



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.

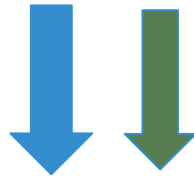


Please use the chat feature for questions or raise your hand.

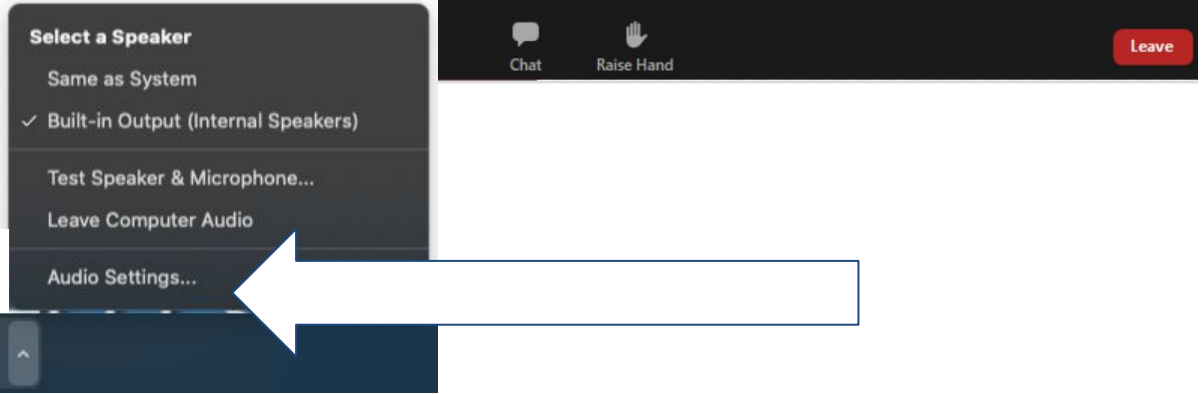
Thank you.

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.



Silent Invocation



Quarterly Tribal Consultation Meeting

August 12, 2021

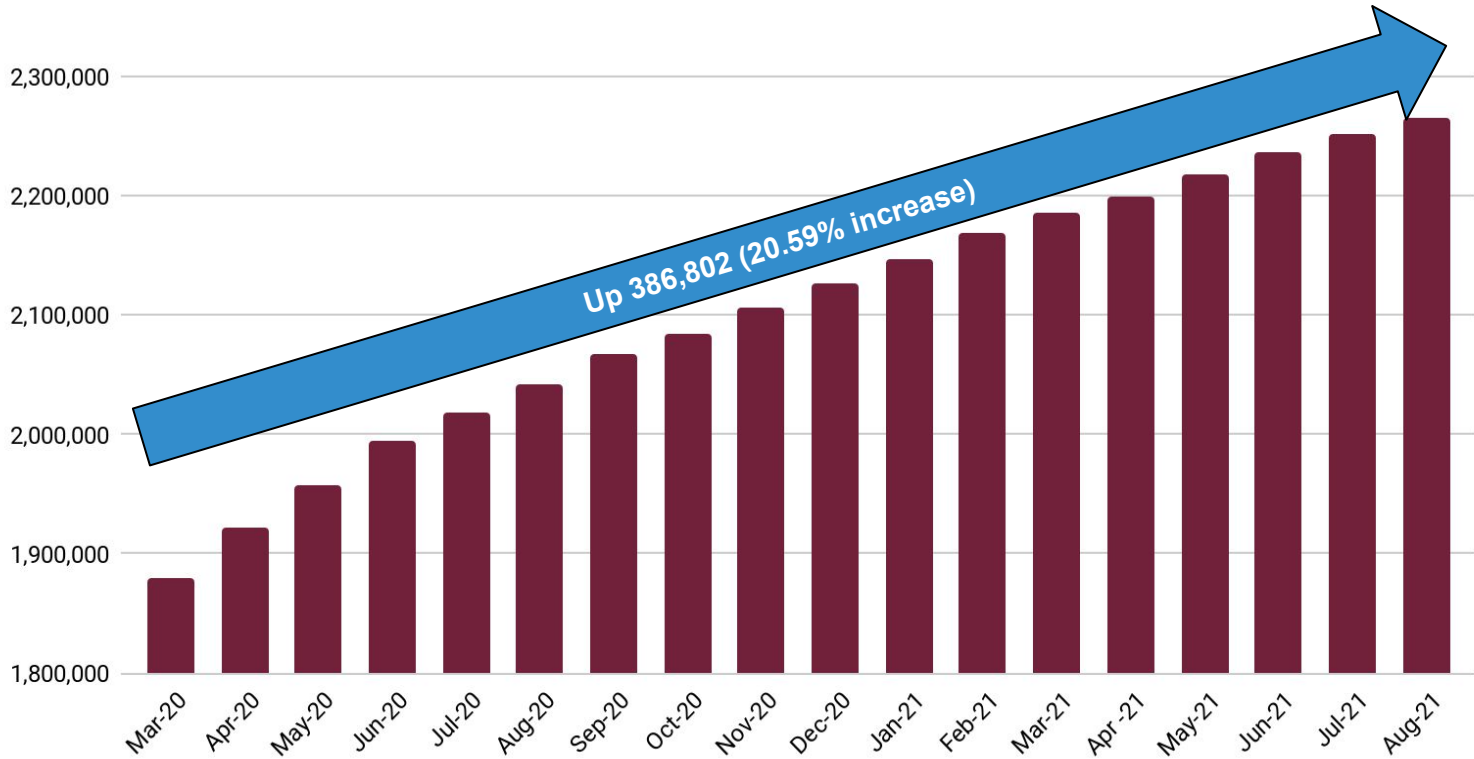


AHCCCS Updates

Jami Snyder, AHCCCS Director



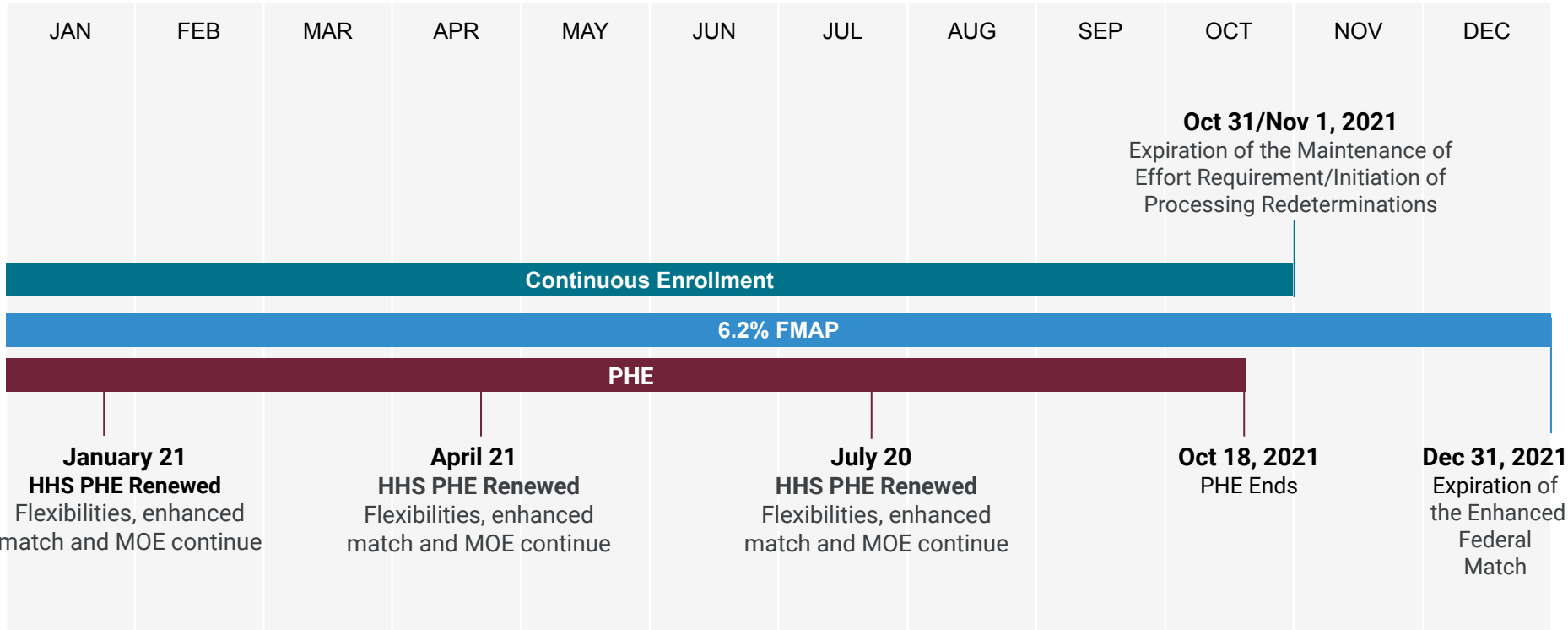
AHCCCS Enrollment: March 2020- August 2021




