Welcome to AHCCCS Community Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

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

Thank you.

National 24-Hour Crisis Hotlines

Phone

- 988 Suicide & Crisis Lifeline: **988**
- National Substance Use and Disorder Issues Referral and Treatment Hotline: **1-800-662-HELP (4357)**

Text

- Send a Text to **988**
- Text the word "HOME" to **741741**

Chat

- **988 Lifeline Chat**

Videophone

- Select **ASL NOW** at the bottom of the page to connect with a 988 Lifeline counselor.

Statewide Arizona Crisis Hotline

Call: 1-844-534-HOPE (4673) or

Text: 4HOPE (44673)

Chat: [Solari Crisis Response Network](#)

How to access the crisis line in your area

Statewide:
Call: 1-844-534-HOPE (4673), **Text: 4HOPE (44673)** or
Chat: Solari Crisis Response Network

North GSA
- **Counties: Coconino, Mohave, Navajo, Yavapai:**
  Health Choice Arizona: **1-877-756-4090**

Central GSA
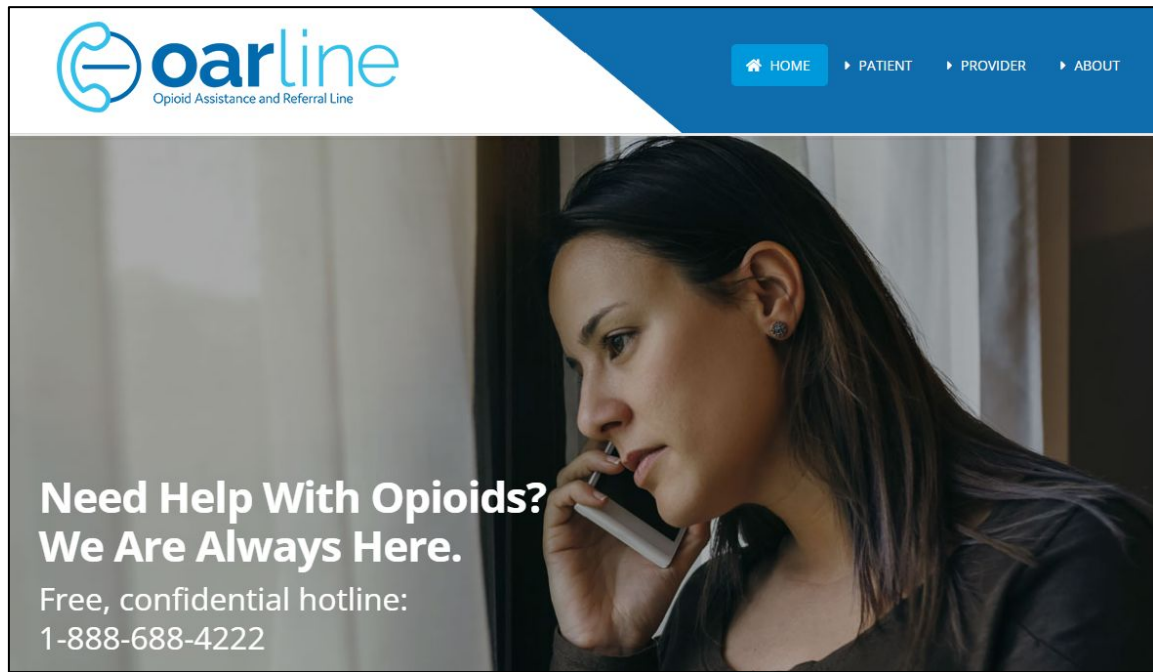- **Maricopa County,Pinal, Gila:** Mercy Care **1-800-631-1314**

South GSA
- **Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma:**
  Arizona Complete Health - Complete Care Plan
  1-866-495-6735

Tribal
- **Ak-Chin Indian Indian Community:**
  1-800-259-3449

- **Gila River Indian Community:**
  1-800-259-3449

- **Salt River Pima Maricopa Indian Community:**
  1-855-331-6432

- **Tohono O'odham Nation:**
  1-844-423-8759

AHCCCS
Arizona Health Care Cost Containment System

OARLine

www.azdhs.gov/oarline

Email:
AzOarline@gmail.com

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Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.

