



Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.

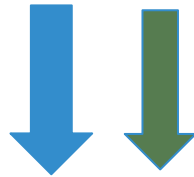


Please use the chat feature for questions or raise your hand.

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.

A screenshot of the Zoom Webinar interface. On the left, a 'Select a Speaker' menu is open, showing options: 'Same as System', 'Built-in Output (Internal Speakers)' (checked), 'Test Speaker & Microphone...', 'Leave Computer Audio', and 'Audio Settings...'. A white arrow points from the 'Audio Settings...' option to a 'Audio Settings' button in the bottom control bar. The bottom control bar is dark grey and contains a 'Chat' button with a speech bubble icon, a 'Raise Hand' button with a hand icon, and a red 'Leave' button on the right.

Audio Settings

Settings

General
Video
Audio
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Virtual Background
Recording
Statistics
Keyboard Shortcuts
Accessibility

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

Silent Invocation



Quarterly Tribal Consultation Meeting

February 11, 2021

Guest Presentations

Community Health Representative Workforce Assessment

AHCCCS Quarterly Tribal Consultation

Meeting Thursday, February 11, 2021

JT Nashio, CHR Program Director & EOC Operations Section Chief, White Mountain Apache

Tribe Joyce Hamilton, CHR Manager, Hopi Tribe

Samantha Sabo, Center for Health Equity Research, Northern Arizona University

White Mountain Apache Tribe CHR Program



**CHR team meeting with
U.S. Congressman Tom
O'Halleran**



**CHR COVID-19 Response Team & High Risk
Team**

WMAT CHR Response to COVID-19

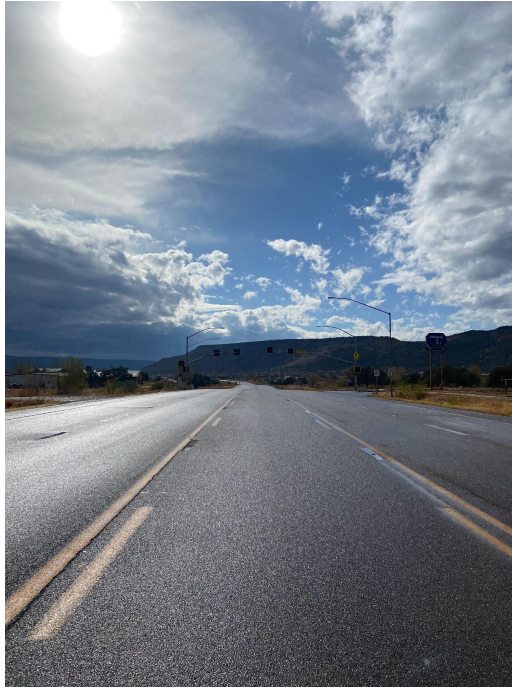
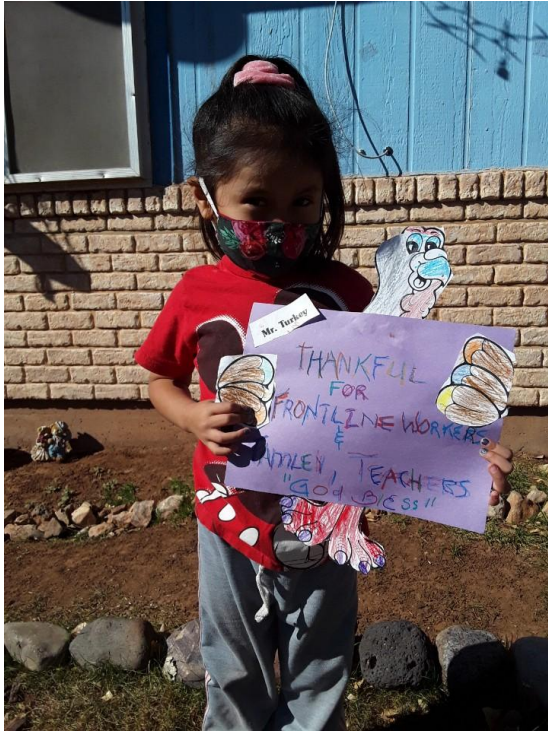
CHR Program is under the Emergency Operations Center (EOC)

CHRs conduct :

- ✓ COVID-19 Patient Surveillance
- ✓ COVID-19 Quarantine
- ✓ Household visits
- ✓ Mail Check, Bill Payment
- ✓ School/Education
- ✓ Coordinated care, referral and follow up
- ✓ High risk patient care
- ✓ Provide food boxes, water, cleaning supplies, wood



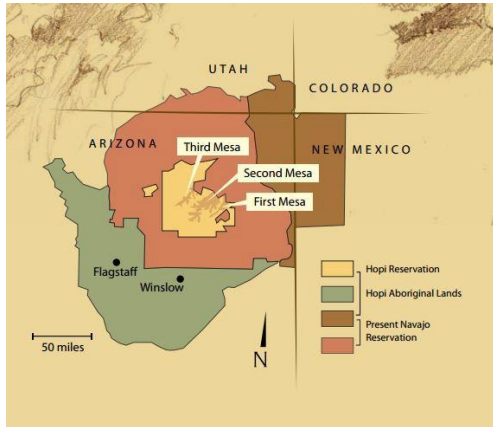
WMAT CHR Response to COVID-19



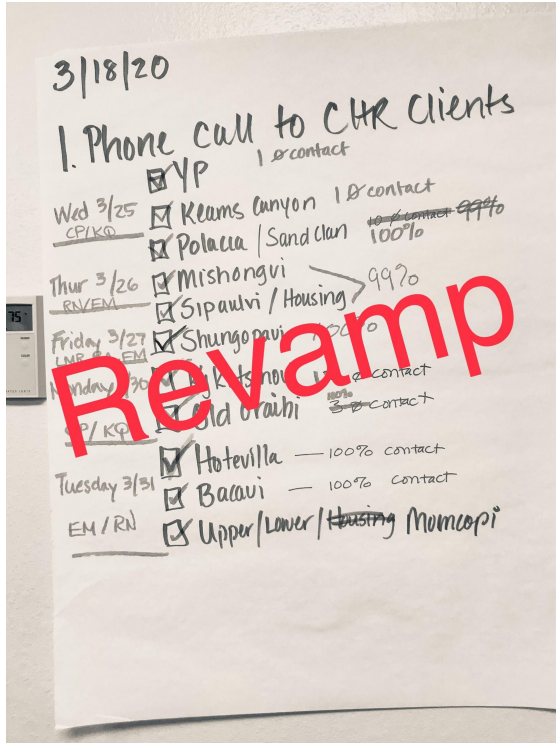
CHRs continue to support families during lockdowns and encourage mask wearing in the community

Hopi Tribe CHR Program

- 12 Hopi Villages
- CHR assigned to each village
- 7 CHRs
- CHR Client Caseload 50



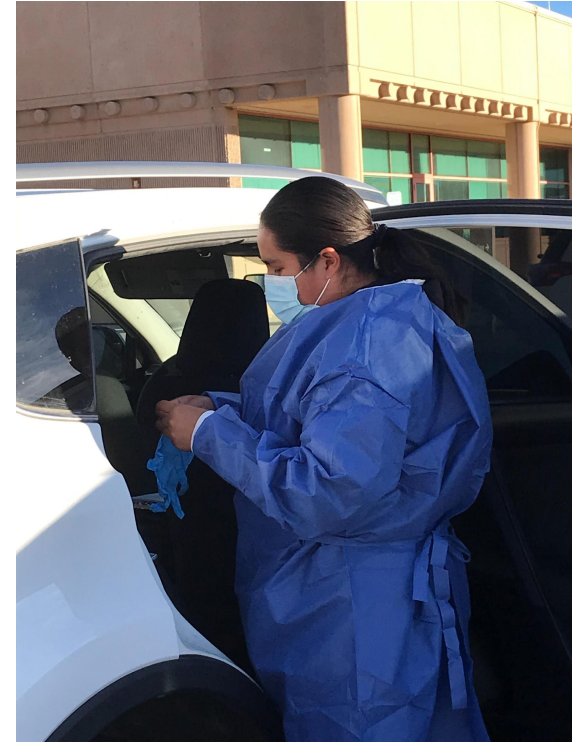
Hopi CHR Response to COVID-19



Re-Strategizin



CHR team COVID-19 Weekly Screening



Community Outreach

Hopi CHR Response to COVID-19

APRIL 2020
(928) 737-6342

HOPI CHR WEEKLY SPECIALS

EXTENDED HOPI EXECUTIVE ORDER No. 002.1-2020

Executive Order 002-2020 shall be extended beyond April 17, 2020 and remain in immediate effect through **May 9, 2020**, unless otherwise extended. Additional advisories and orders, as warranted, will follow. **SO ORDERED** this 14th day of April 2020.



What is Social Distancing?

Social distancing means remaining out of settings with large groups of people and maintaining distance (approximately 6 feet) from others when possible. People can practice social distancing while remaining connected to others through the phone and other forms of technology.



Everyone should stay at home, except to do the following:

- TO GET MEDICAL CARE—Call ahead, send 1 person, & wear a mask.
- TO GET PRESCRIPTIONS—Send 1 person, & wear a mask.
- TO SHOP FOR FOOD—Plan ahead, send 1 person, wear a mask.
- TO CHECK ON FAMILY—Call, or send 1 person if needed.

What is Quarantine?

Quarantine means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic. The person or group of people must be separated from others who have not been so exposed to prevent the possible spread of the disease.

What is Isolation?

