



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.

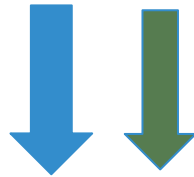
Please use the chat feature for questions or raise your hand.



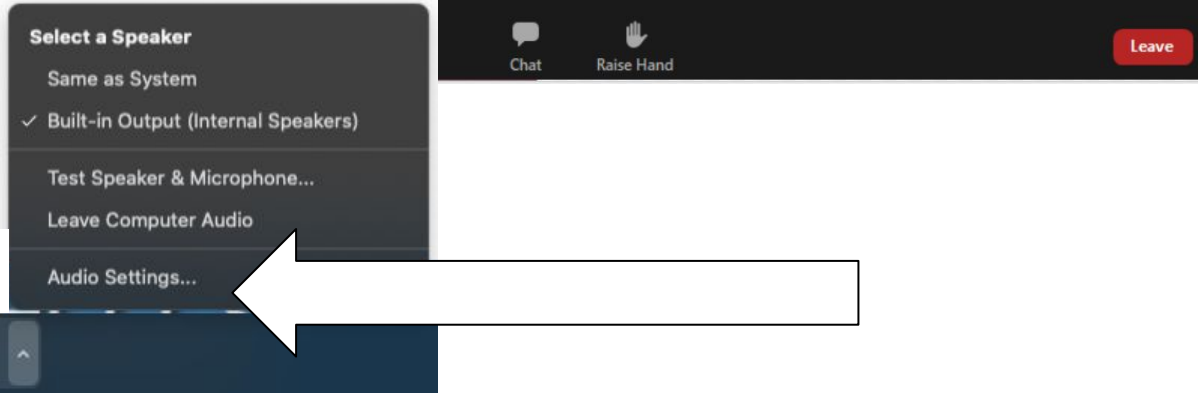
Thank you.

Zoom Webinar Controls

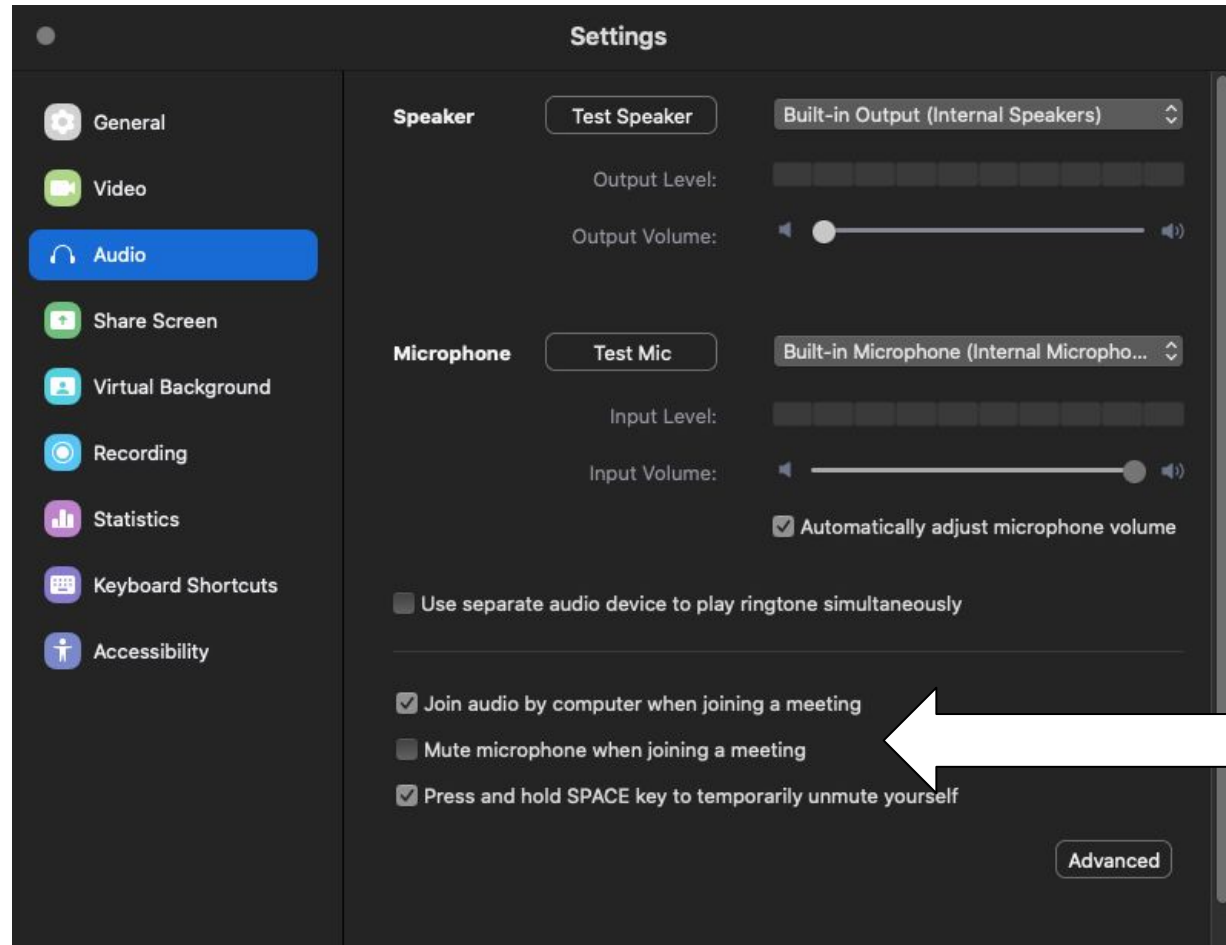
Navigating your bar on the bottom...



