AHCCCS
Arizona Health Care Cost Containment System

Welcome to the State Medicaid Advisory Committee

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

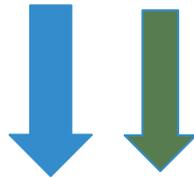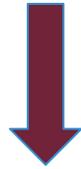Please only join by phone or computer.

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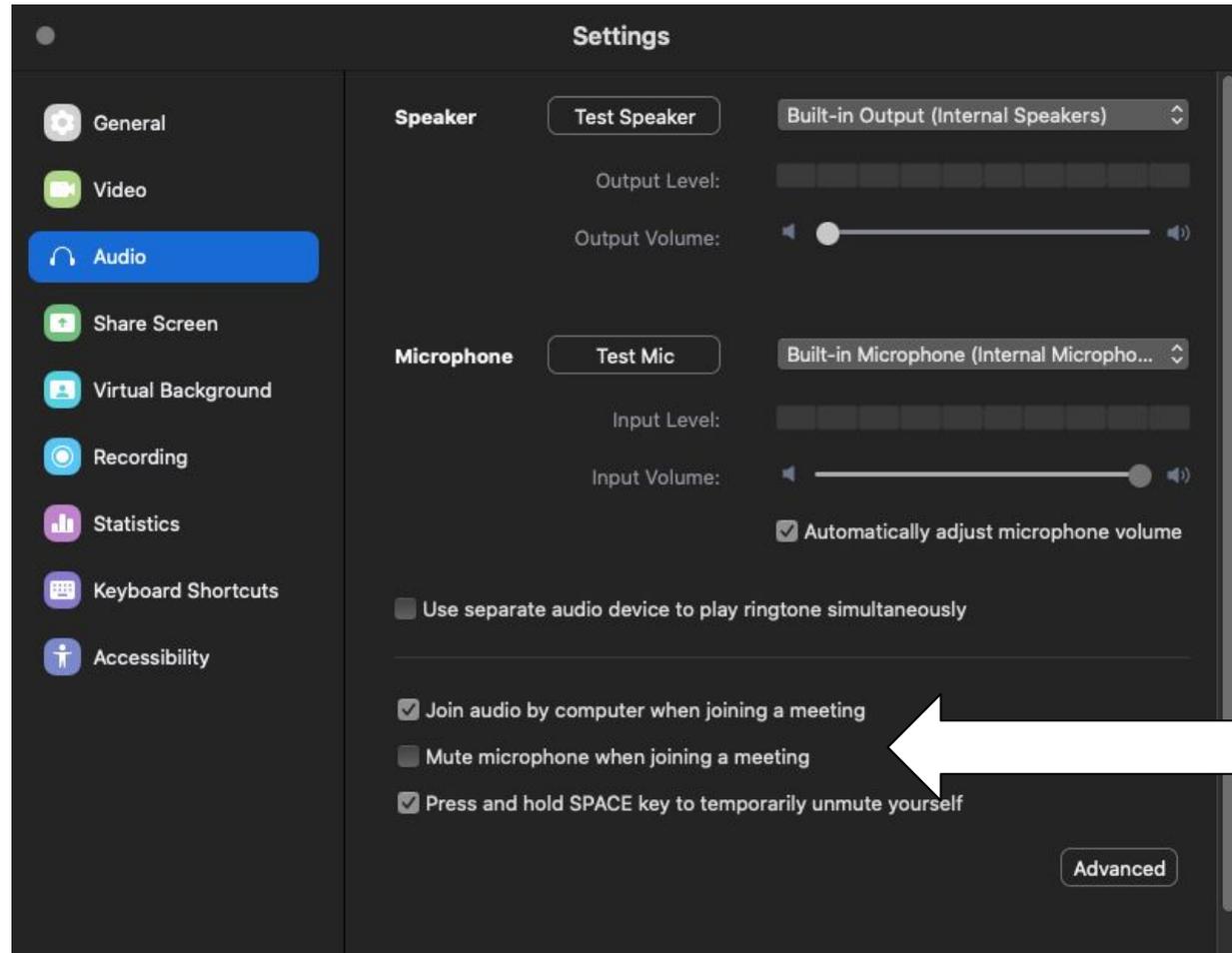
Thank you.

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.

Select a Speaker

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✓ Built-in Output (Internal Speakers)

Test Speaker & Microphone...

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Audio Settings ⌃

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Tips for successful ZOOM PARTICIPATION

1 MUTE your mic when you're not speaking

2 BACKGROUND NOISE watch when turning on mic

3 Limit the DISTRACTIONS around you

4 Look at the CAMERA not your screen

5 PREPARE & queue docs or links that you plan to share

6 Stay FOCUSed by not texting or side conversations

7 Use GALLERY VIEW to see all participants

8 Use CHAT to ask questions or share resources

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Arizona Health Care Cost Containment System

State Medicaid Advisory Committee (SMAC) Quarterly Meeting

April 13, 2022

AHCCCS
Arizona Health Care Cost Containment System

Statewide Initiatives to Improve Quality of Care and Reduce Health Disparities

Vicki Buchda, MS, RN, NEA-BC
Vice President of Care Improvement
Arizona Hospital and Healthcare Association

Improvement of Arizona's healthcare delivery system continues

Collaboratives bringing people together around a common goal to reduce harm and save lives:

2011–2020
TIME PERIOD

10,178
HARMS AVOIDED

$90,335,293
COST AVOIDED

216
LIVES SAVED

AzHHA
Arizona Hospital and
Healthcare Association

AzHHA Programs
*All Grant Funded

Care Improvement

Thoughtful Life Conversations

- Education & Policy
- AZ Coalition to Transform Serious Illness Care
- COVID-19 Supportive Care through palliative care telehealth
- Arizona POLST

Patient Safety

48 unique hospitals engaged in AzHHA patient safety programs

- Alliance for Innovation on Maternal Health (AIM) Collaborative
- Hospital Quality Improvement Collaborative
- Medicare Beneficiary Quality Improvement Project

Health Disparities

Two new grants

- Addressing disparities in Thoughtful Life Conversations

- Improving health equity practices in rural Arizona healthcare

AzHHA
Arizona Hospital and
Healthcare Association

Equity: the icing on the cake

Equity Embedded: the Funfetti approach

Arizona AIM Collaborative

- ADHS partnered with AzHHA in 2020 to create the Collaborative

GOALS:

- Reduce maternal morbidity and mortality
- Implement AIM Maternal Safety Bundles in participating birthing centers
  - Standardizes care to improve outcomes and reduce disparities
- Use data to drive improvement

![AzHHA - Arizona Hospital and Healthcare Association logo]

About AIM

- **The Alliance for Innovation on Maternal Health (AIM)** is a **national data-driven maternal safety and quality improvement initiative.**

  - Based on proven safety and quality implementation strategies

  - Works to reduce preventable maternal mortality and severe morbidity across the United States.

- Cooperative agreement with

  - The U.S. Department of Health and Human Services (HHS)

  - Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau

  - ACOG

In the US

50,000
women suffer severe health problems related to pregnancy; and

700
women die from pregnancy- and delivery-related complications each year in the United States

Source: www.cdc.gov/reproductivehealth/maternal-mortality/disparities-pregnancy-related-deaths/infographic.html

United States

Pregnancy-related Mortality Ratios
by Race, U.S. 2015-2016

Bar chart titled "Pregnancy-related Mortality Ratios by Race, U.S. 2015-2016" with y-axis labeled "Ratio" ranging from 0 to 40:
- Hispanic: 11.6
- White: 13.2
- Asian/Pacific Islander: 14.7
- American Indian/Alaska Native: 21.9
- Black: 40.8
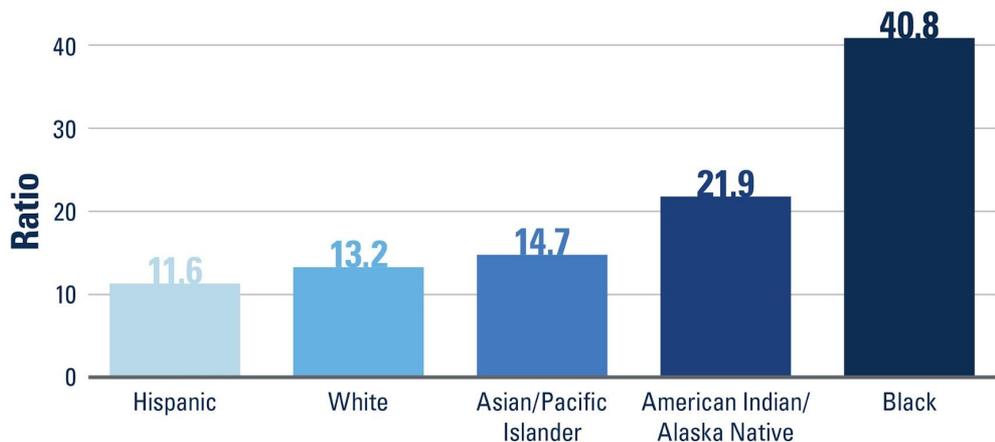
Source: 1. Petersen E. et al. Racial/Ethnic Disparities in Pregnancy-Related Deaths — U.S., 2007–2016 . MMWR. 9/6/19; 68(35):762-765. doi.org/10.15585/mmwr.mm6835a3. 2. www.birthbythenumbers.org.