Isolation means the separation of a person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious, from those who are not infected, to prevent spread of the disease. Isolation for public health purposes may be voluntary or compelled by federal, state, or local public health order.

10 THINGS YOU CAN DO NOW TO PREPARE FOR COVID-19

TREAT YOUR IMMUNE SYSTEM WELL

- 1 Get appropriate sleep
- 2 Eat nutritious and drink plenty of fluids
- 3 Stay physically active
- 4 Manage your stress levels
- 5 Stay home if ill and avoid contact with ill people
- 6 Wash your hands often: 20 second soap-and-scrub
- 7 Cover coughs and sneezes—put with your hands
- 8 Avoid touching your face, nose, or mouth
- 9 Avoid touching your eyes, nose, or mouth
- 10 Avoid sharing food or personal items

May 2020 (928) 737-6342

HOPI CHR BI-WEEKLY SPECIALS

EXTENDED HOPI EXECUTIVE ORDER No. 002.1-2020
Executive Order 002-2020 shall be extended beyond April 17, 2020 and remain in immediate effect through **May 9, 2020**, unless otherwise extended. Additional advisories and orders, as warranted, will follow.

CARING FOR SOMEONE SICK AT HOME

- ▶ PROVIDE SUPPORT AND HELP COVER BASIC NEEDS.
 - *Make sure drinks a lot of fluids and rests.
 - *Help them with grocery shopping, filling prescriptions, and getting other items they may need.
- ▶ WATCH FOR WARNING SIGNS.
 - *For medical emergencies, call 911 and inform them that the person has, or may have, COVID-19.

PROTECT YOURSELF!

Cloth Face Covering Do's & Don'ts:

DO:	DONT:
<ul style="list-style-type: none"> Make sure you can breathe through it Wear it whenever going out in public Make sure it covers your nose and mouth Wash after using 	<ul style="list-style-type: none"> Use on children under age 2 Use surgical masks or other personal protective equipment (PPE) intended for healthcare workers

- ▶ LIMIT CONTACT. AVOID HAVING VISITORS.
 - *Separate higher risk people from those who are sick.
- ▶ IF POSSIBLE, USE A SEPARATE BEDROOM / BATHROOM.
- ▶ MAINTAIN AT LEAST 6 FEET BETWEEN BEDS, OR PUT A CURTAIN OR PLACE OTHER PHYSICAL DIVIDER (SHOWER CURTAIN, LARGE CARDBOARD POSTER BOARD, OR TULIP BETWEEN BEDS.
- ▶ EAT IN SEPARATE ROOMS OR AREAS.
- ▶ AVOID SHARING PERSONAL ITEMS, DISHES, TOWELS, BEDDING, OR ELECTRONICS.
- ▶ WEAR A CLOTH FACE COVER OR GLOVES.
- ▶ WASH YOUR HANDS OFTEN.
 - Avoid touching your eyes, nose, and mouth.
 - "It's for your own good. You've got to stop touching your face."
- ▶ CLEAN AND DISINFECT
 - *"HIGH-TOUCH" SURFACES (DOORKNOBS, LIGHT SWITCHES, HANDLES, TOILETS, TABLES, FAUCETS, & ELECTRONICS) EVERYDAY.
- ▶ WEAR DISPOSABLE GLOVES WHILE HANDLING DIRTY LAUNDRY AND DRY ON HOT.
 - *Clean and disinfect clothes hampers. Wash hands after.
- ▶ DEDICATE A SEPARATE LINED TRASH CAN FOR THOSE WHO ARE SICK.
- ▶ TRACK YOUR OWN HEALTH FOR COVID-19 SYMPTOMS.

GLOVES ARE NOT ENOUGH

Wearing gloves is NOT a substitute for cleaning your hands.

The Centers for Disease Control has made no Recommendation that the general public should wear disposable gloves to prevent the spread of COVID-19. However, the CDC does recommend that people wear disposable gloves when caring for someone who has been diagnosed with COVID-19, particularly when handling their laundry and when coming into contact with bodily fluids.

How to reduce your COVID-19 risk:
Given that COVID-19 can spread through touch, the CDC is currently advising to wash your hands well and often with soap and water for at least 20 seconds. If soap and water aren't available, hand sanitizer containing at least 60% alcohol is a good alternative.

CONTAMINATION DURING GLOVE REMOVAL IS COMMON

HOW TO HYGIENICALLY REMOVE SINGLE-USE GLOVES

- 1
- 2
- 3
- 4
- 5

Hopi CHR Response to COVID-19

Morbidity and Mortality Weekly Report (MMWR)

CDC



Notes from the Field: Development of an Enhanced Community-Focused COVID-19 Surveillance Program — Hopi Tribe, June–July 2020

Weekly / November 6, 2020 / 69(44):1660–1661

Royce Jenkins, MEd¹; Rachel M. Burke, PhD²; Joyce Hamilton¹; Kathleen Fazekas, MPH³; Duane Humeyestewa, MBA¹; Harpriya Kaur, PhD²; Jocelyn Hirschman, MD³; Kay Honanie, MSN⁴; Mose Herne, MPH³; Oren Mayer, PhD^{2,4}; Graydon Yatabe, MPH³; S. Arunmozhi Balajee, PhD² ([View author affiliations](#))

[View suggested citation](#)

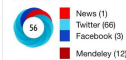
The Hopi Tribe, a sovereign nation in northeastern Arizona, includes approximately 7,500 persons within 12 rural villages (1). During April 11–June 15, 2020, the Hopi Health Care Center (HHCC, an Indian Health Services facility) reported 136 cases of coronavirus disease 2019 (COVID-19) among Hopi residents; 27 (20%) patients required hospitalization (J Hirschman, MD, CDC, personal communication, June 2020). Contact tracing of Hopi COVID-19 cases identified delayed seeking of care and testing by persons experiencing COVID-19-compatible signs and symptoms⁶; inconsistent adherence to recommended mitigation measures,⁷ such as mask-wearing and social distancing; and limited knowledge of the roles of testing, isolation, and quarantine procedures⁸ (2). Based on these findings, the Hopi Tribe Department of Health and Human Services (DHHS) collaborated with HHCC to develop a community-focused program to enhance COVID-19 surveillance and deliver systematic health communications to the communities. This report describes the surveillance program and findings from two field tests.⁹

The Hopi Tribe DHHS, HHCC, and CDC collaborated to develop methodology and materials for this surveillance program, which aimed to expand upon the Community Health Representative Program. The Hopi Tribe DHHS administers the Community Health Representative Program, which provides health education and patient follow-up through home visits to patients referred by HHCC. Community health representatives are salaried employees with basic clinical training; each manages a caseload of 30–40 patients in one or two villages. For surveillance field tests, community health representatives visited every household in two villages.^{**} At each household, community health representatives screened each member for COVID-19-like signs and symptoms¹¹ and exposures using a standardized form, recommended testing where indicated, and provided education on everyday prevention activities and mitigation of within-household transmission of SARS-CoV-2, the virus that causes COVID-19, using culturally adapted materials.¹⁰ Symptomatic or exposed persons were referred for SARS-CoV-2 testing and management at HHCC. Safety provisions for community health representatives included wearing personal protective equipment, conducting interviews outdoors, maintaining a distance of ≥6 feet from interviewees, and limiting close contact with households reporting confirmed COVID-19 cases (i.e., providing education to well household members from a distance of ≥6 feet but not conducting interviews).

Field tests of the surveillance protocol in two smaller villages were conducted on June 24 in Oraibi and on July 16 in Bacabi (estimated populations 100 and 175, respectively). Five two-person teams, each composed of one community health representative and one volunteer (from the village, Hopi Tribe DHHS, or CDC field team), canvassed each village within 5 hours. In the two villages, 101 households were approached, 78 (77%) of which provided basic information on 259 persons (Table); 141

Article Metrics

Altmetric:



Citations: 0

Views: 1,043

Views equals page views plus PDF downloads

[Metric Details](#)

[Table](#)

[References](#)

Related Materials

[PDF](#) [75K]

TABLE. Numbers of households reached and residents interviewed, by village, in two field tests of house-to-house COVID-19 surveillance and community education* — Hopi Tribe, June–July 2020

Characteristic	No. (%)		
	Village		Total
	Oraibi [†]	Bacabi [§]	
Total no. of households approached	33	68	101
No one home	0 (—)	18 (26)	18 (18)
Household declined	1 (3)	4 (6)	5 (5)
Household accepted interview	32 (97)	46 (68)	78 (77)
Total no. of residents in interviewed households	103	156	259
Persons screened for COVID-19–like signs and symptoms [¶] and exposures	64 (62)	77 (49)	141 (54)
Persons declined screening	0 (—)	4 (3)**	4 (2)
Persons unavailable for screening	39 (38)	75 (48)	114 (44)
Persons referred for testing	4 (6)	0 (—)	4 (2)

Abbreviation: COVID-19 = coronavirus disease 2019.

* Five two-person teams, each composed of one community health representative and one volunteer (from the village, Hopi Tribe Department of Health and Human Services, or CDC field team), canvassed each village within 5 hours.

[†] Canvassed on June 24, 2020.

[§] Canvassed on July 16, 2020.

[¶] Fever, chills, body aches, fatigue/extreme tiredness, headache, runny nose, nasal congestion, sore throat, new change/loss in smell or taste, cough, shortness of breath, chest pain, vomiting/nausea, diarrhea, and abdominal pain.

