



Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.

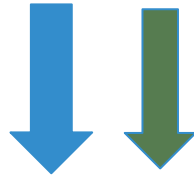


Please use the chat feature for questions or raise your hand.

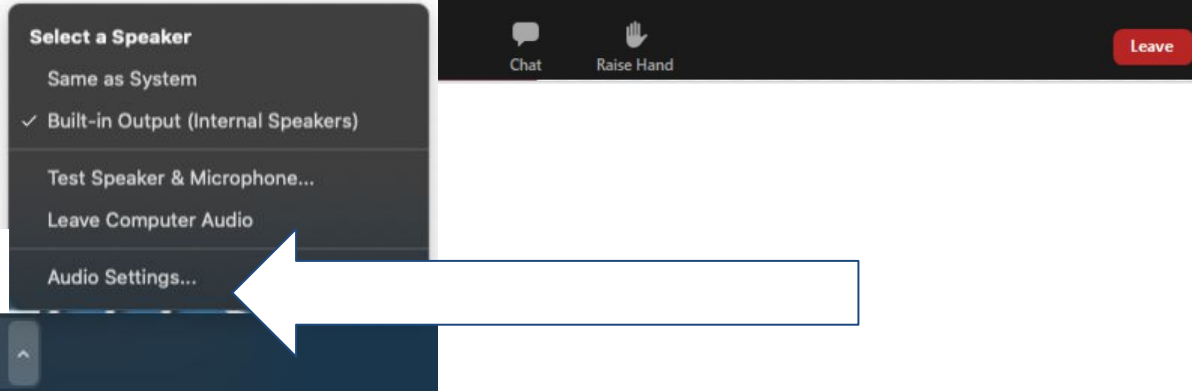
Thank you.

Zoom Webinar Controls

Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.





Quarterly Tribal Consultation Meeting

November 4, 2021

Silent Invocation



**NATIVE
AMERICAN
HERITAGE MONTH**

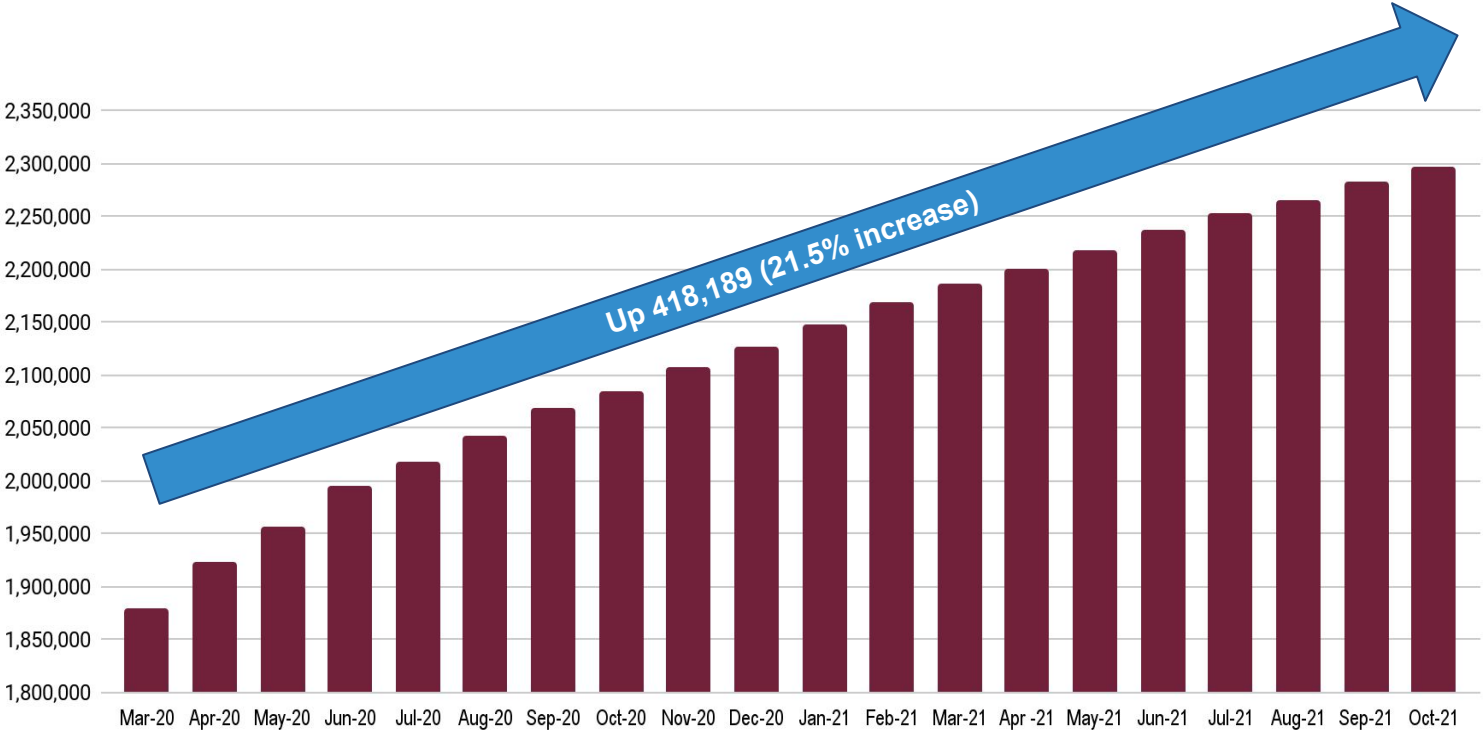


AHCCCS Updates

Shelli Silver, AHCCCS Deputy Director



AHCCCS Enrollment: March 2020- October 2021



PHE Renewed

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR		
												1/31/-2/1/22 Expiration of the Maintenance of Effort Requirement/ Initiation of Processing Redeterminations				
Continuous Enrollment																
6.2% FMAP																
PHE																
1/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue				4/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue				6/20/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue				10/18/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue			1/16/22 PHE Ends	
													3/31/22 Expiration of the Enhanced Federal Match			

AHCCCS State Fiscal Year 2023 Budget Proposal

- Enrollment growth projections (assumes PHE will end on 12/31/21; subject to change)
 - FY21 – FY22: 7 percent
 - FY22 – FY23: -8 percent
- Projected capitation rate growth
 - For CYE 2023: 4 percent
 - CMS Office of the Actuary (National Health Expenditure for Medicaid) estimate: 4.6 percent in 2023
- General fund increase of \$358.8 million above appropriated amount for FY 2022
- Total fund decrease of \$172 million over FY 2022
 - Projected decline in enrollment
 - Cost shift to General Fund upon termination of enhanced federal match under the Families First Coronavirus Response Act (6.2 percentage points)

AHCCCS State Fiscal Year 2023 Budget Proposal

Administrative Requests

- **Compensation Strategy**
 - Focus on customer facing positions with highest turnover and lowest compensation - Program Service Evaluators, Customer Service Representatives, Pre-Admission Screening staff, etc.
- **Increased Datacom Charges**
 - \$2 million total ongoing funding (\$500,000 General Fund) to cover increased licensing fees, recently passed on by AHCCCS' contracted vendor, for the software used to process over 136 million Medicaid claims and encounters each year
- **Compliance with Interoperability Rule**
 - \$1.95 million total one-time funding (\$195,000 General Fund) and \$300,000 total ongoing funding (\$75,000 General Fund) to achieve compliance with federal interoperability regulations

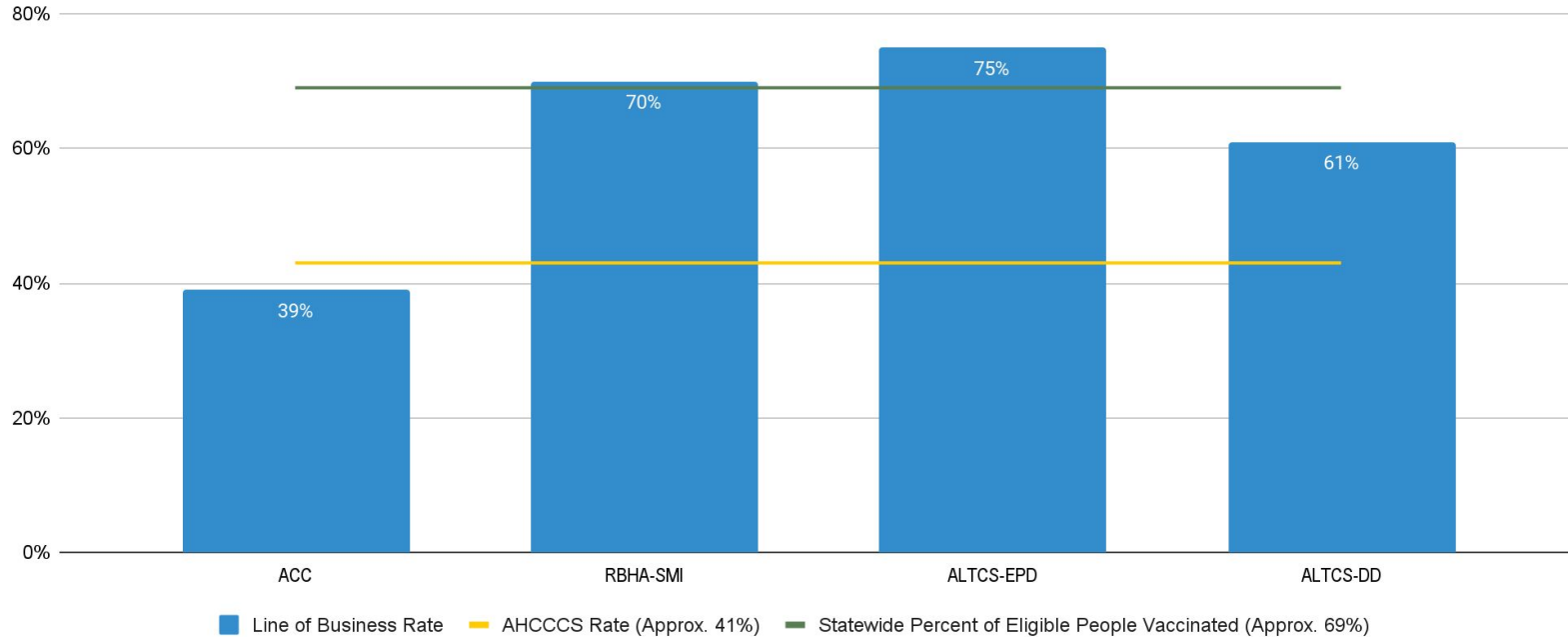
AHCCCS State Fiscal Year 2023 Budget Proposal

