



State Medicaid Advisory Committee (SMAC)

Wednesday, January 8, 2020

AHCCCS

GOLD ROOM 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Jami Snyder
II. Introductions of Members (Current/New)	ALL
Agency Updates	
III. AHCCCS Targeted Investments (TI) Updates	George Jacobson
IV. Opioid Treatment Program (OTP) Updates	Alisa Randall
V. Behavioral Health in Schools - Panel	Kelli Williams, Megan Woods, Markay Adams
VI. Valle Del Sol Behavioral Health in Schools - Presentation	Caitlin Gizler/Carmen Heredia
VII. AHCCCS Updates	Jami Snyder
VIII. Call to the public	Jami Snyder
IX. Adjourn at 3:00 p.m.	ALL

*2020 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

Please note the change for the October meeting date, due to space conflicts.

All meetings will be held from 1 p.m.- 3 p.m. unless otherwise announced at the AHCCCS Administration
701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

January 8 , 2020

April 8, 2020

July 8, 2020

October 21, 2020

For information or assistance, please contact Fredreka Graham at (602) 417-4496 or fredreka.graham@azahcccs.gov

No Meeting Minutes

NO QUORUM

AHCCCS Targeted Investments Update



Targeted Investments Program

State Medicaid Advisory
Committee

January 8, 2020

Targeted Investments Program

- \$300 million authorized by CMS in January, 2017 as a part of the 1115 waiver
- A five year project providing resources to participating providers to support the integration of behavioral and physical health care.
- Incentive payments based on meeting milestones that support integration and whole person care

Provider Participation

- Providers eligible to participate include:
 - Adult and pediatric primary care practices
 - Adult and pediatric behavioral health organizations
 - Acute and psychiatric hospitals
 - Justice Co-located clinics
- Almost 500 sites participating across the state.

TI Program Years Two & Three

- Year Two: Over \$66.5 million paid to TI participant providers
- Year Three: \$85.5 million to be paid for achieved milestones
- Many milestone requirements support and complement the implementation of AHCCCS Complete Care (ACC)

Targeted Investments Program

- Milestone Examples:
 - Care Management in Primary Care
 - Integrated care planning
 - SDoH screening & intervention
 - MH screening & referral in PCP settings
 - Bi-directional data exchange through the HIE
 - Screening children for ACEs with referral to Trauma-Informed Care
 - Screening for ASD and with appropriate referral

TI Program Years Four & Five

- Participant Incentive Payments based on meeting performance measures
- The metrics align with other applications and uses, including required CMS measures, and AHCCCS MCO measures
- Many measures align across TI Program participating provider types-Ex: Identical Adult Primary Care and BH measures

Participant Support-Quality Improvement Collaborative (QIC)

- Provided through the ASU College of Health Solutions and Center for Health Information Research (CHiR)
- The QIC will offer:
 - Interim updates on Quality Measures performance
 - Assistance with quality improvement actions
 - Technical assistance
 - Peer learning opportunities

TI Program Impact

- AHCCCS focus on whole person care---Point of care integration
- Practice transformation
- Systems & protocols sustainability
- Lessons learned

TI Program Impact Transformation

Accomplishments

- Transformation/Accomplishments
 - Primary care practice HIE participation
 - MH Screening for depression, suicide risk
 - Early childhood screening including for ASD
 - SDoH Screening and referral protocols
 - Provider education on ACEs and Trauma-informed care, ASD care
 - Provider & justice partner collaboration

Results & Opportunities

- Behavioral health co-location in primary care
- Payment for BH services in primary care
- Alignment with ACC transformation
- Behavioral health support in chronic disease management

What We Have Learned

- High Risk Registry use
- Cultural impact of colocation on provision of behavioral health
- SDOH challenges
- Bridging physical and behavioral health cultures
- Practice transformation: “How we operate now”