Unwinding from the Public Health Emergency

- Centers for Medicare and Medicaid Services (CMS) to release revised guidance in the next month
- Anticipate changes to expectations regarding eligibility redeterminations
- AHCCCS on track to process all redeterminations within six months
- Will work in partnership with key stakeholders to connect individuals to alternate sources of coverage when needed

PHE Renewed - Effective July 20, 2021



American Rescue Plan Act of 2021

						
Vaccine COVID-19 Administration	Mobile Crisis Services	Elimination of Medicaid Drug Rebate Cap	100% FMAP for Urban Indian Health Program	10% Increase to FMAP for HCBS	Twelve Months Postpartum Coverage	SAMHSA Block Grants to Address Addiction, Mental Health, Crisis
				Submitted 7/12		Submitted 7/30

ARPA - Mental Health Block Grant



Children Designated with SED

- Early identification and referral for SED assessment
- Co-location with EBP for justice involved youth
- CPAP - expanding access to primary care providers
- Parent and Family Support services, CFT coaches, etc.



Adults Designated with SMI

- TA and monitoring for ACT, supportive housing, supported employment, and peer support
- Expansion of peer support services
- Expansion of bh providers to serve individuals with IDD
- Digital identification wallet



Crisis System

- Electronic crisis services locator
- Crisis wraparound with children with SED designation
- 23 hour crisis stabilization for children with a SED designation
- Short-term bh residential settings for children with SED designation



First Episode Psychosis

- FEP positions for outreach and treatment services
- EBP training and staff time
- Funding supplies for outreach

ARPA - Substance Abuse Block Grant



Primary Prevention (substance abuse related)

- Capacity building in "prevention deserts" within the state to build services and coalitions
- Partnership development with institutions of higher learning to target 18-25 year olds
- Media campaigns related to underage drinking, binge drinking and marijuana use.
- Expand and increase primary prevention efforts statewide

Women's Services

- Develop and sustain women-only, culturally appropriate approaches to substance and alcohol use treatment for Native/American Indian women.
- Develop training to implement gender-specific SUD treatment for women.
- Maternal Mental Health Programs to support the complex OB and SUD needs for pregnant and postpartum women in recovery.
- Detox for substance-exposed newborns and supportive services to mothers through their nursery, provision of parenting courses.

General Support Services

- Address health disparities in relation to SUD needs in various communities.
- Support statewide approach to increasing screening for infectious disease.
- Digital Wallet/Locker technology
- Create and expand peer-based recovery for SUD needs

On the Horizon: Better Care Better Jobs Act

Figure 1

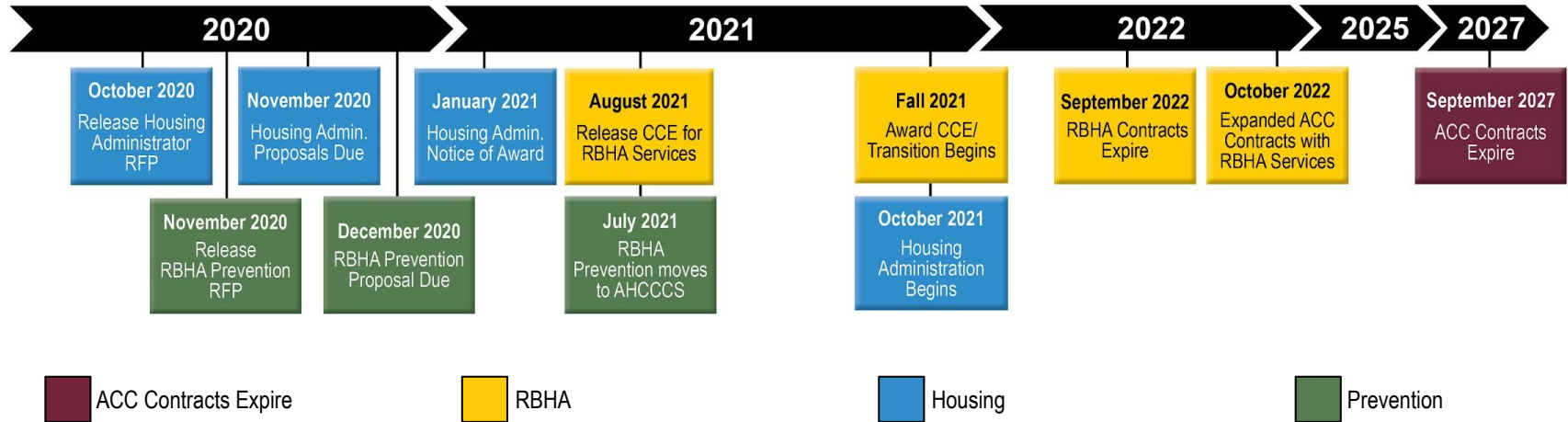
Better Care Better Jobs Act Proposal for New \$400 Billion in Federal Medicaid Home and Community-Based Services

HCBS Infrastructure Improvement Program	Money Follows the Person Program
<ul style="list-style-type: none">• Permanent 10 percentage point increase in federal Medicaid matching funds for HCBS for states with Secretary-approved plans to expand HCBS access and support direct care workforce• Additional 2 percentage point increase in federal Medicaid matching funds for 1 year for states that adopt a program to support self-direction• Increase in federal matching rate from 50% to 80% for HCBS administrative costs• \$100 million for state planning grants with opportunity for states to continue to receive ARPA 10 percentage point HCBS increase during planning period	<ul style="list-style-type: none">• Make program permanent with \$450 million in funding per fiscal year
	HCBS Spousal Impoverishment Rules
	<ul style="list-style-type: none">• Make ACA provision permanent, requiring states to treat HCBS and institutional care equally

SOURCE: Better Care Better Jobs Act, S.2210 (introduced June 24, 2021).

KFF

Revised RBHA CCE Timeline



2022 AHCCCS Strategic Plan

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need

Pursue and implement long-term strategies that bend the cost curve while improving member health outcomes

Reduce fragmentation driving toward an integrated sustainable healthcare system

Pursue continuous quality improvement

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

2022 AHCCCS Strategic Plan

Pursue and implement long-term strategies that bend the cost curve while improving member health outcomes.

Percent growth in the number of Medicaid-enrolled students receiving a BH service on campus

Percent of AIHP members empaneled with an American Indian Medical Home

2022 AHCCCS Strategic Plan

Pursue continuous quality improvement.

Percent of new provider enrollment applications processed within 30 days of receipt

Percent of HEAPlus scheduled up-time

Number of referrals from educational institutions for uninsured or underinsured children to receive behavioral health services

Number of providers that have integrated the ASAM continuum software into their EHR

2022 AHCCCS Strategic Plan

Reduce fragmentation driving towards an integrated sustainable healthcare system

Number of organizations participating in the SDOH closed-loop referral system, beginning 10/1/21

Number of hits to the AHCCCS established treatment locator

2022 AHCCCS Strategic Plan

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

Percent of staff telecommuting ≥ 1 days per week

Number of Deputy Directors and Assistant Directors that have a formalized succession plan

Open Discussion



9-8-8 Implementation Update

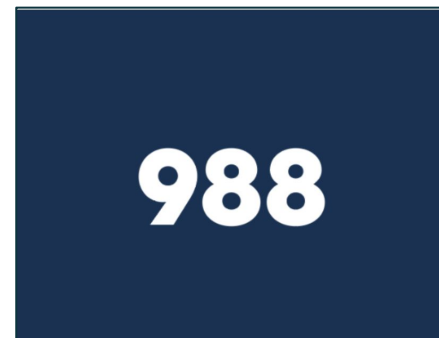
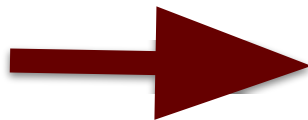
Dana Flannery, DCAIR Assistant Director