United States

Maternal Mortality Rates Higher in Rural Areas

- Overall health outcomes are generally worse

- Lack of access to health care services and providers

- Since 2010, more than 100 rural hospitals have closed

  — As a result, **less than 50%** of rural women have access to perinatal care within 30 miles of their home; and **more than 10%** of rural women drive 100 miles or more for perinatal services
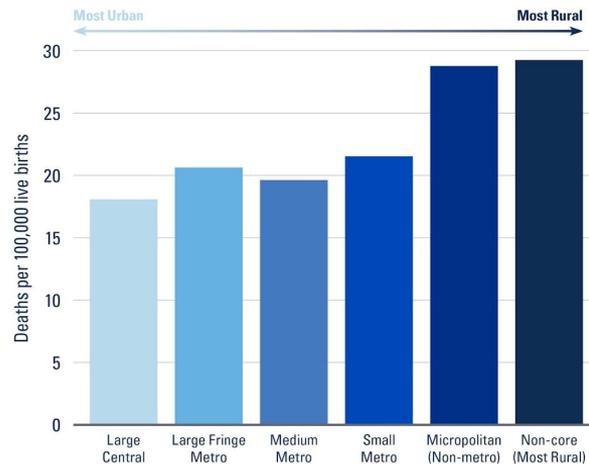
Severe Maternal Morbidity Rate by Race and Ethnicity

Among Arizona Resident Delivery Hospitalizations, 2016-2019
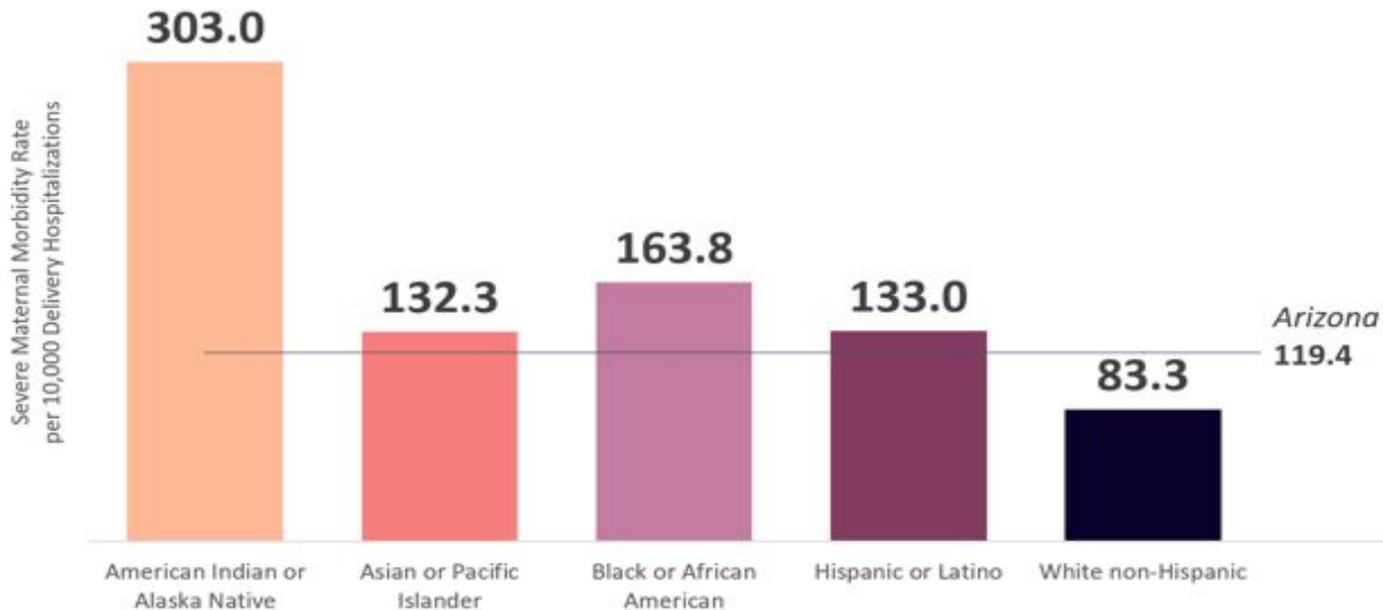
Counties in Northern and Eastern Arizona experience the highest SMM rates.

SMM Rate for Urban and Rural Counties
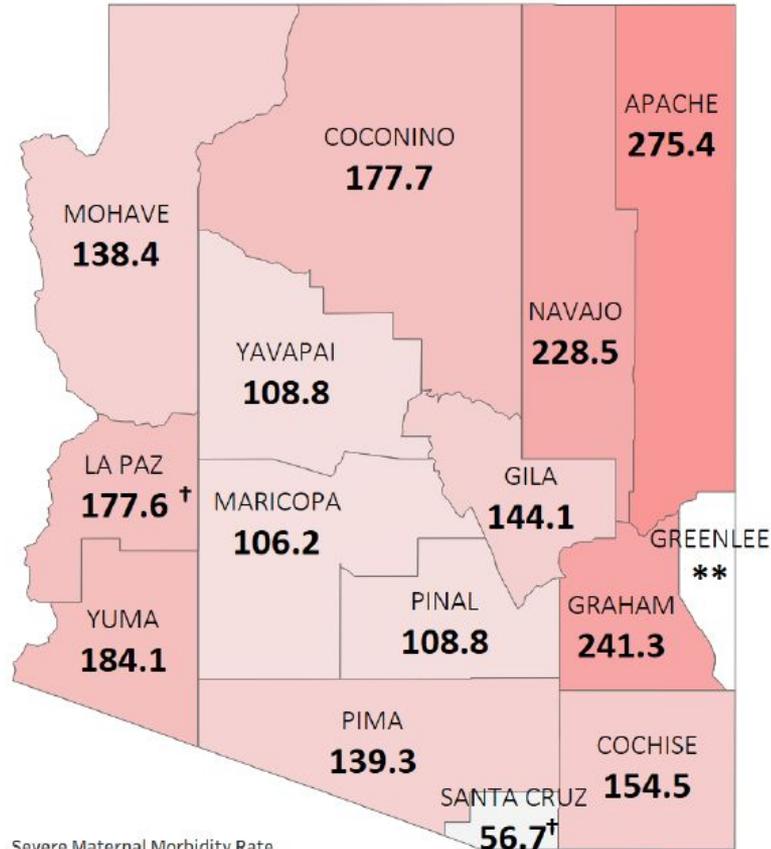
Severe Maternal Morbidity Rate per 10,000 Delivery Hospitalizations

155.6 — Rural

114.8 — Urban
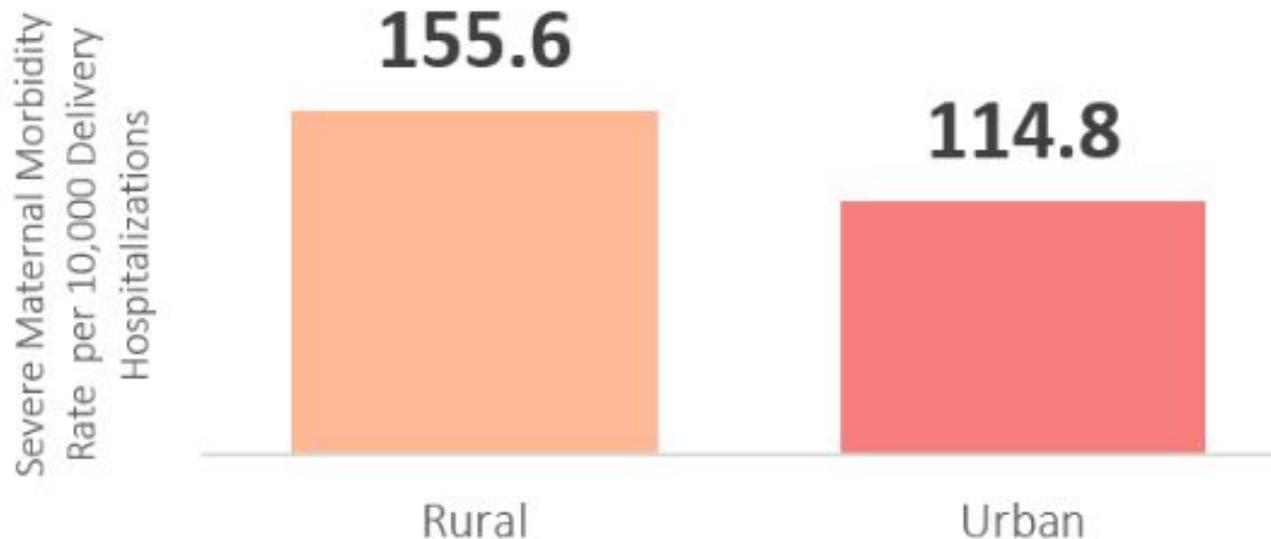
Rural counties are Apache, Cochise, Coconino, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Santa Cruz, and Yavapai; **Urban counties** are Maricopa, Pima, Pinal, and Yuma; Based on definitions used by the ADHS Bureau of Public Health Statistics.