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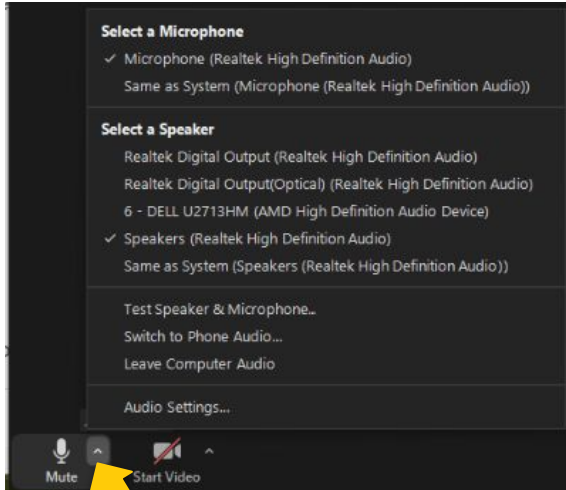
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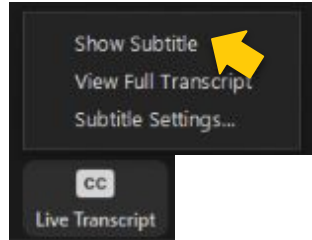
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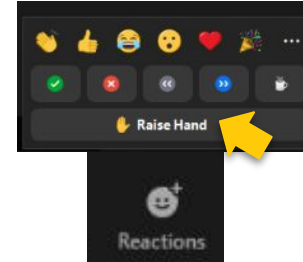
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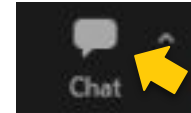
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Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

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Mute your mic when you aren't speaking.

Limit background noise and distractions.
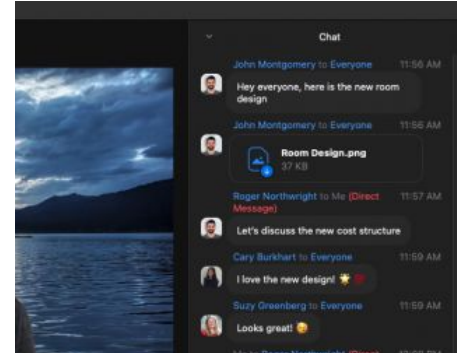
Use chat feature (or Q&A when available) to ask questions or share resources.

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

CHW/CHR Organizations and Services

Samantha Williams

CHW/CHR Reimbursement

Community Health Workers (CHWs), (Community Health Representatives or Promotores de Salud), are able to **register as AHCCCS providers** and be reimbursed for providing Medicaid services.

CHWs are:

- an **integral** part of community health,
- often better able to **discuss the importance of health care** services and education, and support their community members.

CHW agencies must submit a list of all certified CHWs whom they employ, adhere to all relevant AHCCCS policies when billing for CHW services, and be certified by Arizona Department of Health Services (ADHS).

Learn more about Community Health Workers reimbursement on the AHCCCS [Community Health Worker web page..](#)

PEER SUPPORT

PCP

PSYCHIATRIST

MEMBER

SPECIALIST

CASE MANAGER

CHW/CHR

List of Providers Eligible to Bill for CHW Services

- 638 FQHC (PT C5)
- BH Outpatient Clinic (PT 77)
- Clinic (PT 05)
- Community/Rural Health Center (PT 29)
- DO-Physician Osteopath (PT 31)
- Federally Qualified Health Center (FQHC) (PT C2)
- Hospital (PT 02)
- Integrated Clinic (PT IC)
- MD-Physicians (PT 08)
- Physician's Assistants (PT 18), and
- Registered Nurse Practitioner (PT 19)

*All providers must have COS01 in their Provider Profile to bill for CHW services

CHW Organization Provider Type (PT)

- Effective March 4, 2024- AHCCCS has established a new Provider Type (PT) Called "CHW Organization"
- Allows for CBOs, localities, Tribal organizations and other institutions employing ADHS certified CHW/CHRs to enroll with AHCCCS
- Existing providers not included in phase one who are interested in CHW/CHR reimbursement may also enroll with AHCCCS as a "CHW Organization"
- The "CHW Organization" PT is considered a "high-risk" provider.