9-8-8 Legislation

National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
 - Designates 988 as the dialing code for the Lifeline
 - Increased Lifeline federal appropriation
 - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



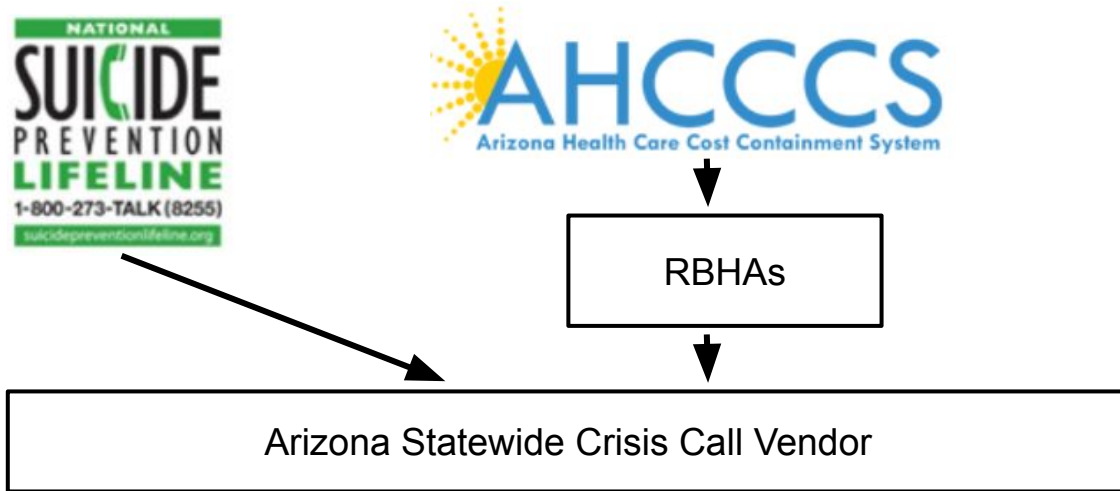
- Implementation on or before **July 16, 2022**

9-8-8 and Arizona Crisis Lines



9-8-8 Planning Grant

- \$135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds are used to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the NSPL into a single statewide provider.



988 LeCroy Milligan Progress

- 4 Stakeholder meetings held
 - 4/19/21 Initial Overview of the project and plan
 - 5/18/21 Planning Session: recap and SWOT analysis of crisis system
 - 6/2/21 Planning Session: recap and SWOT analysis of crisis system
 - 7/13/21 Text and Chat options for crisis services
 - Stakeholder meetings planned
 - 8/25/21 Messaging
 - 9/16/21 Listening session
 - 9/27/21 Next Steps
 - Other Activities
 - Crisis Line Survey through 8/2021 for crisis line users/people with lived experience
 - Please feel free to share with your networks: bit.ly/ArizonaCrisisLineSurvey
 - LMA scheduling interviews with key stakeholders around best practices/standards of care
 - LMA to survey crisis providers around best practices/standards of care
 - Final report due end of January 2022
- If interested in being interviewed, email Rachel Rios-Richardson at rachel.rios@lecroymilligan.com

Open Discussion



Licensed Health Aide

Kyle Sawyer, AHCCCS Legislative Liaison
and Policy Advisor



Licensed Health Aide

- [HB 2521](#) creates a Licensed Health Aide program for parents/guardians/family members of ALTCS members <21 who are eligible for continuous skilled nursing or skilled nursing respite care services
- These LHAs will be permitted to be reimbursed for providing skilled services to their minor children consistent with the members' care plans
- Basic training curriculum will include:
 - Medication administration
 - Tracheostomy care
 - Enteral care
 - Therapy
 - Other tasks approved by the Board of Nursing

Licensed Health Aide

- Separate SPA/waiver not needed for implementation
- Separate AHCCCS provider type not needed
- Rate for Licensed Health Aides (T1021- Modifier U4/U5) is \$68.70 per visit
 - The [rate public notice](#) is available for public comment until August 15
 - To submit comments or written testimony regarding the proposed AHCCCS FFS rate, email FFSRates@azahcccs.gov.

Open Discussion

Follow-up Items



ASAM Continuum Implementation

Jill Rowland, M.ED., LPC
Senior Grant Coordinator
Division of Grants Administration (DGA)



American Society of Addiction Medicine (ASAM) CONTINUUM®

- The ASAM CONTINUUM® is not required to be used for FFS members including American Indian Health Plan (AIHP), Tribal Regional Behavioral Health Authorities (TRBHA) & Tribal Arizona Long Term Care System (ALTCS) members.
- Beginning October 1, 2022, AHCCCS providers who conduct substance use disorder (SUD) assessments for MCO-enrolled members are required to utilize the ASAM CONTINUUM®; including assessments for members who have co-occurring mental health and substance use disorders.

American Society of Addiction Medicine (ASAM) CONTINUUM®

- AHCCCS has implemented payment incentives to offset provider costs for:
 - Clinicians to conduct the ASAM Continuum, and
 - For the integration of the ASAM Continuum into the providers' Electronic Health Record
- The ASAM Continuum training course videos on how to use the ASAM/AZ WITS system is now available in the Relias Learning Management System platform
- [Frequently Asked Questions](#) have been updated 07-01-2021
- Visit the [AHCCCS ASAM Initiative](#) webpage for more information

Open Discussion



State Opioid Response Grant

Tribal Needs Assessment





1 | Purpose of SOR II

2 | Goals for Needs Assessment

3 | Benefits of Participation

4 | Participant Requirements

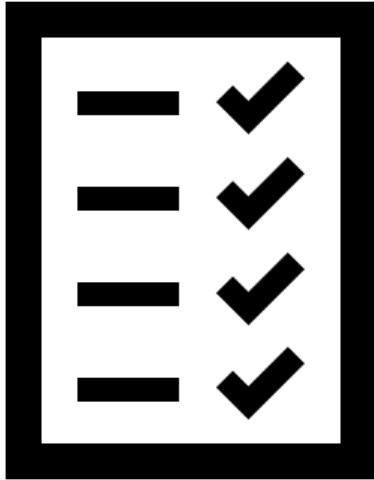
State Opioid Response II: Tribal Needs Assessment



Purpose of SOR Grant

- Help individuals receive care for substance use disorder (SUD), also referred to as substance abuse or addiction
- The grant focuses on opioid and stimulant use
- Goals of the grant:
 - Enhance the current use of medications that improve the success of SUD recovery (Medication Assisted Treatment)
 - Reduce deaths associated with opioid use

Goals for the Tribal Needs Assessment



- Gather information through anonymous surveys about:
 - Who may experience SUD
 - What services are currently available
 - What survey respondents know about SUD
 - What services they may have used
 - What services they may still need

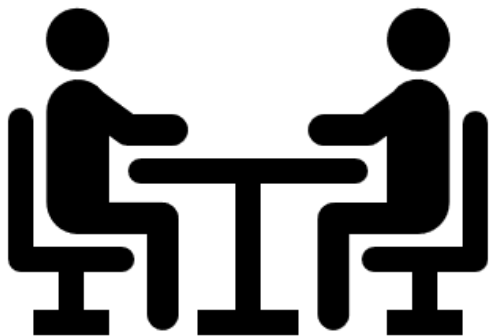
Benefits of Needs Assessment Participation

Needs Assessment participation potentially opens the door to additional services, such as:

- Medication to assist with treatment (MAT)
- Support to prevent substance use and related disorders
- Expanded access to opioid treatment programs
- Expanded access to recovery services, for example:
 - Housing
 - Peer support
 - Supportive recovery programs



Needs Assessment Requirements



Organizations that participate in the Needs Assessment are asked to support the following activities:

- Identify individuals to participate in key informant interviews to better understand the Tribe's needs
- Participate in focus groups
- Assist to distribute and market surveys



Guidehouse has the capability to support the Needs Assessment data collection by:

- Hosting virtual interviews and focus groups
- Providing alternate methods to administer and collect surveys – such as web or physical copies

Questions and Discussion

Point of Contact:

**Hazel Alvarenga, AHCCCS Opioid Grants
Administrator**

Hazel.Alvarenga@azahcccs.gov

602-417-4023

Division of Member and Provider Services (DMPS)



AHCCCS Provider Enrollment Portal

Patricia Santa Cruz, Provider Enrollment Administrator



Workload Update

- Average processing time for all submitted applications:
 - 37 days
- 11,113 new enrollments completed.
- 16,642 re-registrations completed.
- 5,026 modifications completed.
- 10,232 service tickets opened:
 - oldest ticket 29 days

Provider Updates

- Effective 8/1/2021, “paper” modifications being returned.
 - 51,022 re-registration invites have been mailed,
 - 15,205 provider-users have created a sign-on.
- APEP Service Address Functionality
 - Test “phase”,
 - Scheduled for release summer 2021.
- APEP Domain Permissions
 - Design “phase” to allow state-user ability to grant request,
 - Scheduled for release winter 2021.

