



Quarterly Tribal Consultation Meeting

November 5, 2019






Fort Mojave Indian Tribe • Salt River Pima-Maricopa Indian Community
Cocopah Indian Tribe • San Juan Southern Paiute Tribe • Pueblo of Zuni
Colorado River Indian Tribes • San Carlos Apache Tribe • Tonto Apache Tribe
Fort McDowell Yavapai Nation • Gila River Indian Community • Hopi Tribe



Native American Heritage Month

Ak-Chin Indian Community • Havasupai Tribe • Pascua Yaqui Tribe
Hualapai Tribe • Kaibab Band of Paiute Indians • Yavapai-Apache Nation
Yavapai-Prescott Indian Tribe • Navajo Nation • Tohono O'odham Nation
White Mountain Apache Tribe • Fort Yuma-Quechan Indian Tribe



Rainbow Treatment Center



RTC Programs

- Intake
- Recovery Support Services
- Primary Residential Treatment
- Recovery Training Program
- Matrix Program
- Family Enrichment Program
- Butterfly Drop In Center
- GED/ Scholarship Program
- Working to Wellness Program
- Nutritional Recovery
- Cibecue Rainbow Treatment Center
- Health and Wellness
- Café Gozhoo
- Whiteriver Restaurant

Intake

- Where everything begins
- ASAM criteria for client service placement
- Client signs forms: consent for treatment, Privacy Practices, Client Rights and Responsibilities
- Clients are staffed after Assessment is Complete
- File is reviewed and signed

Scales and Assessments

- Multidimensional assessment
- AUQ11 – Alcohol Use Questionnaire
- Beck's Depression Inventory
- PCL-5 – Post –traumatic Stress Disorder
- Columbia Suicide Rating Scale
- Drug and Alcohol Screening Test
- Bipolar/ Mania
- Panic Disorder
- Generalized Anxiety

Recovery Support Specialist

- Meet with clients and provide:
 - Master treatment plan
 - Individual sessions (ongoing)

Primary Residential Treatment

Primary Residential Treatment

- Men's and Women's Residential Treatment (ongoing)
- 10 weeks in length, all themed.
 - Anger and Other Emotions
 - Self-Esteem and Self-Concept
 - Recovery Maintenance
 - Relapse Prevention
 - Disease Concept
 - Family and Other Relationships
 - Spiritual and Cultural Awareness
 - Etc.

Services

- Daily Large Group Classes
- Weekly small Processing Groups
- Weekly Individual Counseling Sessions
- Fatherhood is Sacred
- Wellbriety Classes
- Music Therapy
- Conflict Resolution
- AA/ NA Meetings
- Traditional Sweat Lodge Ceremony
- Weight Lifting Sessions
- Culture Trips

Recovery Training Program

- Phase 2 of PRT
- 3 Months Outpatient Program
- Weekly Individual Sessions
- Weekly Large Groups
- Group Trips
- Transitions into:
 - Working to Wellness
 - Scholarship/ GED
 - Nutritional Recovery

Outpatient Programs

Matrix Program

- Individual Counseling
- Early Recovery
- Relapse Prevention
- Family Education – 1 group X 10 weeks
- Annual Fishing Trip
- Annual Client Holiday, Easter and Halloween Party

Family Enrichment Program

- Fatherhood/ Motherhood is Sacred
- Parenting
- Young Mother's Group
- Warriors Way
- FMIS Alumni Association
- Family, Individual and Couples Counseling
- Family Valentine Dance
- Eaglet's Discovery Camp
- Family Workshop
- Couples Retreat
- International Fatherhood Day
- Monthly Gathering

Butterfly Drop In Center

- Fresh Start – prevention and sobriety support
- PEP – Parents with Adult Children
- Freedom – Managing Shame and Guilt
- Calming the Storm – Anxiety
- Sacred Journey – grief
- Focused Fire – Anger Management
- Rising from Sad to Sober – Depression
- Sobriety through Self-Esteem
- Spiritual Wellness – Recovery through exploration
- Women's Luncheon – Peer involved sobriety support

- General Assistance – Encouragement for work readiness
- Hope Garden – Re-discovering the Circle of Life and the Law of the Harvest
- Her Greatness – Victims of Domestic Violence
- Women’s Association – Peer support and skill learning
- Healing Harmony – Conflict Resolution
- Sobriety Circle – Sobriety support
- SOULbriety – Abundant living in recovery
- Drop-in crises counseling
- Individual, couple, family, group counseling
- Sobriety Protection Plan

Phase 3: After Residential and Outpatient

GED

- Clients qualify after other program completions
- 1 year paid:
 - Tuition
 - Books
 - Tutoring
 - Testing
 - Stipend

Scholarship

- Clients qualify after other program completions
- 1 year paid:
 - Tuition
 - Books
 - Tutoring
 - Testing
 - Stipend
- Program length depends on client.

Working to Wellness

- Clients qualify after other program completions
- 1 year paid work experience
- Client finds employment
- Attends work and mandatory groups
 - Interview preparation
 - Conflict management
 - Resume writing
 - Employee and travel etiquette

- Clients can transition between programs
- Only paid a stipend the first year.
- Opportunity to travel for conferences.

Nutritional Recovery

- Provide education on Native American
 - Cuisine,
 - Generational Trauma
 - Importance of food in recovery
- Café Gozhoo
 - Client training and work location

Cibecue Rainbow Treatment Center

- Intake
- Recovery Support Specialist
- Matrix
- Butterfly Drop-In Center
- Family Enrichment
- Working To Wellness
- Recovery Training Program
- Client Easter, Halloween, and Holiday Party

Health and Wellness

- Employee Wellness
- Yoga weekly
- Walk/ Run Club
- Fitness tips emailed weekly
- Employee Success Stories
- Work out plans
- Pat Tillman - walk for employees
- Health challenges – exercise, drink water, eating habits



AHCCCS Provider Enrollment Portal (APEP)

Sharon E. Ormsby
Inspector General
Office of the Inspector
General



Provider Enrollment Overview

Provider Enrollment is moving from a manual paper-base process to a fully automated cloud-base process. Provider is one area where automation can assist the agency in providing a higher level of service to not only our provider network but to the AHCCCS Recipients those providers serve.

Current State:

- Paper-based process
- Methods vary (non-standardized) for registering providers

Goals of the project:

- Improve the provider application processing time.
- Give the Provider flexibility to track the life cycle of the application.
- Fully automated, self-service process allowing providers the ability to register and/or revalidate using various electronic devices in a 24/7 setting.
- Enroll Providers in compliance to Federal screening requirements.

What's Changing?

- Provider Enrollment Application process.
- Ability to apply online 24/7 and upload needed documentation from various electronic devices.
- Ability to track the status of the submitted application or modification request.
- Real time background, certification and licensing checks.
- Address validation with USPS
- IRS Validation for Tax ID Ownership.
- Provider required to answer all application questions prior to submission.

Why Is It Changing

- To automate the process
- To increase efficiency by reducing paper
- To increase effectiveness of handling applications
- To increase speed of processing
- To develop a “smarter” process
- To better serve our providers

What Remains the Same?

- Federal “Screening” Requirements under 42 CFR 455.450
- AHCCCS Provider “hours of operation”
- Provider Call Center operations

Provider Metrics

- Process applications and updates to existing provider profiles in 30 days or less.
- Average number of provider calls received;
- Call abandonment rate;
- Average hold time;
- Type of call.