OTP Update

Opioid Treatment Program (OTP) Legislation Implementation Update

Alisa Randall
Assistant Director, DGA

OTP Treatment Program A.R.S. 36-2907.14

I. OTP Reporting

II. 24/7 Access Points

III. Arizona Opioid Council

Reporting Requirements

Opioid Treatment Program – Reporting Requirements

Security Plan

Plan Element	OTP's Security Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
Evidence that plan is based on SAMHSA or DEA Standards			
Contains patient management strategies designed to ensure security policies that will: <ul style="list-style-type: none"> ✓ Reduce potential harm to patients and the neighborhood. ✓ Lower the risk of exposure to illicit transactions and other consequences of overcrowding and poor patient management 			

Reporting Requirements

Opioid Treatment Program – Reporting Requirements

Neighborhood Engagement Plan

Plan Requirement	OTP's Neighborhood Engagement Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<p>Outlines engagement strategies with key stakeholders in the neighborhood, including:</p> <ul style="list-style-type: none"> ✓ Home owner's Associations ✓ Neighborhood Associations ✓ School administrators ✓ Neighboring businesses ✓ Community organizations ✓ The city or town council ✓ Law enforcement ✓ Block Watch organizations ✓ Any other key stakeholders 			
<p>Includes information about but not limited to ensuring consideration of and response to:</p> <ul style="list-style-type: none"> ✓ Reasonable safety, security and trash removal concerns ✓ Concerns regarding adequate parking for patients and staff ✓ Patient drop-off/pick-up ✓ Other matters of concern to the key 			

Reporting Requirements

Comprehensive Patient Care Plan

Plan Requirement	OTP's Comprehensive Patient Care Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<p>Outlines standards of care for Medication Assisted Treatment and how those standards will be implemented, including:</p> <ul style="list-style-type: none"> ✓ Standards for dosing ✓ Standards for the provision or referral to appropriate counseling, Behavioral therapy services, and peer support services 			
<p>Denotes whether or not the provider provides therapy services directly or refers patients to another provider for the service</p>			

Reporting Requirements

Comprehensive Patient Care Plan

Plan Requirement	OTP's Comprehensive Patient Care Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance and (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<ul style="list-style-type: none"> ✓ If a referral, the plan must include strategies to ensure patients can access referred services in a timely manner 			

Reporting Requirements

Community Relations and Education Plan

Plan Requirement	OTP's Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
<p>Documents policies and procedures to measure and minimize the negative impact the opioid treatment program may have on the community, to promote peaceful coexistence and to plan for change in the program and program growth, including:</p> <ul style="list-style-type: none"> ✓ Policies and procedures which consider community needs and impacts when selecting a site for 			

Reporting Requirements

Community Relations and Education Plan

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<ul style="list-style-type: none"> ✓ the program or program growth Policies and procedures for maintaining a clean and orderly facility that does not impede pedestrian or traffic flow, which includes disclosure demonstrating the expected census and daily traffic count for the clinic (see disclosure template) ✓ Policies and procedures for considering community input on the potential impact the program may have on the community ✓ Policies and procedures for communicating with community leaders to foster good community relations 			
<p>Establishes a liaison with community representatives to share information about the program, the community and mutual concerns and issues</p>			

Reporting Requirements

Community Relations and Education Plan

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Identifies program personnel who will function as community relations coordinators and define the goals and procedures of the community relations plan			
Documents policies and procedures for serving as a community resource on substance use and related health and social issues as well as promoting the benefit of medication-assisted treatment in preserving the public health			
Documents policies and procedures for soliciting community input about medication-assisted treatment and the program's presence in the community			
Documents policies and procedures to effectively address or resolve community problems, including patient loitering and medication diversion, and ensuring enforcement of these policies so that			

Reporting Requirements

Community Relations and Education Plan

Plan Requirement	OTP's Community Relations and Education Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance and any attachments to be supplied by the OTP	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
program operations do not affect community life adversely			
Documents community contacts and community relations efforts, including the evaluation of the effectiveness of activities over time in addressing outstanding problems or deficiencies, and supplies any relevant meeting minutes demonstrating community relations efforts.			
Documents policies and procedures for disclosing the process for community contacts to notify the administration's clinical resolution unit of any unresolved problems or deficiencies that includes, if appropriate, coordination with the state opioid treatment authority			
Develops communication mechanisms that provide interested parties and potential patients with general information about the program outside of regular operating			