ARIZONA DEPARTMENT OF HEALTH SERVICES
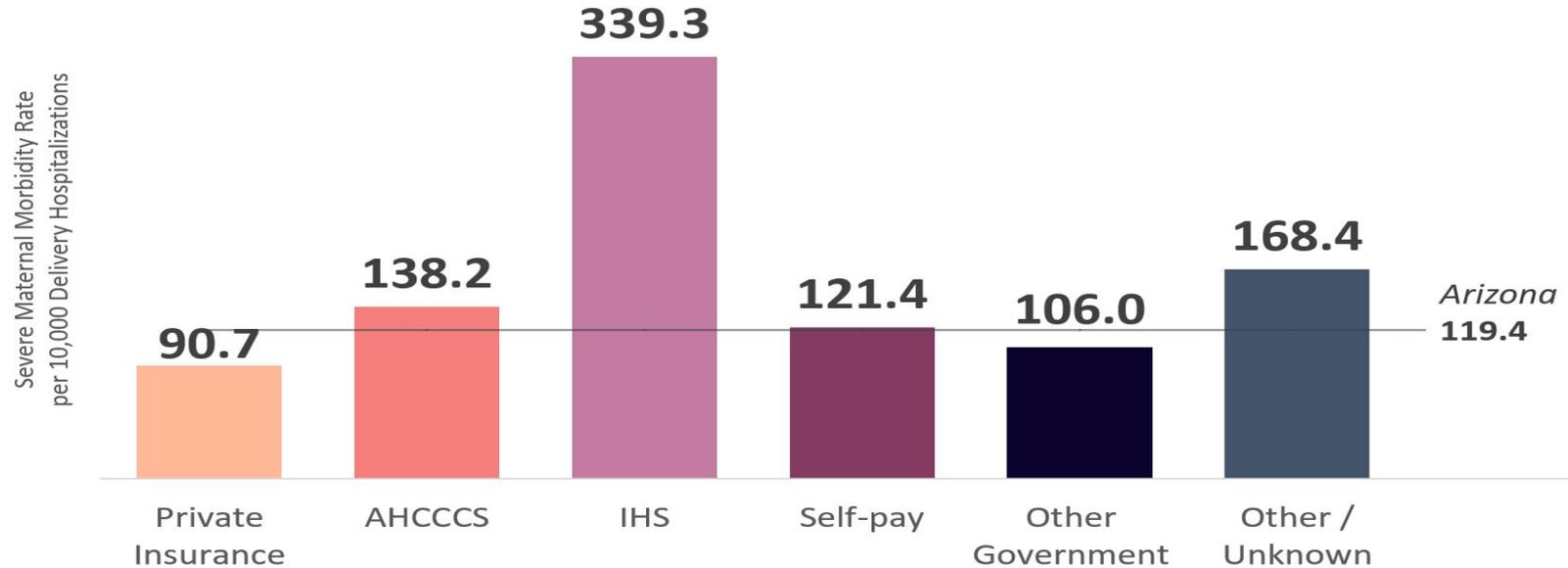
Individuals with Chronic Hypertension or a Hypertensive Disorder of Pregnancy had higher SMM rates than those without hypertensive conditions.

per 10,000 Arizona Resident Delivery Hospitalizations, 2016-2019
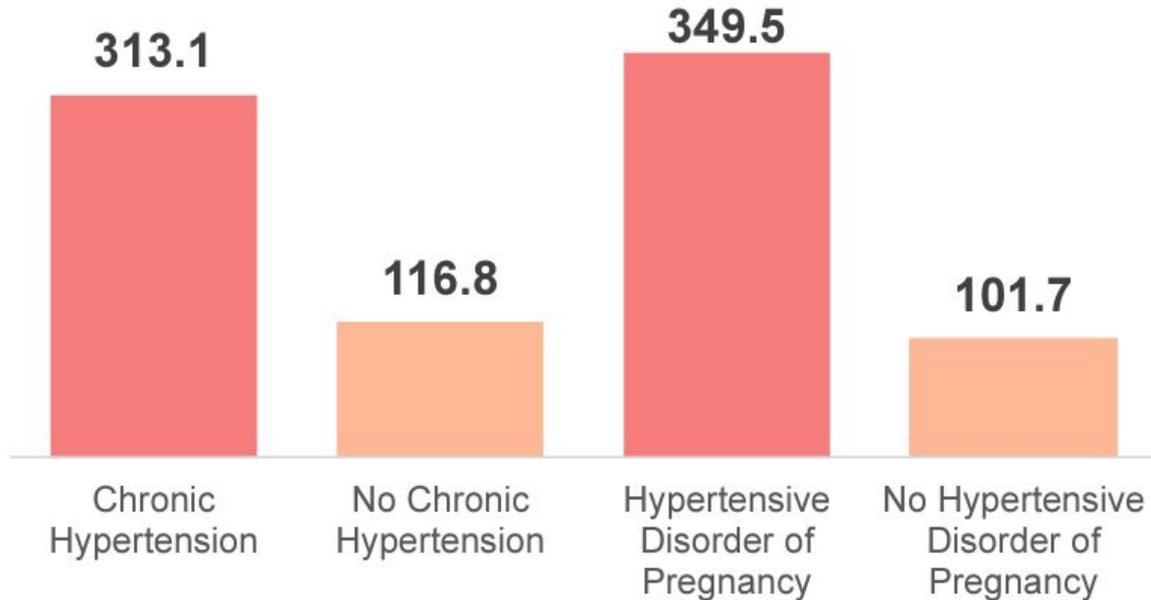
SMM Cases with Severe Hypertension increased at a greater rate than live births in Arizona between 2016-2019.
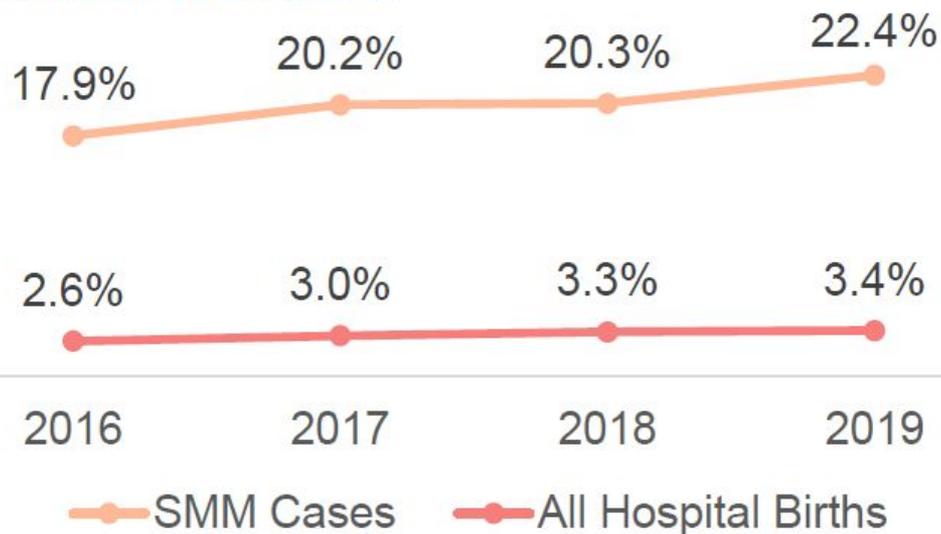
Severe Hypertensive Disorders Includes codes for pre-existing hypertension with preeclampsia, severe preeclampsia, HELLP syndrome, and eclampsia

There were **2,595** hospital births in Arizona with severe hypertension in 2019.

AIM Patient Safety Bundles

Safe Reduction of Primary Cesarean Birth

Severe Hypertension in Pregnancy

Obstetric Hemorrhage

Care for Pregnant and Postpartum People with Substance Use Disorder

Postpartum Discharge Transition Bundle

Cardiac Conditions in Obstetrical Care

Sepsis in Obstetrical Care

(2022)

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Healthcare Association

AZ AIM: Current Status

- Selected **Severe Hypertension** in Pregnancy Bundle to start
- **33 out of 41** Hospital Birthing Centers participating
  - Over **90% of births** in these 33 hospitals; includes 2 IHS facilities
- Baseline data: April-May-June 2021, monthly data since then
- Creating hospital dashboards
- Targeted improvement efforts

AzHHA
Arizona Hospital and
Healthcare Association

Aim Statement

Reduce the rate of **severe maternal morbidity and mortality** in women with severe preeclampsia, eclampsia, or preeclampsia superimposed on pre-existing **hypertension** by 20% in participating hospitals by March 2023.

Approach: key goals:

1. Reduce time to treatment

    Goal: **80% of women** with two consecutive blood pressures of **160/110** are treated within **60 minutes**

2. Improve provider and RN debrief time to treatment

    Goal: At least 50% of cases of women with confirmed severe maternal hypertension without treatment within 60 minutes have RN/provider debrief

Baseline data: Q2 2021 (April, May, June)
Goal 1: Reduce time to treatment
Goal 4: Improve debriefs conducted

Current Measure (56%)
Goal (80%)
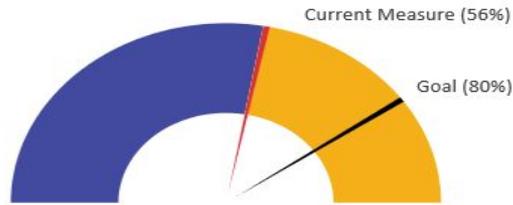
Goal 1: Reduce time to treatment
All facilities
April 1, 2021 - End of reported quarter

Goal (50%)
Current Measure (7%)
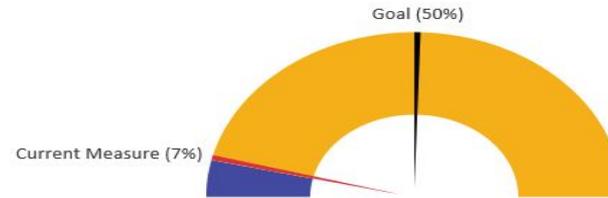
Goal 4: Improve debrief time to teatment
All facilities
April 1, 2021 - End of reported quarter