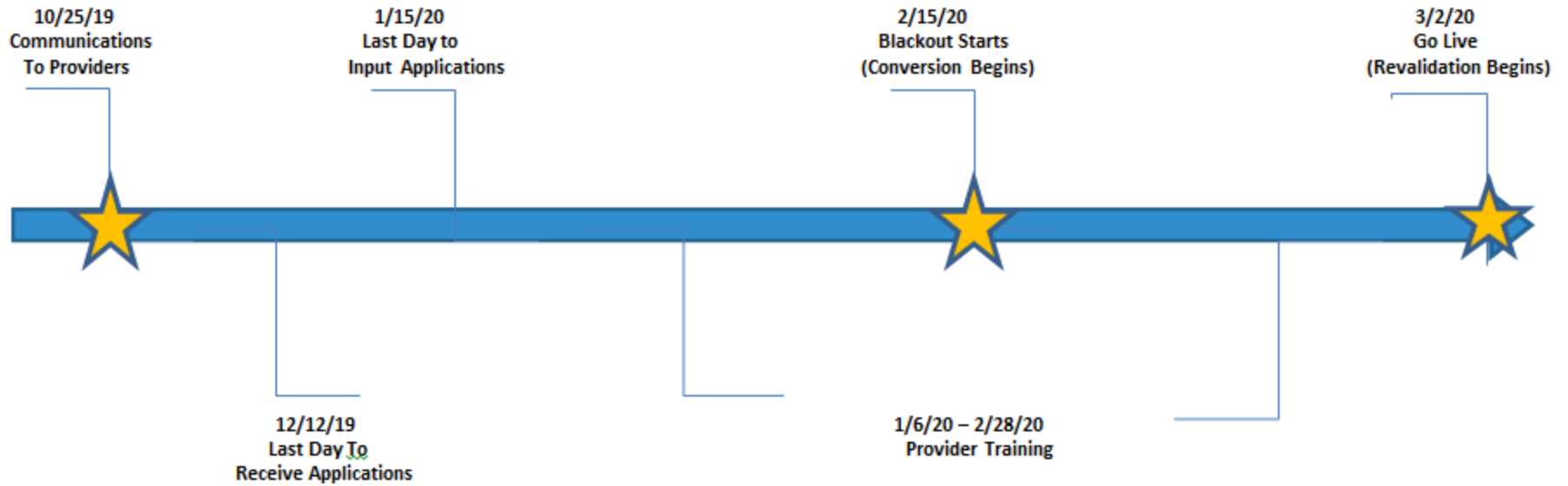
Summary of Accomplishments

- State has worked with the Vendor (CNSI) to understand interactions between mainframe system and Vendor's System to streamline the application process.
- State has re-branded Provider Registration to Provider Enrollment.
- State has branded the system APEP.
- Mainframe design and coding underway.
- State level user testing of APEP is underway.

Next Steps

- State will reach out to “selected” Providers to test APEP in the near future.
- State will be providing external & internal training to providers and state users.
- State will be redesigning the Provider Enrollment website to align with APEP.
- State will begin conversion of provider data from current database to APEP.
- Ongoing communication is being disseminated through AHCCCS division’s Constant Contact subscribers, Managed Care Organizations, Claims Clues and the AHCCCS website.

Project Timeline



Questions?

Contact Information:

Patricia.garcia@azahcccs.gov

or

Provider Enrollment Call Center
(602)417-7670 Option 5





IHS/638 Pharmacy Update

John Archunde, Division
of Fee for Service
Management – Deputy
Assistant Director



IHS/638 Pharmacy Update

- April 1, 2019 – Dates of service or dispense dates on or after 04/01/2019
- Pharmacy Benefits Manager – OptumRx
 - Reimbursement:
 - The Office of Management and Budget / All Inclusive Rate (OMB/AIR)
 - Single AIR reimbursement per member per day per pharmacy
 - Specialty Medications
 - Threshold – Greater than the current OMB/AIR

IHS/638 Pharmacy Update

- The member's centralized profile of prescription claims allows for:
 - Monitoring of all prescriptions in the profile – controlled and non-controlled
 - Evaluation of excessive dosing and duplicate therapy
 - Morphine Equivalent Daily Dose monitoring
 - Potential indicators of medication misuse

IHS/638 Pharmacy Update

- The Governor's and the AHCCCS opioid parameters are located in AHCCCS Medical Policy 310-V- Prescription Medications/Pharmacy Services, Sections F and G.
 - F. Prior Authorization is required for all long-acting opioid prescription medications:
 - Exceptions – member's diagnosis exceptions listed in policy
 - G. 5-day supply limit of prescription short-acting opioids medications:
 - Prescriber shall limit the **initial** and **refill** prescriptions to no more than a 5 day supply
 - Exclusions – Conditions and care instances listed in policy

IHS/638 Pharmacy Update

- Federal Opioid Legislation Monitoring Requirements - October 1st:
 - Opioid safety edits at the Point-of-Sale
 - Member utilization when the cumulative current utilization of opioid(s) is a Morphine Equivalent Daily Dose of greater than 90
 - Members are with concurrent use of an opioid(s) in conjunction with a benzodiazepine(s) and/or an antipsychotic(s)
 - Antipsychotic prescribing for children
 - Fraud, Waste and Abuse by enrolled members, pharmacies and prescribing clinicians

IHS/638 Pharmacy Update

- Pharmacy Work Group:
 - Collaboration between IHS/638 stakeholders, OptumRx and AHCCCS
 - Regular meetings where held every two weeks for issues and process discussion
 - Monthly meeting continue to distribute information and identify areas of concern by IHS/638 stakeholders
 - Issues identified are immediately researched and managed
 - AHCCCS created specific email newsletter for IHS/638 Pharmacies. Can be subscribed to on our AHCCCS website under AHCCCS DFSM Email Notifications/Updates

IHS/638 Pharmacy Update

- Work in progress:
 - 15 Day authorization implementation
 - Smart Auth: ePA - Electronic prior authorization implementation
 - Identifying tribal self funded insurance
 - Members assigned to an exclusive pharmacy

AHCCCS Fee-For-Service Drug Lists

- FFS Acute & Long Term Care Drug List
https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_FFS_Drug_List.pdf
- FFS TRBHA Behavioral Health Drug List
https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCS_TRBHA_Drug_List.pdf
- FFS Dual Eligible Drug List
<https://www.azahcccs.gov/Resources/Downloads/PharmacyUpdates/AHCCCSDualFormulary.pdf>

IHS/638 Pharmacy Update

Points of contact:

- Suzi Berman at Suzanne.Berman@azahcccs.gov
- Robin Davis at Robin.Davis@azahcccs.gov
- Lisa DeWitt at Lisa.DeWitt@azahcccs.gov

Questions?