- **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.



Audio Settings



The screenshot shows the Zoom application's settings window, specifically the Audio section. On the left is a sidebar with various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for 'Built-in Output (Internal Speakers)', an 'Output Level' indicator, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for 'Built-in Microphone (Internal Micropho...', an 'Input Level' indicator, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several other options: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right. A large white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox.

Settings

Speaker Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

Microphone Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources



State Medicaid Advisory Committee (SMAC) Quarterly Meeting

April 14, 2021



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman
College of Public Health

Phoenix

THE MEDICAID PROJECT

Kirin Goff, JD, MA
Applied Health Policy Institute

Presented to Arizona State Medicaid Advisory Committee
April 14, 2021

APPLIED HEALTH POLICY INSTITUTE

ABOUT US

EDUCATION

Classes and internships about the mechanics of policy

RESEARCH

Research, publications, and practical resources examining public health policy at state, regional, and national levels

EXPERTISE

Policy and legal analysis translating public health information and ideas into real policy change

CONNECTION

Collaborative projects with external partners

<https://www.publichealth.arizona.edu/ahpi>

The Medicaid Project

- Curriculum developed, revised, and presented by experts from diverse sectors
- Funded by AHCCCS health plans



Current Status of Medicaid Education

- Open Course Survey on Healthcare Systems and Health Policy courses at US universities
 - Very few full courses specific to Medicaid
 - Program-based courses are short and state-specific
- Limited access to education on healthcare systems
 - Essential knowledge for future healthcare workers, insurance employees, students, and policymakers
 - No courses at the three state universities focused on Medicaid



Advisory Board

- **Tom Betlach** (Chair), Partner at Speire Healthcare Strategies
- **Heather Carter**, Executive Vice President at Greater Phoenix Leadership
- **Dan Derksen**, Professor of Public Health at U of A
- **Minnie Andrade**, CEO of Magellan Complete Care of Arizona
- **Suzanne Pfister**, CEO of Vitalyst Health Foundation
- **Beth Kohler**, Beth Kohler Consulting
- **Deb Gullet**, Executive Director of AzAHP
- **Monica Coury**, Vice President of Legislative and Government Affairs at Arizona Complete Health

Why Arizona?



Pioneer for Medicaid
System Design



AHCCCS Model
Nationally Recognized



Model replicated by
other states

University of Arizona Class

PHP 440/540

Medicaid: Policy, Politics, and Practicalities of Access to Care

- Fall 2020, Fall 2021
- Graduate and undergraduate
- Most class sessions led by an expert in a specific sub-topic, such as:
 - Social determinants of health
 - The Affordable Care Act
 - Mental health and substance use disorders
 - Policy & politics
 - Tribal health
 - Laws & regulations

External Curriculum

Now we want to put the curriculum to use outside the University

How can we best use it to fill gaps among professions and organizations in Arizona?



Survey of Need

- Surveyed local organizations
- Results - most interested in:
 - Use: Policy development, employee training, advocacy, policymaker education
 - Format:
 - Asynchronous modules
 - Real-world scenarios & activities

Survey of Need

(results continued)

- Topics
 - AHCCCS
 - Tribal Health
 - Overview of Medicaid
 - Social Determinants of Health
 - Advocacy



Feedback

Where and how can this be most valuable?