Opportunities/Next Steps

- Create incentives for hospitals to participate and work on improvement
- TJC requirements align
- New Medicare Hospital Inpatient Quality Reporting (IQR) Program
  - Reporting began with 2021 Q4 (due May 16, 2022)
  - Requires participation in a Statewide or National Perinatal Quality Collaborative or AIM and implementation of safety practices
- Role of health plans
  - Make it easy for members
    - E.g.: obtain a BP cuff
  - Incentives for hospitals and providers

Assessing Healthcare Organizations:
Using the HEOA to Guide Improvement

Grant funded by ADHS
November 2021 through May 31, 2023

Vision:

- Healthcare organizations in rural AZ will complete an assessment and develop an action plan to improve health equity practices

Implementation Goals:

- Recruit 22 organizations
- Complete HEOA assessments
- Support action plan development
- Organizations begin implementing action plans in 2023

Sharing *Thoughtful Life Conversations* Advance Care Planning Program with rural, underserved populations

Grant funded by AZ Center for Rural Health
November, 2021 through May 31, 2023

Vision:

- Ensure *Thoughtful Life Conversations* is accessible & available to vulnerable populations

Implementation Goals:

- **Adapt/Create materials to target these populations:**
  - Elderly/with chronic health conditions who have acute or long term COVID-19
  - Tribal populations
  - Latinx populations
  - Intellectual and/or developmentally disabled

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Healthcare Association

AzHHA Programs
*All Grant Funded

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AzHHA
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Healthcare Association

SMAC Members
Open Discussion, Comments and Questions

AHCCCS Update

Jami Snyder
Director

AHCCCS Strategic Plan
State Fiscal Years 2023 - 2025

Proposed Goals and Strategies
SFY 2023 - 2025

Provide Equitable Access to High Quality, Whole-Person Care

➔ Address existing and ongoing provider workforce challenges

➔ Promote the use of models that seek to advance quality and lower cost
  ◆ Alternative payment models, American Indian Medical Home, IHS/638 care coordination agreements, etc.

➔ Reduce provider administrative burden
  ◆ Expanded use of CommunityCares, alignment of quality metrics, etc.

➔ Address deficiencies in the continuum of care to ensure access to services in the most appropriate setting

➔ Implement enhanced housing services/supports

➔ Pursue population health programming for individuals with special health care needs
  ◆ Individuals with I/DD & behavioral health needs, individuals leaving correctional settings, pregnant women with substance use disorder, aging populations, etc.

Proposed Goals and Strategies
SFY 2023 - 2025

Implement solutions that ensure optimal member and provider experience, promote member engagement and independence, and offer transparency into system performance

➔ Develop comprehensive information technology strategy plan
  ◆ Modernize AHCCCS' Medicaid Enterprise System (MES), leverage state designated HIE, etc.
➔ Develop system performance dashboards
➔ Accelerate agency-wide program integrity efforts
➔ Support technological advancements that foster member engagement in care planning and advance member independence
  ◆ Remote monitoring (wearable devices), member clinical record access, telehealth
➔ Optimize federal block and discretionary grants to advance Medicaid programming and systems

Proposed Goals and Strategies
SFY 2023 - 2025

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

➔ Improve employee engagement
  ◆ Enhanced communication strategies, professional development opportunities, cutting edge technological tools
➔ Increase retention rates
  ◆ Continued exploration of workplace flexibilities, continued education on need for competitive compensation strategy
➔ Increase Arizona Management System self-assessment scores
➔ Develop a comprehensive, agency-wide knowledge management system

Current Landscape
COVID-19 Public Health Emergency

PHE Renewed - Effective January 16, 2022

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR

HHS signaling that PHE will be extended for 1 additional 90-day period through mid July 2022

4/30/-5/1/22
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
HHS PHE Renewed
Flexibilities, enhanced match and MOE continue

4/16/22
PHE Ends

6/30/22
Expiration of the Enhanced Federal Match

*CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE.

Response to the COVID-19 Public Health Emergency

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency
- Maintained more than 47 programmatic flexibilities including: telehealth, parents as paid caregivers, expedited provider enrollment, etc.
- Distributed over $126 million in additional pandemic relief funding to nursing facilities, HCBS providers, hospitals, etc.
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries
  - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the Crisis Counseling Program, serving more than **17,000 unique individuals** statewide with crisis counseling and group counseling/public education
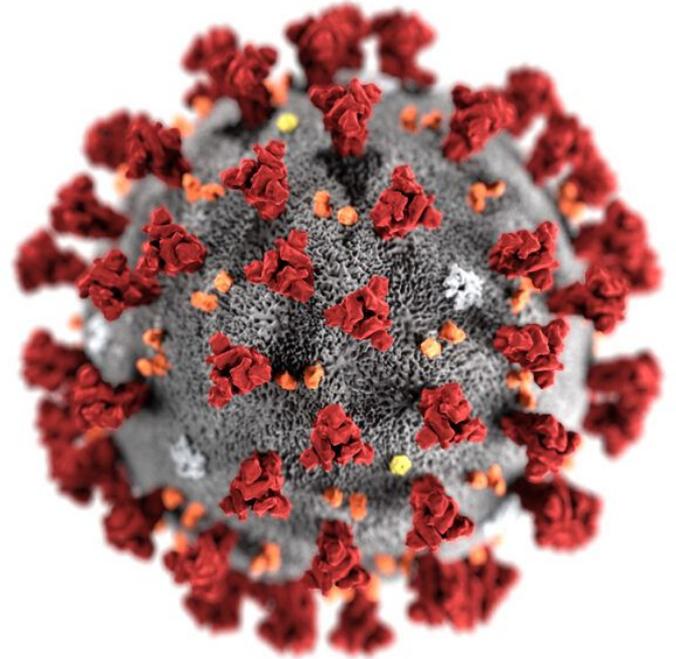
AHCCCS Enrollment: March 2020- April 2022

Up 501,816 (26.7% increase)

Y-axis	1,800,000 – 2,350,000
X-axis	Mar-20, Apr-20, May-20, Jun-20, Jul-20, Aug-20, Sep-20, Oct-20, Nov-20, Dec-20, Jan-21, Feb-21, Mar-21, Apr-21, May-21, Jun-21, Jul-21, Aug-21, Sep-21, Oct-21, Nov-21, Dec-21, Jan-21, Feb-21, Mar-21, Apr-21
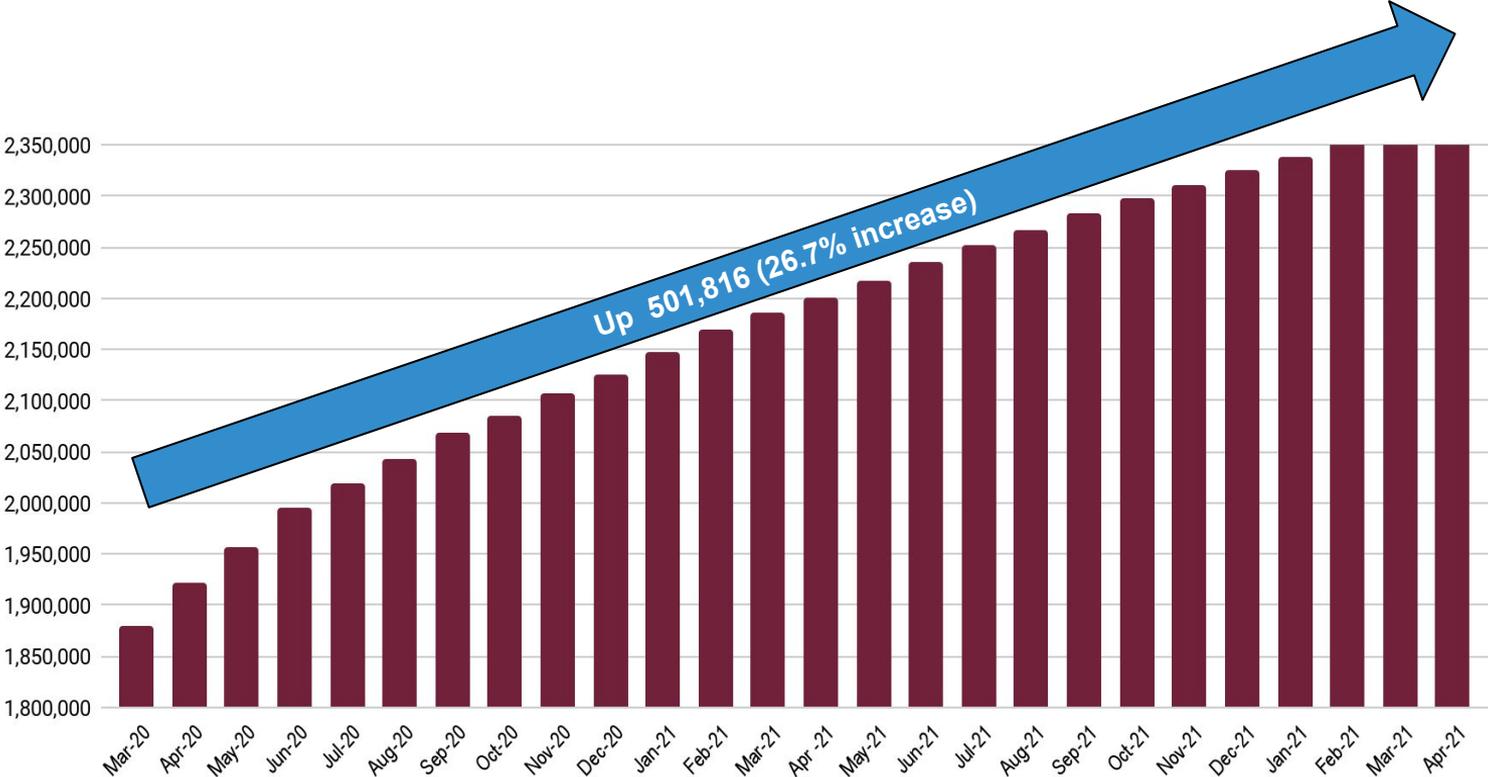
On the Horizon