Call Center Activity

- 5936 calls received.
- 1:12 mins average speed of answer.

- APEP provider training available.
- APEP training tutorials & videos.
- APEP FAQs to common questions.

- Ongoing training & collaboration between Provider Assistance and Provider Enrollment.

Open Discussion

Provider Assistance (602) 417-7670 option 5

APEPTrainingQuestions@azahcccs.gov

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 5/11/2021 through 8/10/2021: **8**
 - Total number of APC meetings attended, listed by representative group:
 - AZ Advisory Council on Indian Health Care: 0
 - Tuba City Regional Health Care: 2
 - Gila River Health Care: 6
 - Pascua Yaqui TRBHA: 0
 - San Carlos Apache Health Care: 1

New Policies Under Development

Manual	Policy Number and Title	Presented at Tribal Consultation	Presented to APC
AMPM	AMPM Chapter 200: Behavioral Health Practice Tools - 210, 211, 220, 230, 240, 250, 260, 270, 280	08/12/2021	08/12/2021
AMPM	XXX: Social Isolation	08/12/2021	TBD

Policies Published Since 05/13/2021

Manual	Policy Number and Title	Consultation/Comment Period	Tribal Comments Received	Published Date
ACOM	ACOM 449 - Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children ACOM Revision Memo - 06-17-21	04/09/21 - 05/24/21	1	06/17/21
AMPM	AMPM 320-U - Pre-petition Screening, Court Ordered Evaluation and Court Ordered Treatment AMPM Revision Memo: 06-17-21	04/06/21 - 05/21/21	2	06/17/21
AMPM	AMPM 960 - QUALITY OF CARE CONCERNS AMPM Revision Memo: 07-15-21	04/30/21 - 06/21/21	2	07/15/21
AMPM	AMPM POLICY 310-B, TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT AMPM Revision Memo: 08-02-21	05/05/21 - 06/27/21	1	08/02/21

Policies Open for TC as of August 12, 2021

- **Written Testimony Deadline of August 13, 2021 (EXPEDITED)**

The following policies did not go to APC due to non-substantive nature of changes and notification of Tribal Consultation via written comment was sent out on July 30, 2021.

- [ACOM Policy 327 – Pediatric Services Initiative](#)

- **Written Testimony Deadline of August 16, 2021**

The following policies had an APC date of July 1, 2021 and notification of Tribal Consultation via written comment was sent out on July 2, 2021.

- [ACOM Policy 448 – Housing Program](#)
- [AMPM Policy 310-R – Nursing Facility Services](#)

Policies Open for TC as of August 12, 2021

- **Written Testimony Deadline of August 24, 2021 (EXPEDITED)**

The following policies had an APC date of August 10, 2021 and notification of Tribal Consultation via written comment was sent out on August 10, 2021.

- [ACOM Policy 311 – AHCCCS Complete Care Program Tiered Reconciliation](#)
- [ACOM Policy 311 – Attachment A – ACC Program Tiered Reconciliation – Example](#)

Policies Open for TC as of August 12, 2021

- **Written Testimony Deadline of August 29, 2021**

The following policies had an APC date of July 1 and 15, 2021, and notification of Tribal Consultation via written comment was sent out on July 16, 2021.

- [ACOM Policy 111 – AHCCCS Pharmacy and Therapeutics Committee](#)
- [ACOM Policy 111 – Attachment A – Conflict of Interest Disclosure Form for Potential P&T Committee Members](#)
- [AMPM 570 – Provider Case Management](#)
- [AMPM 570 – Attachment A-Case Management Caseload Ratios and Review Cycle](#)
- [AMPM 570 – Attachment B-Case Management Plan Checklist](#)
- [AMPM Policy 320-N – Hepatitis C Virus \(HCV\) Prior Authorization Requirements for Direct Acting Antiviral \(DAA\) Medication Treatment](#)

Policies Open for TC as of August 12, 2021

- **Written Testimony Deadline of September 18, 2021**

The following policies had an APC date of August 3, 2021 and notification of Tribal Consultation via written comment was sent out on August 4, 2021.

- [ACOM Policy 302 – Cost Settlement for Coronavirus Disease of 2019 Vaccine](#)
- [ACOM Policy 302 – Attachment A – Sample of Cost Settlement of Coronavirus Disease of 2019 Vaccine](#)
- [AMPM Policy 710 - School Based Claiming Program](#)

Policies Open for TC as of August 12, 2021

- **Written Testimony Deadline of September 25, 2021**

The following policies had an APC date of August 10, 2021 and notification of Tribal Consultation via written comment was sent out on August 11, 2021.

- [AMPM Policy 610 – AHCCCS Provider Qualifications](#)
- [AMPM Policy 610 – Attachment A – AHCCCS Provider Types](#)
- [AMPM Policy 610 – Attachment B – AHCCCS Provider Type Screening Tool](#)
- [AMPM Policy 320-T1 – Block Grants and Discretionary Grants](#)
- [AMPM Policy 320-T1 – Attachment L – Substance Abuse Block Grant – Mental Health Block Grant Report](#)
- [AMPM Policy 320-T2 – Non-Title XIX XXI Services and Funding \(Excluding Block Grants and Discretionary\)](#)

Tribal Consultation References

- List of Policies Open for Tribal Consultation on AHCCCS Tribal Relations Webpage: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation/policypubliccomment.html>
 - Portal to submit comments and written testimony: <https://comments.azahcccs.gov/>
- Recommendations and Concerns can be sent to [AHCCCS Tribal Liaison](#) at any time via mail, fax, email, or by phone.
 - Email: Amanda.Bahe@azahcccs.gov
 - Mail: AHCCCS Attn: Federal Relations - Tribal Liaison, 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034
- Leaders and Stakeholders can sign-up for AHCCCS Policy Tribal Consultation Notifications via email
 - [Click here](#) for subscription webpage