Administrative Requests

- **PMMIS System Integration Provider**
 - \$9.5 million total ongoing funding (\$500,000 General Fund in FY 2023; \$2 million General Fund ongoing) to contract with a Systems Integrator to begin the process of replacing the agency's aging Prepaid Medicaid Management Information System (PMMIS)
- **Staffing to Support Integrated Care - American Indian Health Program (AIHP)**
 - \$587,400 total ongoing funding (\$178,600 General Fund) to establish seven new positions when AIHP assumes responsibility for the provision of behavioral health services for 350 individuals designated to have a Serious Mental Illness (SMI) in October 2022
 - Staffing need: two nurse case managers, two prior authorization/utilization review nurses, one supervisor, one administrative assistant, and one clinical care specialist.

AHCCCS Beneficiary COVID-19 Vaccination Rates

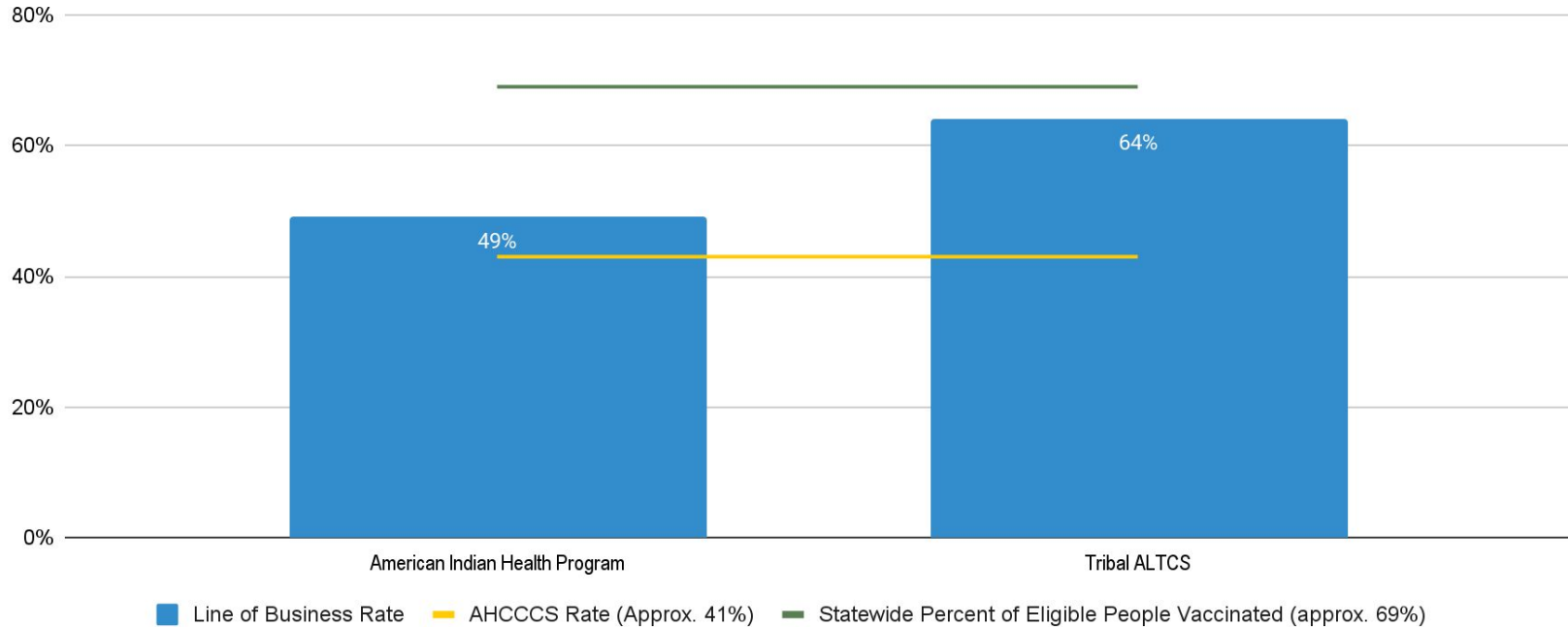
COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of October 15, 2021



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

AHCCCS Beneficiary COVID-19 Vaccination Rates*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of October 15, 2021



**Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.*

Update on Key Initiatives

- Continued roll out of Electronic Visit Verification
- Implementation of closed-loop referral system underway - fall 2021
- Housing administrator contract implemented on 10/1/21
- Competitive contract expansion - RFP released on 8/4/21; proposals submitted on 10/4/21; on course to award on or before 11/15/21
- Renewal of 1115 waiver - extended on 9/30/21 for 1 year
- Abuse & Neglect Prevention Task Force - quarterly meeting held on 9/27/21
- Workforce transformation effort (consolidation into 801 building) near completion - over 70 percent of AHCCCS staff will work in a virtual office setting long term
- AHCCCS Leadership Academy kick off held on 10/1/21
- AHCCCS Sunset Audit underway; first performance audit report focused on eligibility to be published in early 2022



Open Discussion

Division of Community Advocacy and Intergovernmental Relations (DCAIR)



State Plan Amendments

Ruben Soliz, 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.

Disaster SPAs Submitted in Response to COVID-19

- Disaster SPAs are effective for the duration of the PHE, or any renewal thereof.
- All disaster SPAs include a streamlined approval process, which allows AHCCCS to respond to the PHE in real-time.
- For a full list of COVID-19 disaster SPA flexibilities (CHIP & T-XIX):
 - <https://azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf>

COVID-19 Treatment Requirement

This SPA attests that treatment is provided for:

1. COVID-19, including “Long COVID”
 - All pharmacologicals approved/authorized by the FDA are covered
 - Non-pharmacologicals subject to medical necessity criteria

2. A condition that may seriously complicate the treatment of COVID-19 (if already provided under the State Plan/Waiver)
 - Treatment may be subject to limits in amount, duration and scope

These treatment **requirements end:**

- 1 year after the last day of the PHE for the mandatory population

Third Party Liability (TPL) SPA

Attests to compliance with federal TPL requirements:

- Cost Avoidance (not “pay and chase”) for prenatal services
Pay without regard to TPL for pediatric preventive services
- Make payments for up to 100 days, without regard to TPL, for claims related to child support beneficiaries

Crisis Intervention Services SPA

- Clarifies crisis intervention services language in the State Plan.
- Does not add new services or change existing requirements.
- Key points:
 - Services are provided to an individual who is Medicaid eligible
 - Services are provided by a multidisciplinary team
 - Services are available 24 hours a day, 7 days a week, every day of the year

Proposition 206 Rate Increase SPA

Arizona Proposition 206 provides for the following update to Nursing Facility and HCBS Rates:

- Statewide Minimum Wage will increase to \$12.80 and Flagstaff minimum wage will increase to \$15.50 on January 1, 2022.
- To address the increased labor costs resulting from the Arizona minimum wage increases, AHCCCS has proposed the following fee schedule adjustments starting January 1, 2022:
 - Nursing Facility per diem rates will increase by 0.77% statewide and 0.48% for Flagstaff.
 - Select Home and Community Based Services (HCBS) rates will increase by 1.54% statewide and 0.96% for Flagstaff.
- Public Notices are located on our website and the public comment period ends November 15th.

Extension of Grace Period to the “Four Walls Requirement”

- CMS is further extending the grace period related to the Four Walls Requirement for states and Tribal facilities to **nine months after the COVID-19 PHE ends.**
- CMS is also further extending the grace period for IHS-operated facilities for the same time period, to give IHS and states additional time to work toward a solution addressing compliance with the “four walls” requirement for IHS-operated facilities.