** All four were children whose parents declined screening on their behalf.



COMMUNITY HEALTH REPRESENTATIVE WORKFORCE ASSESSMENT 2019

| A report to the Advisory Council on American Indian Health Care

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Northern Arizona University



Center for Health Equity Research

Find and download Phase I and Phase II CHR Workforce Assessment Reports on the AACIHC Website:

[https://aacihc.az.gov/chr-
movement](https://aacihc.az.gov/chr-movement)

Click on “CHR Reports”
tab

Arizona Community Health
Representative Coalition



Like the CHR workforce, the Cornstalk is a
symbol of survival and resilience, representing
strength, power, community and health.



COMMUNITY HEALTH REPRESENTATIVE WORKFORCE ASSESSMENT (PHASE II) 2020

| A Report To The Arizona Advisory Council On Indian Health Care
In Collaboration With The Arizona Community Health Representative Coalition

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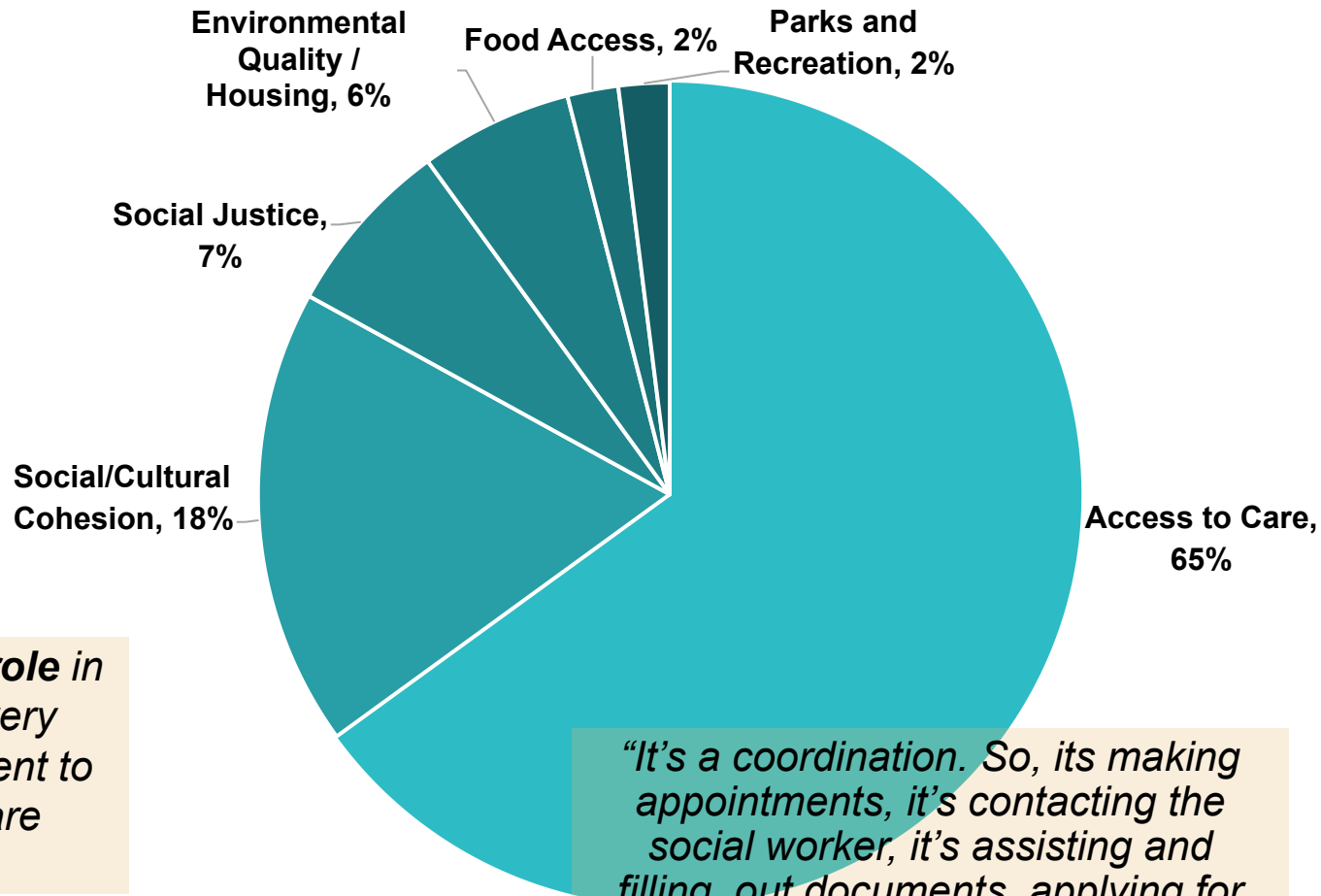


Center for Health Equity Research



Center for Health Equity Research

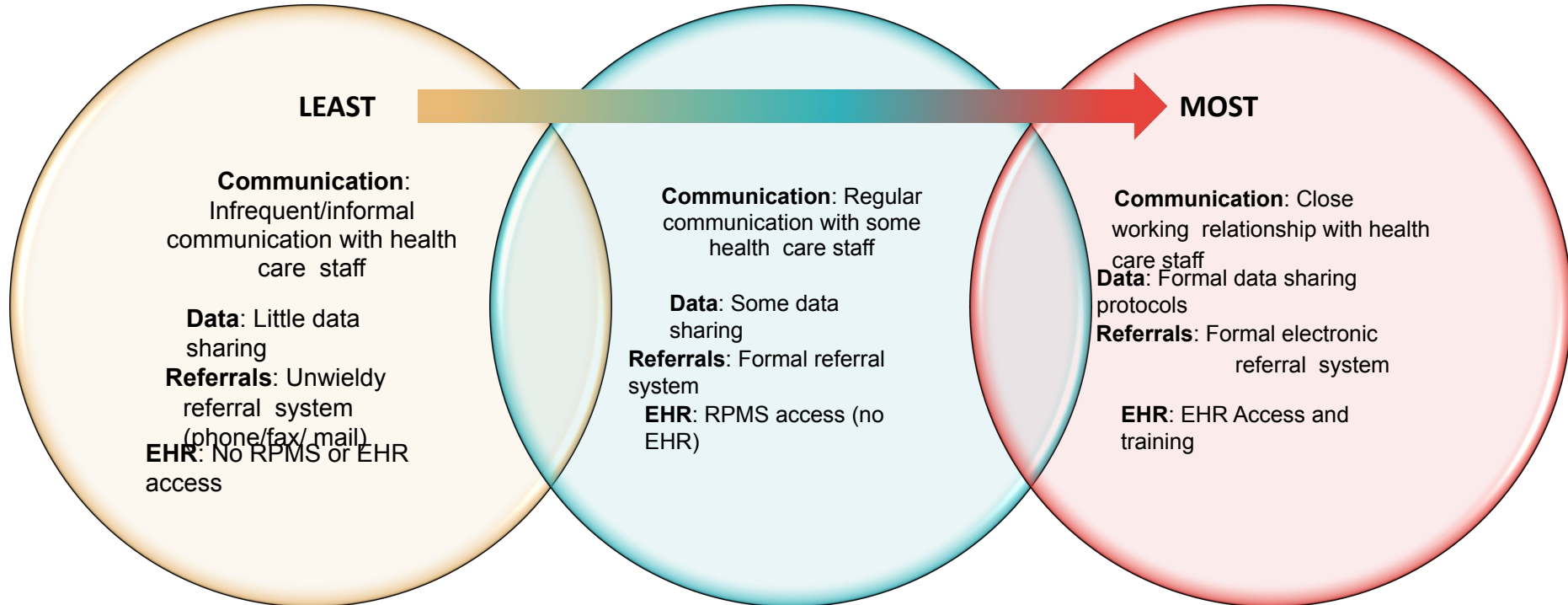
CHRs Impact the Social Determinants of Health



*“CHRs play a **critical role** in the health care delivery system to link the patient to the Indian health care system”*

“It’s a coordination. So, its making appointments, it’s contacting the social worker, it’s assisting and filling out documents, applying for benefits, being a representative for them”

CHR-Health System Integration Spectrum



Workforce Policy Recommendations

1. **Increase awareness and acceptance of CHRs among the health care team** by mandating orientation to CHR workforce competency, roles, and responsibilities for all medical and public health care staff.
2. **Establish procedures and policies for integrating CHRs** as a functioning member of the health care team.
3. **Establish a mechanism for reimbursement** of CHR activities through Medicaid.
4. **Establish formal mechanisms for communication** between CHR and public health and health care systems to ensure coordination of care and referrals among shared clients and patients.

Contacts

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RESILIENT *Arizona*

Crisis Counseling Program

Chris Anderson

Emergency Management Program Administrator
Crisis Response Network

What is Resilient Arizona CCP?

Resilient Arizona Crisis Counseling Program (CCP) is a federally funded program that helps people and communities recover from the effects of the Coronavirus pandemic through short-term interventions that provide emotional support, crisis counseling, and connection to community supports. This program started on June 14th, 2020 and will be in operation through June 2021.



FEMA

SAMHSA
Substance Abuse and Mental Health
Services Administration

AHCCCS
Arizona Health Care Cost Containment System

Federal Emergency Management Administration (FEMA)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Arizona Health Care Cost Containment System (AHCCCS)

Crisis Response Network

Family
Involvement
Center

The Guidance
Center

Crisis
Preparation
and Recovery

La Frontera

RI
International

Empact

Impact Disasters Have on Mental Health



- Most people affected by pandemics will experience distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger and/or aches and pains).
- This is normal and will for most people improve over time. People are experiencing normal reactions to extraordinary circumstances.
- However, the prevalence of common mental disorders such as depression and anxiety is expected to more than double in a humanitarian crisis/pandemic.
- During a pandemic, populations already isolated and marginalized experience increased relational poverty as their natural and community support networks become less accessible.