Open Discussion

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

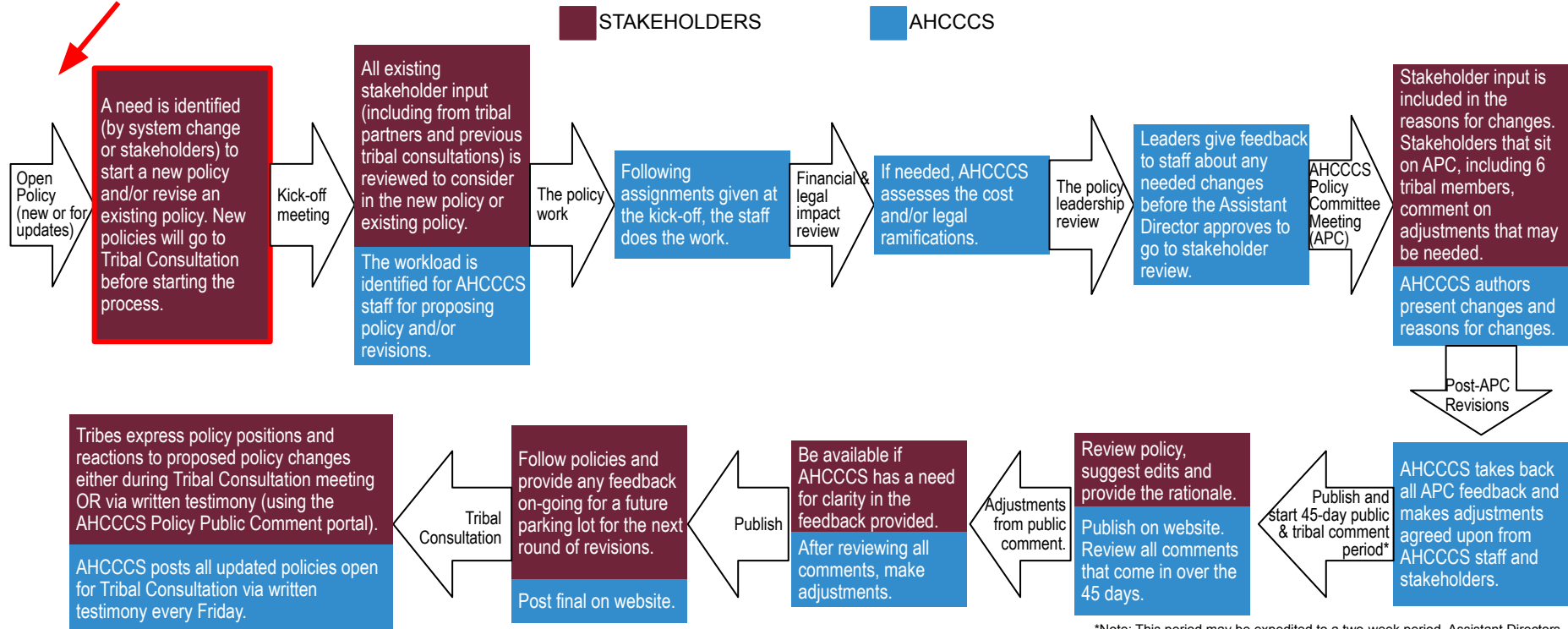


New Policy: ALTCS Social Isolation Overview

Dara Johnson, Program Development Officer, Division of Health Care Management

Workflow for ALTCS Social Isolation 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.

Policy Outline

- Goal: Create a new habilitation service model for the ALTCS population to address social isolation called “Supported Community Connections.”
- Population: ALTCS members served by MCOs and Tribal Contractors
- Purpose: To support member self-determination to:
 - identify the connections and relationships they want to make,
 - develop informal supports to make/maintain these connections/relationships independently in the future.
- Members could choose to have a peer provide the service.

Topics and Questions to Consider

- What are factors that contribute to social isolation for elders or people with disabilities who live on tribal lands?
- What are the best strategies to use when helping people to build relationships and community connections?
- Are you interested in participating in a small workgroup to help frame the scope of the policy including:
 - Medical necessity requirements,
 - Competencies for direct care workers,
 - Provider agency requirements.

Open Discussion

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

Feedback Timeline

- Feedback to inform this policy can be submitted to Amanda Bahe through Close of Business August 31, 2021.
 - Email to Amanda.Bahe@azahcccs.gov



BH Practice Tools: Moving to AMPM

Dr. Megan Woods, Integrated Care Administrator



Introduction

- Behavioral Health Practice Tools (originally developed in 2007) are moving to a dedicated AMPM policy section – AMPM 200
- Historically viewed as aspirational; gradual movement toward using them for monitoring fidelity to Arizona SOC processes
- As has always been the case, these remain an option and resource for Fee-for-Service Programs/Providers

AMPM 210

Working with the Birth Through Five Population

- Highlights the rapid and critical nature of early brain development
- Recognition that attachment and bonding are central to healthy development
- Intervention strategies to help reduce negative effects of trauma
- Intervention strategies to help caregivers understand the needs of infants and toddlers

AMPM 211- Psychiatric/Psychotherapeutic Best Practices for Children Birth through Five

- Emphasizes how physical health impacts behavior
- Overview of recommendations and best practice for assessment
- Overview of interventions to consider prior to use of psychiatric medication
- Summarizes therapeutic interventions, treatment guidelines and standardized assessments

AMPM 220-Child and Family Team (CFT) Practice Tool

- Foundation of Child and Family Team (CFT) Practice in Arizona
- Outlines the 12 Arizona Principles to incorporate in service delivery for children and their families.
- Outlines the process to implement the 9 activities of CFT practice

AMPM 230-Support and Rehabilitation Services for Children, Adolescents, and Young Adults Practice Tool

- Establishes expectations for Support and Rehab Services system model (Meet Me Where I Am)
- Outlines expectations: sufficient capacity, assessment of underlying needs, support to providers, and coordination.
- Outlines responsibilities for monitoring: current capacity, standardized referral process, and outcomes tracking.

AMPM 240-Family Involvement in the Children's Behavioral Health System

- Encourages the integration of families into professional roles through training, skill development, and mentoring.
- Increases family engagement, voice, and choice.
- Recognizes that families and family-run programs can be the best resource for designing, adapting, and monitoring culturally appropriate services and evaluating programs and services.

AMPM 250-Youth Involvement in the Children's Behavioral Health System

- Defines youth involvement as necessary and effective.
- Promotes understanding of the benefits of youth involvement in their own recovery.
- Supports the development and implementation of youth involvement throughout all levels within the AHCCCS System of Care.

AMPM 260- Needs of Children, Youth, and Families Involved with DCS

- Highlights the need for Integrated Care
- Delineates the Rapid Response procedures that must be followed when a child is removed from their home by DCS
- Discusses consideration of risk factors for children, youth, and families

AMPM 270- Children's Out-of-Home Services

- Overview of the Out-of-Home placement process
- Focuses on ensuring the needs of the child and family are met through a team process, including providers and other agencies as necessary
- Reviews service planning and coordination requirements and how to operationalize in line with CFT practice and associated AHCCCS policies

AMPM 280- Transition to Adulthood

- Outlines responsibilities and requirements around service planning and coordination to transition aged youth while in line with other AHCCCS policies
- Highlights the importance of a coordinated team approach with the child, family, and system partners
- Outlines specific areas for consideration in transition planning; living arrangements, finances, education/vocation, etc.

Open Discussion



AMPM 310-BB: Non-Emergency Medical Transportation (NEMT) Bus Passes

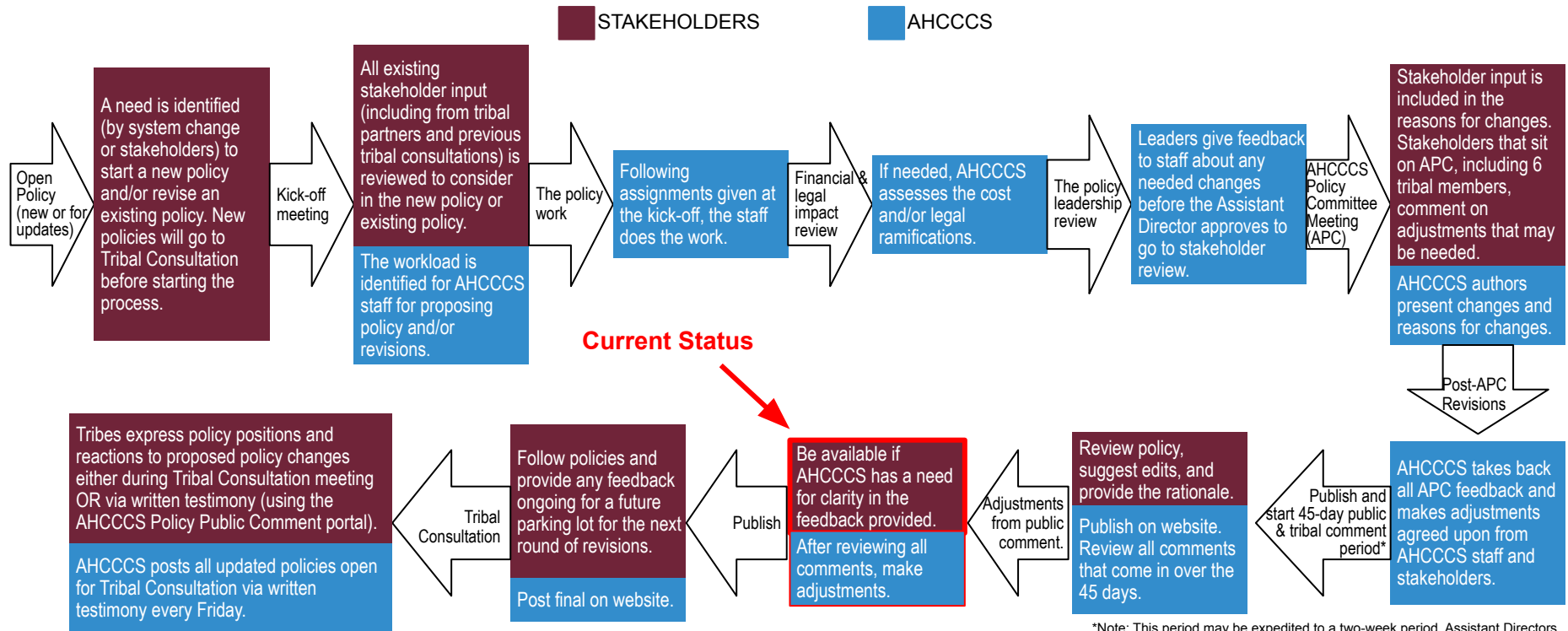
Alex Demyan, DCAIR Deputy Assistant Director



AMPM 310-BB Reference Documents

- Current AMPM 310-BB Policy (approved, but not yet effective):
<https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/NotEffective/300/310BB.pdf>
- Conceptual policy changes were discussed during the December 10, 2020 Tribal Consultation meeting:
<https://www.azahcccs.gov/AmericanIndians/Downloads/Consultations/Meetings/2020/December102020SpecialTC.pdf>

Workflow for AMPM 310-BB



*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.