Questions?

Contact Us



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<https://www.publichealth.arizona.edu/ahpi>

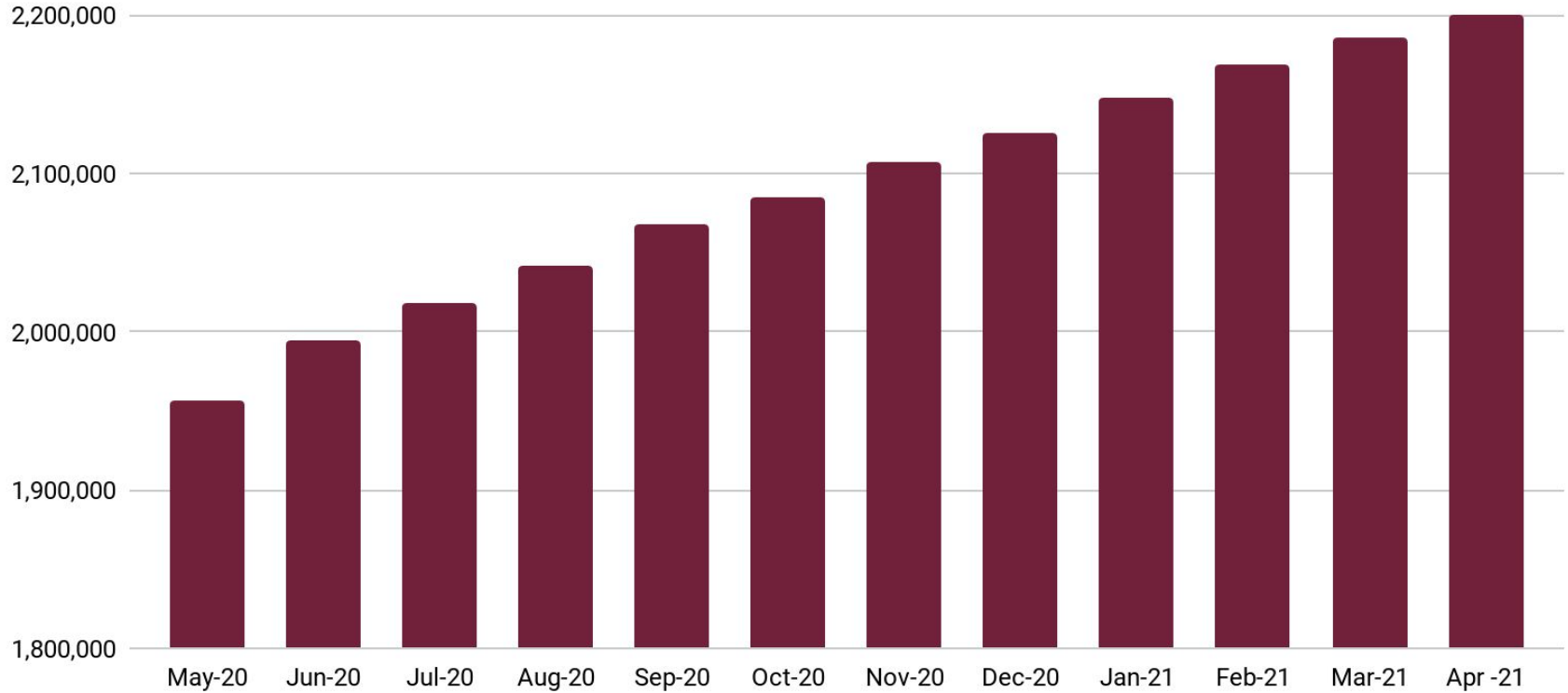




Agency Update

Director Jami Snyder

AHCCCS Enrollment: May 2020- April 2021



Legislative Session Update

- Record-breaking 1,708 bills were introduced this year (compared to 1,607 last year)
- Committees have ended and the budget is being negotiated
- 100th day of session 4/24/21
- Notable bills which have been signed into law include:
 - Creation of LHAs
 - GME program for community health centers
 - Bill requiring licensure of nursing-supported group homes



Legislative Session Update

- Other bills of interest:
 - Expanding BH services at private offices or clinics
 - Establishing a maternal mental health advisory committee
 - Allowing immunization data to be shared with the HIE and other AHCCCS contractors
- AHCCCS granted \$3B in federal expenditure authority
- Telehealth regulation is still in the legislative process along with budget bills which include service expansions (Chiropractic, Pregnant Dental)