Our Goal

- The mission of **Resilient Arizona CCP** is to assist individuals and communities in recovering from the psychological effects of the Coronavirus pandemic through community-based outreach, emotional support and educational services.

Resilient Arizona



Helps people and communities recover from the effects of the Coronavirus pandemic.



Services are 100% free and confidential.



Statewide providers are ready to provide counseling and support.

Call 2-1-1 to get Connected Now!

Data

- As of 2/8/2021, over 7243 Arizonans have been served through individual crisis counseling sessions, group counseling, or educational/supportive contacts
- Primary risk factors identified among individuals seeking services include unemployment and/or financial stress, loss of family members or friends, and mental stress related to sheltering in place (quarantining) and social uncertainty

Why Crisis Counseling is so Important



- Increases resilience.
- Enhances self and community efficacy.
- Encourages hopeful feelings that things will improve.
- Increases confidence in ones ability to cope with pandemic related stress.
- Establishes human connections when many of us feel alone and isolated.
- Connects individuals to support networks including family, friends and community resources.

Individuals at Higher Risk

- Healthcare Workers
- Seniors
- Tribal Members
- Family Members and Caregivers



AVAILABLE 24/7

Call 2-1-1

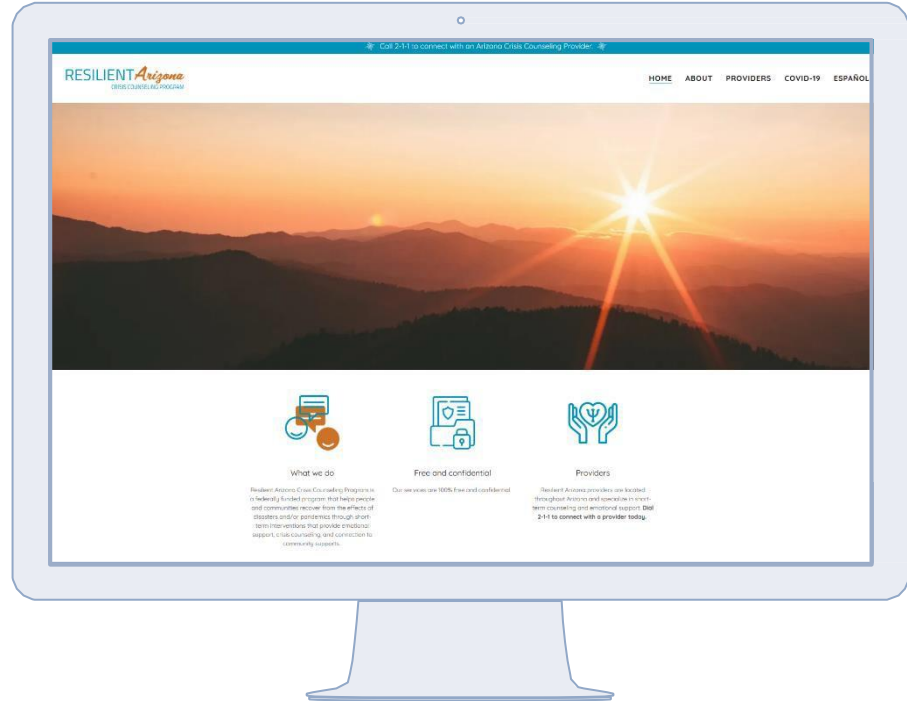
To speak to a specialist and get connected to a local Crisis Counseling Provider.

You can also get information on COVID-19, support and resources.



VISIT RESILIENTARIZONA.ORG

To learn more about our program, providers, and connect to crisis counseling near you!



CONTACT PROVIDERS DIRECTLY VIA WEBSITE

CENTRAL ARIZONA



EMPACT - Suicide Prevention Center

Phone: 480-736-4955
Hours of operation: 24/7

Email: CCPReferrals@LaFrontera-Empact.org

Crisis Preparation and Recovery

Phone: 480-477-9865
Hours of operation: 7 AM - 6 PM
Email: ResilientAZ@CrisisPrepandRecovery.com



RI International

Phone: 602-650-1212
Hours of operation: 8 AM - 8 PM

Family Involvement Center

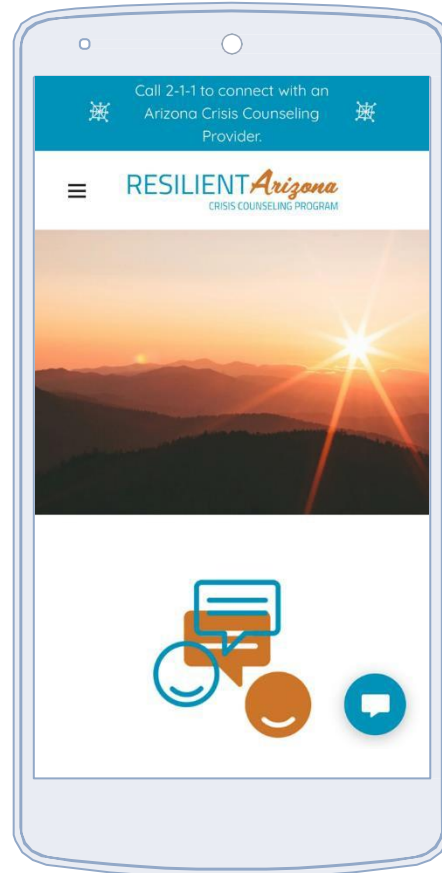
Phone: 602-288-0155
Hours of operation: 8:30 AM - 5:30 PM
Email: COVIDHelp@FamilyInvolvementCenter.org



FOLLOW, LIKE, SHARE!



@ResilientArizona
@ResilientArizona
@ResilientAriz



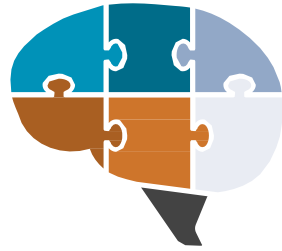
Resources

COVID-19 questions or concerns: Call 2-1-1 or visit ResilientArizona.org

General information and resource needs unrelated to COVID-19: Call 2-1-1 or visit 211Arizona.org

General support, reassurance and pre-crisis help: Call the Peer Support Warm Line at 602-347-1100

Mental health crisis: Call the Crisis Line at 602-222-9444 (central); 1-877-



QUESTIONS?

References

- Centers for Disease Control and Prevention. (2020). Coping with Stress. Retrieved from: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html>
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AHCCCS Updates

Jami Snyder, AHCCCS Director



Follow-up Items from November 2020 Tribal Consultation Meeting

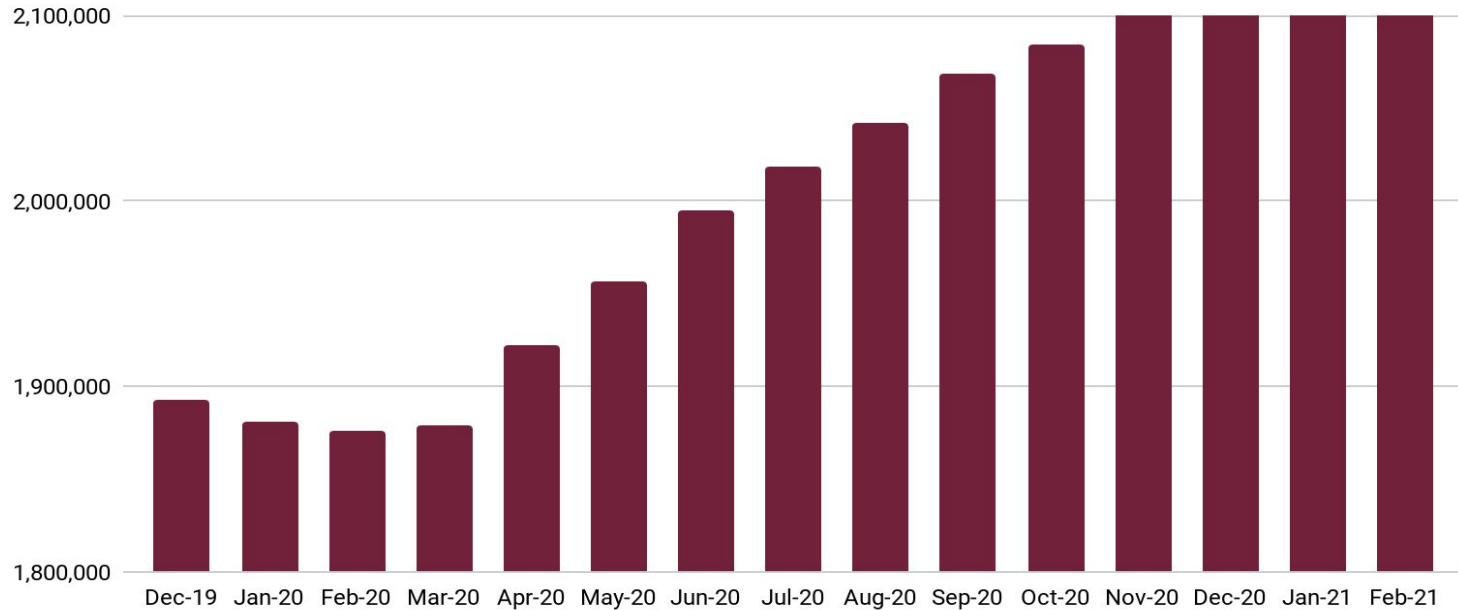
- Whole Person Care Initiative: Recommendation to discuss tribal housing needs and resources more in-depth
 - Special Tribal Consultation for WPCI held on 12/10/2020
 - Tribal Housing Listening Session held on 02/01/2021
 - AHCCCS plans to continue engagement with tribal leaders, stakeholders, members, and ITUs to gain more feedback regarding housing initiatives

Follow-up Items from January 12, 2020 Special Tribal Consultation Meeting

- COVID-19 Vaccination Guidance:
 - To address specific questions regarding COVID-19 vaccination administration and billing guidelines, AHCCCS has issued guidance for IHS/638 facilities. Please see the information at the following link:
www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/IHS638COVID19VaccineAdminBillingGuidelines.pdf
- Four Walls Provision Update:
 - To address specific questions regarding the "Four Walls" provision, please see the [AHCCCS COVID-19 FAQ](#).
 - Consistent with guidance from CMS issued on January 15, 2021, AHCCCS DFSM will not review claims pertaining to the "Four Walls" provision until October 31, 2021. More information from CMS can be found here:
www.medicaid.gov/federal-policy-guidance/downloads/cib11421.pdf.