Tribal Consultation and Public Comment Process

Public Comments or Written Testimony from tribes and I/T/Us may be submitted to AHCCCS via:

- Email: publicinput@azahcccs.gov
- Mail:

AHCCCS Attn: Office of Intergovernmental Relations
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion



Waiver Update

Alex Demyan, DCAIR Deputy Assistant Director



Section 1115 of the Social Security Act

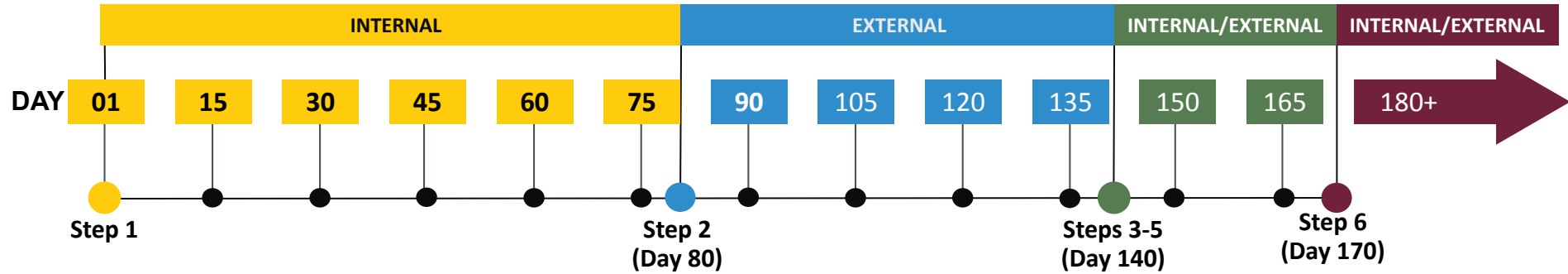
- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program.
- Demonstration projects are typically approved for a five year period and can be renewed every five years.
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

Waiver Process Timeline

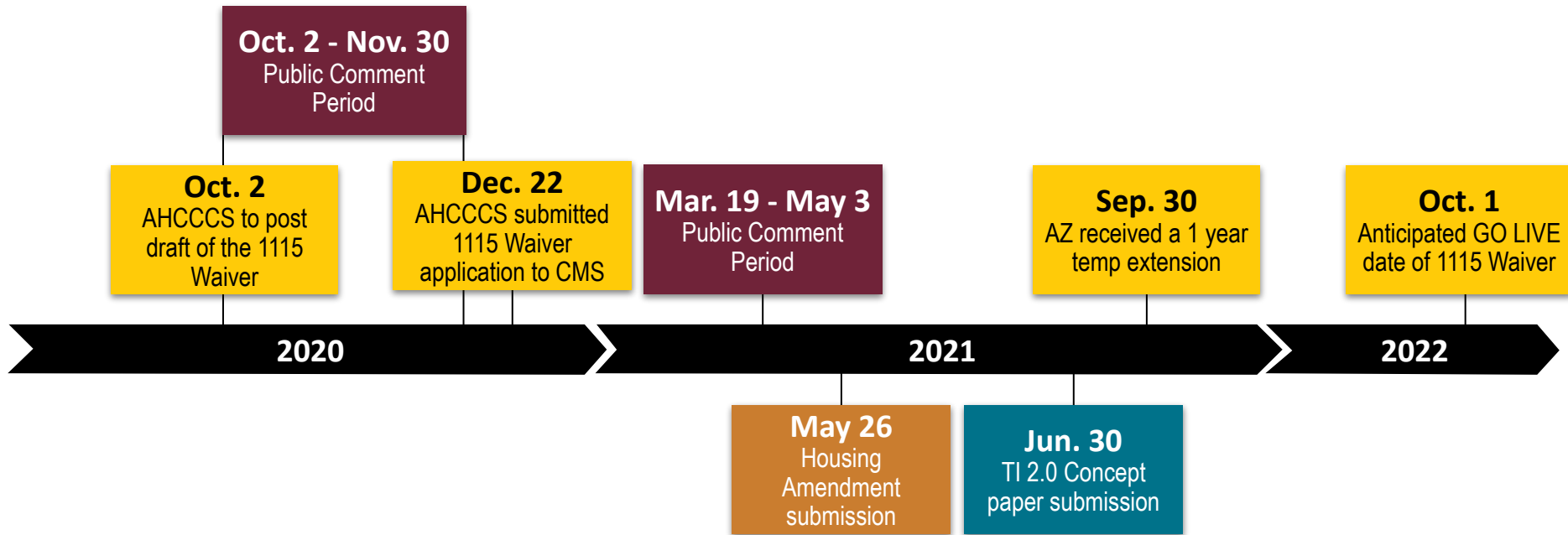
- ✓ Waiver Conceptualization & Draft (≈ 50 pages)
- ✓ Formulate Hypothesis, Narrative, Evaluation Design
- ✓ Calculate Budget Neutrality
- ✓ Complete Review Process
- ✓ Prep for Public Input
- ✓ Collaboration with Subject Matter Experts (SMEs)
- ✓ Create Necessary Announcements

- ✓ Public Input Process
- ✓ Post to the website
- ✓ 30-day public comment period begins, includes minimum of 2 public hearings
- ✓ Tribal Consultation

- ✓ Review all public comment
- ✓ Draft Modifications based on stakeholder input
- ✓ Communications with Stakeholders
- ✓ Waiver Finalization
- ✓ Submit to CMS
- ✓ Begin negotiation process
- ✓ ≈ 6-12 months from submission date



Arizona's 1115 Waiver Renewal Timeline



1115 Waiver Extension

- On September 30, 2021 CMS extended AHCCCS' existing 1115 waiver for one year through September 30, 2022.
- Grants authority for sixth year of the Targeted Investments Program
- Sunsets the AHCCCS Choice, Accountability, Responsibility & Engagement (CARE) program (not implemented by the agency)
- Items in waiver renewal application to be negotiated:
 - o Coverage for traditional healing,
 - o Verbal consent in lieu of written signature for ALTCS members,
 - o Extended dental coverage for individuals receiving care in an IHS or 638 facility,
 - o Targeted Investments 2.0, and
 - o Housing and Health Opportunities (H2O) demonstration.
- Anticipate next demonstration period will run from Oct. 1, 2022 through Sept. 30, 2027.

Independent Evaluation

- AHCCCS contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration
- Evaluation consist of three main phases of work:
 - **Phase I:** Develop the Evaluation Design Plans
 - **Phase II:** Conduct Interim Evaluations & Develop Interim Evaluation Reports
 - **Phase III:** Conduct Summative Evaluations & Develop Summative Evaluation Report