CHW Organization Enrollment Process

- As "high-risk" providers, organizations enrolling as a "CHW Organization" will need to complete the following:
  - Submit a complete application through the APEP Portal
  - Complete a fingerprint-based criminal background (FBCB) check
  - Complete a site visit
  - Submit the list of certified CHW/CHRs that will be billing
  - Pay an enrollment fee
- Providers should anticipate this process to take 60-90 days from the date of application

Where to Register as CHW Organization

- The APEP portal can be found at www.azahcccs.gov/APEP
- Click the User Registration button to begin the registration process.
- The portal will then walk you through the process to register.

Applying To Be an AHCCCS Provider

Providers new to APEP:
User Registration

Existing APEP users:
Existing Users

If you need to reset your APEP Password, please see the APEP Password Reset Procedure.

If you need to add, change, or remove a Domain Administrator, please see Domain Access in APEP.

If you are unable to use APEP to submit your application, the AHCCCS Provider Enrollment Application form may be used. The form will only be accepted if the provider has extenuating circumstances that explain why they cannot use the AHCCCS Provider Enrollment Portal System (APEP). Circumstances must be outlined in a written statement along with submission of the AHCCCS Provider Enrollment Application form.

Providers are required to make arrangements for and only accept payment by way of electronic funds transfer (EFT) *within 30 calendar days* following the effective date of the agreement that is signed upon submitting an enrollment application. Active providers will be given a grace period to comply with this requirement. All active providers will receive a notice from AHCCCS explaining how to enroll in EFT. Upon receiving this notice, an active provider will be required to comply with the EFT requirement *within 30 days* of the notice.

Information Required Through APEP

- **Provider basic information**: Entity name, Correspondence information, Practice Location, Tax ID, billing associations
- **Ownership Disclosures**: This includes disclosure of ownership and control interests as well as disclosing any adverse actions the disclosed individuals may have (such as felonies, state exclusions, terminations and other actions)
- **Employee details**: This application step APEP has an excel spreadsheet for providers to download, complete appropriate information for the certified CHW staff and re-upload. It is critical to review the details on the spreadsheet for completeness and correctness to avoid any delays in processing.
- **Uploads**: All providers must upload a signed W-9 tax form. In addition, CHW organizations must sign the CHW Organization Provider Type Profile.

*This is a summary of the APEP application requirements and is not inclusive of every element required for the application.

Questions?

H2O Enhanced Shelter Rate Review

Liz da Costa, Housing Program Administrator

Ben Kauffman, Reimbursement Administrator

Housing and Health Opportunities (H2O) Overview

Eligible Populations
- Homelessness and,
- SMI Designation and,
- Chronic Health Condition or,
- Correctional Facility

Interventions
- Outreach and Education
- Transitional Housing
  - **Enhanced Shelter**
  - Short-Term Rental Assistance
- Home Modification and Remediation
- Pre-Tenancy/Tenancy Support

AHCCCS Website, H2O Information

Overview of Enhanced Shelter Intervention

A congregate setting with no more than 100 beds at the physical location or a non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., hotel). Services are available 24/7 and include food, storage, access to hygiene and supportive services to support independent living and transition to a permanent housing destination.

- Provide shelter services in a setting that meets the requirements in policy and ensures members have access to food, storage, and a personal space for the duration of their stay.

- Be open 24 hours a day, 7 days a week.

- Members will not be required to leave during the day, however they will be able to voluntarily come and go from the facility with the exception of an established curfew.