Reporting Requirements

Community Relations and Education Plan

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hours			

Reporting Requirements

Diversion Control Plan

Plan Requirement	OTP's Diversion Control Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)	Relevant Documentation to Demonstrate OTP Compliance (List of relevant documentation and any attachments to be supplied by the OTP)	AHCCCS Determination of Sufficiency (Sufficient or Insufficient)
Documents measures to reduce the possibility of diversion of controlled substances from legitimate treatment use			

A.R.S 36-2907.14 – OTP Reporting Requirements – Established Locations

- Plans are directly submitted to AHCCCS from OTP Providers
- Require a period of 30 days for Community Feedback
- Community and Stakeholder feedback reviewed during development
- Technical Assistance
 - Providers
 - Health Plans

A.R.S 36-2907.14 – OTP Reporting Requirements – Established Locations

- First annual submission date was November 15th
- AHCCCS website link established for OTP requirements and public comment page
- Subscribe to the page for all updates

https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/OTP_Requirements.html

A.R.S 36-2907.14 – OTP Reporting Requirements – New Locations

- New OTP Providers and/locations
 - Provider will contact ADHS for licensure
 - This activity will trigger AHCCCS that provider will be submitting completed report for review
 - Reports submitted to AHCCCS will be reviewed after contact to ADHS has been completed
 - Indicate what has been completed not what will be completed

24/7 Access Points

- Previously known as Centers of Excellence
- Development of standards in partnership with ADHS
 - Two public forums held
 - Standards to be published on AHCCCS website
- Metrics and outcomes

Arizona Opioid Council

- Chaired by Health and Human Services Committees of the Senate and the House of Representatives
- Members are appointed
- Regular presentation of data and outcomes measures