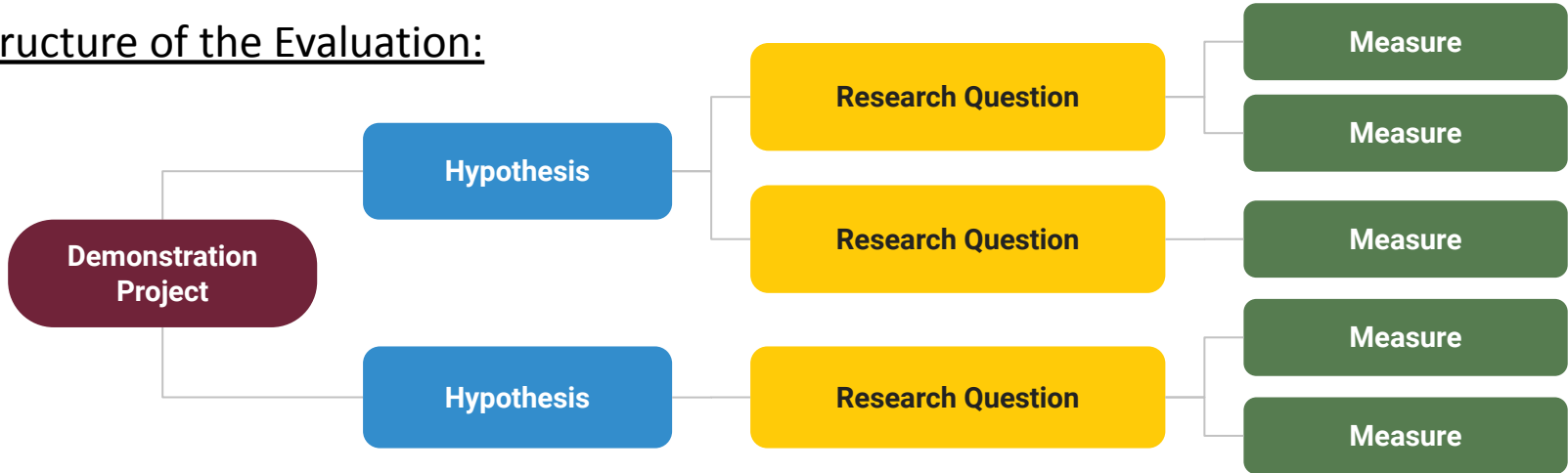


Independent Evaluation

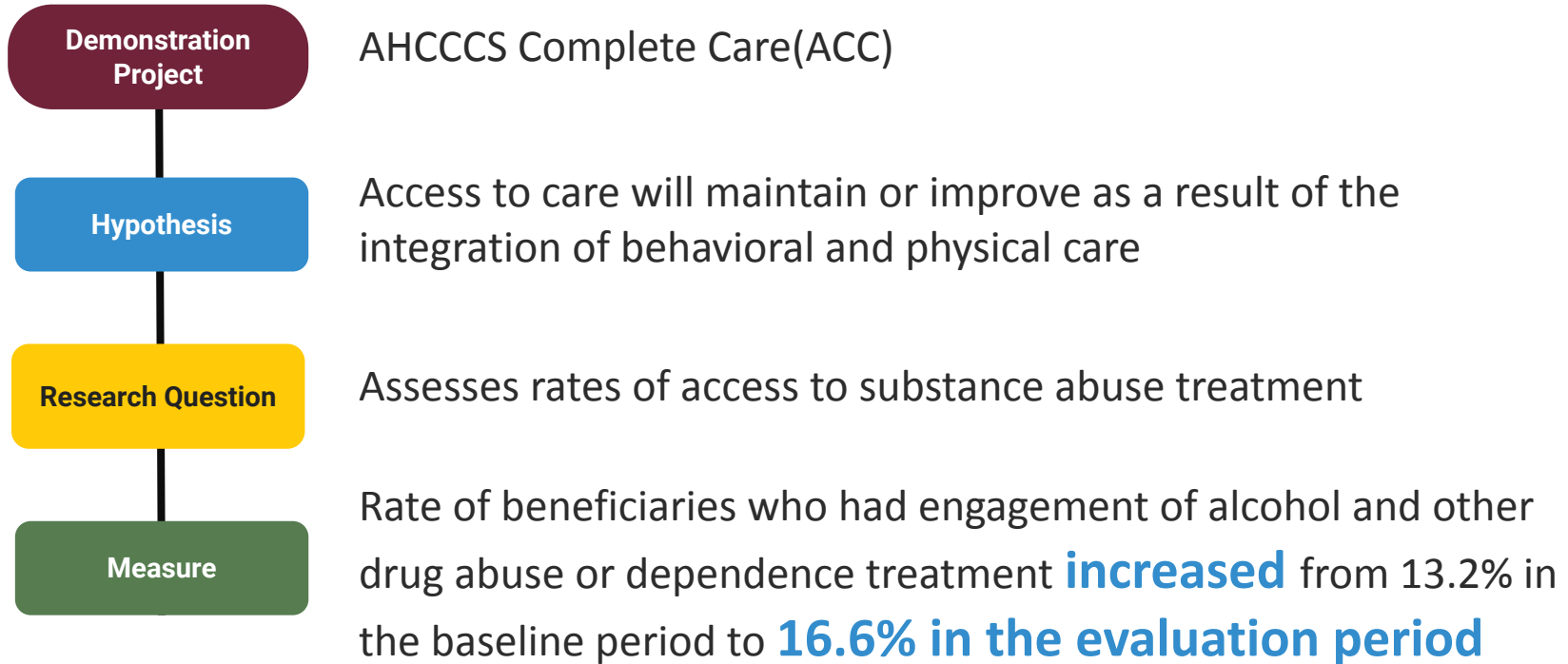
Why does the Arizona 1115 Waiver need to be evaluated?

- To show the federal government its portion of Medicaid funding is being used wisely
- To inform AHCCCS on what's working well and what needs improved

Structure of the Evaluation:



Example from Interim Evaluation Report



Open Discussion

Division of Fee for Service Management (DFSM)



100% FMAP Care Coordination Agreements

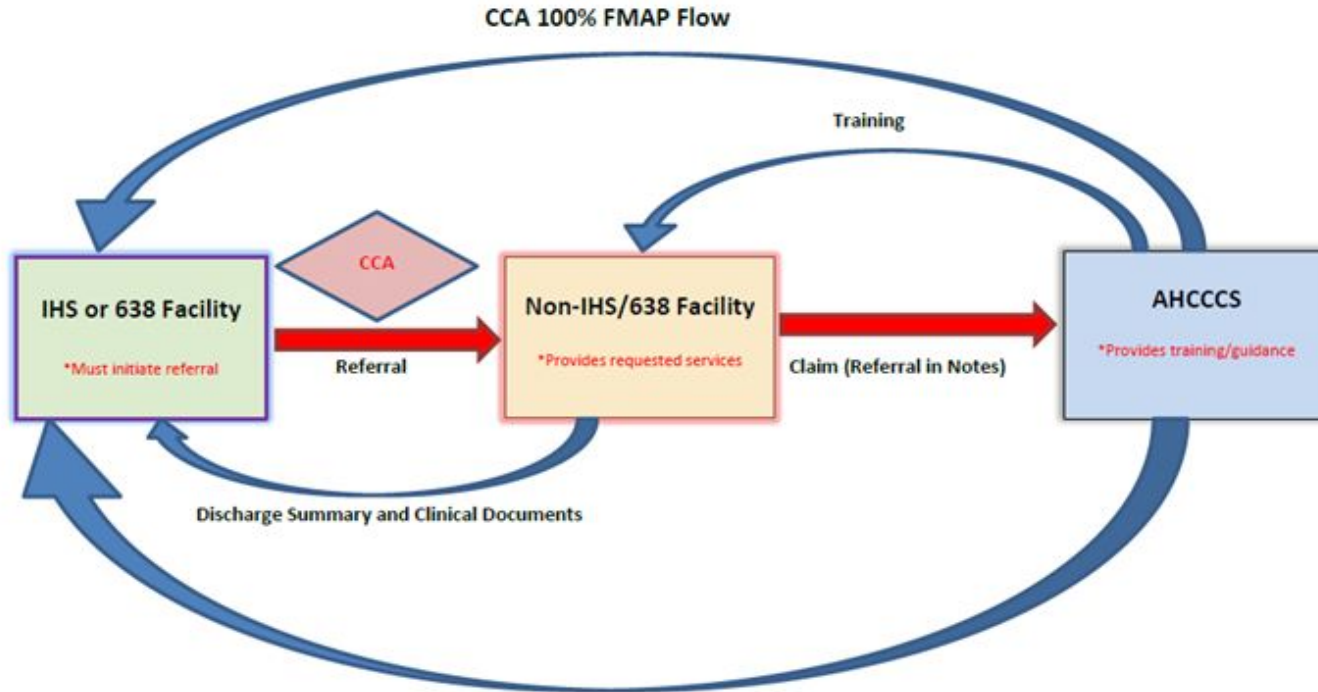
Leslie Short, DFSM Integrated Services Administrator



100% Federal Funding for Services Furnished Under Care Coordination Agreements

- SHO Guidance 16-0002 released February 2016
- 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/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries.
- Policy update is intended to help states, the IHS, and tribes to improve delivery system for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

CCA Process Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

Care Coordination Agreements

- Executed Care Coordination Agreements
 - Tuba City and Northern AZ Healthcare/Flagstaff Medical Center
 - Gila River (Hu Hu Kam Hospital) and Phoenix Children's Hospital
 - Gila River Health Care and Valleywise Health

Care Coordination Agreement Resources

- IHS/Tribal 638 facilities can send questions to:
 - Tribalcarecoordination_fmap@azahcccs.gov
- SHO #16-002:
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

Open Discussion



Agenda Item Request

Request for Discussion on “Four Walls” Provision and Care Coordination Agreements

Division of Fee for Service Management (DFSM)



General DFSM Updates

Markay Adams, AHCCCS DFSM Assistant Director



DDD-Tribal Health Program

- Please note name change as of October 1, 2021, formerly named DD-AIHP.
- Target implementation is **April 1, 2022**.

GOAL:

Improve care coordination and increase system transparency for members and providers

Current and Future Health Plan Options for AI/AN Members

Current						Future
Current Health Plan Enrollment / Assignments	Physical Health	Behavioral Health	CRS*	LTSS**	AI/AN member count	Division of Developmental Disabilities Options for American Indian / Alaska Native members as of 4/1/22
Option 1	DDD HP	DDD HP (SMI)	DDD HP	DDD	Approx. 879	No change
Option 2	DDD HP	TRBHA (SMI)	DDD HP	DDD	Approx. 193	No change
Option 3	DDD THP	TRBHA (SMI)	DDD THP	DDD	Approx. 312	DDD THP with AHCCCS *AHCCCS DFSM will become responsible for acute PH (CRS) prior authorization and claims beginning 4/1/22 (including SMI)
Option 4	DDD THP	DDD THP (SMI)	DDD THP	DDD	Approx. 203	DDD THP with AHCCCS *AHCCCS DFSM will become responsible for acute PH and BH (CRS) prior authorization and claims beginning 4/1/22 (including SMI)

* If eligible

** Includes HCBS, home-based nursing, therapies, attendant care, respite, habilitation, etc.

Supporting Choice for AHCCCS Members who are American Indian/Alaska Native

Integrated choices for the Non-SMI population (includes CRS):

- AIHP or AIHP and TRBHA, or
- An ACC Plan
- AI members can still access services from an IHS/638 facility at anytime regardless of enrollment

In 2022, AIHP will be a behavioral health enrollment option for members with a SMI designation.

AI/AN options for enrollment options for SMI services - October 2022

Current Enrollment	October 2022
Integrated Contractor (RBHA affiliated)	Option remains
AIHP/TRBHA (including CRS)	No change
AIHP/RBHA	AIHP (approximately 250 members)
Acute MCO/TRBHA	AIHP/TRBHA
CHP/TRBHA	No change
DD/THP	DD/THP or DD/THP and TRBHA

Open Discussion

Division of Member and Provider Services (DMPS)



Provider Enrollment Updates

Patricia Santa Cruz, Provider Enrollment Administrator



Provider Updates

- All-application average processing time - 8 days
- New enrollment applications - 99% in 30 days or less
- Modification requests - 8 days
- Re-registration applications - 4 days
- Service ticket resolution time - 14 days

APEP Re-registration Update

The goal of re-registration is to allow the user to create an APEP user account, update the provider file, submit future changes online and in some cases will serve as a completed revalidation once the Public Health Emergency is lifted.