AHCCCS Whole Person Care Initiative (WPCI)



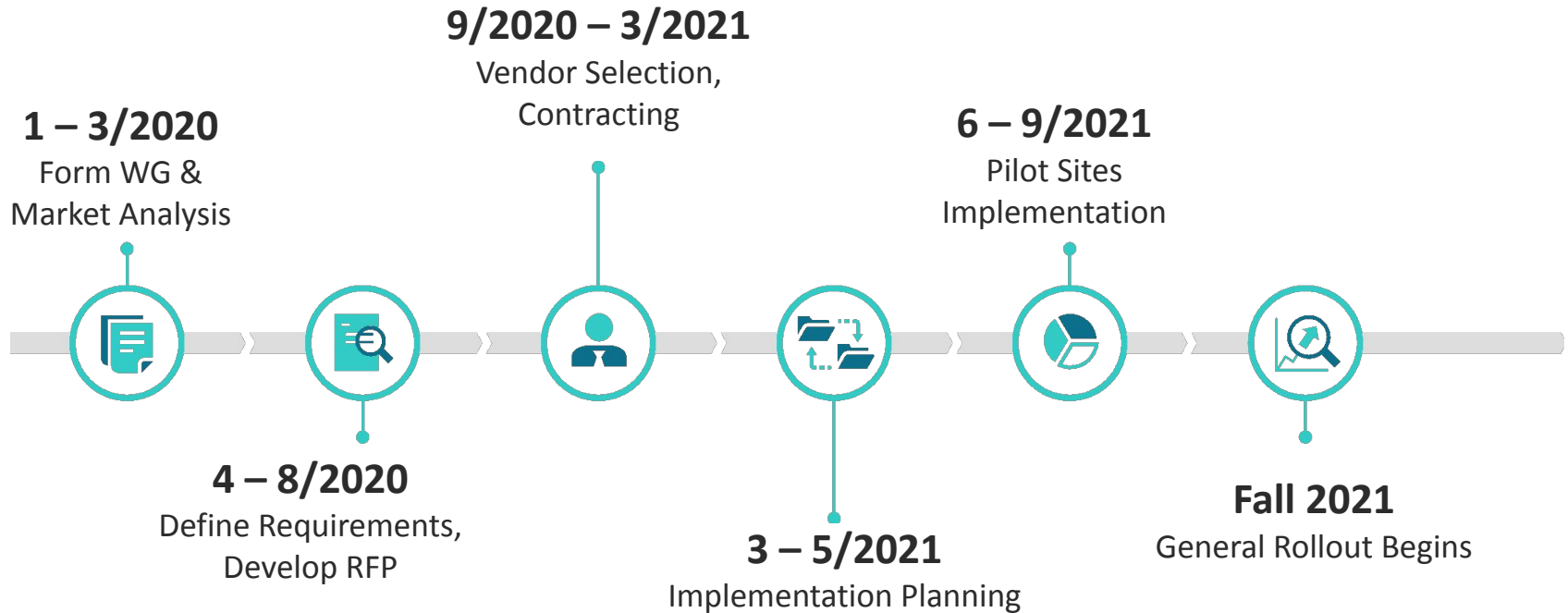
- Launched in November 2019
- Building off of existing programming and services to further address social risk factors of health including:
 - housing
 - employment
 - criminal justice
 - transportation
 - social isolation

Whole Person Care Initiative

- Housing Administrator contract begins 10/1/2021 
- Closed Loop Referral System with Health Current 
 
- MCOs focus on community reinvestment dollars on social determinants of health  
- **Next Steps: Housing and Health Opportunities (H2O) Demonstration & Targeted Investments (TI) 2.0 - To be discussed today**

Real Time Social Service Referral System

System Partners: NowPow, Health Current, Crisis Response Network, 211, Managed Care Organizations, Providers, Community Based Organizations