BH in Schools Panel

Valle Del Sol Presentation

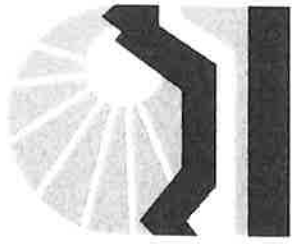


Valle del Sol
COMMUNITY HEALTH

**VALLE DEL SOL'S
INTEGRATED
SCHOOL BASED SERVICES**

CATTIEN GIZLER, M.A.S., L.M.F.T., BHP
DIRECTOR OF INTEGRATED SCHOOL BASED SERVICES

VDS INTEGRATED SCHOOL BASED SERVICES

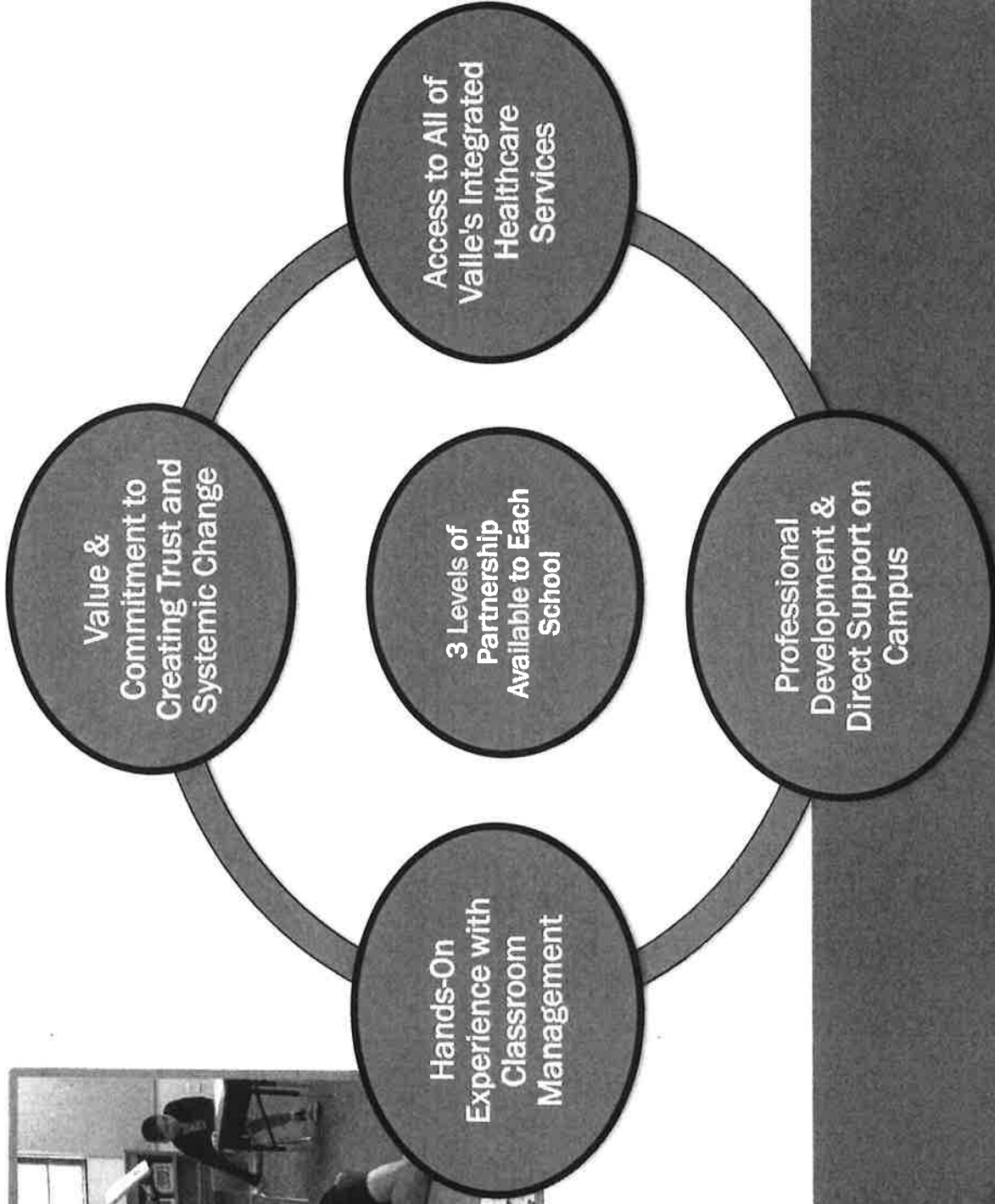


Valle del Sol
COMMUNITY HEALTH

Valle del Sol inspires positive change by investing in human services to strengthen families with tools and skills for self-sufficiency and by building the next generation of leaders.



VDS INTEGRATED SCHOOL BASED SERVICES



VDS ON CAMPUS SUPPORT

"Parents are not as intimidated by mental health services out of their child's school and comfortable receiving services or intakes at the school."