- **Unwinding from the Public Health Emergency (PHE)**
- **1115 Waiver Negotiations for 10/1/2022**
  - Targeted Investments 2.0
  - Housing and Health Opportunities Demonstration (H2O)
  - Reimbursement for traditional healing services
  - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities
- **ARPA HCBS Implementation**
  - $500 million in provider payments to be disseminated in May 2022
- **Readiness and launch of ACC/RBHAs on 10/1/2022**
  - Includes statewide crisis line & 988 readiness and launch
- **Integration of DDD Tribal Health Program members to AHCCCS Division of Fee for Service Management (DFSM) on 4/1/22**
- **Transition of American Indian/Alaska Native members designated with a SMI to integrated options on 10/1/22**
- **Continued roll out of Closed-Loop Referral System**
- **Promotion of expanded Medicaid School Based Claiming program, allowing all Medicaid-enrolled children to access health care services on school campuses**
- **Continued support for the Opioid Services Locator tool**
- **Initial preparations for ALTCS bid (contracts term on 9/30/24)**

SMAC Members
Open Discussion, Comments and Questions

Legislative Update

Kyle Sawyer
Chief Legislative Liaison and Policy Advisor
Office of the Director

2022 Legislative Session Update

- **Timeline:**
  - Session began on January 10th and is ongoing
  - Over 1700 bills introduced this year (so far)
  - Regular committees ended in late March
  - Floor Votes
  - Budget bills
  - Sine Die
- **Agency Bills:**
  - HB 2157 (signed into law 3/1) AHCCCS' supplemental appropriation/exp. authority
  - HB 2088 (signed into law 3/23) ALTCS; preadmission screening

SMAC Members
Open Discussion, Comments and Questions

PHE Unwinding
Update-Renewals/Redeterminations

Joni Shipman, Assistant Director

Division of Member and Provider Services

AHCCCS
Arizona Health Care Cost Containment System

Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members "COVID override"
  - Did not complete renewal (failed to supply needed documentation)
  - Shown to be ineligible
- Estimate that it will take 9 months to complete redeterminations
- Hybrid approach
  - Process "ineligible" before "noncompliant"
  - Within these groups process "oldest to newest"
- Distributing Added Workload
  - Adjust volume of post-PHE redetermination batches based on regular renewals due
  - Align redetermination and renewal actions at household level

Unwinding Strategies, continued

- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options
  - AHCCCS supplying files
    - members with upcoming renewal dates
    - members who may be factually ineligible
    - members who failed to supply documentation to complete renewal
  - Files include homeless indicator, age, address, phone number, email address
    - Soon will also include language preference and race/ethnicity to help target outreach efforts

End of the PHE Strategies

- Robocall campaign
- Letter campaign
- AHCCCS Call Center On Hold messages
- Text message campaign (English & Spanish)
- Website took kits, fliers, and FAQs
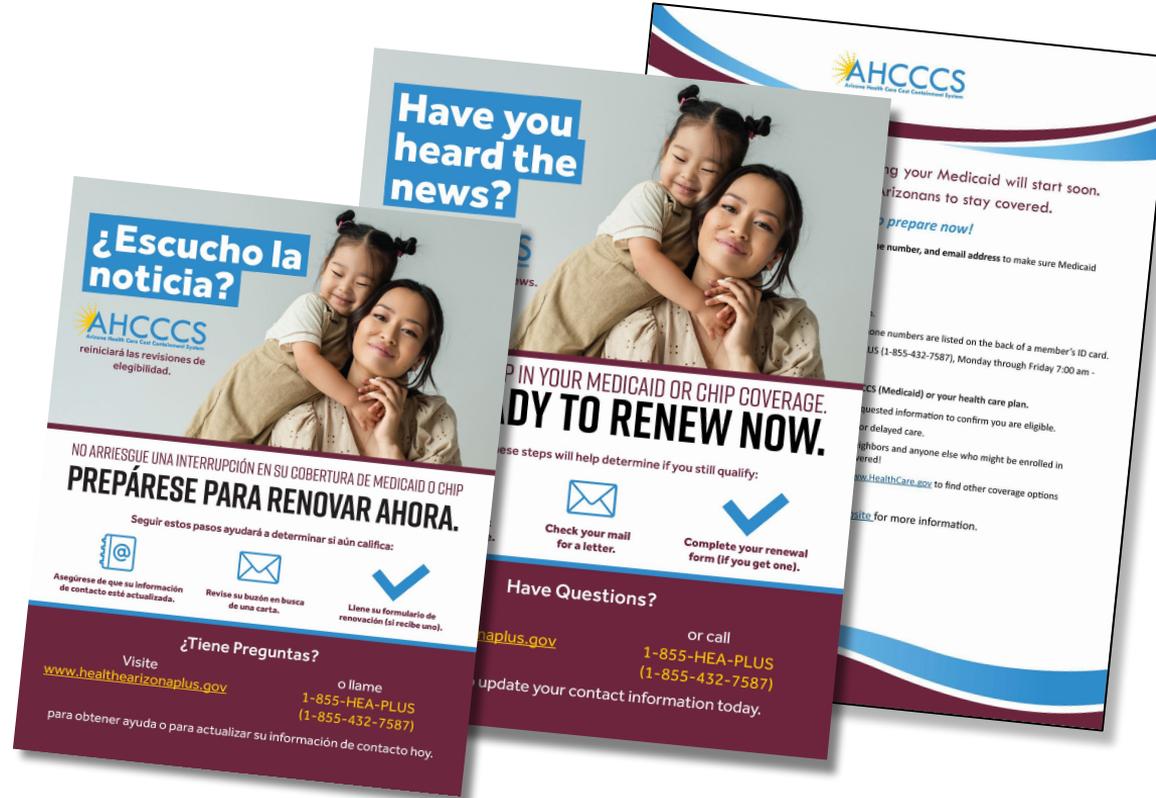
Strategies specific to the homeless members

- Unique barriers to renewal notifications
    - no regular contact information
    - may not engage service sites
- What can we do?
    - Increase availability of information within homeless service sites
    - Educate homeless Community Based Organizations and Providers

Community Assistor Strategies

- Connecting with members experiencing homelessness
  - Make contact where members live
  - Establish relationships with shelters
  - Create flyers
  - Use Social Media
  - Visit shelters and clinics in heavily homeless populated areas
  - Daily outreach to encampments
  - Outreach at food banks
  - Flagstaff organizations hold a weekly "talk" at the Flagstaff Shelter Services

Unwinding Strategies, continued

- EVERYONE CAN ASSIST with ensuring accurate and current member contact information
  - [See this flier](#) for more information on how members update contact information in HEAPlus

Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

Log in or create an account today at
www.healthearizonaplus.gov

Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.
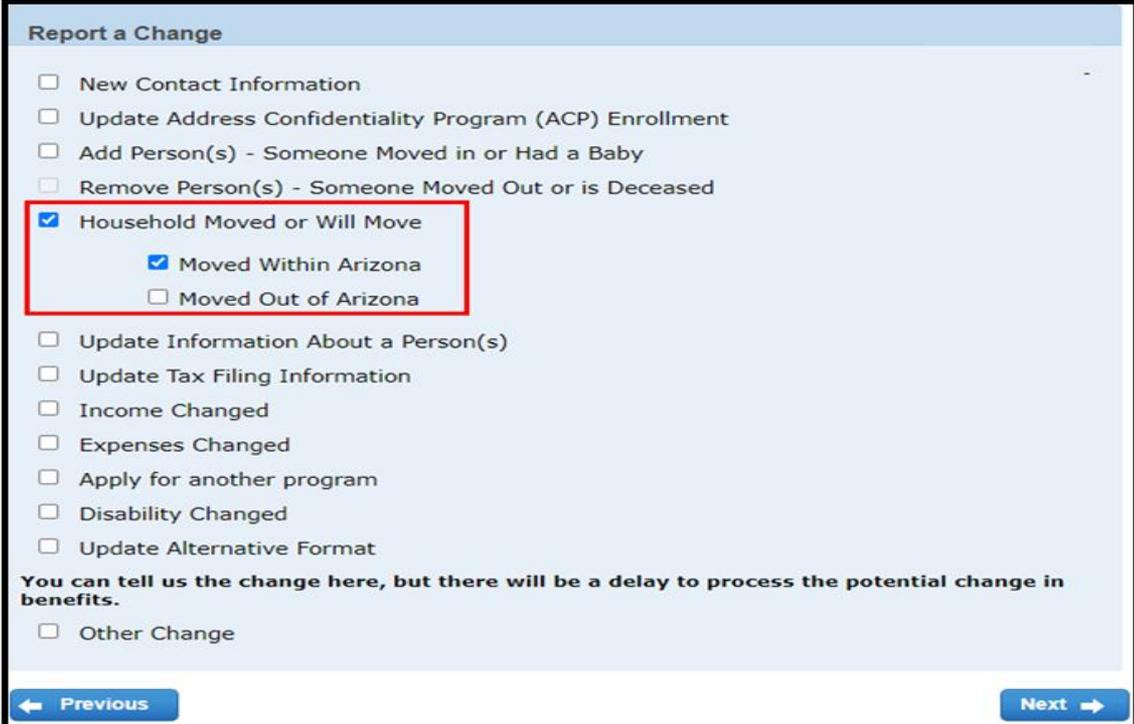
SMAC Members
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American Rescue Plan Act (ARPA) Section 9817 10% HCBS FMAP Enhancement