Systems Update

- **Electronic Visit Verification**
 - Soft claim edit extension to support providers to fully onboard with EVV
 - Working on change orders to resolve system issues and improve user experience
- **HEAplus Maintenance and Operations (M&O) Transition**
 - Transitioning to a new vendor (not a new system) - incumbent vendor is Alluma; new vendor is Accenture
 - Transition is on track for Accenture to assume M&O effective July 1, 2021
- **AHCCCS Provider Enrollment Portal**
 - Current average processing time for all applications submitted directly into APEP by providers - **7.69 days!**
 - Monthly average processing time for paper and provider submitted new applications

| November 2020 | December 2020 | January 2021 | February 2021 | March 2021 |
|---------------|---------------|--------------|---------------|------------|
| 39.83 days | 27.58 Days | 23.24 Days | 19.03 Days | 17.7 Days |

Health Plan Product Updates

- **Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) go-live on 4/1/21**
 - Readiness activities 100% complete, including comprehensive network build
 - Daily situation meetings occurred through 4/10
 - Member ID cards delivered
 - Operational functionality on track, as expected
- **Competitive Contract Expansion/Regional Behavioral Health Authority request for proposals (RFP)**
 - On track with published timeline
 - RFP release - late summer/early fall
 - Major decisions released on 3/31/21

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**

American Rescue Plan Act of 2021

- Clarifies that COVID-19 vaccines and administration are covered without cost-sharing for Medicaid beneficiaries; applies to all Medicaid beneficiaries including those with limited benefits
- Offers 100% FMAP for COVID vaccine and vaccine administration



Vaccine COVID-19 Administration

Mandatory
Coverage: 3/11/21
Enhanced FMAP:
4/1/21 until one
year after the end
of the PHE

Status:

In Progress

The mandatory COVID-19 vaccine coverage provision has been implemented for AHCCCS members. AHCCCS is seeking further guidance from CMS on the expectation related to limited benefit populations.

The 100% FMAP is currently available to AHCCCS.

American Rescue Plan Act of 2021



- Creates a state option to cover community-based mobile crisis intervention services with 85% federal matching funds
- Authorizes \$15 million for state planning grants, to be awarded by the HHS Secretary as soon as practicable

Status:

This Provision Is Not Yet In Effect

AHCCCS is working with stakeholder partners to explore potential program improvements that meet the parameters advanced by the legislation.

Mobile Crisis Services

4/1/22 -
3/31/27

American Rescue Plan Act of 2021



Eliminates federal rebate cap on the amount of rebates manufacturers pay to Medicaid in exchange for coverage of their FDA-approved drugs; currently, the rebate cap is set at 100% of the average manufacturer price.

Status:

This Provision Is Not Yet In Effect

This provision will be effective on 1/1/24

**Elimination
of Medicaid
Drug Rebate
Cap**

1/1/24

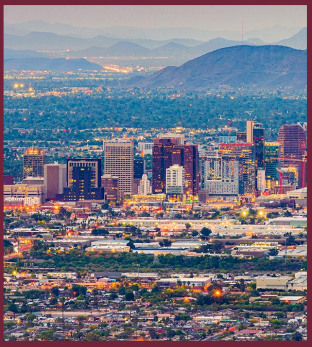
American Rescue Plan Act of 2021

- Provides 100 percent federal matching funds for services received through Urban Indian Health Programs with grants or contracts with Indian Health Service

Status:

In Progress

The 100% FMAP is currently available to AHCCCS.



**100% FMAP
for Urban
Indian Health
Program**

4/1/21 -
3/31/23


American Rescue Plan Act of 2021

Provides 10 percentage point increase in federal matching funds (capped at 95 percent) for Home and Community Based Services (HCBS) to implement or expand one or more activities to enhance HCBS

Status:

In progress

AHCCCS is awaiting guidance from CMS on what services qualify as HCBS improvement activities; CMS' understanding of the requirement that the funds be used only to supplement, not supplant, current levels of state HCBS spending; and the timeframe for spending any accrued savings.



**10% Increase
to
FMAP for
HCBS**

4/1/21 -
3/31/22

American Rescue Plan Act of 2021

Creates a state option to extend coverage for postpartum women to 12 months, instead of 60 days

Status:

This Provision Is Not Yet In Effect

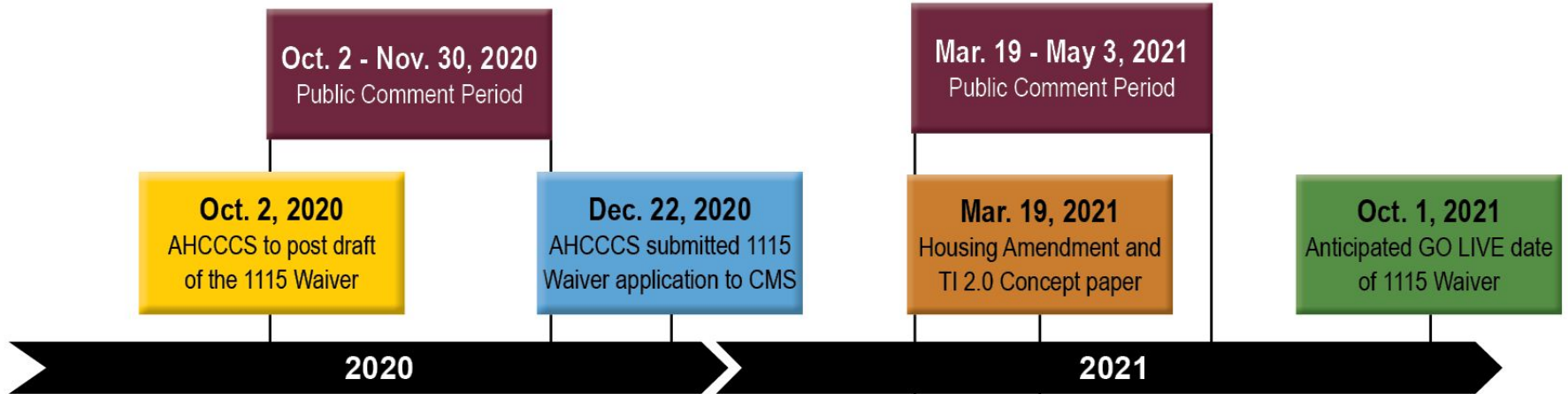
AHCCCS already provides ongoing coverage to individuals up to 133% of FPL. AHCCCS is seeking guidance from CMS to clarify if states can implement this expansion of coverage for individuals 134-150% of FPL, leaving existing eligibility determinations for those up to 133% unchanged.



**Twelve
Months
Postpartum
Coverage**

4/1/22 -
3/31/27

Arizona's 1115 Waiver Renewal Timeline



Recent Developments: 1115 Waiver

- **AHCCCS Housing and Health Opportunities (H2O)**
 - Reduce homelessness and improve members' skills to maintain stable housing,
 - Increase positive health and wellbeing outcomes for target populations
 - Reduce the cost of care for individuals successfully housed
- **Targeted Investments Program 2.0**
 - Two distinct cohorts - extension cohort and expansion cohort
 - Sustain integration efforts of current TI participants
 - Expand integration opportunities to new providers
 - Improve the program requirements to provide whole person care more comprehensively

Black Maternal Health Week

April 11 - April 17





SMAC Members

Open Discussion, Comments and Questions



**1115 Waiver:
Targeted Investments 2.0 Concept Paper
and Housing and Health Opportunities (H20)
Demonstration**

Presented by George Jacobson and David Bridge

Targeted Investments (TI) 1.0 Program

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

TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026
- This extension request was submitted to CMS in December 2020 with Arizona's Waiver renewal packet
- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0

TI 2.0 Program Goals

Sustain the integration efforts of current TI participants

Expand integration opportunities to new providers

Improve the program requirements to provide whole person

Align and support the AHCCCS 2021 Strategic Plan

TI 2.0 Program Structure

- TI Program 2.0 will include two distinct cohorts:
 - **Extension cohort** will include TI Program providers that completed participation in the current TI Program
 - **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation

Extension Cohort Strategies

- Sustain point of care integrated systems that improve care coordination for high risk AHCCCS members
- Extend point of care integration systems that effectively address social risk factors such as housing, food, and employment
- Support strategies for effective use of technology including the closed loop referral system and telehealth that enable whole person care
- Support systems for provider and other stakeholder peer learning and sharing of process improvement strategies

Expansion Cohort Strategies

- Improve health outcomes for high risk AHCCCS members with physical and behavioral health needs
- Expand AHCCCS members' accessibility to more fully integrated, whole person care
- Establish integrated point of care systems that improve care coordination and drive better health and financial outcomes for high risk AHCCCS members
- Support strategies for effective and efficient use of health information technology

TI 2.0 Annual Requirements

| Program Year | Extension Participants | Expansion Participants |
|---------------------|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Year 1 | Re-establish TI 1.0 Systems and Processes. Establish New Systems and Processes that support Whole Person Care | Application and Onboarding |
| Year 2 | Establish New Systems and Processes | Establishment of Systems & Processes similar to TI 1.0 |
| Year 3 | Implementation and Evaluation of Systems and Processes | Implementation and Evaluation of Systems & Processes similar to TI 1.0 |
| Year 4 | Performance/Outcome Measures | Performance/Outcome Measures |
| Year 5 | Performance/Outcome Measures | Performance/Outcome Measures |