– Fabiola Marquez, School Psychologist,
Clarendon Elementary School

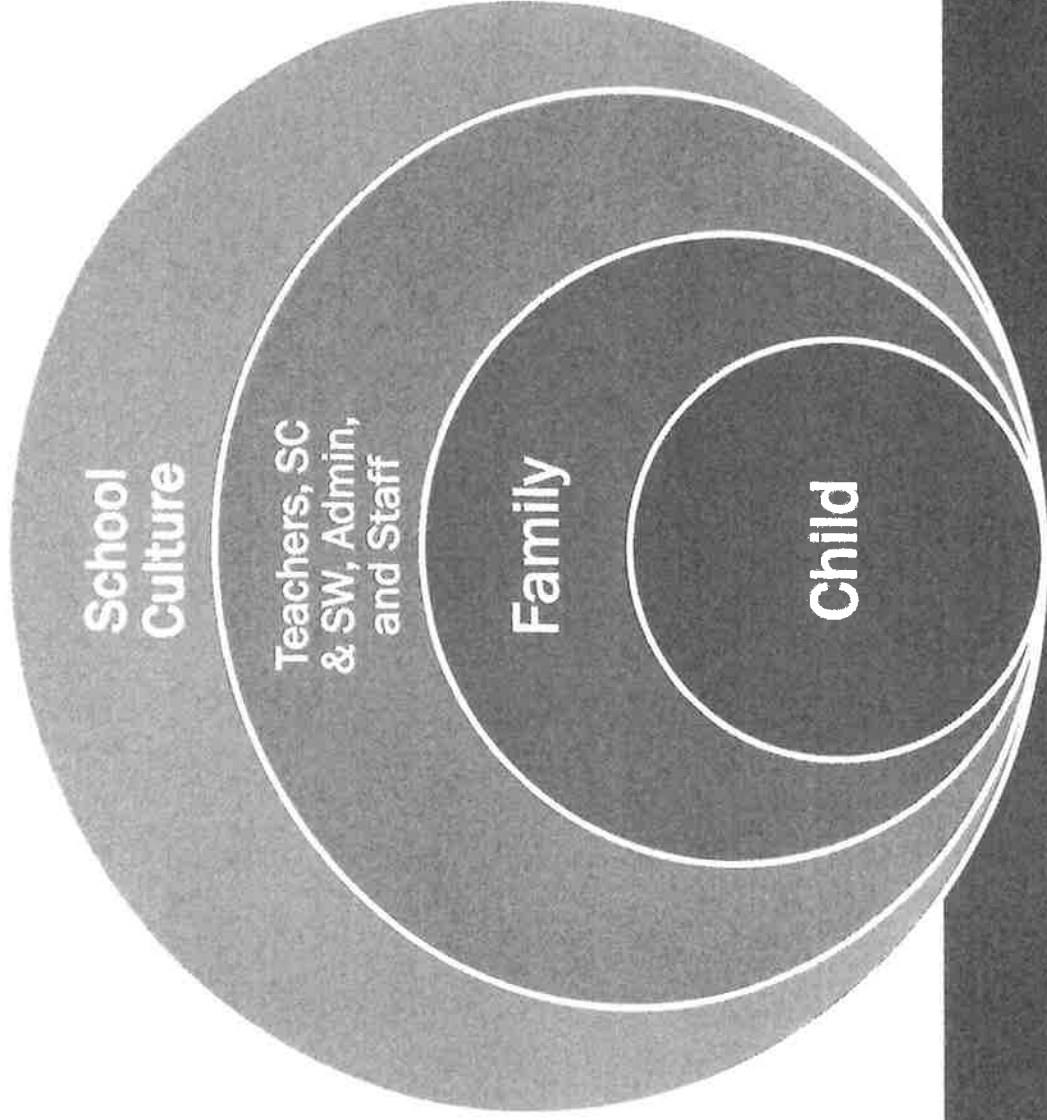
- Navigating Healthcare & Resources
- Trust and Relationship Building with Staff and Families
- Clinical Screenings & Assessments
- Clinical Observations in the Classroom
- 1:1 Coaching for Students
- Parenting Support Workshops
- Individual and Family Therapy
- Therapy Groups and Skills Groups
- CFT's Connecting Families and Teachers Back Together
- De-Escalation Support for Students and Staff
- Professional Development for Teachers
- Intensive Groups During School Breaks
- Warm Hand Offs to Office Based Providers
- Higher Show Rates for Medical & BH Appts



CO-CREATING SYSTEMIC CHANGE ON CAMPUS



*Supporting Teachers & Families
with accessible workshops and
professional development*

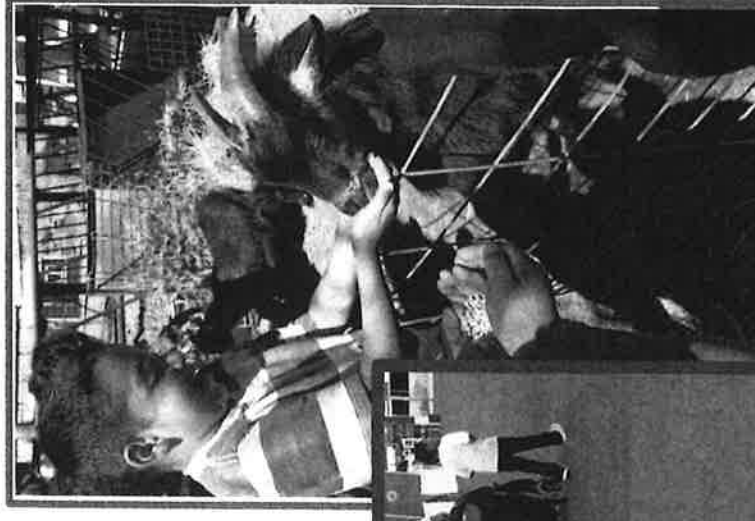


CONQUERING BARRIERS AND CELEBRATING SUCCESSES

In the school, staff can quickly identify families that need extra support and then with a swift response from Valle Del Sol, we are able to address concerns from an academic and social emotional standpoint effectively – Fabiola Marquez, School Psychologist,