Care Coordination and ASAM

Leslie Short, Integrated Services
Administrator



Care Coordination Efforts



Integrated Services Care Coordination Priorities

- Identify, create and support care coordination opportunities within the IHS and Tribal 638 health care delivery system to improve member health outcomes
- Building and Fostering Care Coordination Partnerships
 - Broadening scope of care coordination to move beyond High Needs/High Cost
 - Ensure that regional partnerships are convened with the appropriate hospital system, IHS/638 facility, TRBHA, and ACC plan

Care Coordination Activities

- Support Care Coordination Efforts and Strategies for AIHP
 - American Indian Medical Home (AIMH) Program
 - Identify and refer members to an AIMH
 - Produce and share reports on utilization for enrolled members
 - High Needs High Cost (HNHC) Care Coordination
 - Ongoing improvement to assist members and providers navigate the tribal health care delivery system

American Indian Medical Home (AIMH) Program

- AIMH initiative aligns with:
 - National IHS efforts to advance Patient Centered Medical Homes through the IHS Improving Patient Care (IPC) program
 - Coordinating care with IHS/Tribal 638 facilities
 - State-wide focus on integrated care, health information exchange, and care coordination

Active American Indian Medical Homes

AIMH	Tier Level	Enrolled Members	Monthly Payment	Projected Annual Payment
Phoenix Indian Medical Center	2	3,998	\$66,767	\$801,199
Chinle Comprehensive Health Care Facility *Pinion and Tsaille Health Clinics	4	12,136	\$301,186	\$3,626,237
Winslow Health Center *Leupp and Dilkon Health Centers	3	2,910	\$66,086	\$793,033
Whiteriver Indian Hospital	2	3,811	\$63,644	\$763,724
San Carlos Apache Healthcare *Clarence Wesley Health Center	2	331	\$5,528	\$66,332
Fort Yuma Health Center	1	AIMH application submitted October, 2019		
TOTAL		23,186	\$503,211	\$6,050,525

- **Approximately 1 in 5 AIHP members are enrolled in an AIMH**

AIMH Information

- Webpage information includes IGA templates, application packet, and contact information:
- <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>
- AIMH@azahcccs.gov

American Society of Addiction Medicine (ASAM) CONTINUUM® Tool

American Society of Addiction Medicine Assessment Tool

- Standard practice under managed care
- **This is NOT a requirement of FFS Providers and TRBHAs**
- Contractors would utilize ASAM 3rd edition assessment tool when assessing AHCCCS adult members for substance use disorders
 - Phased in approach
 - Full implementation being considered by AHCCCS – feedback welcome
- ASAM CONTINUUM[®] provides entire treatment team with a computerized clinical standard decision support system for assessing members with substance use disorders and co-occurring conditions
- ASAM to AHCCCS Level of Care Crosswalk

AZ WITS

- AZ WITS is the online platform for providers to access ASAM CONTINUUM®
- Provides access to ASAM CONTINUUM® without modifying EHR system
- ASAM providing discounted subscription rates for 3 years to AHCCCS providers who utilize the AZ WITS platform
 - Purchase subscription within 30 days of training and receive 50% subscription discount- \$420

ASAM Information

- For additional information:
<https://www.azahcccs.gov/PlansProviders/CurrentProviders/ASAM.html>
- For questions, contact ASAM@azahcccs.gov

Questions?





Court Ordered Evaluation (COE) and Court Ordered Treatment (COT)

Toni Tapia, Integrated
Services Specialist

General Overview

- Legal and clinical process
- Individual must be:
 - Unwilling or unable to accept voluntary evaluation/treatment; and
 - As a result of a mental illness is:
 - Danger to Self (DTS)
 - Danger to Others (DTO)
 - Gravely Disabled (GD) and/or
 - Persistently and Acutely Disabled (PAD)
- Process be either emergent or non-emergent

COE and COT Process

Pre-Petition Screening



Court Ordered Evaluation (COE)



Court Ordered Treatment (COT)

- Pre-Petition Screening to be attempted within **48 hours** excluding weekends and holidays

- Applications for Emergency Admission allows individual to be admitted and detained involuntarily in hospital for **24 hours** without an order from a court (pending filing of Petition for COE)
- Inpatient COEs to be completed within **72 hours** excluding weekends and holidays

- Hearing for COT to be completed within **6 days** filing of the Petition for COT
- Court can order inpatient, outpatient, or combo
- COT typically lasts 1 year

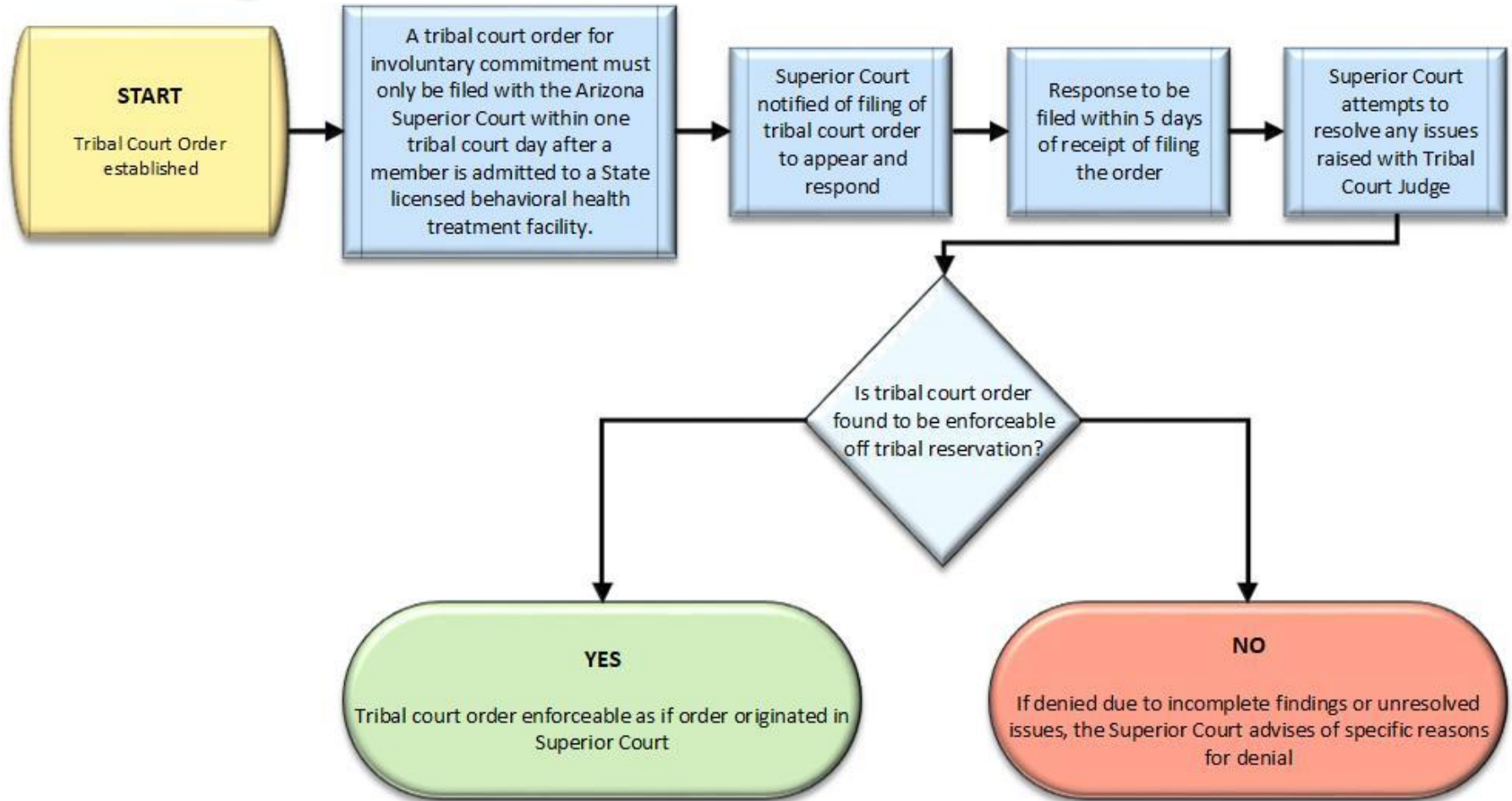
COT Maximum Inpatient Days

If standard is...	Up to...
DTS	90 days
DTO	180 days
PAD	180 days
GD	365 days

Tribal Court Orders

- Each Tribal Nation has own laws and protocols that must be followed for tribal court orders
- Tribal court order will specify the type of treatment needed
- To secure court ordered treatment off reservation, court order must be '*recognized*' or transferred to jurisdiction of state
- Initiated via Tribal Courts