AHCCCS Enrollment

December 2019 - February 2021



State Fiscal Year 2022 Budget Executive Recommendation

- \$131M additional GF funding
- \$6M in funding for the Substance Use Disorder Fund (transfer from Prescription Drug Rebate Fund)
- Funding for federally mandated information technology initiatives
 - \$250k - vendor support to comply with Interoperability Rule
 - \$78k - consultant to create an MMIS replacement roadmap
 - \$3M - ongoing operating costs for Asset Verification system, Electronic Visit Verification system, AHCCCS Provider Enrollment Portal
- 4.2% cap rate growth
- Expected reversion of \$141M due to FMAP savings

State Fiscal Year 2022 Budget Executive Recommendation

Caseload Growth	
Traditional	5.6% in FY21; (5.1%) in FY22
Prop 204	9.5% in FY21; (4.0%) in FY22
ACA NEA	42.2% in FY21; (24.4%) in FY22
ALTCS - EPD	(5.0%) in FY21; 3.4% in FY22
KidsCare	20.2% in FY21; 4.5% in FY22

Legislative Session

- Session began on 1/11/21
 - Governor Ducey delivered State of the State remotely
 - Executive Budget published 1/15/21
- Covid-19 protocols in place including hybrid committees, limited access to committee rooms and House and Senate buildings, and mandatory masking
- Last day for Senate Bills to be introduced 2/1/21
- Last day for House Bills to be introduced 2/8/21
- 100th day of session 4/24/21



Legislative Forecast

- By this time last year, 1,707 bills had been posted; this year is about 5% above that pace with 1,802 bills posted
- Return of bills from last session that didn't go to a vote due to the COVID-19 pandemic; some non controversial returning bills are being fast tracked through both chambers
 - Pregnant dental, chiropractic, newborn screening, maternal mental health committee, Arizona Area Health Education Center Expansion
- Telehealth
- Expanding housing for individuals living with a serious mental illness
- State of emergency-related bills may affect some of AHCCCS' COVID flexibilities

***As of 02/10/2021**

AHCCCS Connected Workforce Building Consolidation



60% of its workforce
to virtual offices



 **\$1.2 million**
saved annually

“With remote working by many state employees, we also have the chance to further limit the size, cost and footprint of government. Let’s truly “shrink” government, by eliminating unnecessary state buildings and saving taxpayer dollars, so we can prioritize areas of need, like educating our kids, taking care of our sick, and keeping our neighborhoods safe”

- Governor Ducey, January 11, 2021 State of the State Address

Health Equity Committee Update

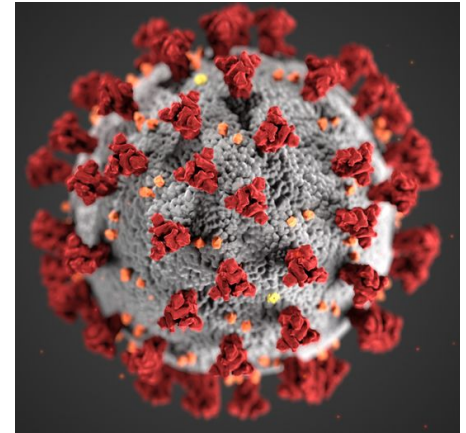
- AHCCCS Health Equity Committee launched [Health Equity webpage](#) with a charter
- Areas of focus are being examined for data mining
- Consolidating input received at listening sessions to identify themes- working to make plain language
- Working to coordinate with existing AHCCCS initiatives/programs



COVID-19 Response Efforts

Public Health Emergency (PHE)

- Currently extended through 4/20/2021
- HHS letter to Governors on 1/22/21
- PHE will likely remain in place for the entirety of 2021
- When a decision is made to terminate the declaration or let it expire, HHS will provide 60 days' notice



NAMD Statement

Providing states assurance that the PHE will extend through 2021 removes a significant source of uncertainty which materially impacts state budgeting and planning for Medicaid programs and state budgets writ large. It also ensures states and Medicaid providers can continue employing important flexibilities in the program, such as rapidly enrolling new providers to administer COVID-19 vaccines and providing behavioral health services remotely via audio/video technology or over the phone. With these tools, states can continue ensuring that Medicaid members are able to access care, providers remain viable and services are as robust as possible.

COVID-19 Relief Efforts

- Obtained permission to pursue more than **47 programmatic flexibilities** from the Centers for Medicare and Medicaid Services. Key flexibilities implemented include:
 - Expanding the program's telehealth benefit to allow for a broader range of services to be provided electronically
 - Expediting the provider enrollment process
 - Reimbursing parents for care offered to their minor children and allowing spouses offering paid care to be paid beyond the standard 40 hours per week limit
 - Reimbursing for services offered by hospitals and clinics owned or operated by the Indian Health Service, tribes or tribal organizations with a 638 agreement in Alternate Care Sites (ACS) during the public health emergency

COVID-19 Relief Efforts

- Offered provider financial relief:
 - Made over **\$59 million in additional payments** to nursing facilities, assisted living facilities, home and community based service providers and critical access hospitals
 - **Advanced or accelerated more than \$90 million in funding** to hospitals, primary care providers, behavioral health outpatient providers, and justice clinic providers who participate in the agency's Targeted Investments Program and hospitals participating in the graduate medical education program

COVID FAQs and Where To Find Webpage

Learn more about coronavirus (COVID-19)



ENHANCED BY Google



Advanced search

- HOME
- AHCCCS INFO
- MEMBERS/APPLICANTS
- PLANS/PROVIDERS
- AMERICAN INDIANS
- RESOURCES
- FRAUD PREVENTION
- CRISIS?



Where Can I Find The COVID-19 Vaccine?



WHERE CAN I FIND THE COVID-19 VACCINE?



WHEN WILL IT BE MY TURN TO GET THE VACCINE?

Each county prioritizes their vaccine distribution according to their populations. It can be different from county to county. Find vaccination sites in your county at azhealth.gov/findvaccine and see which phase your county is currently in.



WHERE DO I GO TO GET VACCINATED?

- State Farm Stadium in Glendale, AZ (all available Jan. and Feb. appointments are full.)
- Phoenix Municipal Stadium in Phoenix, AZ (coming Feb. 1, all available Feb. appointments are full.)
 - Book an appointment: podvaccine.azdhs.gov/ If you received a first dose at State Farm Stadium, you will receive an email invitation to schedule a second dose for self, family member(s) and dependent(s).
- Find vaccination sites in your county at azhealth.gov/findvaccine



IS THE VACCINE FREE?

AHCCCS members will not be charged for the COVID-19 vaccine.

A graphic with a blue background and yellow and green accents. At the top, it says 'AHCCCS INFORMATION'. Below that, in large white letters, is 'THE COVID-19 VACCINE'. At the bottom, the AHCCCS logo is displayed, consisting of a sunburst icon and the text 'AHCCCS Arizona Health Care Cost Containment System'.

Getting Vaccinated

- For IHS, please connect with your Area Office or designated facility. AHCCCS is happy to help get you connected.
 - IHS COVID-19 Vaccine Plan:
<https://www.ihs.gov/coronavirus/vaccine/#:~:text=IHS%20is%20working%20with%20the,the%20COVID%2D19%20vaccine%20activities.>
 - IHS COVID-19 Response Information:
<https://www.ihs.gov/coronavirus>

2020 - Year in Review

- Successfully transitioned more than **60 percent of AHCCCS employees to a virtual work environment**, allowing the agency to consolidate two main campus buildings into one
- Supported the work of the Governor's Abuse and Neglect Prevention Task Force through the Oct. 1, 2020 implementation of **minimum subcontract provisions** aimed at preventing abuse, neglect, and exploitation
- Launched the **AHCCCS Provider Enrollment Portal (APEP)**, allowing providers to enroll with AHCCCS electronically any time of day
- Implemented an **Electronic Visit Verification system** to verify member receipt of critical in-home services
- Improved the **timely processing of Medicaid applications** to 94 percent for non-ALTCS applications and to 91 percent for ALTCS applications
- Paid more than **99 percent of fee-for-service claims within 30 days**

2020 - Year in Review

- **Increased influenza vaccine rates by 10 percent** to incentivize provider administration of the vaccine and partnered with health plans to offer managed care members a \$10 gift card for receiving a flu shot
- Added **more than 3,000 members to American Indian Medical Homes**, improving care coordination for members served in IHS and 638 facilities
- Created a **Health Equity Committee** to examine and understand health disparities that exist within the program and to develop strategies to ensure health equity for all AHCCCS members
- Secured more than **\$37 million in grant funding** to address the opioid epidemic, expand the state's suicide prevention work, and meet emergent needs related to the COVID-19 pandemic

