tribal Consultation Meeting

- Recommendation for ASAM Workgroup
- COE/COT Request for Meeting between AG office and tribes
- Request for comparison on Fee for Service Physical Health codes vs. Managed Care Organization Physical Health codes

# 2019 Accomplishments

- 34,000 members with intellectual and developmental disabilities were transitioned to an integrated health plan for physical and behavioral health services
- Transportation advances
  - Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit
  - Rideshare companies became eligible to provide NEMT
- 3 new American Indian Medical Homes were added, bringing the total to 6
- 14,000+ students received behavioral health services on school campuses
- 41,000 underinsured and uninsured individuals with Opioid Use Disorder received critical recovery and support services

# 2019 Accomplishments

- Increased the number of providers participating in Arizona's Health Information Exchange to 656
- Expanded the telehealth benefit
- 4,727 fraud investigations were completed (Office of Inspector General)
- 86% of Arizona Long Term Care System applications are now processed within 45 days
- 90% of eligibility renewals processed automatically
- Reduced provider enrollment inventory from over 7500 records to 155 records, resulting in an average processing time of 13 days for new and reactivating applications

# 2020 Priorities

- Release RFP and award eligibility system vendor contract
  - 1/17/20 release, 10/1/20 go live
- Launch Arizona Provider Enrollment Portal
  - 6/1/20 go live
- Implement a statewide electronic visit verification system
  - 6/20 go live
- Release RFP and award RBHA competitive contract expansion agreements
  - 8/4/20 release, 9/28/20 proposals due, 11/12/20 award, 10/1/21 go live
- Finalize and submit 1115 waiver to CMS
  - 10/1/20 submission

# 2020 Priorities

- In partnership with DCS, transition members served by the CMDP program into an integrated product
  - 10/1/20 transition
- Implement an enhanced school based claiming program
  - 10/1/20 go live
- Development of MMIS system roadmap
  - Finalize in fall 2021
- Continue to explore opportunities to improve employee engagement
  - Ongoing



# AHCCCS Provider Enrollment Portal (APEP) Update

# APEP Updates

- APEP will be available to all providers on June 1st, 2020
- Provider Enrollment is transitioning from a manual enrollment process, to a fully automated enrollment process
- Automation will provide a higher level of service to not only our provider network but to the AHCCCS Recipients those providers serve

# APEP Updates

- New Provider Enrollment paper application became available in January 2020
- New application aligns with APEP
- Ongoing communication is being disseminated through:
  - AHCCCS division's Constant Contact subscribers
  - Managed Care Organizations
  - Claims Clues
  - AHCCCS website

# APEP Training

- Training will begin in late spring 2020
- Conducted in-person, computer based training (CBT), and through webinars
- CBTs will be available on the AHCCCS website in late April 2020
- In-person lead training will begin May 2020

# APEP Training

- In person training will be conducted around the state:
  - Flagstaff
  - Kingman
  - Yuma
  - Tucson
  - Phoenix
- AHCCCS will continue to offer monthly APEP training sessions upon request after June 1st, 2020

# APEP Revalidation

- Revalidation of all active AHCCCS providers will be required within APEP
- What is Revalidation?
  - The process requires all providers to verify accuracy of enrollment information
  - Once successfully revalidated, the process will occur every 4 years
- Revalidation will take place over several months beginning in June 2020

# APEP Revalidation

- Why is revalidation of all active AHCCCS providers required?
  - To establish an APEP user account
  - To ensure all converted data is accurate
- If you need to report a change after June 1st, 2020, you will be required to revalidate at that time.

# APEP Revalidation Schedule

- A revalidation glossary/schedule will be created and disseminated in April 2020
- The schedule will tell you when your provider type will be revalidated
- All providers will be notified they are due for revalidation through United States Postal Service.
- The glossary will be disseminated through AHCCCS division's Constant Contact subscribers, Managed Care Organizations, Claims Clues and the AHCCCS website



Contact Information:  
[Patricia.santacruz@azahcccs.gov](mailto:Patricia.santacruz@azahcccs.gov)  
or  
Provider Enrollment Call Center  
(602)417-7670 Option 5

# Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
  - 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
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources

# RBHA Services - Post 10/1/21

## Competitive Contract Expansion

- Naming convention: AHCCCS Complete Care Plan with a Regional Behavioral Health Agreement (ACC-RBHA); TRBHA will remain as **Tribal Regional Behavioral Health Authority**
- Will expand the provision of services for **one** ACC plan in each GSA (only ACC Plans currently serving in a given GSA eligible to compete)
- Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan
- Effective 7/1/21, AHCCCS will directly administer SABG funding used for prevention services