Recognition of Tribal Court Orders



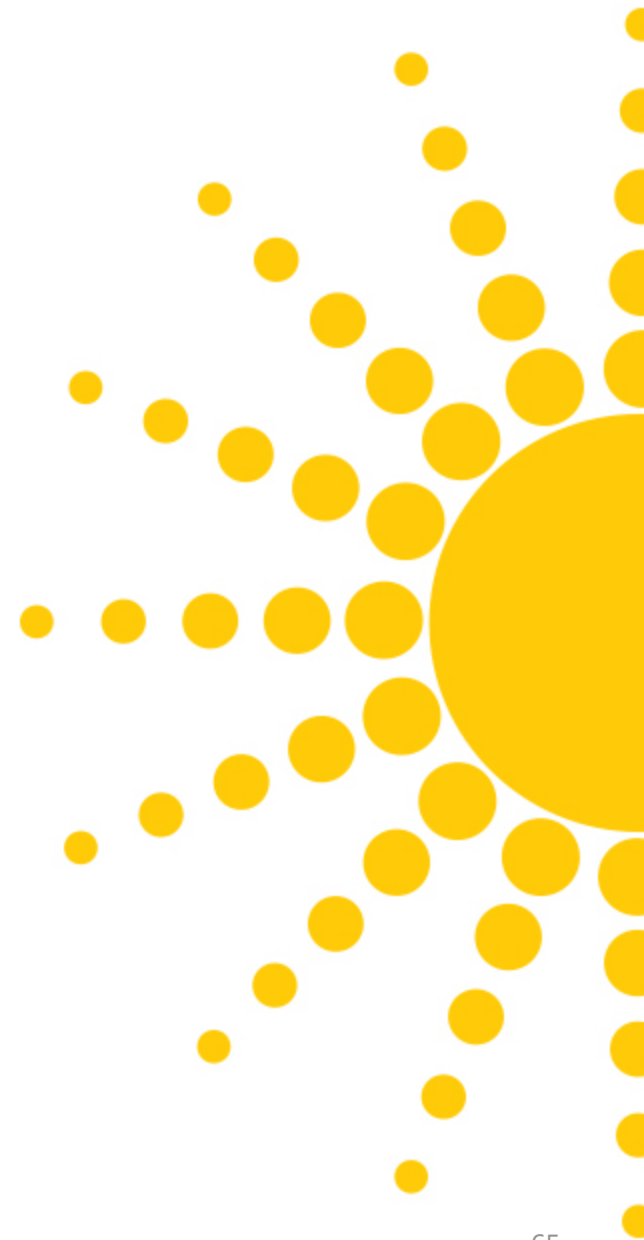
Additional DFSS Assistance

- COT_AIHP@azahcccs.gov
- Integrated Services Specialist
- Assists with coordination of utilization reviews, technical assistance, etc.

Resources

- [Arizona Revised Statutes](#)
 - Title 36, Chapter 5, Sections 504-544
- [Arizona Administrative Code](#)
 - Title 9, Chapter 21, Article 5
- [Tribal Court Procedures for Involuntary Commitment: Information Center](#)
- [AMPM 320-U, Pre-Petition Screening, Court Ordered Evaluation, and Court Ordered Treatment](#)

Questions?



AHCCCS State Plan Updates

Alex Demyan

State Plan Manager & Health
Policy Consultant, DCAIR



Overview of State Plan/State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Opioid Drug Utilization Review (DUR)

- AHCCCS will be submitting a SPA to demonstrate compliance with SUPPORT Act DUR provisions
- Opioid DUR requirements include:
 - Prospective safety edits on opioid prescriptions
 - Retrospective reviews on opioid prescriptions
 - Programs to monitor antipsychotic medications to children
 - Fraud and abuse identification

Rate Updates

- Rate update SPAs to be submitted this quarter:
 - Fee schedule rate updates
 - Discussed during the July 11, 2019 Tribal Consultation
 - Differential Adjusted Payments (DAP) rate updates for CYE 2020
 - Discussed during the May 24, 2019 Tribal Consultation
- Both presentations can be found on the AHCCCS website: www.azahcccs.gov/AmericanIndians/TribalConsultation/meetings.html
- Public notice for rate updates can be found on the AHCCCS website: www.azahcccs.gov/AHCCCS/PublicNotices/

Rate Updates Cont.

- Next quarter (effective 1/1/20) AHCCCS will be submitting SPAs for the following rate updates:
 - Rates for HCBS are being increased by 2.6% statewide and 2.4% for Flagstaff to address the increased labor costs from the Arizona minimum wage increase and employee benefit provisions mandated by Prop 206 and the Flagstaff minimum wage increase mandated by Prop 414 and later amended through action of the Flagstaff City Council.
 - Rates for Nursing Facilities are being increased by 1.3% statewide and 1.2% for Flagstaff to address the increased labor costs from the Arizona minimum wage increase and employee benefit provisions mandated by Prop 206 and the Flagstaff minimum wage increase mandated by Prop 414 and later amended through action of the Flagstaff City Council.

Tribal Consultation/Public Comment

- The Tribal Consultation/Public Comment portal can be found at: <https://comments.azahcccs.gov>
- Public Comments can be submitted through email or mail at the address below:
 - Email: publicinput@azahcccs.gov; or
 - Mail: AHCCCS
Attn: Office of Intergovernmental Relations
801 E. Jefferson St., MD 4200
Phoenix, AZ 85034



Waiver Updates

Shreya Prakash

State Waiver Manager,
DCAIR



Section 1115 Waiver

- Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law
- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers
- States must obtain approval from CMS before implementing 1115 waivers

1115 Waiver Approval Process

**Develop Draft
Waiver
Application**

**Submit Final
Waiver
Application to
CMS**

**Receive Waiver
Approval from
CMS**

**Provide at least
45 days of
Public Notice,
Conduct Public
Forums, and
Tribal
Consultation**

**Negotiate
Terms and
Conditions
with CMS**

Evaluation Design Plan

- Specifies the state's plan for evaluating the success of the Arizona's 1115 Waiver Demonstrations
- The Evaluation Design Plan includes research questions, hypotheses, and proposed measures, and method for conducting evaluation.
- The Evaluation Design Plan must be developed by an independent party.