AHCCCS Policy AMPM 310-BB Updates

Updates include:

- If public transportation is available in the service area, the contractor shall ensure public transportation is offered as an option to a member when NEMT services are requested. Providing a member the option of public transportation shall not prohibit the member's access to other transportation services as specified in the transportation policy,
- FFS providers may offer public transportation options to FFS members traveling to and from AHCCCS approved services. For billing information, reference the FFS and IHS/638 [Provider Billing Manual](#) (billing guidance is forthcoming).

NEMT Bus Passes

Updates to AHCCCS Policy AMPM 310-BB include:

- The following shall be considered when offering public transportation to a member:
 - o Distance of the member to a transportation stop,
 - o Distance of the service provider to a transportation stop,
 - o A requirement that provision of a bus pass be scheduled in coordination with the member's appointment,
 - o The ability of the member to travel alone on public transportation, and
 - o Member preference.

DFSM Bus Pass Update

- DFSM is preparing to implement the Bus Pass provision included in the AMPM Policy 310-BB, effective 10/1/2021.
- DFSM will provide the final billing instructions via AHCCCS Fee-For-Service & IHS/ Tribal Provider Billing Manuals prior to go live on 10/1/2021.
 - This will include instructions for providers who have Category of Service 31 in their profile.

Open Discussion

BREAK

We will resume at 3:20 pm MST

Division of Fee for Service Management (DFSM)



DFSM General Update

Ewaryst Jedrasik, RN, DFSM Deputy Assistant Director



DFSM COVID-19 Flexibilities

- Original memo outlining COVID-19 DFSM flexibilities was released on March 25, 2020.
- On 4/14/2021, the Pharmacy Services section was updated.
- On 6/29/2021, the Physical Health Services and Non-Emergency Transportation (NEMT) Services sections were updated with the effective date of 8/1/2021.
- Link to updated memo:
azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSPriorAuthorization.pdf

Update

- Due to rapid increase in hospitalizations, and the need to remove any barriers preventing timely transfer of members from Acute Hospitals to the aftercare settings, DFSM is working on implementing new flexibilities.
- Both scope and duration of this flexibilities will be announced in the upcoming PA Memo and will include removal of prior authorizations from some inpatient and outpatient services.

Physical Health Services Update

- Effective 8/1/2021 the following changes were implemented to the flexibilities related to the [COVID-19 DFSM memo](#).

B. Facility Services

DFSM reinstated prior authorization requirements for the following levels of care, effective 8/1/2021:

- b) Acute Inpatient Hospitalization; and
- c) Inpatient Rehabilitation Facilities (e.g. Long Term Acute Hospitals).

DFSM continues to maintain the temporary removal of prior authorization requirements for the following levels of care:

- a) Assisted Living Facilities/Centers; and
- b) Skilled Nursing Facilities (SNFs).

Non-Emergency Medical Transportation (NEMT) Services

- The following changes were implemented to the flexibilities related to the [COVID-19 DFSM memo](#).
 - Effective 8/1/2021, NEMT providers transporting a member over 100 miles must obtain prior authorization.

ROPA

- Due to the COVID-19 Public Health Emergency (PHE), and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to January 1, 2022 or the anticipate end of the PHE.**
- After this deadline, claims which include referring, ordering, prescribing, or attending providers who are not enrolled with AHCCCS will not be reimbursed.
- AHCCCS created a website where IHS/638 providers can list providers who should have an exception from this requirement (referred to as “excepted providers”), such as residents and medical school interns.
 - <https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>
- Please use email: ROPAXceptions@azahcccs.gov to add or remove excepted providers.

Pharmacy ROPA

- Like residents and interns, AHCCCS does not register pharmacists. AHCCCS has created an exception table so that pharmacists may order immunizations when they are administered at the pharmacy and submit claims to the PBM using the NPI of the pharmacist as the ordering provider. Pharmacists do not have prescriptive authority other than to order immunizations.
- IHS and 638 staff may enter pharmacists on the exception table that is located on the AHCCCS website at:
<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html>
- Additions and deletions can be added to the exception table by sending an email to ROPAExceptions@azahcccs.gov

DDD-AIHP

- Target implementation is **April 1, 2022**
- Department of Economic Security (DES) began discussing during the June 25, 2020 Tribal Consultation
- AHCCCS began discussing during the July 7, 2020 Tribal Consultation
- AHCCCS and DES/DDD are planning integration across five workgroups including; clinical, communications, policy, technical, and finance. Efforts include overall improved system delivery for DDD-AIHP members.

GOAL:

Improve care coordination and increase system transparency for members and providers

Open Discussion



100% FMAP Care Coordination Agreements

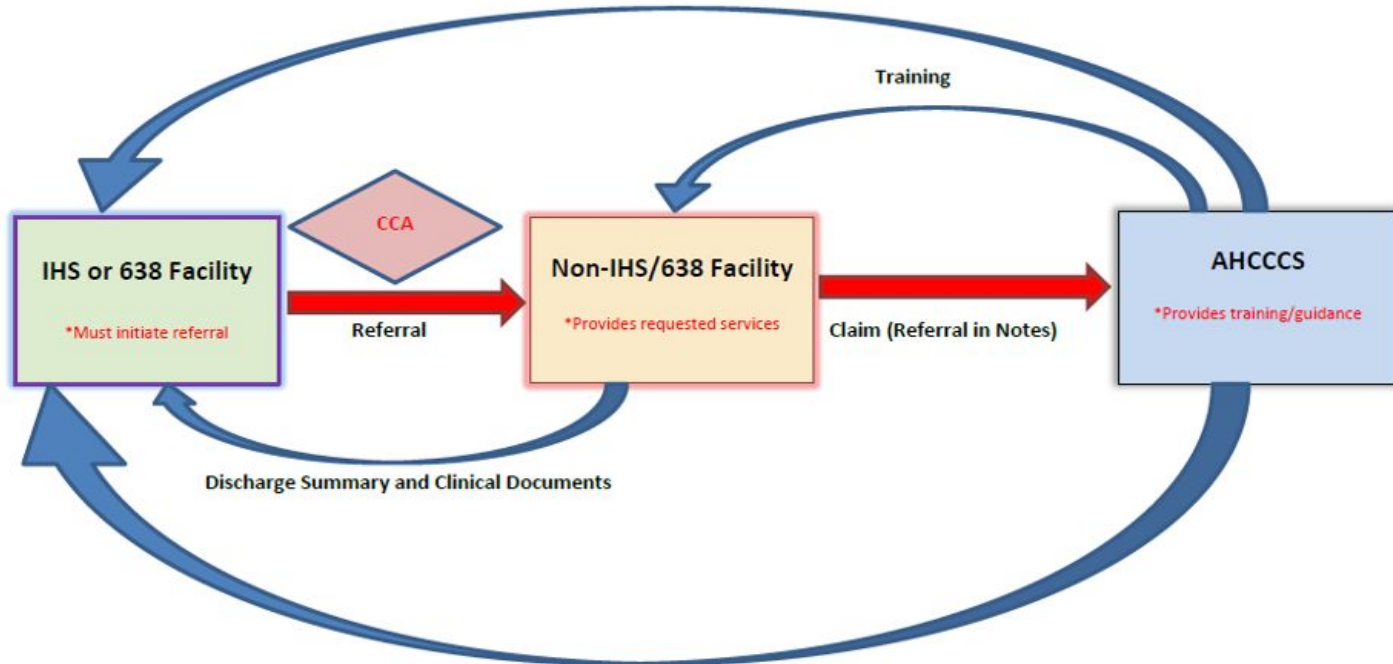
Leslie Short, DFSM Integrated Services Administrator