TI 2.0 Participants and Stakeholders

- Partners/Collaborators
 - Quality Improvement/Learning Collaborative (QIC)
 - Managed Care Organizations
 - Health Information Exchange (Health Current)
 - Community Based Organizations (CBOs)
 - Public Agencies
 - Other Stakeholders/Subject Matter Experts

TI 2.0 Program Funding

- AHCCCS proposes that the maximum total funding for the program not exceed **\$250 million over five years** including state and federal match contributions
- AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources
- Funding will direct incentive payments to participating providers to meet program milestones and goals



SMAC Members

Open Discussion, Comments and Questions

A set of keys with a house-shaped keychain and a pen, symbolizing housing and health. The background is a textured, light-colored surface, possibly wood or stone, with a warm, yellowish tint. The keys are arranged in a cluster, with the house-shaped keychain being the most prominent. A pen is also visible, lying horizontally across the keys.

AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal

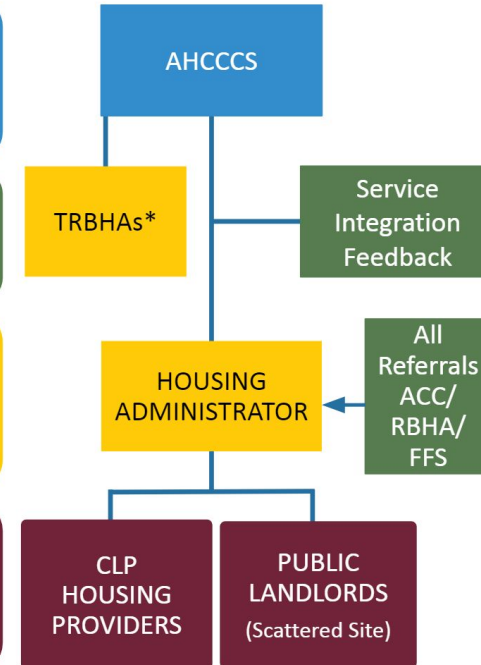
AHCCCS Medicaid Housing Delivery System

- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

Housing Administration – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices.
 *AHCCCS awards funding directly to the TRBHAs for housing activities

CLP Housing – AHCCCS purchased, fixed site, owned by provider/ non-profits, block leasing
Scattered Site (Vouchers) – Market affordable housing, community landlords.



AHCCCS Housing Program Outcomes (SFY 2020)

2,472 members in AHCCCS' PSH programs

31% reduction in ED visits

44% decrease in inpatient admissions

92% reduction in BHRF admissions

\$5,563 in average cost savings per-member per-month

Gaps in the Housing Delivery System

- Over 10,000 individuals are experiencing homelessness in Arizona
- Almost 80% of members identified as homeless are non-SMI members
- HUD Fair Market Rent (FMR) rates have increased significantly in Arizona
- Arizona needs another 134,758 units to meet the needs of its existing population that fall into the category of “Extremely Low Income”
- Excessive strain on systems to avoid institutional discharges to homelessness due to this lack of viable shelter or housing settings



AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability



AHCCCS H2O

Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

Strategy 1: Strengthening Homeless Outreach & Service Engagement

- 1.1 Offer Outreach and Engagement Services
- 1.2 Enhance Screening and Discharge Coordination
- 1.3 Enhance and Support Data Collection



Strategy 1.1: Offer Outreach & Engagement Services

- AHCCCS seeks waiver authority to offer outreach services to connect all eligible or potentially eligible members experiencing homelessness to available services and supports
- Outreach is critical for members with acute behavioral health needs who may avoid congregate service sites or shelters due their mental health conditions

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS seeks waiver authority to cover reentry services for Medicaid-eligible individuals with serious behavioral and physical health conditions who are at high risk of experiencing homelessness upon release from prison or jail
- Studies have shown that “in-reach” provided before release can be an effective strategy for ensuring continuity of care