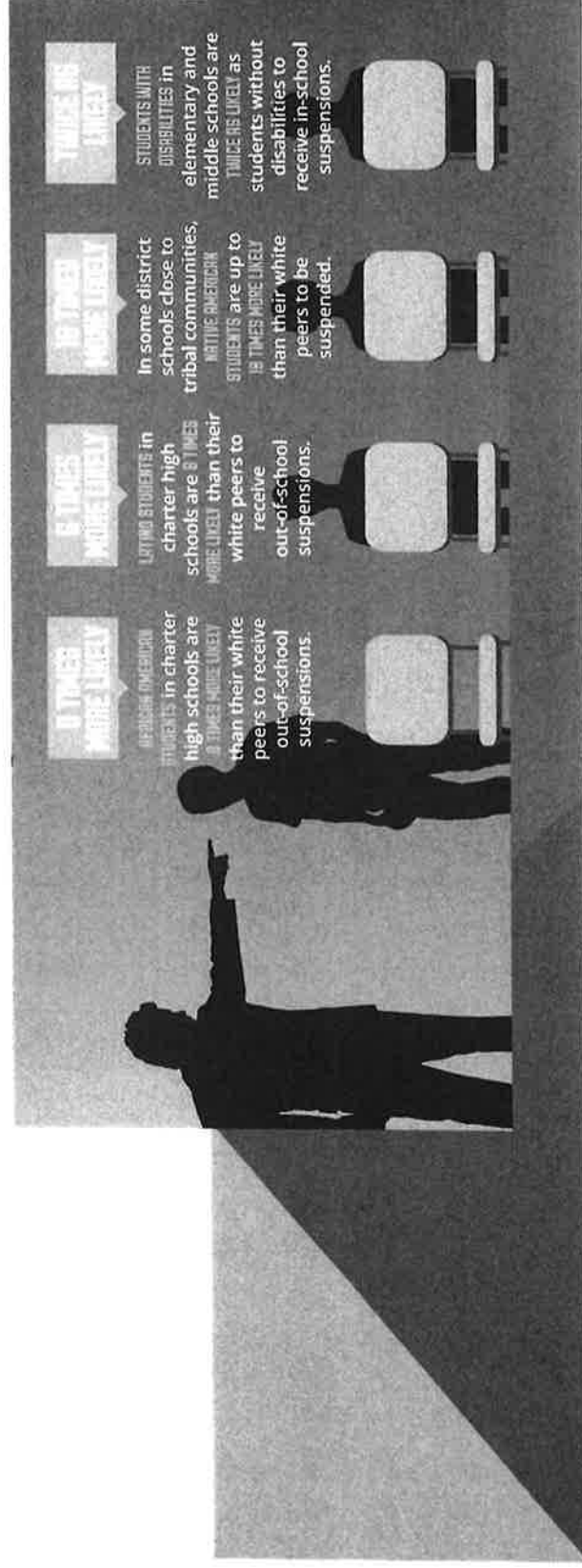
Clarendon Elementary School

- Navigating space & schedules
- Supporting children with a variety of insurance coverage, (or lack thereof)
- Engaging families who may not be as present
- Providing support in crisis events
- Establishing consistent communication



WHERE TO: SCHOOL BASED SERVICES SUPPORTING EDUCATION EQUITY

- We have a responsibility to advocate and support our youth patients and their guardians in attaining quality education and voicing their needs
- We partner with Districts and Organizations like Arizona ACLU's Demand To Learn Campaign,
 - Bring awareness and innovation to the health and SDOH related needs that are often present in school discipline issues
- Working on collaborative alternative to suspension models with schools to keep kids on campus in safe and recovery focused environment
- Combat the School to Prison pipeline experience