- 70,000 re-registration invites mailed
- 23,168 re-registrations completed.
- Second letter invites generating.

APEP Training Requests & Provider Enrollment Contacts

To request APEP Training for your organization or for Provider
Enrollment/APEP assistance, contact:

Provider Assistance

(602) 417-7670

APEPTrainingQuestions@azahcccs.gov

Open Discussion

Division of Grants Administration



Suicide Prevention Update

Alisa Randall, DGA Assistant Director



Suicide Prevention Month



Today's presentation is meant to provide information and we recognize some information may be difficult and would like to acknowledge that up front.

This presentation should last about 10 mins.

Social Media



Campaign: Suicide Awareness Month (Sept. 1 - 30)

Highlights:

9/1/21: Governor Ducey's Proclamation

9/3/21-9/30/21: Resource sharing - National Suicide Prevention Hotline, ADHS "Start a Conversation," ADE/AHCCCS Teacher Peer-to-Peer program, BH in Schools initiative, Resilient Arizona, ADHS Director's Blog on suicide, etc.

9/4/21-9/30/21: Statistics from the State Suicide Prevention Specialist (i.e., 1,400 Arizonans died by suicide in 2020, 65+ at greater risk for suicide,

9/10/21: World Suicide Day

9/14/21: Sharing of the Arizona Registrar of Contractors' "AZ ROC Talk" podcast with the State Suicide Prevention Specialist

9/18/21: Peer Recovery Support and Parent/Family Support peer-to-peer coaching resource

9/24/21: Sharing of events such as NAMI Yavapai County

9/28/21: Sharing of AZCentral/Arizona Republic article with Resilient Arizona stats/info.

Suicide Prevention Efforts

- Hosted a media training for state agency public information officers,
- Presented to two community groups, reaching 100 Arizonans with suicide prevention messaging,
- Hosted first county health suicide prevention workgroup, with 7 counties represented,
- Organized first Four Corners suicide prevention workgroup, with 15 suicide prevention specialists from Arizona, Colorado, New Mexico and Utah participating,
- Discussed suicide prevention and resources at weekly town halls for all staff, and
- Hosted a Community Forum to discuss AHCCCS suicide prevention efforts on 9/29/2021.

NAMI - Surviving Suicide - The Ones Left Behind

Mental Health Monday

September 27th, 10 —11:30AM via ZOOM

Presented free to the public by NAMI Yavapai and Northern Arizona Peer & Family Coalition

Join us for

Surviving Suicide -- The Ones Left Behind

The grief experienced by a person who has lost a loved one to suicide is especially intense. Since September is National Suicide Awareness Prevention Month, please join us for this important discussion and message of hope.



Donna Fox has spent over 25 years working and volunteering in the areas of mental health, suicide prevention and postvention. She volunteered for seven years at Crisis Connection, Minnesota's suicide hotline. There she served as a crisis counselor, public speaker and executive member of the Board of Directors. She was the Director of Training and Development for the Minnesota CIT Officer's Association & she ended her career as the Program Director at NAMI Minnesota. Her father's suicide when she was a child gave her a passion for helping others. Donna retired with her husband to Sedona in 2017 where she leads a monthly SOS support group for suicide loss survivors.



Dana Flannery serves the Arizona Health Care Cost Containment System (AHCCCS) in two senior -level capacities: Senior Policy Advisor to the Director, and the Assistant Director of the Division of Community Advocacy and Intergovernmental Relations (DCAIR). Dana is a survivor of suicide who brings more than 17 years of experience in the behavioral health field, 10 of which have been with the State of Arizona. During that time, she has become a leader in public health policy for a wide variety of populations. With colleagues, she helped to develop the Arizona Peer Advancement Career Academy as well as several advocacy training courses, led stakeholder engagement for major agency initiatives, and assisted in health policy development that has a direct impact on members.



Debra Jorgensen is a peer and Manager of Individual and Family Affairs (aka OIFA) for Care1st Health Plan Arizona. Before coming to Care1st Deb J wore many hats as a member of the Executive Leadership Team at two Peer Runs and a Family Run organizations. A dynamic administrator and trainer with lived experience who can identify and support strengths and growth in others within an organization, during collaborative efforts with community builders, and on an individual or group level. She believes in social justice and strives to effect positive integrated health system changes via stakeholder empowerment, education, and advocacy. Deb J is a survivor of suicide.

OIFA Newsletter

Suicide Prevention Awareness



Resources and Activities



September is Suicide Prevention Month
Program Spotlight:
COVID-19 Emergency Response Suicide Prevention (ERSP) Grant

**CLICK OR SCAN THE
CODE TO SUBSCRIBE!**



Have something to share with the community?
Click on the button below.

Suicide Prevention Updates

In an effort to centralize Suicide Prevention activities and legislatively appropriated resources, AHCCCS and ADHS agreed to a transition of AHCCCS Suicide Prevention resources to ADHS. This included the legislatively appropriated statewide suicide prevention coordinator position.

AHCCCS and ADHS will continue to partner with ADHS as the behavioral health care entity through collaboration and partnership our contractors.

Suicide Prevention Updates

- Project Aware and The AZ Educator Peer Support Program
 - Additional grant awarded for Project Aware II
 - Will be maintained at AHCCCS within DHCM
 - Ongoing relationship with ADE to support this work
- Emergency Response Suicide Prevention
 - Will be maintained at AHCCCS within DGA
 - Ending 11/30/2021
- Crisis Counseling Program
 - Will be maintained at AHCCCS within DGA
 - No Cost Extension requested
- 988
 - AHCCCS is continuing our work with Lecroy & Milligan for this planning grant
 - More stakeholder meetings will occur in November and December

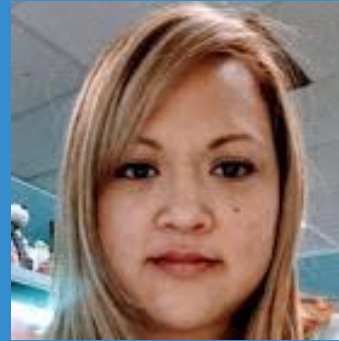
Open Discussion

Division of Health Care Management



New Public Comment Software

Carol Parra, AHCCCS Policy Analyst



SmartComment

- The DHCM Contract and Policy Unit is excited to announce the launch of a new Public Comment Software called SmartComment
- Replaces our current WordPress public comment platform
- Our new public comment web page is live as of 10/27/21.
<https://ahcccs.commentinput.com/comment/search>

More User-friendly for Commenters

Search Comment Items

Your Logo Here

Type: All County: All Status: Open Division: All Apply Filter

17 results

ACOM 101 Comment Now >

Type: *N/A* Division: **Waste & Toxics** Status: **Open for Comment** County: *N/A*

Due Oct 06, 2021 12:00 AM (US/Pacific)

Albany / Washington Pipeline EIS Comment Now >

Type: *N/A* Division: **Waste & Toxics** Status: **Open for Comment** County: *N/A*

Due Sep 30, 2021 09:00 AM (US/Pacific)

Castle Peak Picnic Area Survey Comment Now >

Type: *N/A* Division: **Waste & Toxics** Status: **Open for Comment** County: *N/A*

Due Nov 30, 2021 12:00 AM (US/Pacific)

Community Review - California Comments Comment Now >

- Ease of viewing
 - Can view all open ACOM and AMPM policies on one page

More User-friendly for Commenters

- Ease of selecting documents
 - Can review all documents for that Policy from the same comment page
- Ease of submitting comments
 - Can also upload a file

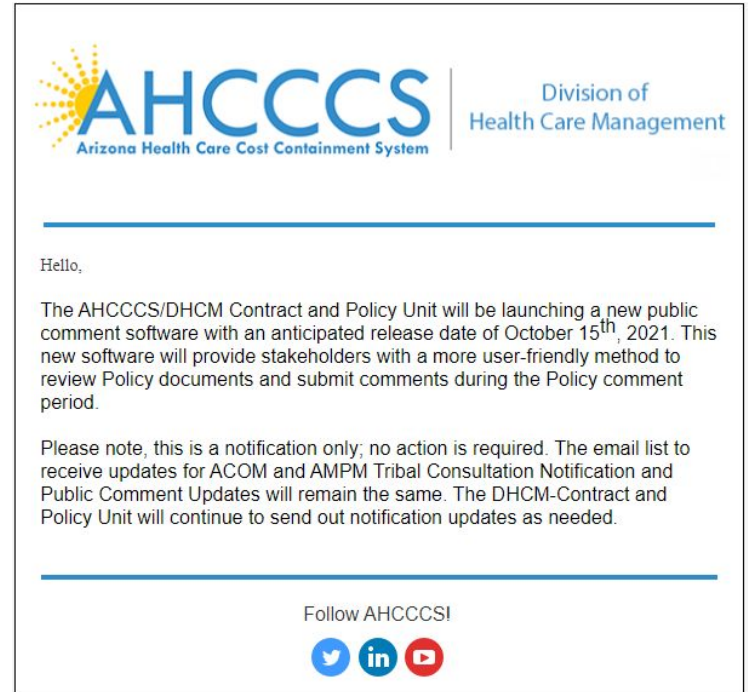
The screenshot shows a web form for submitting comments. At the top, there are input fields for a name and address. Below these are dropdown menus for 'State' (with a 'Select a State' option) and 'ZIP'. An 'Email' input field is also present. A section titled 'Your Comment' contains a large text area with the placeholder text 'Insert comments on ACOM 101'. To the right of this text area, a 'Attachments' dropdown menu is open, showing two options: '101 - Attachment A' and '101 - Attachment B'. Below the text area is a blue 'Upload File' button. Underneath the button, there is a note: '*Uploading a file is optional*' followed by a paragraph: 'You may attach up to five 30 MB files to accompany your submission. Allowed formats are pdf, jpg, jpeg, png, txt, gif, doc, docx If you experience technical difficulties submitting your comment please contact the person listed at the bottom of this page.' At the bottom right of the form is a blue 'Continue »' button.