On the Horizon

- Continued roll out of Electronic Visit Verification
 - Implementation of integrated care product for children served by the foster care system on 4/1/21
 - Transfer of HEAplus maintenance and operations to Accenture
 - Implementation of closed-loop referral system
 - Implementation of housing administrator contract
 - Release of RFP and award of competitive contract expansion contracts
 - Renewal of 1115 waiver on or before 10/1/21
-
-
-



Open Discussion



Agenda Item Request

Formal Consultation on AMPM 320-O



AMPM 320-O: Behavioral Health Assessments and Treatment/Service Planning

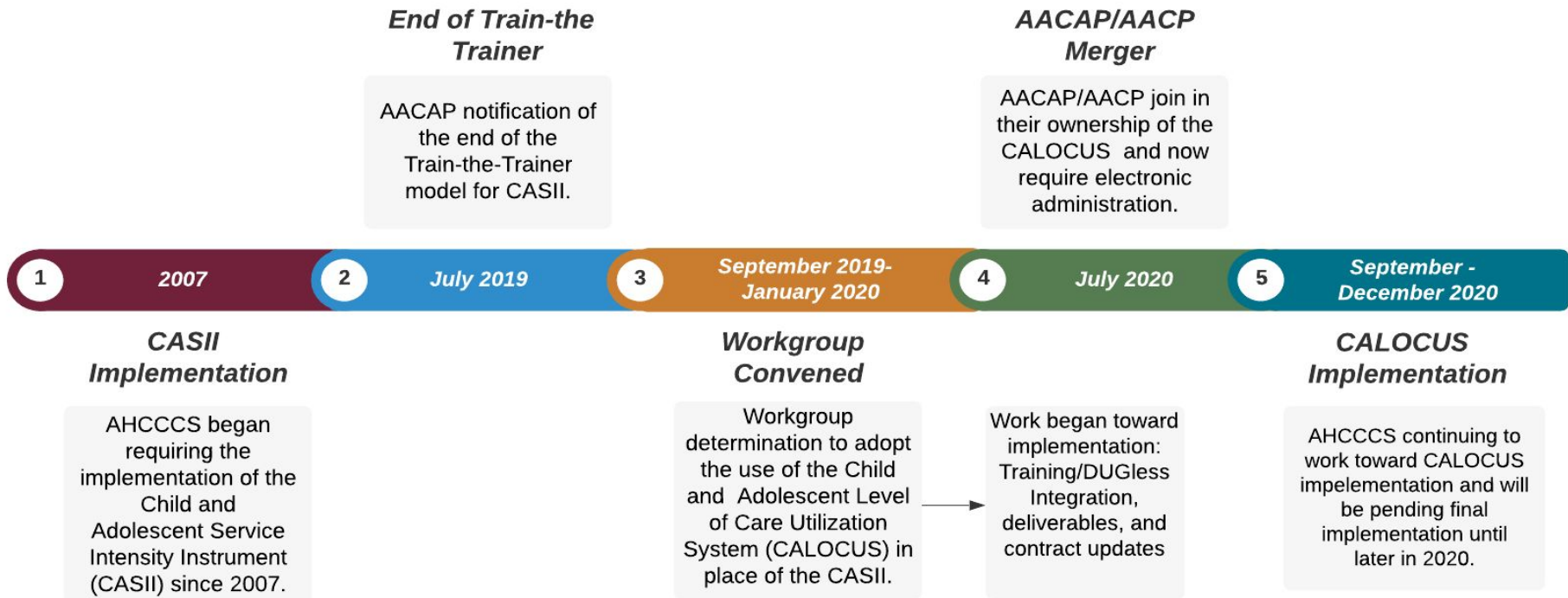
Megan Woods, Integrated Care Administrator



AMPM 320-O Background

- Tentative APC Date: TBD - Prior to May 15, 2021
 - Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - MCOs
- Summary: Updated to include Child and Adolescent Level of Care Utilization System (CALOCUS), though this remains an option for Fee-for-Service rather than a requirement. Updates are also being considered to accommodate telemedicine appointments, integrated providers and verbal consent in lieu of in-person signature.

CALOCUS Background



CALOCUS Implementation

- Remains voluntary for FFS providers to adopt CALOCUS or adopt other tools
 - Open to receiving feedback on user perspective via technical assistance sessions
- Concerns received by AHCCCS:
 - Change over from CASII to CALOCUS
 - Applicability requirements

Tribal Consultation

Office of the Director

Clinical Team Updates



Telehealth Updates

Sara Salek, MD, AHCCCS Chief Medical Officer (CMO)

Alison Lovell, NREMT, WEMT, Education Manager, DFSM



AHCCCS Telehealth Coverage Pre-Pandemic (October 1, 2019)



Broadening of POS allowable for distant and originating sites

No restrictions on distant site (where provider is located)
Broadening of originating site (where member is located) to include home for many service codes



Broadening of coverage for telemedicine, remote patient monitoring, and asynchronous



No rural vs. urban limitations

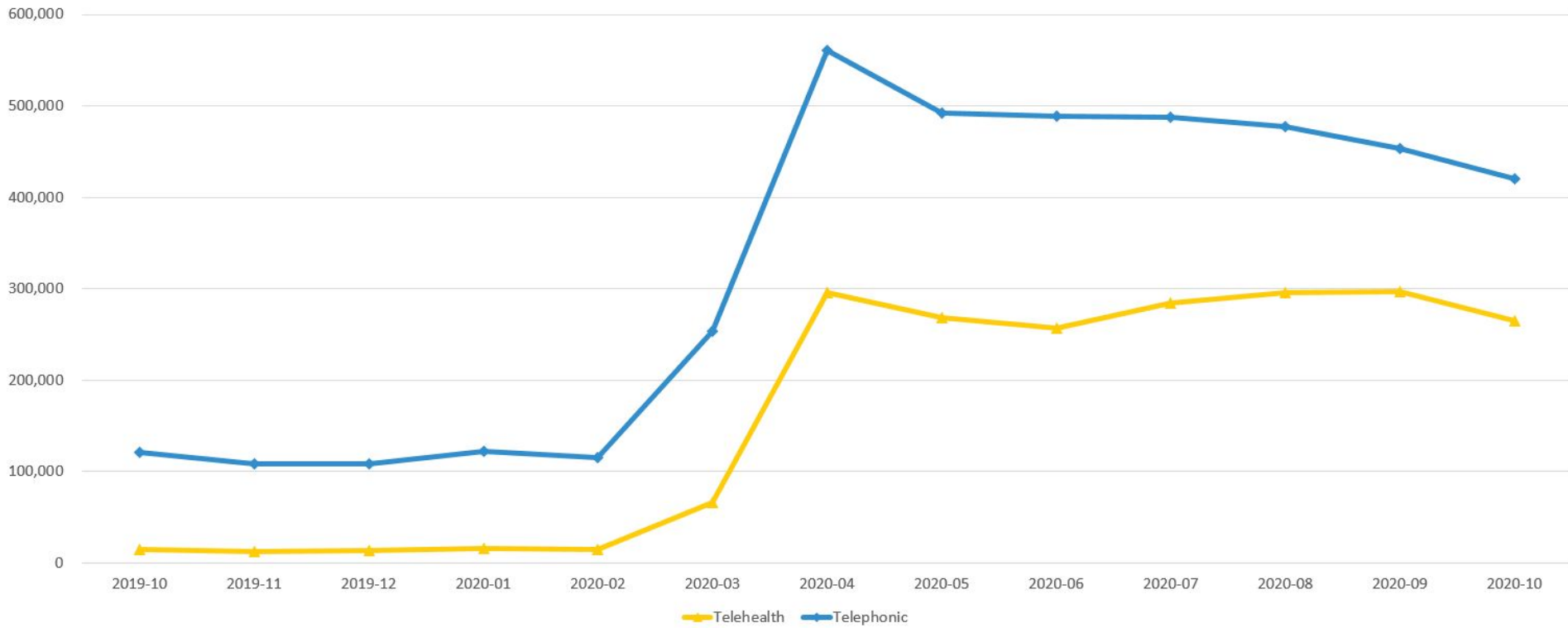


MCOs retained their ability to manage network and leverage telehealth strategies as they determine appropriate

AHCCCS Telehealth Coverage Intra-Pandemic (March 2020)

- Created Temporary Telephonic Code Set
- Added >150 CPT and HCPCS codes to Telehealth Code Set
- Managed Care Organizations (MCOs) required to:
 - Reimburse at the same rate for services provided “in-person” and services provided via telehealth and/or telephonically
 - Cover all contracted services via telehealth modalities
- AHCCCS [telehealth webpage](#) created

Telehealth and Telephonic Claims/Encounters Volume (Total # of CRNs, 10/1/2019 - 10/31/2020)



Estimated Number of AI/AN Members Served by Telehealth/Telephonic by Month
October 2019 - September 2020
(All Claims/Encounters, All LOB)



AHCCCS Telehealth Coverage: Post-Pandemic Planning

- AHCCCS telehealth policy flexibilities for COVID-19 have been extended through 9/30/21
- AHCCCS intends to finalize post-COVID-19 telehealth coverage decisions by 7/1/21

Can all AHCCCS Covered Services be Delivered via Telehealth (Including Telephonic) and be Reimbursable?

Answer: All services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency.