WHERE TO: CREATING A STANDARD OF EXCELLENCE IN ACCESSIBLE QUALITY HEALTHCARE

- **Each month we are outreached by new schools and districts asking for our support.**
 - With increasing requests from schools in more rural locations and farther from all agency brick and mortar clinics
- **As a FQHC, we have a unique opportunity to provide wrap around services to children, families, and school staff**
 - Now imagine what we can do if we were to take more of our services directly to them as a compliment to our on-campus school based behavioral health supports.
 - Creating more touchpoints to empower more patients
 - Improved health outcomes with accessible screenings and follow up
 - Increased collaboration of integrated healthcare providers
 - Resource connection & support for SDOH
 - Work with a wide scope of the community, giving accessibility to everyone
- **MHC and Telehealth combined with School Based Services could create the woven layer of support needed to treat more people with a program model that is efficacious and affordable**



THANK YOU!

Any Questions Regarding Valle's School Based Services:

Contact Caitlin Gizler, MAS, LMFT

Director of Integrated School Based Services

CaitlinG@valledelsol.com

602-258-6797



Valle del Sol
COMMUNITY HEALTH

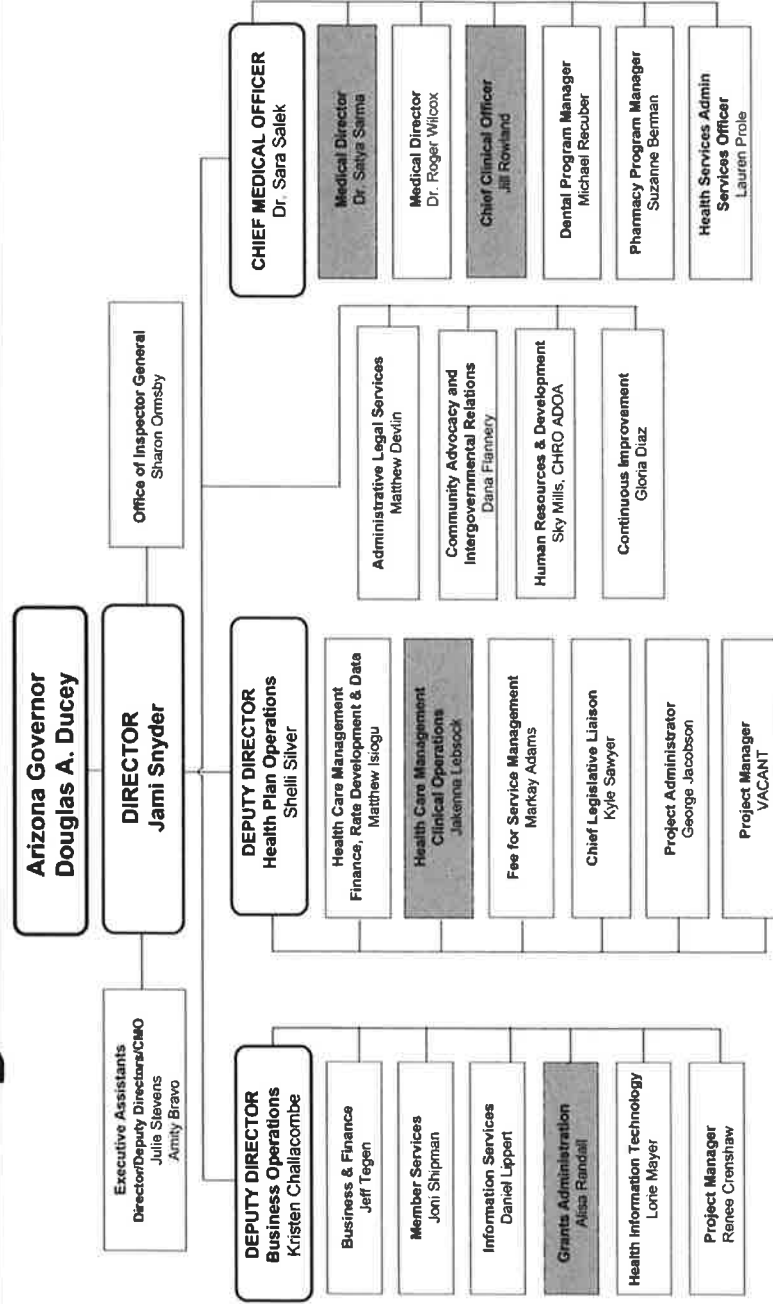
AHCCCS Update



AHCCCS Update

**State Medicaid Advisory Committee
January 8, 2020**

AHCCCS Organizational Structure



2019 Accomplishments

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

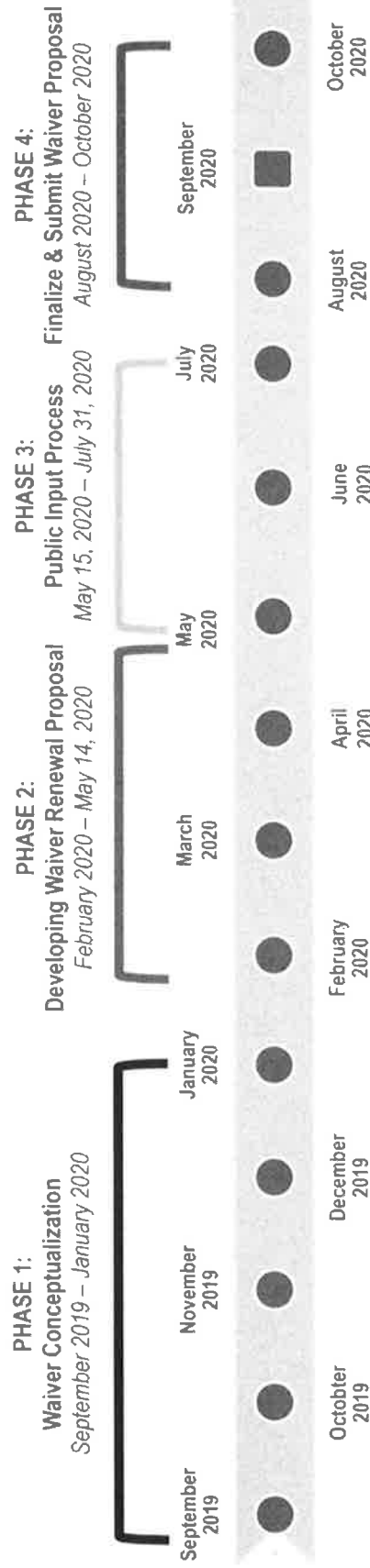
2019 Accomplishments

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

2020 Priorities

- Finalize and submit 1115 waiver to CMS
- Launch Arizona Provider Enrollment Portal
- Release RFP and award eligibility system vendor contract
- Release RFP and award contract to vendor to develop AHCCCS' MMIS system roadmap