- Settings shall have a low staff to member ratio, not to exceed 1 staff per every 25 members on site from 7am to 7pm, daily

- Each member will have an assigned staff person. Staff are required to have biweekly training or in-service for all staff on site, led by a clinician with behavioral health experience

- The staff person will be responsible for connecting the members to necessary interventions including medical, psychiatric, substance use treatment, employment services, and connection to mainstream benefits

AHCCCS H2O Protocol

Rate Development Methodology

Using the general guidelines in the previous slides, AHCCCS development a proposed rate for the enhanced shelter intervention. The following provide assumptions assumed for the rate development:

- A blended staffing ratio of 1 staff to 37 individuals
  - Staffing ratio from 7am to 7pm- 1 staff to 25 individuals
  - Staffing ratio from 7pm to 7am- 1 staff to 50 individuals
- Front Line staff wage assumption of $21.91 per hour
  - Employee Related Expenses of 32%
- Direct Supervision cost built into the model
- Program costs for rent, security, other operating expenses, and food
- 10% to cover administrative costs

Rate Model- Enhanced Shelter

Summary	
Direct Staff Wage	$ 14.21
Direct Staff ERE	32.1%
Total Hours	8
Average on site time	7.5
Direct Staff Cost	$ 20.02
Direct Supervision Costs	$ 7.60
Program Costs	$ 59.89
Administrative Overhead	10%
Recommended Rate Per Person Per Day	**$ 96.26**

As described in the previous slide, the summary model on the left side of this slide highlight the rate model for enhanced shelter when developed for billing purposes.

The reimbursement unit will be per person per day. As a result, the model components have been modified to align with the per person per day model.

For example, the direct staff wage in the table appears as $14.21 per hour; however, that represents the staffing cost attributed to each person for the day based on the staffing ratio assumptions. The actual hourly wage for direct staff is $21.91.

How to Provide Feedback

- Submit data or information to support concerns or recommendations to the reimbursement rate (i.e., specific details around operational and/or wage expense)

- Send to FFSRates@AZAHCCCS.gov

    Subject Line - **H2O Enhanced Shelter - "Provider Name"**
- Return Feedback by **May 7th, 2024**

- Finalized rate for Enhanced Shelter will be apart of a public notice related to H2O rates, scheduled for summer 2024

Thank You.

AZ Olmstead Plan Updates

Adam Robson

Employment Administrator

Olmstead Facilitator

Olmstead v. L.C. (1999)

- A 1999 United States Supreme Court decision that provided a legal framework for the efforts of federal and state governments to integrate persons with disabilities, specifically those at risk of institutionalization, into their communities. Olmstead is intended to remove unnecessary segregation of members from the broader community and to ensure that members receive services in the most integrated setting appropriate to their needs.
- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
  - State's treatment professionals reasonably determine that such placement is appropriate
  - The affected person is in agreement with the decision, and
  - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services

Olmstead Strategies

#	Strategy	Description
1	**Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community**	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	**Reach-in discharge planning for hospital settings**	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	**Reach-in discharge planning for the justice system**	Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.
4	**Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations**	Explore the feasibility of expanding HCBS for the aging SMI population.

Olmstead Strategies

#	Strategy	Description
5	**Workforce Development initiatives**	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.
6	**High quality network to ensure members are served in the most effective and least restrictive manner**	Ensure services are provided by high quality network providers in a timely manner.
7	**Person-centered planning enhancements**	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs)
8	**Aggregated Population Data**	Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.

Olmstead Plan Quarterly Updates

AHCCCS has developed an internal process for Olmstead SMEs when providing quarterly updates.

Updates do not need to be included for every Objective every quarter, just those areas with major accomplishments or updated data.

Updates due within 15 days after the end of each quarter (Jan, Apr, Jul, Oct)

Updates reviewed/ finalized

Updated Olmstead Plan reposted to the Olmstead web page before the end of that month.