Ultimately, it is up to the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person.

What Provider Types May Provide Telehealth and Telephonic Services?

Answer: As per Governor Ducey's Executive Order 2020-15 effective March 25, 2020 through the end of the COVID-19 declared emergency, telehealth services may be provided by any Arizona licensed healthcare provider type, including but not limited to, physicians, physicians assistants, advanced practice nurses, optometrists, psychologists, dentists, occupational therapists, physical therapists, pharmacists, behavioral health providers, chiropractors, athletic trainers, hearing aid dispensers, audiologists, and speech-language pathologists.

How do the “Four Walls” Typically Apply to Telehealth Services?

Answer: The “Four Walls” of an IHS/638 Clinic refer to the physical building the clinic operates within.

The CMS interpretation of section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that “clinic services” do not include any services delivered outside of the “four walls” of the clinic, except if services are provided to a homeless individual.

How do the “Four Walls” Typically Apply to Telehealth Services?

Answer (continued): Under normal circumstances, the “Four Walls” applies as follows:

- The “Four Walls” provision **does** apply to free-standing IHS/638 clinics.
- The “Four Walls” provision **does not** apply to IHS/638 hospitals or to their hospital-affiliated (provider-based) outpatient clinics.
- The “Four Walls” provision **does not** apply to 638 FQHCs.

How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

Answer: AHCCCS requested flexibility from CMS to reimburse free-standing clinics at the All Inclusive Rate for telehealth and telephonic services during the COVID-19 emergency, even if neither the member nor the clinician was within the “Four Walls” but a clinic visit/facility defined service had been provided.

Consistent with guidance from CMS issued on January 15, 2021, DFSM will not review claims pertaining to the "Four Walls" provision until October 31, 2021.

More information from CMS can be found here: [CIB Informational Bulletin - Four Walls](#)

How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

Answer: When a free-standing IHS/638 clinic submits a claim to AHCCCS for telehealth/telephonic services, it is reimbursable at the All Inclusive Rate (AIR), if the following conditions are met:

- If ***either*** the member or the provider is located inside the four walls of the IHS/638 clinic, when the telehealth/telephonic visit is being done; *and*
- The service being provided is an AHCCCS-covered service; *and*
- The service being provided meets the definition of a clinic visit.

How do the “Four Walls” Apply to Telehealth Services and IHS/638 Free-Standing Clinics?

Answer: When a free-standing IHS/638 clinic submits a claim to AHCCCS for telehealth/telephonic services, it is reimbursable at the Capped FFS Rate and **not** at the AIR (even if the service provided met the definition of a clinic visit) , if the following conditions are met:

- If **neither** the member nor the provider is located inside the four walls of the IHS/638 clinic (i.e. if the member is in their home and the provider is in their home office, so neither the member or provider is at the IHS/638 clinic); *and*
- The service being provided is an AHCCCS-covered service.

Where Can I Find Specific Billing Guidance?

Answer: AHCCCS has provided IHS-638 specific telehealth billing guidance in the following locations:

- The **DFSM Provider Training web page** (go to Training Presentations by Subject - Select Telehealth - Select [Telehealth Services for IHS and 638 Providers](#)) located at: https://www.azahcccs.gov/Resources/Training/DFSM_Training.html
- **Chapter 10 of the IHS-Tribal Provider Billing Manual**, located at: <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chapter08IndivPractitionerSvcs.pdf>

Upcoming Telehealth Trainings Sessions

Date & Time	Topics Covered
<p>Thursday, March 11th, 2021 10:00 a.m. — 11:00 a.m. Zoom Registration Link</p>	<p>General Telehealth Training (In Depth Policy Overview and Billing for FFS Providers)</p> <p>Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions. Session will be held via Zoom Only.</p>
<p>Thursday, March 25th, 2021 10:00 a.m. — 11:00 a.m. Zoom Registration Link</p>	<p>Telehealth and Telephonic Training for IHS and 638 Providers</p> <p>General telehealth/telephonic policies and definitions, billing, claims, and the "four walls" and their applicability to telehealth/telephonic services. Session will be held via Zoom Only.</p>

Who Can I Outreach if I Have Additional Questions?

Answer: The DFSM Provider Training Team is happy to assist providers with their questions about telehealth services.

They can be contacted providertrainingffs@azahcccs.gov.

Open Discussion



Quality Strategy Updates

Sara Salek, MD

AHCCCS Chief Medical Officer



Quality Strategy: Managed Care Regulations

(42 CFR § 438.340)

- Network Adequacy and Availability of Services Standards
- Continuous Quality Improvement Goals and Objectives
- Quality Metrics, Performance Targets
- Performance Improvement Projects to be implemented
- Arrangements for External Independent Reviews Description of State's Transition of Care Policy
- State's plan to identify, evaluate, and reduce health disparities
- Use of intermediate sanctions
- Description for how the State will assess performance and quality outcomes achieved
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)
- Information pertaining to the nonduplication of EQR activities

Quality Strategy: Major Updates Planned

- System delivery model changes
- Quality initiatives
- Performance measure calculation transition
- VBP Initiative goals, objectives, and overview

Timeline

Community Quality Forum, State Medicaid Advisory Committee, and Tribal Consultation Notifications	Dec 2020 - Feb 2021
AHCCCS Executive Management Review and Approvals	April 2021
Tribal Consultation	May 2021
<ul style="list-style-type: none">● Public Comment Period● Post Quality Strategy and Quality Strategy Evaluation on AHCCCS Website● Submit Quality Strategy and Quality Strategy Evaluation to CMS	June 2021

Quality Strategy: Public Comment

Draft will be post for public comment at
www.azahcccs.gov/AHCCCS/PublicNotices

Open Discussion



AHCCCS Suicide Prevention Efforts

Zeruiah Buchanan (She/Her), AHCCCS
Suicide Prevention Epidemiologist



Suicide Prevention Team

Albert Swanson: ERSP Grant Program Director

Brian Planty: AHCCCS Liaison (ADE/ADHS)

Kelli Donley Williams: Suicide Prevention Specialist

Zeruiah Buchanan: Suicide Prevention Epidemiologist

Goals



Improve the mental health of individuals and communities

Perform surveillance to monitor suicide in Arizona and identified priority populations

Ensure treatment and support services are available to clinicians, communities, families, and survivors

Consider and prioritize health equity and cultural humility when implementing any prevention practices or programs

Projects/Activities

Project
AWARE

Postvention

Zero Suicide

Behavioral
Health in
Schools

Surveillance

COVID-19
Emergency
Grant

Community
Education

Partnerships



Contact Information

Zeruiah.Buchanan@azahcccs.gov

Kelli.Williams@azahcccs.gov

Brian.Planty@azahcccs.gov

Albert.Swanson@azahcccs.gov

Division of Health Care Management (DHCM)



Housing Administrator Update

David Bridge, Director of AHCCCS Housing Programs



Housing Administrator Award

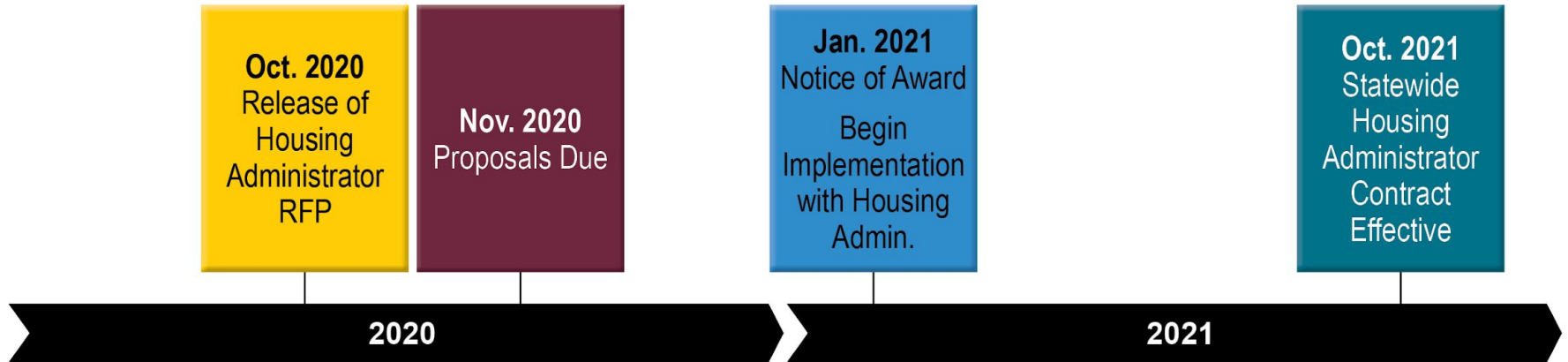


- AHCCCS provides permanent supportive housing & programs primarily for individuals determined to have a serious mental illness (SMI)
- Competitive Request for Proposal (RFP) released in October 2020 for a statewide housing administrator
- The Housing Administrator will:
 - Manage housing subsidies, establish a new referral process, manage waiting lists, determine fair market rent prices, perform inspections for housing quality standards, ensure legal compliance, verify member program eligibility, prevent evictions, and provide regular reports to AHCCCS

Housing Administrator Award

- In January AHCCCS awarded the contract to the Arizona Behavioral Health Corporation (ABC) HOM, Inc.
 - ABC has 20+ years of experience working with persons determined with a SMI who are experiencing homelessness with behavioral health services and other special populations
- Contract is effective October 1, 2021 through September 30, 2024
- AHCCCS will maintain administration and oversight of the SMI Housing Trust Fund to create additional permanent supportive housing units for persons with a serious mental illness (SMI) designation.
- TRBHA housing funds will continue to be administered by AHCCCS and managed by the TRBHAs.