- Release RFP and award RBHA competitive contract expansion agreements
- In partnership with DCS, transition members served by the CMDP program into an integrated product
- Implement an enhanced school based claiming program
- Implement a statewide electronic visit verification system
- Continue to explore opportunities to improve employee engagement

1115 Waiver Renewal Timeline



Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
 - Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
 - Non-medical transportation with a focus on access to healthy food and employment navigation services
 - Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCs) services in their own homes including, but not limited to, peer support programs
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources

RBHA Services - Post 10/1/21

Competitive Contract Expansion

- Naming convention: AHCCCS Complete Care Plan with a Regional Behavioral Health Agreement (ACC-RBHA)
- Will expand the provision of services for **one** ACC plan in each GSA (only ACC Plans currently serving in a given GSA eligible to compete)
- Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan
- Effective 7/1/21, AHCCCS will directly administer SABG funding used for prevention services
- ACC-RBHAs will provide the full continuum of crisis services to all individuals within their awarded GSA, including mobile crisis teams and crisis stabilization services
- ACC-RBHAs will be required to jointly select, contract with, and oversee a single, statewide crisis phone vendor
- Members currently served by AIHP and RBHA will be transitioned to AIHP and will continue to have ongoing choice

2020 Legislative Session

- 1st day of the legislative session/State of the State: 1/13
- 1st Senate Health Committee: 1/15
- 1st House Health Committee: 1/16
- Executive Budget Release: 1/17
- AHCCCS Budget Hearings: 1/28 & 1/29

Questions