100% Federal Funding for Services Furnished via Care Coordination Agreements

- SHO Guidance 16-002, 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

CYE 22 IHS/Tribal 638 Facility DAP

- DAP for Care Coordination Agreements with Non-IHS/Tribal 638 Facilities (0.5%)
 - Fully signed CCAs were due April 30, 2021
 - The CCA must be for inpatient, outpatient, and ambulatory services provided through a referral
- Executed Care Coordination Agreements
 - Tuba City and Northern AZ Healthcare/Flagstaff Medical Center
 - Tohono O'odham (Sells Hospital) and Tucson 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



Back to School Immunization Updates

Dr. Satya Sarma, DFSM Medical Director



Back to School:

Vaccination and Preventive Care Considerations for Children

- **COVID-19 Vaccination** for adolescents: Pfizer-BioNTech vaccine approved for children 12+ on May 10, 2021
- Overall Adverse Events are low at 1:1000. As of July 16, 2021, the CDC reports VAERS received 9,246 reports out of approx. 8.9 million U.S. adolescents aged 12–17 years.
- 90.7% of these were for non-serious adverse events and 9.3% were for serious adverse events, including myocarditis (4.3%).

Back to School: Vaccination and Preventive Care Considerations for Children

- **COVID-19 Vaccination continued:** CDC's Advisory Committee on Immunization Practices (ACIP) met to review evidence 6/23/21.
- **Conclusion:** The benefits of COVID-19 vaccination to individual persons and the population outweigh the risks for myocarditis. Recommended continued use of the Pfizer COVID-19 vaccine in persons aged ≥ 12 years.

Back to School:

Vaccination and Preventive Care Considerations for Children

- Sep 23, 2020: CMS issues a call to action following a drastic decline in overall vaccinations and preventive care for children in Medicaid & CHIP due to the COVID-19 pandemic
- 1.7 million (22%) fewer vaccinations received by beneficiaries up to age 2
- 3.2 million (44%) fewer child screening services, even after accounting for the increased use of telehealth
- 7.6 million (69%) fewer dental services

Back to School: Vaccination and Preventive Care Considerations for Children

Recommendations:

- Back to school pediatrician visit and sports physicals/wellness visits
- Back to school dental visit(s) and cleanings/ prophylaxis
- Back to school immunizations (catch up if needed)
- Adults and adolescents to consider COVID-19 vaccination options

COVID-19 Vaccination Resources from The Arizona Partnership for Immunization (TAPI)

- TAPI is continuing regular immunization trainings for vaccine providers every other week for the summer and will be providing COVID-19 vaccine updates. Offices can register here:
<https://whyimmunize.org/tapi-training/>
- Billing guides for COVID-19 vaccine are on the COVID-19 vaccine provider resources page:
<https://whyimmunize.org/covid-19-provider-resource-page/>
- Additional patient communication can be ordered on TAPI's website:
<https://whyimmunize.org/free-materials-2/>

Open Discussion



Tribal Transportation Workgroup

Chris Ray, DFSM Claims Administrator

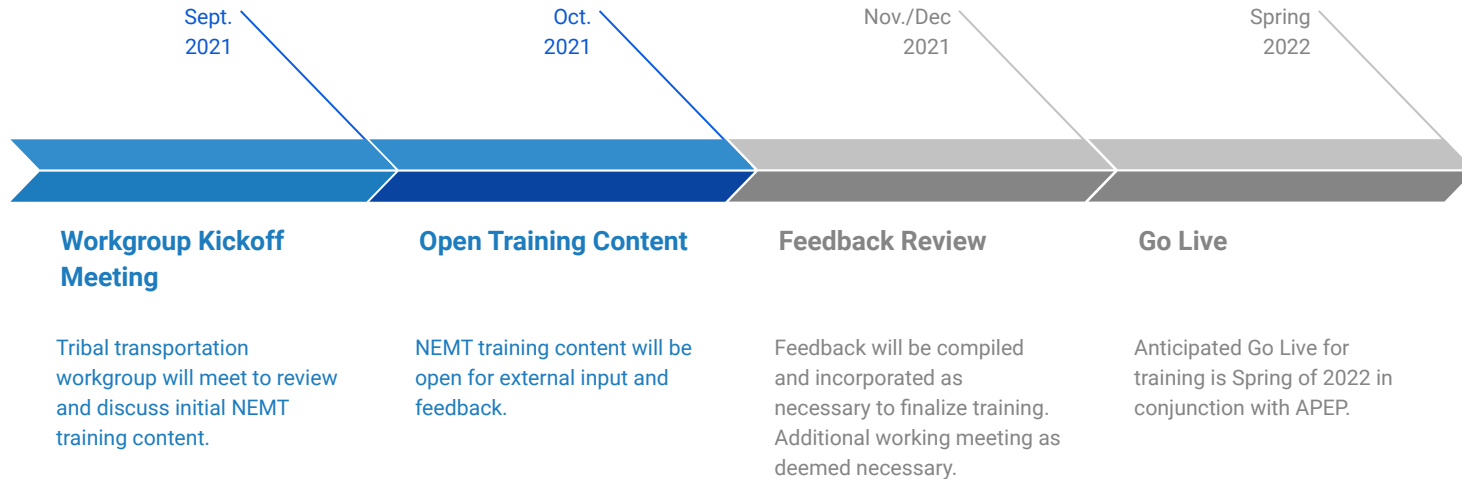


Tribal Transportation Workgroup

- Reconvening the tribal transportation workgroup to review NEMT requirements (AMPM 310-BB) for the owners of NEMT companies.
- This will be a newly required component for certification (in alignment with APEP).
- Workgroup to convene in fall of 2021, training will go live early 2022.

Tribal Transportation Workgroup Timeline

NEMT Required Training



NEMT Training Content Examples:

- NEMT Policy, Resources, and Regulations
- Quality Management
- Prior Authorization (PA)
- Claims Submission

Contact Information

- For additional questions or to participate in the tribal transportation workgroup meeting:
- Chris Ray
 - christopher.ray@azahcccs.gov
- Email participation requests due by 8/31/21

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>

Disproportionate Share Hospital (DSH) 2022

- AHCCCS will submit three SPAs related to our DSH program for fiscal year 2022:
 - One SPA will detail amounts and facilities participating in DSH Pool 5 funding (and other political entities)
 - Another SPA will detail the amounts for DSH Pool 4 funding
 - The third SPA will detail the amounts for all other DSH Pool funding (non-governmentally operated hospitals and governmentally operated hospitals)

2022 DSH Public Notice: <https://www.azahcccs.gov/shared/Downloads/PublicNotices/DSHFY22NOPI.pdf>

Graduate Medical Education (GME) 2022

- Similar to DSH, AHCCCS will be submitting three SPAs related to our GME program for FY 2022:
 - One SPA will detail the state General Fund payment methodology and amounts for GME
 - Another SPA will detail the payment methodology and amounts for other political subdivisions related to GME
 - The third SPA will detail FQHC GME

2022 GME Public Notice: <https://www.azahcccs.gov/shared/Downloads/PublicNotices/GMEFY22NOPI.pdf>

FQHC/RHC Graduate Medical Education (GME) 2022

- This SPA establishes a separate GME program to **reimburse community health centers (CHCs) and rural health clinics (RHCs)** that have an approved primary care GME program by March 1, 2022.
- If approved by CMS, the federal government will provide approximately 70% funding.
- Currently *no state monies* are appropriated but this SPA allows CHCs/RHCs to *partner with* local, county, and tribal governments as well as Arizona Board of Regents Universities (U of A, ASU, and NAU) *to provide a state match*.
- Workgroup meeting on August 13. If interested in being involved, contact amy.upston@azahcccs.gov.