Alex Demyan, Deputy Assistant Director
Division of Community Advocacy and
Intergovernmental Relations

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Arizona Health Care Cost Containment System

ARPA HCBS Funding Timeline

April 1, 2021

March 31, 2022

March 31, 2024

Time the State can take advantage of the 10% FMAP increase

Time the State has to spend ARPA HCBS reinvestment funds

2021 | 2022 | 2023 | 2024

May 13 - July 12, 2021

Amount of time the state has to submit the initial spending plan

March 3, 2022

Expenditure authority signed into law

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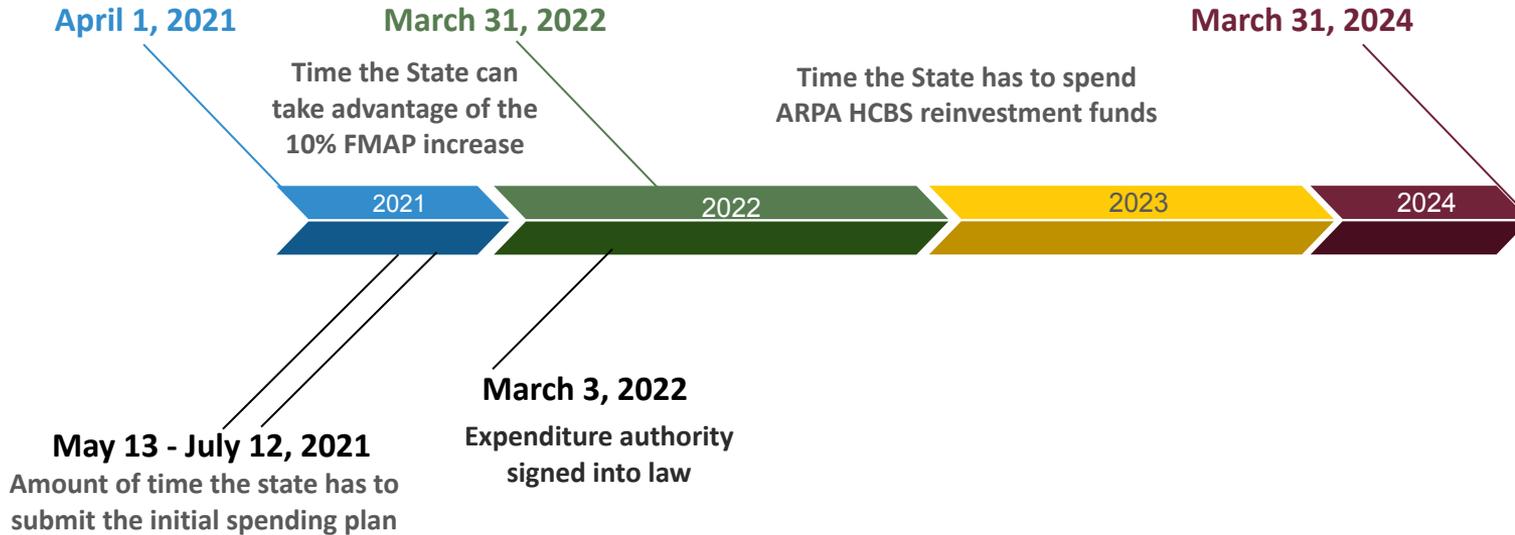
ARPA HCBS Spending Plan - Approval

- Arizona received conditional approval of the spending plan January 19, 2022:

  o Verification that Arizona qualifies for temporary 10 percentage point increase in FMAP for certain expenditures through March 31, 2022

  o Approval to claim increased FMAP for qualifying expenditures between April 1, 2021, and March 31, 2022

  o Approval to spend funding on activities detailed in the Spending Plan

- Find the Spending Plan on the AHCCCS Website

ARPA HCBS Provider Directed Payment

- Provider directed payment pre-print approved by CMS 3/1/22

- Directed payment will be computed as a flat 17.8% of eligible providers' prior Title XIX Medicaid approved and adjudicated encounters in the AHCCCS database for select ARPA qualifying codes for period October 1, 2020 through March 31, 2021

  - DES-DDD reimbursement to contracted providers will use a similar methodology

- Total amount across State Fiscal Years (SFY) 2022, 2023, and 2024 estimated to be almost $900M between all lines of business

- Directed payments are subject to change if other ARPA spending plan initiatives impact funding available

Other Notable Priorities

Timeline of AHCCCS MCO Contracts

Timeline chart showing AHCCCS MCO Contracts:

- **Oct. 1, 2018 - Sept. 30, 2027** — ACC
- **Oct. 1, 2022 - Sept. 30, 2027** — ACC - RBHA
- **Oct. 1, 2017 - Sept. 30, 2024** — ALTCS EPD
- **Apr. 1, 2014 - Sept. 30, 2022** — RBHA Maricopa
- **Oct. 1, 2015 - Sept. 30, 2022** — RBHA Greater Arizona

Timeline years: 2021 | 2022 | 2023 | 2024 | 2025 | 2026 | 2027

AHCCCS — Arizona Health Care Cost Containment System
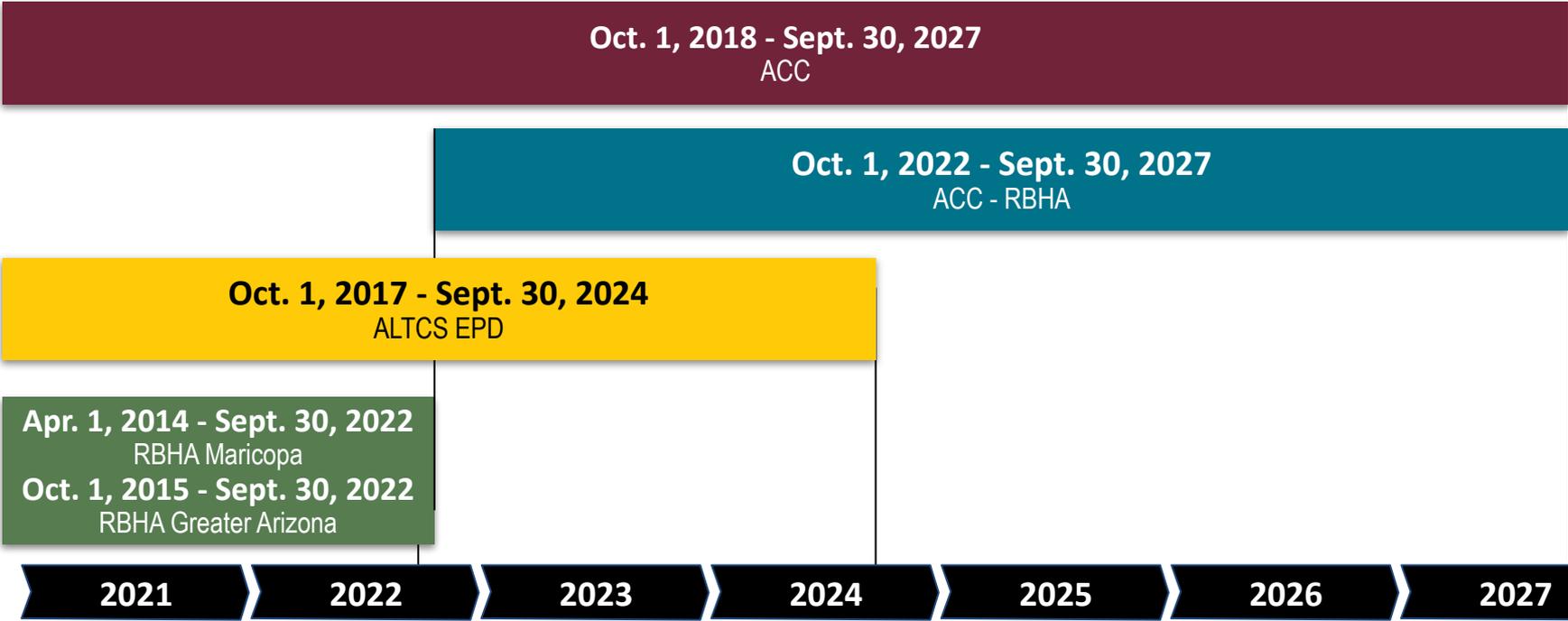
AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Contractors

- ACC-RBHA Contractors responsible for:
  - Integrated physical and behavioral health services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI)
  - Administration of Non-Title XIX/XXI funded services including, but not limited to:
    - Crisis services, grant funded services, and Court Ordered Evaluations (COE)
- ACC-RBHA Awards made 11/15/2021
- Transition occurring 10/1/2022

MCO Member Transitions

8,046 members transitioning to new health plans

County	Members*	New Plan
Apache	229	Care1st
Coconino	794	Care1st
Mohave	2,220	Care1st
Navajo	963	Care1st
Yavapai	1,940	Care1st
Gila	452	Mercy Care
Pinal	1,448	Mercy Care

*Enrollment as of December 1, 2021

● Transitioning ● Remaining
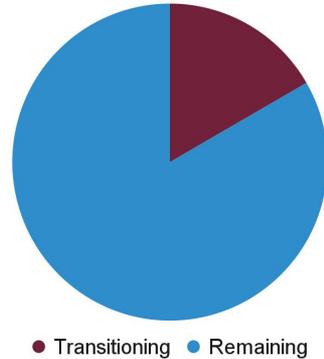
40,226 members remaining on current health plans

County	Members*	Current Plan
Maricopa	27,210	Mercy Care
Cochise	869	AzCH-CCP
Graham/ Greenlee	223	AzCH-CCP
La Paz	71	AzCH-CCP
Pima	10,591	AzCH-CCP
Santa Cruz	232	AzCH-CCP
Yuma	1,030	AzCH-CCP

AIHP/Members Determined SMI - Integration Member Transitions

- Members with SMI designation will now be able to receive BH services through the American Indian Health Program effective 10/1/22
  - MCO choice remains (full integration via ACC-RBHA)
- Members may continue to receive services via IHS/638 tribal facilities

Current System	Transition on 10/1/22
AIHP/RBHA	AIHP/AIHP (full integration) *approx.300 members
AIHP/TRBHA	No Change
ACC/TRBHA	AIHP/TRBHA *approx.100 members

Statewide Closed-Loop Referral System

- Establishes a health and human services Provider Directory with 2-1-1 Arizona partnership.