More User-friendly for Internal Staff

- Ease of organizing comments
 - Will be automatically collected/sorted/and assigned to internal staff for review
- Ease of exporting data
 - Can be downloaded into a file for auditing and tracking purposes

This is Notification Only; No Action is Required

- The email list to receive Constant Contact updates for ACOM and AMPM Tribal Consultation Notification and Public Comment Updates will remain the same
- DHCM Contract and Policy Unit will continue to send out notification updates as needed
- ACOM and AMPM web pages will be updated to link to the new Comment Software



Public Comment Point of Contact

For technical assistance with with the public comment web page,
please contact:

DHCMContractsandPolicy@azahcccs.gov

Open Discussion

AHCCCS Policy Updates



Tribal Consultation for AHCCCS Policies

Amanda Bahe, AHCCCS Tribal Liaison



Quarterly Overview: AHCCCS Policy Committee

- Total number of tribal representative groups on APC: **5**
- Total number of APC meetings from 8/10/2021 through 10/21/2021: **5**
 - Total number of APC meetings attended, listed by representative group:
 - AZ Advisory Council on Indian Health Care: 0
 - Tuba City Regional Health Care: 1
 - Gila River Health Care: 3
 - Pascua Yaqui TRBHA: 0
 - San Carlos Apache Health Care: 0

New Policies Under Development

Manual	Policy Number and Title	Presented at Tribal Consultation	Presented to APC
ACOM	303 - Community Reinvestment	11/04/21	10/07/21
AMPM	Licensed Health Aide (LHA) - amending AMPM 310-I - Home Health Services, AMPM 1240-G - Private Duty Nursing Services.	11/04/21	TBD

Tribal Comments on Policies Published Since 08/12/2021

Manual	Policy Number and Title	Consultation/Comment Period	Tribal Comments Received	Published Date
AMPM	AMPM POLICY 1023 – DISEASE/CHRONIC CARE MANAGEMENT REVISION MEMO: September 01, 2021	06/08/21 - 07/23/21	1	09/01/21
AMPM	AMPM POLICY 320-O - BEHAVIORAL HEALTH ASSESSMENTS AND TREATMENT PLANNING REVISION MEMO: September 01, 2021	06/17/21 - 07/31/21	3	09/01/21
AMPM	AMPM EXHIBIT 1620-3 – UNIFORM ASSESSMENT TOOL AND GUIDELINES REVISION MEMO: October 5, 2021	09/06/21 - 09/20/21	1	10/05/21
AMPM	AMPM EXHIBIT 1620-7 – FEE-FOR-SERVICE OUT-OF-STATE NURSING FACILITY PLACEMENT REQUEST FORM REVISION MEMO: October 5, 2021	09/06/21 - 09/20/21	1	10/05/21

Policies Open for TC as of November 04, 2021

- **Written Testimony Deadline of November 22, 2021**

The following policies had an APC date of October 7, 2021 and notification of Tribal Consultation via written comment was sent out on October 15, 2021.

- [AMPM Policy 430 – Early and Periodic Screening, Diagnostic, and Treatment Services](#)
 - AMPM Policy 430 – Attachment A – AHCCCS Early and Periodic Screening, Diagnostic and Treatment Periodicity Schedule
 - AMPM Policy 430 – Attachment B – AHCCCS Certificate of Medical Necessity for Commercial Oral Nutritional Supplements (EPSDT Aged Members-Initial or Ongoing Requests)
 - AMPM Policy 430 – Attachment C – Procedures for the Coordination of Services Under EPSDT and Early Intervention
 - AMPM Policy 430 – Attachment D – Arizona Early Intervention Program AHCCCS Member Service Request Form
 - AMPM Policy 430 – Attachment E – AHCCCS EPSDT Clinical Sample Templates

Policies Open for TC as of November 04, 2021

- **Written Testimony Deadline of November 27, 2021**

The following policies had an APC date of October 7, 2021 and notification of Tribal Consultation via written comment was sent out on October 15, 2021.

- [ACOM Policy 303 – Community Reinvestment](#)
 - ACOM Policy 303 – Attachment A – Community Reinvestment Plan Template
 - ACOM Policy 303 – Attachment B – Community Reinvestment Report for CYE September 30, 20xx

Policies Open for TC as of November 04, 2021

- **Written Testimony Deadline of December 11, 2021**

The following policies had an APC date of October 21, 2021 and notification of Tribal Consultation via written comment was sent out on October 28, 2021.

- [AMPM Policy 310-V - Prescription Medications/Pharmacy Services](#)
- [AMPM Policy 1620-F - Tribal ALTCS Fee-For-Service Standards](#)
- [AMPM Exhibit 1620-12 - Spouse Attendant Care Acknowledgement of Understanding](#)
- [AMPM Exhibit 1620-18 - ALTCS Member Service Options - Decision Tree](#)

Open Discussion

All recommendations must be sent to AHCCCS by Written Testimony deadline for each policy.



ACOM Policy 324 - Targeted Investments Program

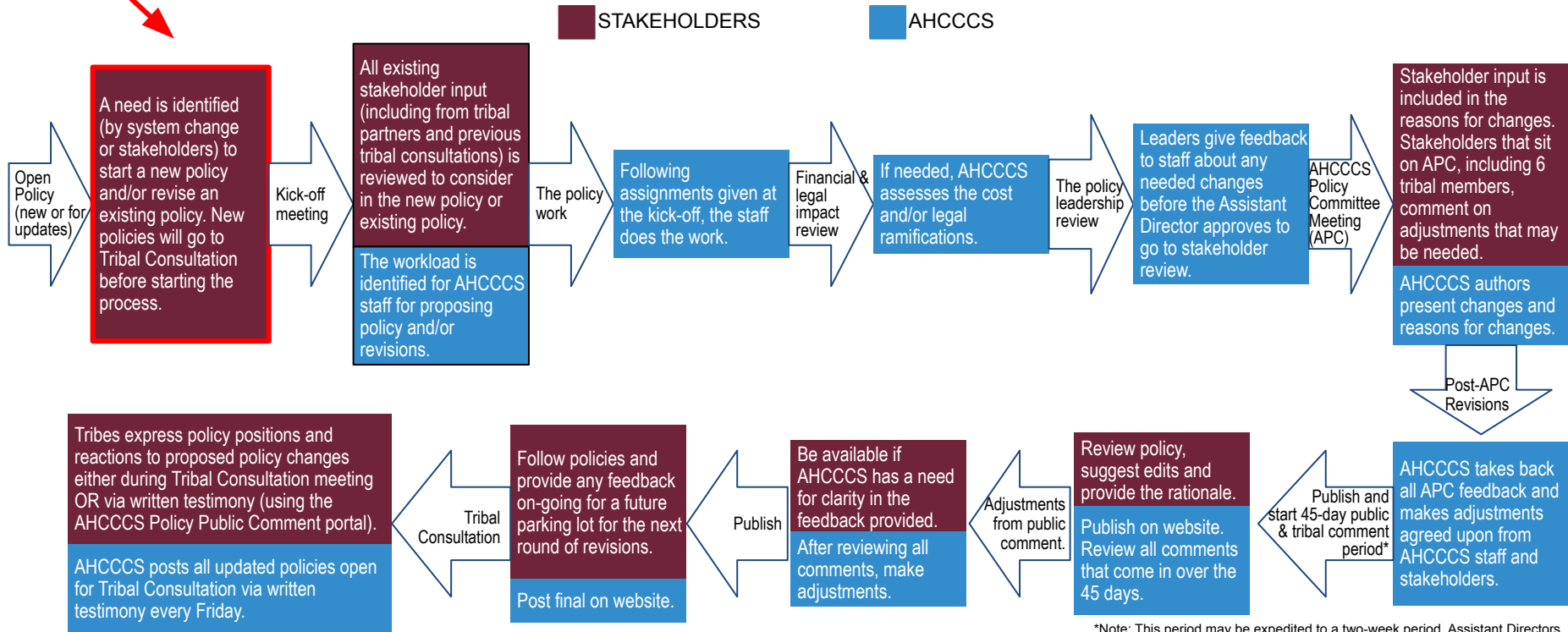
2021 Revision-Program Extension

George Jacobson, Targeted Investments Program Project Administrator



Workflow for ACOM Policy 324

Current Status



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

ACOM Policy 324 Reference Documents

(For review ahead of TC. Use to guide discussion of policy.)