# RBHA Services - Post 10/1/21

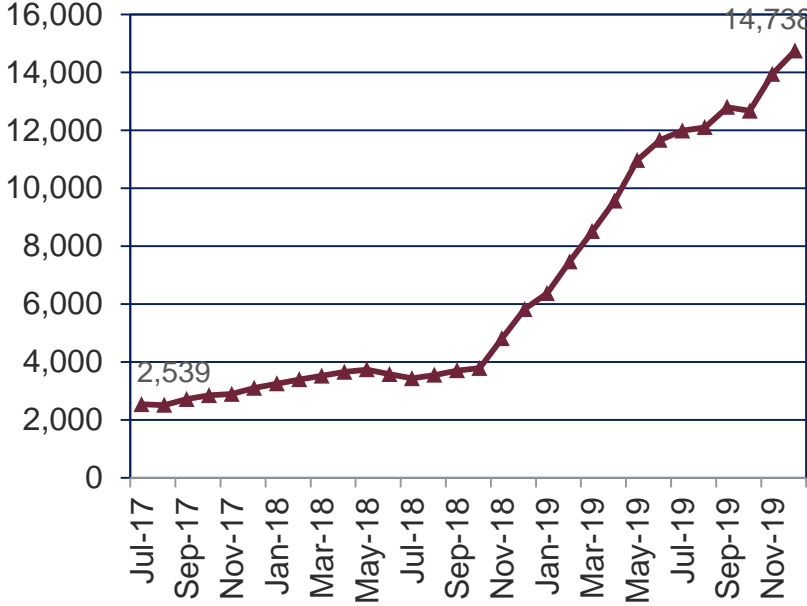
## Competitive Contract Expansion

- ACC-RBHAs will provide the full continuum of crisis services to all individuals within their awarded GSA, including mobile crisis teams and crisis stabilization services
  - Tribal governments will continue to determine right of entry and IHS and tribal facilities can bill if they have an open category of service for Mental Health Services
- ACC-RBHAs will be required to jointly select, contract with, and oversee a single, statewide crisis phone vendor
  - TRBHAs will continue to have the ability to select another phone vendor
- Members currently served by AIHP and RBHA will be transitioned to AIHP and will continue to have ongoing enrollment choice

# Behavioral Health Services in Schools

## Co-Location Model

Students Receiving Behavioral Health Services in Schools through Co-Location Model



# Medicaid School Based Claiming Program

- Limited to students with an Individualized Education Plan currently
- AHCCCS will be submitting a SPA in Spring 2020 with the following enhancements to the program:
  - Extending program to broader student population
  - Exploring additional provider types
- AHCCCS School Based Claiming program enhancements will be effective 10/1/2020
- For additional information regarding the SBC program in Arizona, please contact Lisa DeWitt ([lisa.dewitt@azahcccs.gov](mailto:lisa.dewitt@azahcccs.gov))

# SFY 2021 Budget

- Executive Recommendation
  - \$195M additional GF funding
  - \$6M ongoing funding for the Substance Use Disorder Fund
  - Shift of GME funding - \$3M to FY21, \$6M to FY22 and \$9M to FY23
  - \$78k for a consultant to create an MMIS replacement roadmap
  - \$3M for ongoing operating costs for 3 federally required IT systems (AVS, EVV, APEP)

# SFY 2021 Budget

- 24.5M in supplemental funding for FY20
  - Caseload growth
    - FY20 appropriation assumed caseload growth of 0.2% (4300 members)
    - Caseload growth in the first 6 months of FY20 at 1% (17,500 members)
      - More than 300% the annual projected growth
  - Increased medical costs
    - Pharmacy
    - Inpatient and outpatient hospital
    - Federally Qualified Health Center (FQHC)
  - ALTCS EPD placement and acute care trends



# AHCCCS Legislation

- SB 1163 substance abuse treatment; AHCCCS
  - Arizona's Family First program is a cooperative program between DCS and AHCCCS to help parents address substance abuse issues that are affecting their ability to care appropriately for their children
  - Language was not transitioned during the DBHS transition
  - SB 1163 updates the statutory language to reflect the current/historic structure of the AFF program

# Medicaid Fiscal Accountability Regulation

- CMS published proposed rule published 11/18/2019
- Rule addresses various fiscal issues which, as proposed, has significant implications for the ways in which states finance their Medicaid programs and pay for Medicaid services
- Comments submitted to CMS on 01/31/2020
- See MFAR summary and full response on the AHCCCS website:
  - <https://www.azahcccs.gov/shared/News/GeneralNews/MFAR.html>
  - [https://www.azahcccs.gov/shared/Downloads/News/2020/AHCCCS\\_MFAR\\_Response\\_01312020.pdf](https://www.azahcccs.gov/shared/Downloads/News/2020/AHCCCS_MFAR_Response_01312020.pdf)

# Medicaid Fiscal Accountability Regulation

- Certified Public Expenditures (CPEs)
  - Proposed regulation is inconsistent with AHCCCS' historical experience with CPE funding accepted by CMS
- Permissible Sources of Non-Federal Share
  - Appears to limit sources of non-federal share to State or local taxes
- “Net Effect” Test
  - Provider payments that could be construed as holding a provider harmless from a provider tax could be restricted
- “Undue Burden” for Health Care Related Taxes
  - Could be interpreted to permit CMS to exercise broad discretion to prohibit provider exceptions to health care related taxes

# Healthy Adult Opportunity

- Optional 1115 waiver which provides states with several policy flexibilities but also caps overall federal spending
  - Financing options that limit overall federal contributions on either a total expenditures model or a per enrollee model
- Eligible population: adults under age 65 who are not eligible for Medicaid on the basis of disability or their need for LTSS and who are not eligible under a state plan
- Continued beneficiary protections under the demonstration, including tribal consultation requirements
- New flexibilities under the demonstration, including closed formulary option, risk-based payment models for FQHCs, cost-sharing adjustments, etc.
- Added reporting requirements for participating states (delivery system reform, quality)
- Streamlined application process for participating states



# Submission of Feedback and Evaluations

# Next Quarterly Tribal Consultation Meeting:

May 07, 2020