Evaluation Design Plan

- The Independent evaluator is evaluating Arizona's Section 1115 Waiver demonstrations by three main phases of work:
 - Phase I: Develop the Evaluation Design Plans;
 - Phase II: Conduct Interim Evaluations & Develop Interim Evaluation Reports; and
 - Phase III: Conduct Summative Evaluations & Develop Summative Evaluation Reports.

Waiver Evaluation Design Plan

Phase I

Phase II

May 13, 2019
Procurement of an independent evaluator for Phase I

July 7, 2019
AHCCCS Works and PQC Design Plans submitted to CMS

January 2020
Execute Phase II Task Order



May 22, 2019
Evaluation Design Phase I Kick off meeting

Nov 13, 2019
AHCCCS Core programs+TI Evaluation Design Plans due

Post the Design Plans on AHCCCS' website after CMS' Approval



Tribal Consultation Updates

Amanda Bahe
AHCCCS Tribal Relations Liaison,
DCAIR



Tribal Consultation Annual Report

- Submitted to Governor's Office annually
- Documents AHCCCS Tribal Outreach and Engagement Activities conducted by agency divisions
 - Goals – Derived from Tribal Consultation Policy
 - Objectives – Defines reasons for conducting tribal outreach as defined by Tribal Consultation Policy
 - Measures – Describes action taken by agency and any outcomes associated with action

Overview of Activities

- 2016-2017 SFY: 91 Outreach & Engagement activities conducted by OOD/OIR
- 2017-2018 SFY: 168 Outreach & Engagement activities conducted agency-wide
- **2018-2019: 164 Activities and Engagements agency-wide**

2018-2019 Activities

- Conducted by OOD, DCAIR, DFSM & PES
 - Quarterly and Special Tribal Consultation Meetings
 - Government-to-government meetings
 - Trainings and Technical Assistance
 - Statewide Presentations and/or Meetings
 - Requests for input & public comment on policy & programmatic changes from AHCCCS or mandated by State Legislature or CMS

AHCCCS Tribal Consultation Policy Revisions

- Revised AHCCCS Tribal Consultation Policy now posted to website
- Implementation of Tribal Consultation Policy Workgroup
- Need for improvement of AHCCCS Tribal Consultation Policy Operationalization
- Immediate incorporation of standard protocol

Incorporation of Standard Tribal Consultation Protocol

- Accessible Tribal Consultation and Recommendation forms online and at Tribal Consultation
- 45-day Feedback Period for Tribal Consultation agenda
- AHCCCS Tribal Consultation Meeting materials available to public at least 5 days prior
- *AHCCCS Update* to include recap of items requested at previous Tribal Consultation

AHCCCS Tribal Consultation Improvement Process

January 2019
Tribal leader and stakeholder request to implement Tribal Consultation Policy Work Group

June 2019
First convening of Tribal Consultation Policy Workgroup

November 2019
Tribal Consultation Update

2020
Tribal Consultation Policy Workgroup focus on benchmarking, measurements and communication

March 2019
New AHCCCS Tribal Relations Liaison joins agency

June 2019 – September 2019
AHCCCS Tribal Consultation Policy revision period

November 2019 – December 2019
Tribal Consultation Policy Workgroup reconvenes



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DDD Health Plans Update

Services for DDD/ALTCS Members Prior to 10/1/2019

- Physical Health Care Services
 - Three contracted health plans
 - Mercy Care, UnitedHealthcare Community Plan and Care1st
 - Health plan availability based on member location
 - DDD American Indian Members
 - DDD American Indian Health Plan (DDD AIHP) - FFS
 - IHS, Tribally Operated 638 Facilities - Not All Services May Be Available
- Behavioral Health Care Services
 - Regional Behavioral Health Authorities (RBHA)
 - DDD American Indian Members
 - Tribal Regional Behavioral Health Authorities (TRBHA)
 - American Indian Members: IHS, Tribally Operated 638 Facilities - Not All Services May Be Available
- Children's Rehabilitative Services (CRS)
 - Available through UnitedHealthcare Community Plan statewide

Services for DDD/ALTCS Members Starting October 1, 2019

- Integration of Healthcare Services
 - Physical Health Services
 - Behavioral Health Services
 - Children's Rehabilitative Services (CRS)*
 - Limited Long-Term Services and Supports
 - Emergency Alert System Services
 - Nursing Facilities
 - Physical Therapy for Members Over 21
- DDD American Indian Members
 - DDD Health Plans
 - Mercy Care and UnitedHealthcare Community Plan
 - DDD American Indian Health Plan (DDD AIHP) - FFS
 - IHS, Tribally Operated 638 Facilities - Not All Services May Be Available

*if eligible

Services for DDD/ALTCS Members Starting October 1, 2019

- Statewide Contracts
- DDD Continues to Provide
 - Support Coordination
 - Qualified Vendors & Specialty Contractors
 - Home and Community Based Services

Options for Members who are American Indian

American Indian Options	Physical	Behavioral	CRS*
Option 1 (Non-SMI)	DDD AIHP	DDD AIHP	DDD AIHP
Option 2 (Non-SMI)	DDD AIHP	TRBHA	DDD AIHP
Option 3 (Non-SMI)	DDD HP	DDD HP	DDD HP

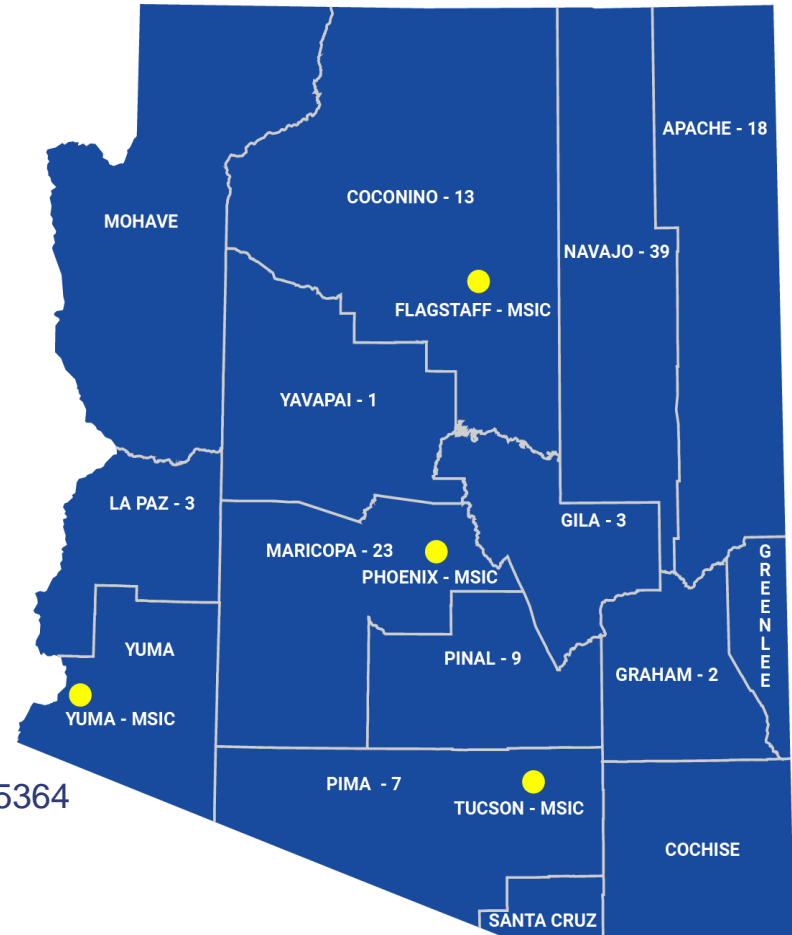
American Indian Options	Physical	Behavioral	CRS*
Option 1 (SMI)	DDD AIHP	TRBHA	DDD AIHP
Option 2 (SMI)	DDD HP	DDD HP	DDD HP