- Current Policy:

https://azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/300/324_TargetedInvestmentsProgram.pdf

- Other Publicly Available Information: TI Year 6 Extension

- https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCS_TemporaryExtension_ApprovalLetter.pdf

- https://www.azahcccs.gov/Resources/Downloads/1115Waiver/AHCCCS_TemporaryExtension_STC.pdf

ACOM Policy 324 - Targeted Investments: Revision

- Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - MCOs: RBHAs and ACC plans
 - Contractors make payments to participating program providers pursuant to the 1115 waiver 42 CFR 438.6(c).
 - These payments are intended to incentivize providers to increase physical and behavioral health integration.
 - Policy revisions include requirements due to CMS approving extension of the TI program for the year 10/1/2021-9/30/2022.

ACOM Policy 324 Revision

- Policy purpose: Contractors direct payments to providers participating in the Targeted Investments (TI) Program
- TI Program description:
 - Financial incentives to eligible AHCCCS providers to develop systems for integrated care.
 - In accordance with the 1115 Waiver, MCOs provide financial incentives to eligible providers who meet benchmarks for integrating and coordinating physical and behavioral health care.

ACOM Policy 324

- TI Projects:
 - Ambulatory:
 - Primary care- adult and pediatric
 - Behavioral health-adult and pediatric
 - Justice clinics
 - Hospital
- TI Payments:
 - AHCCCS computes funding needed to make TI payments
 - Contractors make annual participant payments
 - Administrative funds provided to MCOs-\$10,000 per plan per year

ACOM Policy 324 Revision

- Policy Revisions: due to the one year (10/1/2021-9/30/2022) TI program Year 6 extension
 - Updated dates and timeframes
 - No change to administrative funds to Contractors
 - No change to eligible providers
 - AI/AN Impact: for members in MCOs, an additional year of support of integration for participating AHCCCS participating providers

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Feedback on ACOM 324 can be submitted to Amanda Bahe through Close of Business **DECEMBER 16, 2021**.
 - Email to Amanda.Bahe@azahcccs.gov

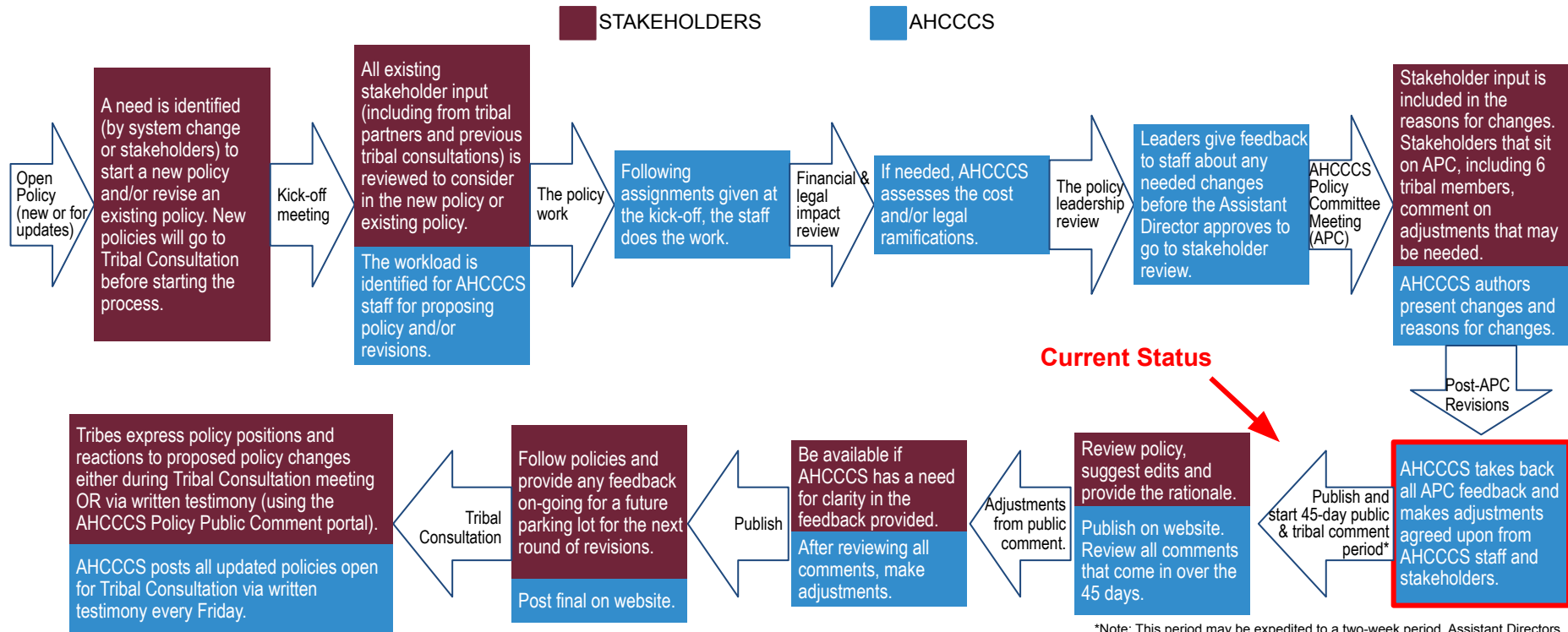


AMPM Policy 430 - EPSDT Services

Dr. Eric Tack, AHCCCS Deputy Assistant for
Managed Care Clinical Compliance



Workflow for AMPM Policy 430



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

AMPM Policy 430 Reference Documents

(For review ahead of TC. Use to guide discussion of policy.)

- Current AMPM 430 Policy:
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/400/430.pdf>
 - Attachments A-F
- Other Publicly Available Information:
 - DRAFT policies out for Public Comment until 11/22:
<https://ahcccs.commentinput.com/?id=sZRu3>

AMPM Policy 430 - EPSDT Services

- Policy opened in 2020 to revise developmental screening section - other revisions also added
- Presented at APC on 10/7/2021
- Public Comment until 11/22/2021
- Tentative Publishing Date: TBD
- Directly impacts:
 - MCOs
 - FFS providers (including IHS-638s)

Summary of Policy Changes

- Rearrangement of Provider and Contractor responsibilities
- Placement of all coding references into a separate coding document to be added to the Coding Resource Page
- Addition of coverage for a 30-month EPSDT visit to align with Bright Futures
- Developmental Screening to align with CMS/HEDIS Core Measure methodology, expanded tools and opportunities for separate general and ASD-specific screens
- Health Care Decision Maker language
- Renaming of Tracking Forms to Sample Clinical Visit Templates
- Revisions/Edits to Attachments
- Reserve Appendix A

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Feedback on AMPM 430 can be submitted to Amanda Bahe through Close of Business **DECEMBER 16, 2021**.
 - Email to Amanda.Bahe@azahcccs.gov

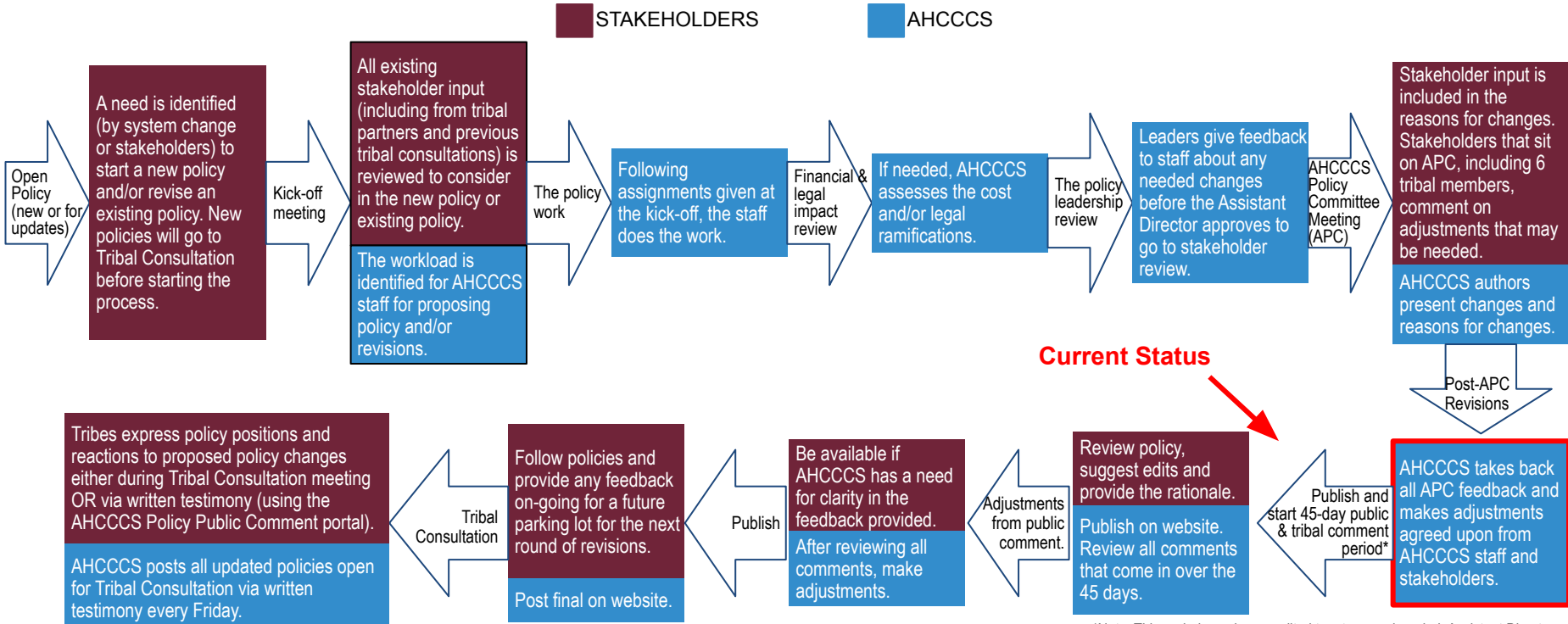


ACOM Policy 303 - Community Reinvestment

Cynthia Layne, AHCCCS Finance and Reinsurance Administrator



Workflow for ACOM Policy 303



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

ACOM Policy 303 Reference Documents

(For review ahead of TC. Use to guide discussion of policy.)