- Supports whole-person care - connects providers with social services.

- Easy for providers to track referrals and "close the loop" via feedback.

- Evidenced-based screening tool (PRAPARE) and custom tools available.

- Pilot completed at the end of 2021

- Provider and community organization enrollment will open Spring-Summer 2022

- Branded as CommunityCares

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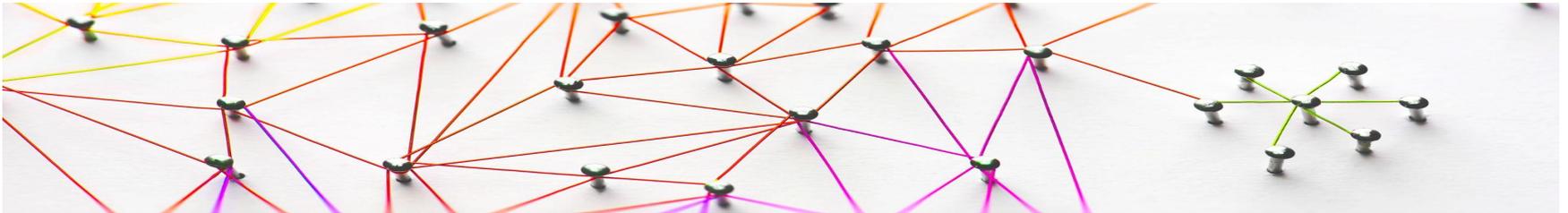
SMAC Members
Open Discussion, Comments and Questions

Serious Mental Illness (SMI) Eligibility Determinations Request for Proposal (RFP)

Christina Quast, Deputy Assistant Director of Managed Care Operations, Division of Healthcare Management

Purpose

- AHCCCS is conducting a new procurement for a statewide vendor to conduct

  o Eligibility determinations for Arizonans who may have a SMI for:

    o Individuals 18 or older who request or consent to a determination

    o Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult

    o Individuals ordered to undergo a determination by/through a Superior Court in Arizona

  o Clinical decertifications for individuals with an SMI designation

- The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)

  o Contract January 1, 2019 - September 30, 2023

Purpose

- Maintain and improve the standardized processes in place to determine SMI eligibility to ensure that individuals who may be eligible for an SMI designation are promptly identified and enrolled for services

- Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently

Current Contract Responsibilities

Overview of Current Responsibilities

- Vendor responsibilities include but are not limited to:
  - Maintaining a web-based application for health plan and provider use for submittal of evaluation packet information
  - Rendering SMI Eligibility Determinations within specified timeframes
  - Reviewing SMI Clinical Decertification requests and rendering a determination within timeframes
    - [AMPM Policy 320-P Serious Mental Illness Eligibility Determination](#)
      - Attachment A, Serious Mental Illness Eligibility Determination Form
      - Attachment B, Serious Mental Illness Qualifying Diagnosis
      - Attachment C, Administrative Serious Mental Illness Decertification Form
  - Reporting SMI Eligibility Determination information to the AHCCCS SMI Web Portal
  - Providing training and education to stakeholders and community members
  - Grievance resolution and SMI Eligibility Determination Appeals

Current SMI Eligibility Determination Process

- To be eligible for an SMI determination an individual must have a qualifying SMI diagnosis **and** functional impairment caused by the qualifying diagnosis
- Past Volume - Statewide:
  - Approximately 7,900 referral packets received in 2021
    - An average of 658 per month

SMI Eligibility Determination Process

Step 1: Call to ask for an SMI Eligibility Determination.

Step 2: An evaluation is required to occur no later than seven (business) days after a request is made.

Step 3: The individual meets with a qualified assessor.

Step 4: The assessor sends the required paperwork (assessment) to vendor.

Step 5 - Vendor has three, 20, or 60 days to make a decision, depending on each individual case.

SMI Eligibility Determination Process

Step 6: Notice is sent to the individual with the results (determination) and information on how to receive services (when applicable).

Step 7: Each applicant has the right to appeal their SMI determination.

Step 10: Vendor will make the second decision within three, 20, or 60 days depending on the need for more information.

Step 11: The individual will get a notice in writing with the final decision.

Step 12: If the individual wishes to appeal the second decision, they have the right to ask for an administrative hearing.

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RFP Information

Anticipated RFP Timeline

SMI ELIGIBILITY DETERMINATION RFP	
ISSUE RFP	October 5, 2022
RFP VENDOR QUESTIONS DUE from Prospective Offerors (by 5:00 p.m. MST)	October 14, 2022
VENDOR PROPOSALS DUE (by 3:00 p.m. MST)	December 6, 2022
AWARD	March 7, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2023

How to Stay updated on the RFP

- RFP Bidders' Library

  - Visit to obtain RFP Information: [YH23-0001 – SMI Eligibility Determination RFP - BIDDERS' LIBRARY (azahcccs.gov)](#)

- Email notifications

  - Sign up to receive updates: [SMI Eligibility Determination](#) [RFP](#)

Stakeholder Input

AHCCCS is Seeking Stakeholder Feedback

❖ How can the SMI eligibility determination process be improved for applicants and providers?

❖ How can the SMI eligibility determination process be improved through collaboration with other entities/organizations, such as Tribal Liaisons, IHS-638 facilities, and the Justice System?

❖ How can the SMI eligibility determination process be improved regarding exchange of behavioral health assessments with the vendor?

❖ How can AHCCCS utilize the Health Information Exchange (HIE) in the SMI eligibility determination process to reduce the burden on providers?

How to Submit Feedback

- Stakeholders may submit feedback via email to: SMIRFP-Feedback@azahcccs.gov

- Feedback will be accepted until **June 30, 2022, 5:00 p.m. MST**

SMAC Members
Open Discussion, Comments and Questions

988 Update

CJ Loiselle
Crisis Administrator
Division of Grants Administration

Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)
- Signed into law on October 17, 2020
    - Designates 988 as the dialing code for the Lifeline to replace the current 10 digit number.
    - Increased Lifeline federal appropriation
    - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).

National Suicide Prevention Lifeline

1-800-273-8255

988
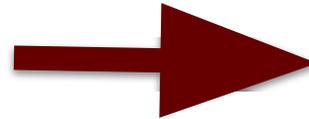
- Implementation on or before **July 16, 2022**

National Messaging 9-8-8

988 Fast Facts

- Like 1-800-273-Talk, 988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.

- Access is available through every landline, cell phone, and voice-over internet device in the United States.

- 988 services will be available in Spanish, along with interpretation services in over 150 languages.

- The 988 dialing code will be available for call, text, and chat by July 16, 2022. **Until then, those in crisis should continue to use 1-800-273-8255, which will continue to function even after the transition.**

- The nationwide transition to 988 as a three-digit call, text, and chat line is just the first important step in reimagining crisis support in the U.S.

- SAMHSA 988 FAQ: https://www.samhsa.gov/find-help/988/faqs#about-988

National Messaging 9-8-8

988 Fast Facts

- 988 will be built with accessibility and inclusion in mind to ensure the service is available to all individuals, regardless of communications needs. As such, 988 will be available via text and chat to anyone interested in using those services, as well as Spanish support via the press 2 option and interpretation service in over 150 languages.

- The transition to 988 will not impact the availability of crisis services for our nation's Veterans and military Service Members. The same dedicated service Veterans know and trust in the VCL remains fully in place and ready. The _Veterans Crisis Line_ (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting _https://www.veteranscrisisline.net/get-help-now/chat/_ or by texting 838255.

- The 988 transition will not replace or change the current Arizona RBHA operated crisis call centers, numbers or services.

National Messaging 9-8-8

Why do we need 988?

- There are urgent realities driving the need for crisis service transformation.

- Too many people living in the U.S. are experiencing suicidal cries or mental health related distress without the support and care they need.

- COVID-19 pandemic has only made a bad situation worse when it comes to mental health and wellness in America.

- In 2020 alone, the U.S. had one death by suicide every 11 minutes—and for people aged 10-34 years, suicide is a leading cause of death.

- Additionally, from April 2020-April 2021, over 100,000 individuals died from drug overdoses in the U.S.

National Messaging 9-8-8

What is the vision for 988?

● In the short-term, the goal is to strengthen and expand the current Lifeline call center infrastructure and capacity to ensure trained crisis counselors are available to quickly respond to 988 via call, text, or chat.

● In the longer term, the vision is to build a robust crisis response system across the country that links callers to community-based providers who can deliver a full range of crisis care services, if needed (like mobile crisis teams or stabilization centers). This more robust system will be essential to meeting crisis care needs across the nation.