* If eligible

DDD AIHP CRS Member Statewide Distribution

- CRS/Multi-Specialty Interdisciplinary Clinics (MSIC)

- **Phoenix** - DMG Children's Rehabilitative Services
3141 North 3rd Avenue, Phoenix, AZ 85013
602-914-1520,
855-598-1871
- **Tucson** - Children's Clinics
Square & Compass Building
2600 North Wyatt Drive, Tucson, AZ 85712
520-324-5437
800-231-8261, ext. 45437
- **Flagstaff** - Children's Rehabilitative Services
1200 North Beaver, Flagstaff, AZ 86001
928-773-2054
800-232-1018
- **Yuma** - Children's Rehabilitative Services
2851 South Avenue B Building 25 #2504, Yuma, AZ 85364
928-336-2777
800-837-7309





How to Lookup Enrollment

- How to use AHCCCS online system to determine eligibility
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>
- Must be registered user
 - AHCCCS ID and Birthdate are required to search
- Contact Support Coordinator for enrollment details

The screenshot shows the AHCCCS online login page. The URL in the browser is <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=%2f>. The page features the AHCCCS logo and a navigation menu. A red circle highlights the 'AHCCCS Online User Manuals' link in the navigation menu. The login form includes fields for Username and Password, and a Sign In button. A warning message states: '** ATTENTION - SHARING ACCOUNTS IS PROHIBITED! **' and 'Please remember that sharing account logins is prohibited and violates the AHCCCS Use web account. Access to the website can be terminated if the Terms of Use are violated.' Below this, there is another warning: '*** ATTENTION! ***' followed by a notice: 'Effective January 1, 2017, Non IHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must submit a behavioral health assessment prior to service delivery. The assessment must contain the following information: 1. Must be submitted prior to service delivery in order to be considered timely. 2. Must contain a valid behavioral health diagnosis.'

DDD AIHP Technical Assistance

- Provider Referral
 - Any AHCCCS Registered Fee for Service Provider
 - <http://www.azahcccs.gov/Members/ProgramsAndCoveredServices/ProviderListings>
- Non-Emergency Medical Transportation
 - <http://www.azahcccs.gov/PlansProviders/Downloads/NEMTList.pdf>
- DDD AIHP Prior Authorizations
 - Members A-L: (602) 771-8994
 - Members M-Z: (602) 771-8953
- DDD Customer Service
 - (844) 770-9500 ext. 1

 DEPARTMENT OF ECONOMIC SECURITY <small>Your Partner For A Stronger Arizona</small>	 AHCCCS
Arizona Health Care Cost Containment System	
Member Name: Xxxxx XXXXXXXXX AHCCCS ID# A99999999 Health Plan Name: DES/DDD-AIHP Phone: 1-844-770-9500 ext. 7 TTY/TDD 711 For non-crisis behavioral health or substance abuse services call: 1-999-999-9999 Behavioral Health Crisis Line: 1-999-999-9999 Note: Do not use for AIHP facilities, bill AHCCCS directly. For non-AIHP facilities/providers, bill DDD.	
Pharmacy Benefits/Helpline: 1-800-788-2949	
RxBIN: 001553 RxPCN: AZMDDD Prior Authorization: 602-771-8080 or 1-844-770-9500 ext. 7 Behavioral Health Services: 1-844-770-9500 ext. 7 TTY/TDD: 711 Claims: Call Acute Care Claims at 602-364-0529. Mail to DES/DDD, Attn: Claims Department, Mail Drop 2HC6, P.O. Box 6123, Phoenix, AZ 85005-6123. Card possession does not certify eligibility for benefits. Willful misuse of this card is considered fraud. 24 HR Nurse Triage: 1-480-267-7267	

Where to Submit Claims for All DDD HPs

- DDD HP
 - Members covered by MC or UHCCP, submit claims to MC or UHCCP directly
 - Mercy Care
 - (602) 263-3000
 - (800) 624-3879
 - United Health
 - (800) 348-4058
- DDD AIHP
 - Physical Health, CRS, and General Behavioral Health Services
 - Submit to DDD Directly
 - Call Acute Care Claims Department (602) 364-0529
 - Mail DES/DDD, Attn: Claims Department, Mail Drop 2HC6, PO Box 6123, Phoenix, AZ 85005-6123
 - Excludes: TRBHA, HIS, Tribally Operated 638 Facilities
 - SMI Services Through TRBHA
 - Submit to AHCCCS Division of Fee for Service Management (DFSM)

DDD Tribal & TRBHA Collaboration

- Meet with Each TRBHA Independently
- Participate in DES Tribal Forums
- Attend AHCCCS Quarterly Tribal Consultation Meetings
- Meet Personally with DDD Tribal Support Coordinators and Tribal Case Managers
- Dedicate DDD Behavioral Health Unit for DDD AIHP
 - Hire DDD RN Tribal Relations Liaison



Arizona Advisory Council on Indian Health Care Legislative Update

Kim Russell, Executive Director



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

2020 Arizona Legislative Priorities

Tuesday, November 5, 2019
AHCCCS Tribal Consultation
Meeting| Whiteriver, AZ





Oral Health for Adults: Lifting Medicaid Caps for Tribal and IHS Health Care Facilities



SUCCESS:

Past Oral Health Advocacy

- **2016 Session:** HB2704 was signed into law. It provides up to \$1,000 annually for dental services for adults with a developmental disability and the elderly and physically disabled members of the Arizona Long Term Care System (ALTCS).
- **2017 Session:** SB1527 reinstated an emergency dental benefit at \$1000 per member per year for adults over the age of 21.

Lifting Medicaid Caps For Tribal and IHS Health Care Facilities

- **RECOMMENDATION:** Requires AHCCCS to request from the Centers for Medicare & Medicaid Services (CMS) to reimburse services provided through Tribal and IHS facilities from caps on adult Medicaid oral health benefits which would enable the State to fully leverage the 100% FMAP for covered services, at no cost to the state.


SB 1355

S.B. 1355


1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. AHCCCS; federal authorization; adult dental
3 services

4 The Arizona health care cost containment system administration shall
5 seek federal authorization to reimburse the Indian health services and
6 tribal facilities to cover the cost of adult dental services that are
7 eligible for a federal medical assistance percentage of one hundred
8 percent and that are in excess of the limits prescribed in sections
9 36-2907 and 36-2939, Arizona Revised Statutes, and that are received
10 through these entities.




**Creating an Uncapped
Dental Benefit for Pregnant
Women Eligible for
Medicaid**




Medicaid Pregnant Woman Dental Benefit

- 2018: SB1445 – Requires AHCCCS to provide dental services, in an annual amount of not more than \$1,000 per member, to eligible women who are at least 21 years of age and in any stage of pregnancy.
- 2019: SB1088 – Requires AHCCCS contractors to provide comprehensive dental care to eligible pregnant women and appropriates monies to AHCCCS to provide the dental services.