Email notification will be sent to those subscribed to Olmstead updates

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community

Objective #1	Target Date	Performance Targets	Progress Summary
Address barriers to the financing and delivery of supportive housing support and wrap-around services.			
B. Modify the AHCCCS Contractor Operations Manual (ACOM) Housing policy (ACOM 448) to clearly outline how Medicaid services may be used to help members obtain and maintain housing.	1/2024 7/2024[1] 10/2024	• Transition and update ACOM 448 to AMPM 320-H and educate impacted MCOs. • Develop standardized training around evidenced based practices related to Permanent Supportive Housing. • Roll out standardized training and develop a tracking system to ensure all identified providers complete the training.	AHCCCS Housing team updated ACOM 448 and transitioned it to AMPM 320-H. It is currently under AHCCCS Executive Management review. Once complete, it will be sent out for public comment.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community

Objective #2	Target Date	Performance Targets	Progress Summary
Expand access and range of housing settings for all eligible populations.			
A. Develop new transitional housing options to facilitate transition from residential, inpatient, the justice system, and housing instability to the least restrictive community-based settings.	10/2024 7/2025	• Increase the number of transitional housing units to 50 • Maintain or exceed 95% occupancy across all units each month.	Currently working with the Arizona Department of Administration (ADOA) on the construction of Bower Park, which will be a new transitional housing facility in downtown Phoenix for individuals experiencing homelessness and living with an SMI determination.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community			
Objective #3	**Target Date**	**Performance Targets**	**Progress Summary**
Increase speed with which appropriate housing options can be identified and provided.			
A. Strengthen screening, assessment, in-reach, outreach, member provider choice, and service coordination processes.	10/2024 10/2024	• Increase the number of members on the AHCCCS Housing Program (AHP) wait list who are identified on the Homeless Management Information System (HMIS) Unsheltered Reports. • Increase the number of providers who provide PSH following fidelity from the Substance Abuse and Mental Health Services Administration (SAMHSA).	The health plans have received the corresponding HMIS report to begin care coordination and ensure eligible AHCCCS members are referred to the AHP. AHCCCS' Integrated System of Care (ISOC) team is currently working on publishing a new policy titled "Implementation and Fidelity Monitoring of SAMHSA Evidence-Based Practices" to improve tracking towards this measure.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #1: Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community

Strategy #1 Accomplishments
Effective Permanent Supportive Housing for members to successfully reside in the community

Objective 2.B: As of June 2023, AHCCCS is leveraging supportive services to support 2,964 units through partnerships with housing providers. As of January 2024, the length of stay in AHCCCS Housing Program (AHP) is 1,338 days (approximately 3 ½ years).

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #2: Reach-in discharge planning for hospital settings			
Objective #2	**Target Date**	**Performance Targets**	**Progress Summary**
Use CommunityCares, the statewide Closed-Loop Referral System (CLRS), for members exiting hospital settings to increase member access to community resources addressing social risk factors of health.			
A. Monitor usage of CommunityCares by hospital/inpatient providers to community resources.	1/2025	• 30% of participating hospitals/inpatient providers will be facilitating at least 10 member referrals (on average) per month using CommunityCares.	Key Performance Indicators (KPIs) were established for tracking the number of referrals each month. AHCCCS is offering providers a Differential Adjusted Payment (DAP) incentive to sign on to the CLRS and begin using it for at least 10 member referrals a month.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #3: Reach-in discharge planning for the justice system

Objective #1	Target Date	Performance Targets	Progress Summary
Develop relationships with counties/ justice settings currently not participating in data sharing with AHCCCS to support enrollment suspense.	4/2024	• Encourage new counties/justice settings to participate in data sharing with AHCCCS, prioritizing outreach to counties with higher population density.	Since June 2023, there have been 3 new counties (Apache, Mohave, and Pima) that have transitioned from a manual process to an automated process for booking/releasing Medicaid members, making a total of 8 counties. Two additional counties (Gila and Navajo) are nearing implementation of their automated booking/release processes.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #6: High quality network to ensure members are served in the most effective and least restrictive manner			
Objective #3	**Target Date**	**Performance Targets**	**Progress Summary**
Increase provider network capability for serving members with co-occurring developmental disabilities and behavioral health needs and children/adolescents with behavioral health needs.			