- Publicly Available Information:
 - Draft policies out for ACOM 303 Community Reinvestment:
<https://ahcccs.commentinput.com/?id=KH9MY>

ACOM Policy 303 - Community Reinvestment

- APC Date: 10/7/21
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - MCOs
- Summary: This is a new policy which establishes requirements for the expenditure of Community Reinvestment Funds. Community Reinvestment Funds are funded from 6% of an MCO's annual profit.

ACOM Policy 303 Outline

- Goal: The goal of this policy is to prescribe how Community Reinvestment Funds are calculated, expended and reported.
- Policy Overview
 - This is required for MCOs only and calculated as 6% of the MCO's annual profit.
 - The policy instructs MCOs to expend Community Reinvestment Funds in alignment with the Whole Person Care Initiative (housing, non-medical transportation, activities to combat social isolation or enhance social support, activities that reduce recidivism, and employment or educational supportive activities).
 - Expenditures should be made in the communities served by the MCO.
 - Required submission to AHCCCS of a Community Reinvestment Expenditure Plan and Community Reinvestment Report of actual expenditures.

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Feedback on ACOM 303 can be submitted to Amanda Bahe through Close of Business **DECEMBER 09, 2021**.
 - Email to Amanda.Bahe@azahcccs.gov



New Policy: Licensed Health Aide (LHA)

Brandi Howard, RN BSN CPM MHI
DHCM Medical Management Manager



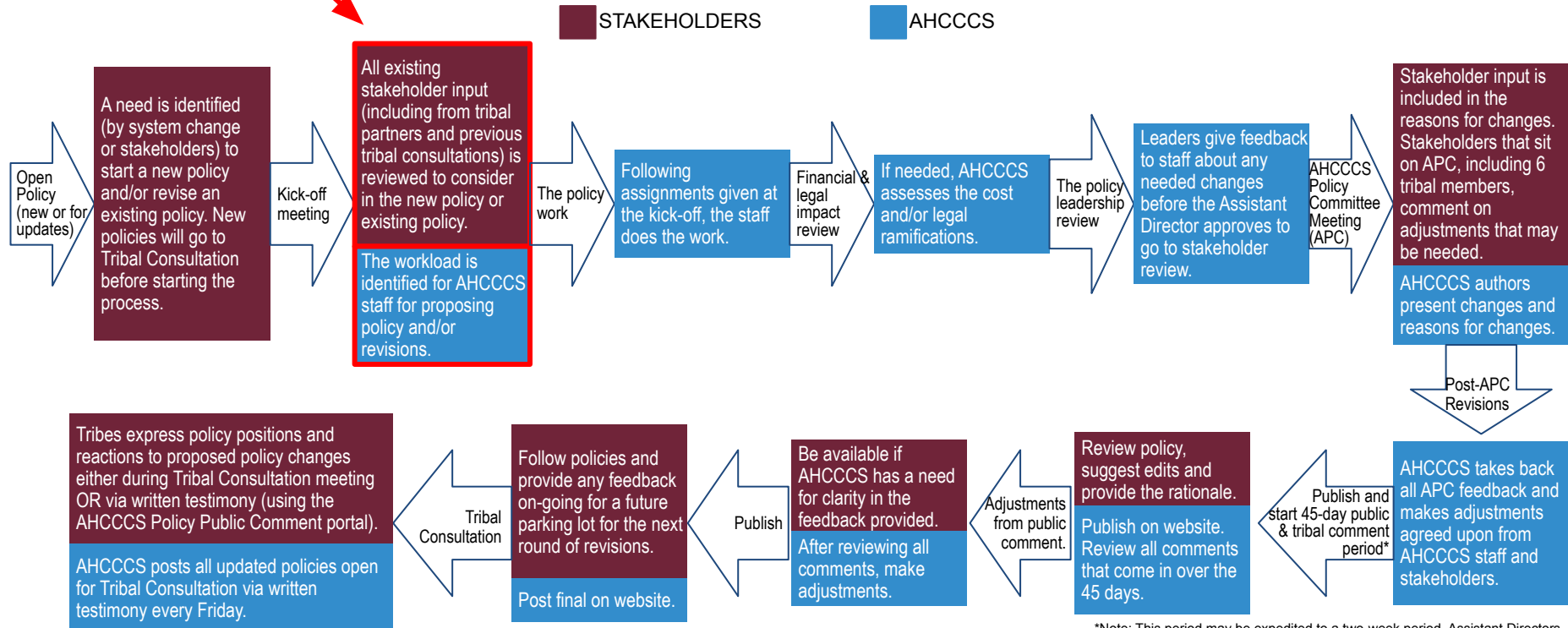
Reference Documents

(For review ahead of TC. Use to guide discussion of policy.)

- Current Policy: AMPM 310-I
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/310-I.pdf>
- Current Policy: AMPM 1240-G
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-G.pdf>
 - Attachments A and B :
https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-G_AttachmentA.docx
 - https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-G_AttachmentB.docx

Workflow for LHA Policy

Current Status



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

Licensed Health Aide

- APC Date: TBD
- Tentative Publishing Date: TBD
- Directly impacts:
 - MCOs
 - FFS providers (including IHS-638s)
- Summary: Amend AHCCCS existing policies in response of the passing of HB 2521 describing a Licensed Health Aide. The identified policies thus far are as follows: AMPM 310-I Home Health Services, AMPM 1240-G Private Duty Nursing Services, AMPM 1240-G Attachment B Intermittent and Continuous Skilled Nursing services.

Policy Outline

- Goal: Amend current policy language for the Licensed Health Aide (LHA) service
- Create a new definition for LHA
- Description of service, who may serve in the role of LHA
- When the service may be utilized
- Incorporate supervisory requirements for the service of LHA

Topics and Questions to Consider

- One of the things we would consider for the policy are any suggestions for supervision requirements for the LHA service.
- AHCCCS is open to any questions and feedback, as this will be a new service provided to our membership.

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Feedback regarding this policy can be submitted to Amanda Bahe through Close of Business **DECEMBER 16, 2021**.
 - Email to Amanda.Bahe@azahcccs.gov

General Discussion

Feedback Deadline Specific to this Session:

January 6, 2022

(unless otherwise noted)

Announcements

Next AHCCCS Tribal Consultation:

February 10, 2022 at 1 p.m.

Please check [AHCCCS Tribal Consultation Webpage](#) for meeting information.

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by January 17, 2022.



To help members, family members, stakeholders, advocates, and community members interact with Arizona's Medicaid program, AHCCCS will regularly present short meetings on "hot topics." These topics could be projects, plans, or initiatives that impact our communities. Each hot topic meeting will be 30 minutes and focused on one to two topics.

THIS MONTH'S HOT TOPICS:

**CCE EXPANSION
HOUSING ADMINISTRATOR**

Date: November 30, 2021

Time: 11:30 a.m.

Register in advance: https://ahcccs.zoom.us/webinar/register/WN_LXs3V66iT3maDn1Vutd84w

After registering, you will receive a confirmation email containing information about joining the webinar.

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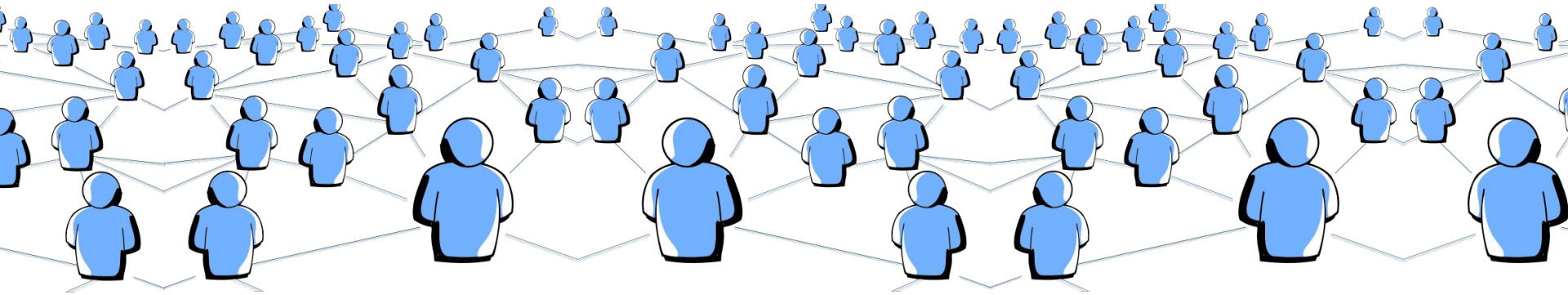
Handle:

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YouTube

Channel:

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



Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!