**Creation of a 6th Area Health
Education Center that
Focuses on the Indian
Health System**



Background

- In 1971, the US Congress through the Comprehensive Health Manpower Act (PL 92-157) created the AHEC program with the purpose of enhancing access to high quality, culturally competent health care through academic-community partnerships to improve the distribution, diversity, and supply of the primary care health professions workforce who serve in rural and underserved health care delivery sites.

Background (con't)

- A.R.S. 15-1643 creates the Arizona AHEC program with the University of Arizona Medical School being the administrative center with five regional centers; 1) Northern AHEC (NAHEC), 2) Western AHEC (WAHEC), 3) Greater Valley AHEC (GVAHEC), 4) Eastern AHEC (EAHEC), and 5) South Eastern AHEC (SEAHEC). The Arizona AHEC program is funded through federal funds from the Health Resources Services Administration and Arizona State Lottery Funds.

Creating the 6th AHEC

- **RECOMMENDATION:** Amend state statute to establish a sixth Area Health Education Center (AHEC) that will focus on the Indian health care delivery system in Arizona.
- 2019: SB1174

Next Steps

- Continued outreach and education to Tribes
- Secure tribal resolutions
- Identify sponsors
- Identify tribal leadership to testify
- Educate Legislature and the Governor's Office



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

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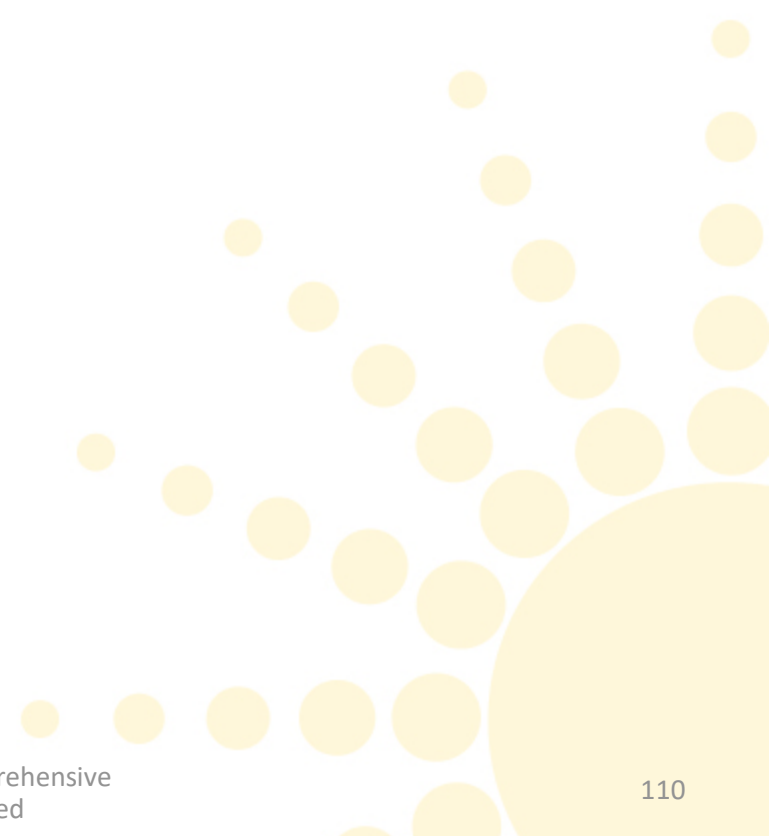
AHCCCS Update

Director Snyder



Follow Up Items from Prior Tribal Consultation Meetings

- Tribal Consultation Policy Workgroup Status
- Utilization Data: Estimated update at May 2020 Tribal Consultation
- Strategic Plan Update
- AHCCCS Works Update



AHCCCS Strategic Plan

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

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

Reduce fragmentation driving towards an integrated sustainable healthcare system

Pursue continuous quality improvement

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

Opioid Treatment Program Oversight: Senate Bill 1535

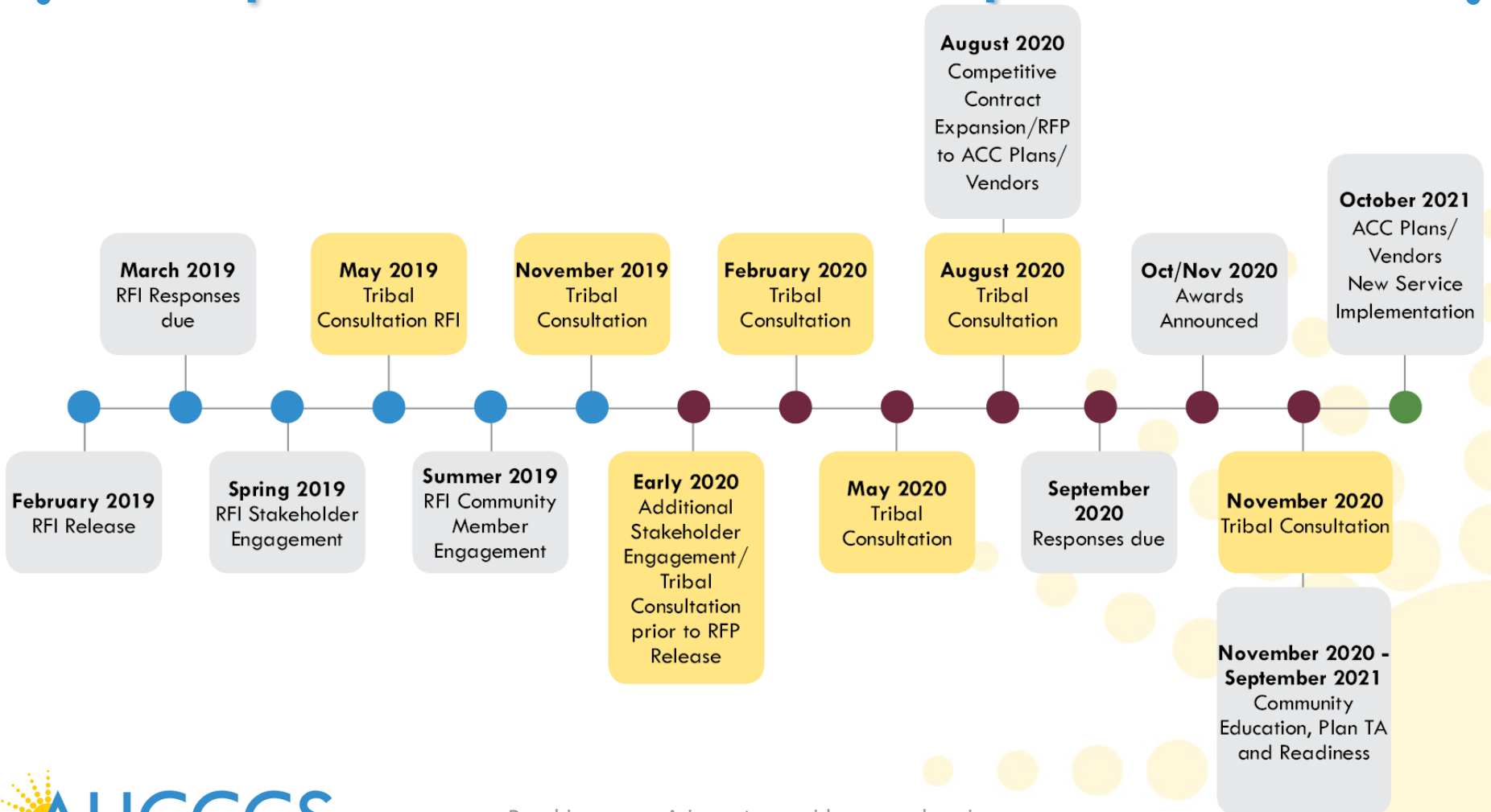
- Requires implementation of standards and reporting requirements for all Opioid Treatment Programs (OTPs) that receive reimbursement from the AHCCCS Administration or its Contractors
- Providers seeking to establish a new OTP (prior to provision of reimbursable services) and existing OTPs (annually) must submit following Plans:
 - Security Plan
 - Neighborhood Engagement Plan
 - Comprehensive Patient Care Plan
 - Community Relations and education plan
 - Diversion Control Plan