Olmstead Plan Updates (Oct 2023-Dec 2023)

C. Increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD.	1/2024 (Completed) Ongoing 1/2024 (Completed)	• Establish baseline data for the number of available service providers with specific training or expertise in service provision. • Engage in additional marketing strategies to disseminate education and messaging to the health plans and provider network. • Offer financial incentives to providers who have completed specific coursework or training related to serving individuals with complex behavioral health needs and co-occurring disorders.	Through the contract with the National Center of START Services (NCSS) at the University of New Hampshire's (UNH) Institute on Disability, the following has occurred: • As of January 2024, 39 individuals have enrolled in the initial cohort of the Intellectual/Developmental Disabilities (I/DD) Care Coordination training course through NCSS. A second cohort is beginning enrollment and will start in March 2024. • *Crisis Mobile Responder; 988 Operator;* and *Prescriber/ Behavioral Health Professional* training course enrollment is underway and these courses will start in March 2024.

Olmstead Plan Updates (Oct 2023-Dec 2023)

Strategy #6 Accomplishments
High quality network to ensure members are served in the most effective and least restrictive manner
Objective 3.A: As of January 2024, 100% of MCOs have at least one contracted provider with a Center of Excellence for children at risk of/with ASD.
Objective 3.C: AHCCCS identified and endorsed several certification and training programs for providers serving children and adolescents with complex behavioral health needs and co-occurring disorders. AHCCCS established baseline data and also added an identifier to AHCCCS Registration to indicate specialized populations that providers can serve, as well as the level of expertise in working with that particular population. This will help monitor the increase of providers with this expertise.
Objective 3.C: DDD has offered a financial incentive to providers on training opportunities related to Objective. As of 12/31/2023, training completions are as follows: • 46 behavioral health providers have enrolled one or more staff members in the 13 course training plan, which includes 12 computer based courses and one live virtual instructor led course. • 1,239 behavioral health provider staff have completed one or more of the courses. • 6,053 total courses in the training plan have been completed. • 525 individuals have completed the live virtual instructor led course.

AHCCCS
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How to Stay Connected With Olmstead

- Visit www.azahcccs.gov/Olmstead. Here, interested parties have the option to:
  - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
  - Receive information about open public comment periods, and
  - Locate the Olmstead email address to share input with AHCCCS at any time.
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page.
- Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address throughout the year (Olmstead@azahcccs.gov).

Thank You.

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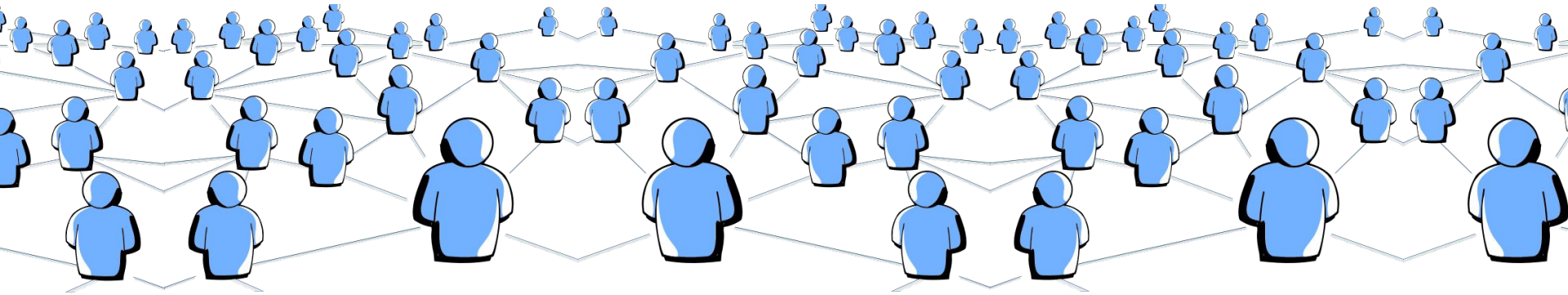**facebook**

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