National Messaging 9-8-8

How is 988 different from 911?

- 988 was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs.
- 988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911 (where the focus is on dispatching Emergency Medical Services, fire and police as needed).

National Messaging 9-8-8

- According to the Action Alliance, it's important to keep in mind that 988 represents a once in a lifetime opportunity to change how crisis services are delivered—ensuring compassionate, accessible care and support for anyone experiencing a suicidal crisis or mental health related distress.

- The transition to 988 requires additional policy changes and funding support from federal and state governments.

- To learn more, visit the National Alliance on Mental Illness' (NAMI) *Reimagine Crisis Response* or the *Consensus Approach and Recommendations for the Creation of a Comprehensive Crisis Response System*.
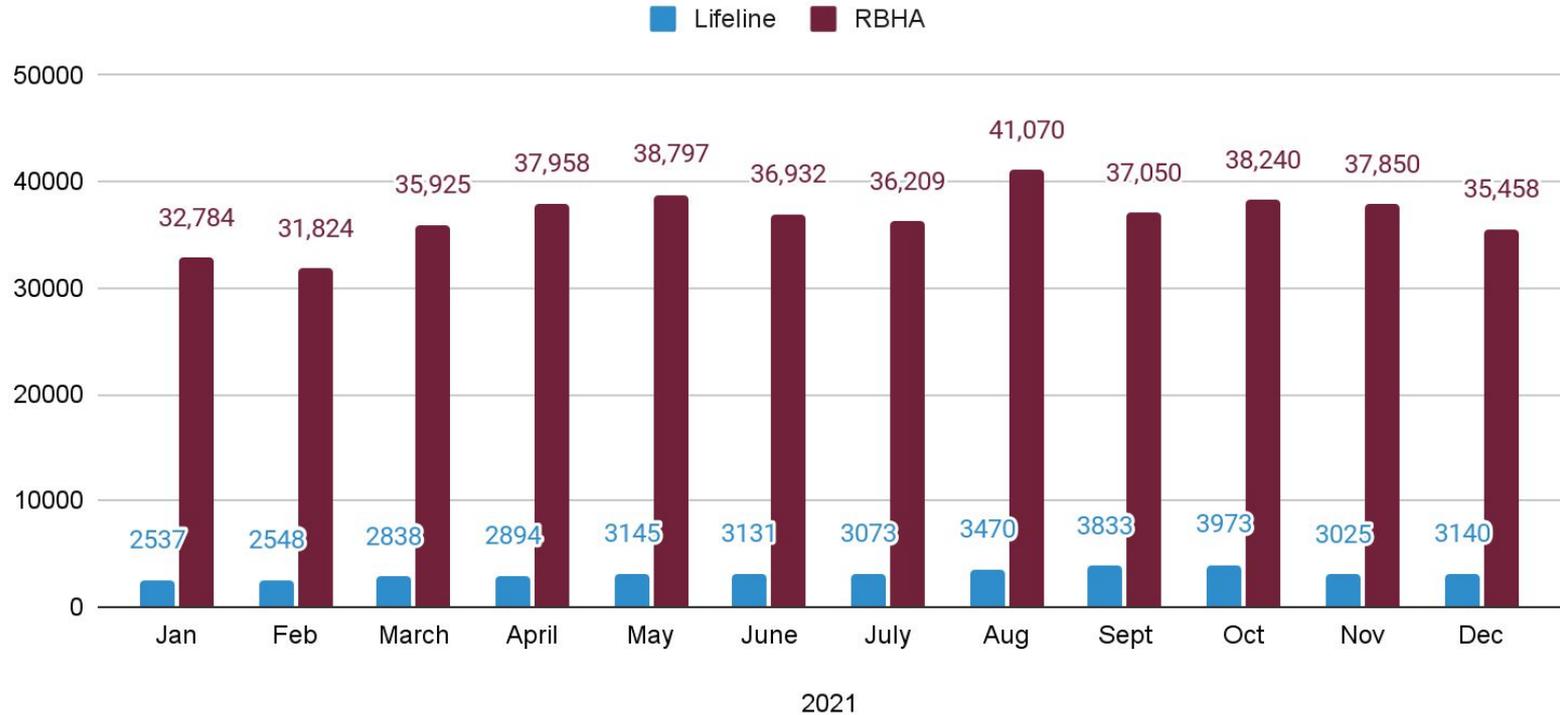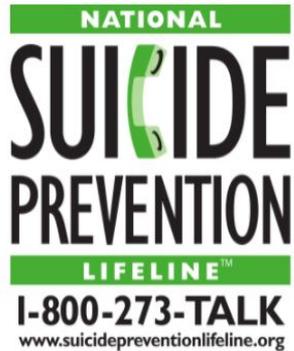
Current NSPL (9-8-8) and RBHA System Structure

2021 Lifeline Center Calls vs. RBHA Call Center Calls

10/1/2022 9-8-8 and Arizona Crisis Lines

9-8-8 Infrastructure Grant Opportunity

- The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:
  - Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
  - Engaging Lifeline crisis centers to unify 988 response across states/territories; and
  - Expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will:
    - Ensure all calls originating in a state/territory first route to a local, regional and/or statewide Lifeline crisis call center;
    - Improve state/territory response rates to meet minimum key performance indicators; and
    - Increase state/territory capacity to meet 988 crisis contact demand.

Resources

- CJ Loiselle - Crisis Administrator cj.loiselle@azahcccs.gov, (602) 417-4409

- Action Alliance 988 Framework for Messaging: suicidepreventionmessaging.org/988messaging/framework

- SAMHSA 988: www.samhsa.gov/find-help/988

- 988 Fact Sheet: www.samhsa.gov/sites/default/files/988-factsheet.pdf

- AHCCCS Crisis Services Website: azahcccs.gov/BehavioralHealth/crisis.html

SMAC Members
Open Discussion, Comments and Questions

SMAC Bylaws Amendment Vote

Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst Health Foundation

Bylaw Subcommittee Recommendations

- Incorporate updated language to include the utilization of technology to facilitate meetings.
- When an assigned SMAC member is unable to continue their service to the SMAC, the member recruitment subcommittee will convene to review nominations and recommend candidates for a voting session as needed and in accordance with the new bylaws.
  - A proxy may be utilized until the subcommittee presents nominations for a voting session.

The membership recommendation is to ensure fidelity of the membership and maximize contributions of those appointed to SMAC.

Appointment Process and Length of Term

If a member resigns his or her membership before expiration of a term or decides not to seek a consecutive membership term then that member may not seek a subsequent membership term until the expiration of a 24 month waiting period. A member shall be permitted to hold no more than three membership terms whether such terms are consecutive or not.

All vacancies shall be filled by a majority vote of the SMAC during a voting session. The appointment process will occur annually in October if one or more members are up for re-election or there is a vacancy that needs to be filled by a new member. The SMAC may hold a vote to fill vacant member seats at any other regular meeting with appropriate notice as set forth above.

Appointment Process and Length of Term

Should the SMAC move to fill a vacancy in any other regular meeting, as discussed above, the SMAC shall similarly submit the name(s) of candidates to the Director for approval.

A member is permitted to have a proxy attend a SMAC meeting without approval of AHCCCS and the SMAC one time per calendar year. Attendance via proxy at subsequent meetings in a calendar year requires approval of the AHCCCS and SMAC prior to each meeting.

SMAC Member Vote

SMAC Membership Assignments & Voting Session

Vincent Torres
Sr. Director Children's Health
First Things First

SMAC Member Nomination Review

The SMAC receives many nominations for consideration throughout the year. The SMAC Liaison saves and prepares them for submission to the subcommittee in accordance with the bylaws. The subcommittee makes recommendations to Director Snyder for her consideration to use those recommendations to move forward with a formal majority vote of the SMAC during an open meeting.

Recommendations for Member Assignments

Nominee	Title	Association
Debbie Johnston	Executive Vice President	Arizona Hospital and Healthcare Association
Zaida Dedolph	Director of Health Policy	Children's Action Alliance
Brittney Kauffman	CEO	Health System Alliance of Arizona
Karen Resseguie	Behavioral Health Administrator	Foundation for Senior Living

SMAC Member Assignment Vote

Current Professional SMAC Members

Gina Judy, COO, Easterseals
John Hogeboom, CEO/President, Community Bridges, Inc.
David Voepel, CEO, AHCA
Elizabeth McKenna, M.D., Co-Owner, Healing Hearts Pediatrics
Dr. Jessica B. Peterkin, Dentist & Founder/CEO, Ministry of Dentistry, Inc
Vicki Staples, Director of OP Behavioral Health, Valleywise Health
Mary Jo Whitfield, VP of Integrated Health, Jewish Family and Children's Services

Current Public SMAC Members

Daniel Haley, Chief Executive Officer, H.O.P.E.
Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst
Vince Torres, Sr. Director, First Things First
Dina Norwood, Managing Attorney, Community Legal Services
Angie Rodgers, President/CEO, Arizona Food Bank Network
Diana "Dede" Yazzie Devine, CEO, Native American Connections
Melissa Kotrys, CEO, Health Current
Greg Corns, Vice President Development & Strategic Alliances, Solterra Senior Living
Serena Unrein, Director, Arizona Partnership for Health Communities

SMAC Members
Open Discussion, Comments and Questions

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Call to the Public

2022 SMAC Meetings

Per Bylaws, meetings are to be held 2nd Wednesday of January, April, July and October from 1 p.m. - 3 p.m

2022 SMAC Meetings

January 12, 2022

April 13, 2022

July 13, 2022

October 12, 2022

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Thank you