Opioid Treatment Program Oversight: Senate Bill 1535

- Submitted reports posted to the AHCCCS website for public comment for 30 days
- AHCCCS review of submitted plans; determination on the sufficiency of the documentation
 - Determination of deficiency; OTP has 30 days to correct the deficiency
- OTPs not required to hold ADHS licensure exempt from requirements
- Opioid Use Disorder Review Council
 - Will propose additional oversight mechanisms, including establishment of outcome metrics to evaluate efficacy of OTPs

RBHA Services

Competitive Contract Expansion

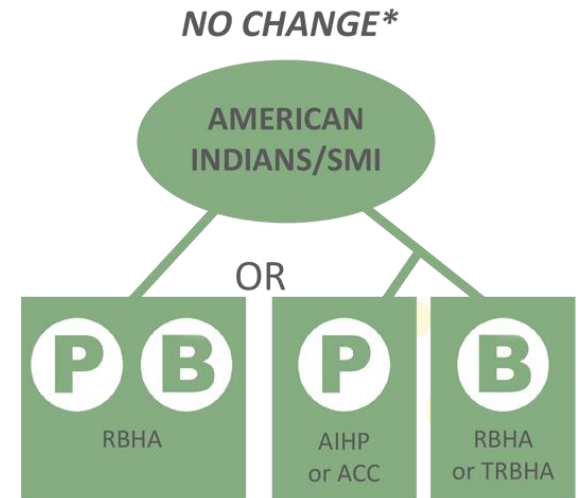
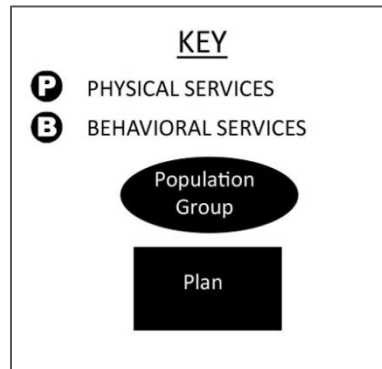
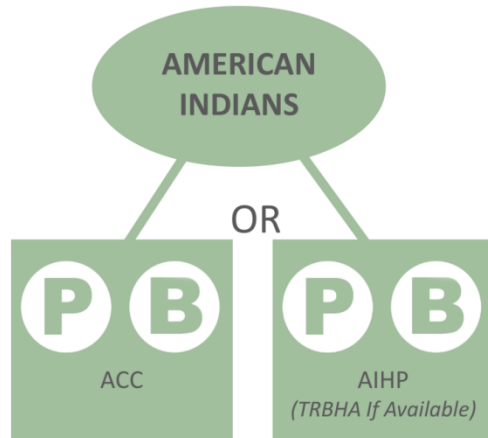


RBHA Services

Competitive Contract Expansion

- Extending the Central RBHA contract (by one year) and ending Greater Arizona RBHA contracts term on 9/30/21
- Intend to expand the provision of services for one ACC plan in each Geographic Service Area (GSA), utilizing a Competitive Contract Expansion (CCE)
- Only ACC Plans currently serving in a given GSA are eligible to compete for the provision of expanded services in that GSA
- Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan responsible for integrated expanded services if certain conditions are met
- Seeking tribal input on expansion of services offered under the AHCCCS American Indian Health Program (AIHP)

Supporting Choice for AHCCCS Members Who Are American Indian



- Integrated choices for the Non-SMI population (includes CRS):
 - AIHP or AIHP and TRBHA; or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment

*No change to behavioral health care options. New ACC plans may provide additional acute care options.

Proposed Enrollment for SMI Services

Enrollment on 10/1/2019	Proposed Enrollment on 10/1/2021
Integrated Contractor (RBHA affiliated)	No change
AIHP and TRBHA (including CRS)	No change
AIHP and RBHA	AIHP
Acute MCO and TRBHA	AIHP/TRBHA
CMDP and TRBHA	No change
DDD and TRBHA- AIHP	DD-AIHP or DD-AIHP/TRBHA

Electronic Visit Verification

- 21st Century Cures Act mandates that AHCCCS implement Electronic Visit Verification (EVV)
 - Non-skilled in-home services (attendant care, personal care, homemaker, habilitation, respite) by 1/1/20
 - In-home skilled nursing services (home health) by 1/1/23
- Benefits of EVV
 - Will help ensure, track and monitor timely service delivery and access to care for members
 - Reduces the likelihood for error or fraud in tracking of worker activity
 - Helps to reduce provider administrative burden associated with scheduling and hard copy timesheet processing

Electronic Visit Verification

- The EVV system, must at a minimum, electronically verify the:
 - Type of service performed
 - Individual receiving the service
 - Date of the service
 - Location of service delivery
 - Individual providing the service
 - Time the service begins and ends

Electronic Visit Verification

- Members and families will have the option to choose device
 - DCW's smartphone
 - Telephonically via the member's or DCW's phone
 - Fixed device furnished by the state located in the member's home
 - Use of paper timesheets required with a fixed device to generate a code with a time and date stamp to verify the beginning and end of service delivery
- AHCCCS will establish criteria for EVV system requirements when technological infrastructure is limited, unreliable or nonexistent
- Before November 30th, AHCCCS will submit a request and justification to CMS to extend the timeline for compliance

AHCCCS Works

- Remain committed to implementing the community engagement waiver granted by CMS, including all approved exemptions
- Originally envisioned implementation no earlier than Summer 2020
- Implementation is being temporarily delayed, as court cases in other states play out
- Will minimize disruption to members and to the system

Social Determinants of Health Covered Services

Behavioral Health	ALTCS
Case Management	Case Management
Day Program	Attendant Care Services
Employment (<i>Pre and Post Employment</i>)	Community Transition Service
Health Promotion	Day Program
Housing (<i>Non-Title 19 Funded Subsidies and Title 19 Supportive Services</i>)	Employment
Personal Care Services	Habilitation
Peer Support and Family Support	Home Delivered Meals
Skills Training	Home Modifications
Non-Emergency Medical Transportation	Non-Emergency Medical Transportation

Social Determinants of Health

Areas of Need/Future Areas of Focus

- Encouraging providers to routinely screen for and document the presence of social determinants using set of Z codes
- Initial data pull demonstrates most significant need in the following areas
 - Housing
 - Homelessness
 - Food Insecurity
 - Utility Assistance
 - Employment
 - Transportation
- Interested in your input on future areas of focus for the program

Survey and Evaluations



Next Quarterly Tribal Consultation Meeting: February 13, 2020