Fee Schedule Rate Updates

- A SPA will update the State Plan to reflect the fee schedule changes effective October 1, 2021.
- All changes reflected in the Public Notice below:
<https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/NOPIRateChanges20211001.pdf>

Fee Schedule Rate Updates

- FFS Other Ground Emergency Transportation Rates for IHS and Tribal 638 Facilities
 - Rate Increase averaging 15.1%, and
 - POS codes for place of service 05, 06, 07, and 08.
- 0.9% - Ground Ambulance Emergency (statutory adjustment)
- 5.0% - Federally Qualified Health Centers and Rural Health Clinics Prospective Payment System rates

Fee Schedule Rate Updates

- 7.2% - Home and Community Based Services and Nursing Facilities
- \$21.33 - Vaccine Administration under the Pediatric Immunization Program
- Hospital Outpatient Fee Schedule has been updated as part of the required 5 year rebase process
- Inpatient Hospital APR-DRG has been updated from V.34 to V.38

Hospice, Long-Term Acute Care and Rehabilitation Hospitals all have minor changes related to cost of charge updates or minor adjustments due to CMS.

COVID-19 Vaccine Rate Increase

- **Current Rate (3/15/21 - 8/8/21):** \$40 per dose for the two-dose vaccines and \$40 to administer the single-dose vaccines.
- **New Rate (effective 8/9/21):** \$83 per dose for the two-dose vaccines and \$83 to administer the single-dose vaccines.

Differential Adjusted Payments (DAP)

CYE 2022 Dates of Service

The purpose of the DAP is to distinguish providers that have committed to supporting designated actions that improve patients' care experience, improve members' health, and reduce cost of care growth. These fee schedules will be limited to dates of service in CYE 2022. The following providers are eligible to participate in DAP:

1. Hospitals Subject to APR-DRG Reimbursement, excluding Critical Access Hospitals,
2. Critical Access Hospitals,
3. Other Hospitals and Inpatient Facilities,
4. Indian Health Services (IHS) and 638 Tribally Owned and/or Operated Facilities,
5. Nursing Facilities,
6. Integrated Clinics,
7. Behavioral Health Outpatient Clinics,
8. Behavioral Health Outpatient Clinics and Integrated Clinics,
9. Physicians, Physician Assistants, and Registered Nurse Practitioners,
10. Behavioral Health Providers,
11. Dental Providers, and
12. Home and Community Based Services Providers.

Clinical Nurse Specialist (CNS)

- This SPA describes the Clinical Nurse Specialist as a new provider type.
- A CNS has limited prescribing/dispensing authority in specific settings.
- There will be a CNS certification process through the Arizona Board of Nursing.
- The list of codes for the CNS scope of practice will be equal to provider type 19 - Nurse Practitioner.

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

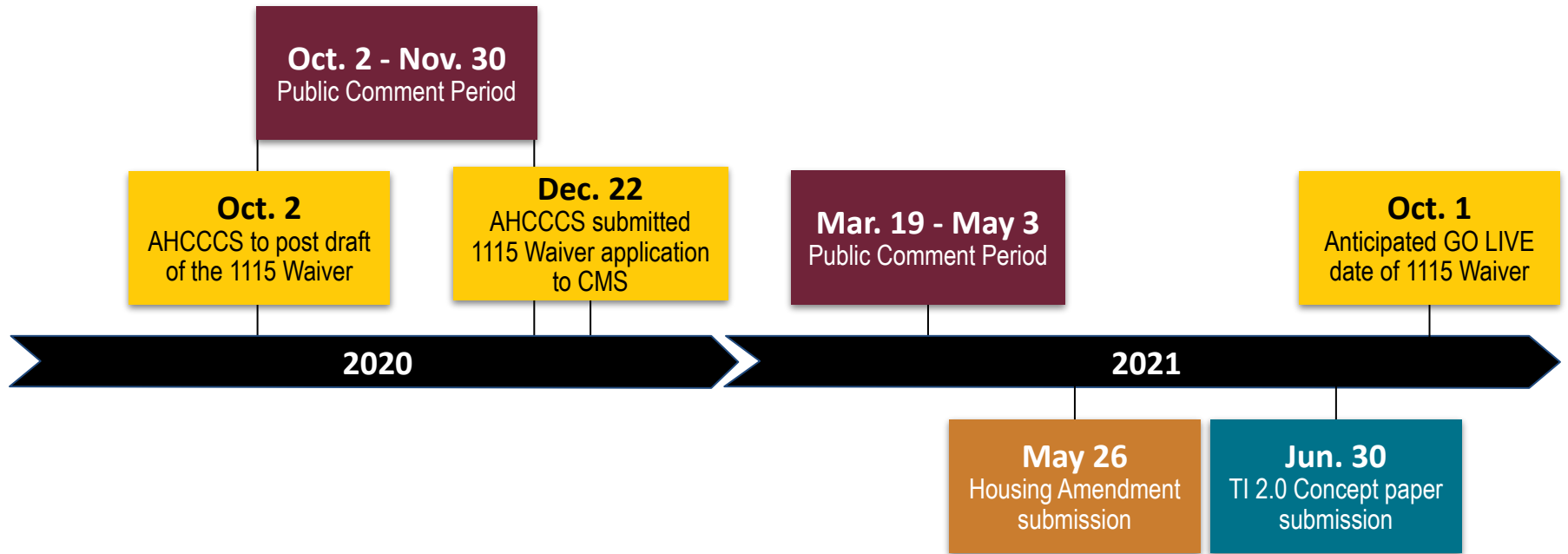


Waiver Update

Shreya Arakere, AHCCCS Waiver Manager



Arizona's 1115 Waiver Renewal Timeline



1115 Demonstration Waiver Renewal

- Current waiver is due to expire on September 30, 2021
- Possible short term extension of existing allowances
- Possible termination of certain allowances (i.e., AHCCCS Works, AHCCCS CARE)
- Further negotiation
 - Targeted Investments Program continuation,
 - Verbal consent in lieu of written signature for up to 30 days for ALTCS members,
 - Reimbursement for traditional healing services,
 - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities, and
 - Housing and Health Opportunities (H2O) Initiative.

Revised Interim Evaluation Report

- AHCCCS is currently developing a revised Interim Evaluation Report:
 - Non-Survey measures
 - Survey Measures
 - Key Informant Interview Results
 - Focus Group Discussion Results
- Will be published on AHCCCS' website by the end of August 2021.

Open Discussion

General Discussion

Feedback Deadline Specific to this Session:

October 14, 2021

(unless otherwise noted)

Announcements

Next AHCCCS Tribal Consultation:

November 4, 2021 at 1 p.m.

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

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by October 18, 2021.



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:

USING OIFA EMPOWERMENT TOOLS TO NAVIGATE THE HEALTHCARE SYSTEM

Date: August 24, 2021

Time: 10:30 a.m. MST

Register in advance for this webinar:

https://ahcccs.zoom.us/webinar/register/WN_bsZ5U6eyT82QznZfQPqISw

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

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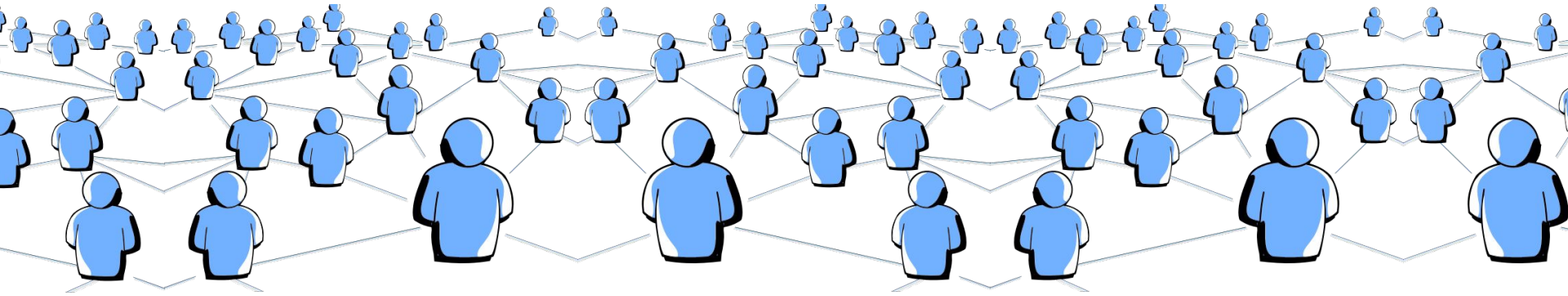
Handle:

[@AHCCCS](https://www.linkedin.com/company/AHCCCS)

YouTube

Channel:

[AHCCCSgov](https://www.youtube.com/channel/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!