Strategy 1.2: Enhance Screening & Discharge Coordination

- Reentry services will begin 30 days prior to the member's release and will include the following services:
 - Provision of one-to-one case management and/or educational services to prepare individuals for stable, long-term housing
 - Coordinating the individual's move into stable housing including assisting with housing applications, utility set-up, and reinstatement
 - Developing an integrated discharge and care plan that will identify the medical, behavioral health, and social needs necessary to support a stable and successful community life
 - Establishing linkage with physical and behavioral health providers, including peer supports, to facilitate continuity care upon release

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS will continue to strengthen screening and discharge coordination within key entry and transition points in the health care system, including:
 - Emergency departments
 - Inpatient (acute and behavioral health) facilities
 - Other crisis facilities
- Goal is to give members a better chance of successfully navigating barriers, including finding appropriate shelter or housing

Strategy 1.3: Enhance & Support Data Collection

- AHCCCS will enhance and support data collection and improve informed care coordination and maximize available resource
- Data sharing is particularly useful in identifying high risk or high cost members
- AHCCCS has demonstrated the value of using appropriate intersystem data sharing strategies in Maricopa County

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

- 2.1 Community Reintegration & Immediate Post Homeless Housing Services
- 2.2 Community Transitional Services
- 2.3 Eviction Prevention Services



Strategy 2.1: Community Reintegration & Immediate Post Homeless Housing Services

- AHCCCS seeks waiver authority to fund the provision of short-term, transitional housing (up to 18 months) for individuals leaving homelessness or an institutional setting
- Transitional housing may include temporary rent or voucher assistance to allow a discharge to housing with a goal of allowing the member to assume the rent and ongoing tenancy upon termination of the service transition

Strategy 2.2: Community Transitional Services

- AHCCCS seeks waiver authority to expand the provision of Community Transitional Services for the targeted populations
- Eligible expenses will include, but are not limited to:
 - Security deposits
 - Set-up fees for utilities or service access (including telephone, electricity, heating, and water)
 - Limited relocation expenses
 - Supplies needed to establish and maintain the household

Strategy 2.3: Eviction Prevention Services

- AHCCCS seeks waiver authority to provide eviction prevention services to assist members in maintaining tenancies
- Eviction prevention services include, but are not limited to:
 - Payment of back rent
 - Late fees or charges
 - Utility bills or restart costs
 - Limited damage reimbursement to landlords



Strategy 3: Enhancing Medicaid Wraparound Services and Supports

- 3.1 Home Modification Services
- 3.2 Pre-Tenancy and Tenancy Supportive Services

Strategy 3.1: Home Modification Services

- AHCCCS seeks waiver authority to expand the agency's ability to pay for home modification and remediation services to ensure habitability of housing
- Services include, but are not limited to installation of ramps and handrails to facilitate barrier-free access to members with physical disabilities or limitations, in addition to their behavioral health needs

Strategy 3.2: Pre-Tenancy & Tenancy Supportive Services

- AHCCCS seeks waiver authority to extend the provision of tenancy support services beyond the currently eligible population of individuals with an SMI designation or in need of behavioral health and/or substance use treatment
- Services will reduce the length of time a member experiences homelessness, increase the likelihood of securing and maintaining housing, reduce ongoing system costs related to homeless recidivism, and promote primary care and other preventative health care strategies

H2O Demonstration Target Population

Individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Determined high risk or high cost based on service utilization or health history
- Repeated avoidable emergency department visits or crisis utilization
- Pregnant/postpartum

H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions, including, but not limited to:
 - End-stage renal disease
 - Cirrhosis of the liver
 - HIV/AIDS
 - Co-occurring mental health conditions, physical health conditions, and/or substance use disorder
- Young adults (18 -24 years of age) who have aged out of the foster care system

H2O Demonstration Target Population (Cont.)

- High risk of experiencing homelessness upon release from an institutional setting, including, but not limited to:
 - Institutions for Mental Disease (IMDs)
 - Inpatient hospitals
 - Nursing facility
 - Correctional facility
- ALTCS members who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting

Important Considerations For Targeted Populations and Services

- H2O Demonstration services will be implemented statewide and will take into consideration the unique needs of Arizona's diverse urban and rural communities
- Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members



SMAC Members

Open Discussion, Comments and Questions



Call to the Public

2021 SMAC Meetings

**Per Bylaws, meetings are to be held 2nd Wednesday of January, April, July and October.
Meeting dates and times are scheduled as follows:**

2021 SMAC Meetings

July 14, 2021 1:00-3:00 p.m.

October 13, 2021 1:00-3:00 p.m.



Thank you