Housing Administrator Timeline





Division of Member and Provider Services (DMPS)



AHCCCS Provider Enrollment Portal

Joni Shipman, DMPS Assistant Director



Workload as of February 1, 2021

- Total pending workload reduced from 6,959 to 2,371
- Average processing time for January 2021
 - Paper submitted - 31.43 days
 - APEP submitted - 15.06 days
- 5,335 Provider re-registrations completed
- 4,435 new applications completed

Provider Activity

- Total applications submitted 8,299
- Re-registrations in process 3,066
- 6,732 providers have accessed APEP

Resume sending
re-registration or
invitation letters letters
this month

Call Center - January 2021

- 6,462 calls received
- 3.67% abandoned
- 2:04 average speed of answer

Training needs identified:

- IHS - last week in February
- School Based
- Habilitation/Independent Providers
- APEP Domain and Profile tutorial on website

Open Discussion



Tribal Foster Care Update

Jamie Decker, AHCCCS Interagency Liaison
Supervisor



Current Process

- AHCCCS and the Interagency Liaison Team (IALT) are working to update the MA-463 with this email address.
 - The MA-463 is the face sheet document being used as an application face sheet. This form requests name, date of birth, address of child needing enrolled.
- IALT also working with DES and other AHCCCS teams to streamline the foster care and adoption processes for AHCCCS enrollment.

One-pager Progress

- AHCCCS and IALT is anticipating the ability to provide a brief one-pager that will describe general best practices for getting Children enrolled into Foster care medical smoothly.
 - We currently have this drafted and are in the process of reviewing and verifying that all information is clear and will be effective long term.
- The expectation is that the updated MA-463 as well as the One-Pager will be available for distribution at the next Tribal Consultation meeting.
- Feedback information presented in the next slide will be helpful in ensuring that the One-Pager includes useful information.

Feedback Requested

- What process are you currently using to enroll foster care children into AHCCCS?
 - Mail in/Drop off applications to DES
 - Input directly into HEAplus
 - Mail in/Drop off applications to a local hospital/healthcare facility
 - Please specify type
 - An Onstaff Assistor
 - Other (Please specify)

Contact information

Interagency Liaison team:

InteragencyLiaison@azahcccs.gov

Open Discussion



Division of Fee for Service Management (DFSM)



CYE22 DAP DDD-AIHP Integration

Markay Adams, DFSM Assistant Director



CYE 22 Differential Adjusted Payments (DAP)

CYE 22 IHS/Tribal 638 Facility DAPs

- Health Information Exchange (HIE) Participation (2.5%)
 - Hospitals that meet specified milestones and performance criteria are eligible for a 2.5% DAP increase for inpatient, outpatient, and ambulatory services.
 - In order to qualify, **by April 1, 2021** the hospital must submit a LOI to AHCCCS and the HIE
- Care Coordination Agreement with Non-IHS/Tribal 638 Facilities (0.5%)
 - In order to qualify, by **March 15, 2021**, the hospital must submit an LOI
 - By **April 30, 2021**, the hospital must submit a fully signed copy of a CCA
 - The CCA with a non-IHS/Tribal 638 facility must be for inpatient, outpatient, and ambulatory services provided through a referral

CYE 22 Behavioral Health Outpatient Clinic and Integrated Clinic DAPs

- Provision of Services to Members in a Difficult to Access Location (3.0%)
 - Clinics that provide services to members in a difficult to access location will qualify for a DAP increase of 3.0% on all claims.
 - Provision of services is defined as a provider that has a MOA or MOU with a tribal government to access tribal territory in order to provide behavioral health services to members located in the Grand Canyon.
 - In order to qualify, **by April 1, 2021** the Clinic must submit a signed MOA or MOU to AHCCCS

CYE 22 DAP Timeline

Date	Activity
2/3/2021	Revised Preliminary Public Notice
By 2/26/2021	Tribal Consultation
2/26/2021	Public Notice Comments Due
3/15/2021	Qualifying Providers Identified
3/26/2021	Final Public Notice
Early June 2021	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2021	NPRM Public Comments Due
7/2/2021	Requests for Approval Due to CMS
8/13/2021	MCO Capitation Rates Due to CMS (including funding for DAPs)

Helpful Information

- Link to Public Notice:
https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE2022PreliminaryDAPPublicNotice01_28_2021revised.pdf
- Public Comments are due by 5pm on February 26th
 - Send to the following email address:
AHCCCSdap@azahcccs.gov

DDD-AIHP Integration

Future Integration

- DES and AHCCCS are working on future integration efforts and overall improved system delivery for DD-AIHP members
- Tribal Consultations:
 - Department of Economic Security: Began discussing during June 25, 2020 Tribal Consultation
 - AHCCCS: Began discussing during July 07, 2020 Tribal Consultation
- Goal: Improve care coordination and increase system transparency for members and providers

Guide to Acronyms

BH	Behavioral Health
CRS	Children's Rehabilitative Services
DDD-AIHP	DDD-American Indian Health Plan
DDD	Division of Developmental Disabilities
DFSM	Division of Fee-for-Service Management
LTSS	Long Term Care Services and Supports
PH	Physical Health
TRBHA	Tribal Regional Behavioral Health Authorities
SMI	Serious Mentally Ill

AHCCCS Division of Fee for Service Management & DES Division of Developmental Disabilities

Current Health Plan Enrollment/Assignments	Proposed Division of Developmental Disabilities Options for American Indians/Alaska Natives	
Health Plan (United or Mercy Care)= PH +BH (CRS/SMI), DDD= LTSS	Member choice will remain	Approx. 1,780 members
Health Plan (United or Mercy Care)= PH (CRS), TRBHA= BH (SMI), DDD= LTSS	Member choice will remain	Approx. 212 members
DDD-AIHP= PH (CRS) TRBHA= BH (SMI) DDD= LTSS	Member choice will remain *AHCCCS DFSM would become responsible for PH claims/care management, no sooner than 4/1/22 (including SMI) *DDD = LTSS	Approx. 313 members
DDD-AIHP= PH +BH (CRS/SMI), DDD= LTSS	Member choice will remain *AHCCCS DFSM would become responsible for PH and BH claims/care management, no sooner than 4/1/22 (including SMI) *DDD = LTSS	Approx. 209 members

Open Discussion



American Indian Medical Home Update

Leslie Short, DFSM Integrated Services Administrator



American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 access to the care team.

American Indian Medical Home 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
- Concept of PCCM and PMPM strategy as an AIMH brought to fruition thru efforts of a Tribal Workgroup

Care Management Activities

- Support care management efforts and strategies for AIHP members
 - Identify and refer members to an AIMH
 - Produce and share reports on member utilization to help streamline care coordination
 - High Needs High Cost (HNHC) Care Coordination
 - Crisis notifications

American Indian Medical Home Information

- Webpage information includes IGA templates and application packet:

<https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

- Contact Information: AIMH@azahcccs.gov

Open Discussion



ROPA and Pharmacy Updates

Ewaryst Jedrasik, DFSM Clinical Administrator



IHS & 638 2021 All Inclusive Rate

- The Federal Register has published the 2021 All Inclusive Rates (AIRs).
- The 2021 rates are effective beginning January 1, 2021.
- IHS/638 providers can begin billing the 2021 rates immediately.
- 2021 outpatient AIR is \$519.00

Covid Vaccination

- **Billing Information for COVID-19 Vaccine Administration Fees for Members 16 Years of Age and Older for the Pfizer Vaccine and 18 Years of Age and Older for the Moderna Vaccine.**
 - AHCCCS is temporarily allowing IHS/638 pharmacies to be reimbursed an additional pharmacy AIR for COVID-19 administration fee(s) in addition to the limitation of one pharmacy AIR per day per member per facility.
 - AHCCCS will also continue to reimburse a second AIR for the flu vaccine.
 - Billing Information for COVID-19 Vaccine Administration Fees
<https://www.azahcccs.gov/Resources/Downloads/DFMSTraining/2020/IHS638COVID19VaccineAdminBillingGuidelines.pdf>

Covid Vaccination IHS/638 Clinics

- AHCCCS has submitted an 1135 Disaster Relief SPA requesting the authority to reimburse IHS/638 facilities at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order.
- An additional update will be provided when the response from CMS is received.

Referring, Ordering, Prescribing, Attending (ROPA) Providers

- Due to the COVID-19 Public Health Emergency, and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021.**
- After June 1, 2021, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed.
- DFSM will provide a temporary method for IHS/638 facilities to list all residents, interns and fellows that can appear on the claim, and cause a denial. Permanent process for updates will follow.

Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.
- Please contact Lisa.Dewitt@azahcccs.gov if you did not receive the requirements and the spreadsheet to add your immunizing pharmacists to our system.

AIHP Drug Lists

- 2021 AIHP Drug lists are available on our website:
<https://www.azahcccs.gov/PlansProviders/Pharmacy/>

Open Discussion

Federal Relations



State Plan Amendments

Alex Demyan, AHCCCS
Advocacy Administrator



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.



COVID-19 Disaster State Plan Amendments (SPA)

Disaster SPAs Submitted in Response to COVID-19

- Disaster SPAs are effective for the duration of the PHE, or any renewal thereof.
- All disaster SPAs include a request for flexibilities around federal public notice and tribal consultation requirements, which allows AHCCCS to respond to the PHE in real-time.
- For a full list of COVID-19 disaster SPA flexibilities (CHIP & T-XIX):
 - <https://azahcccs.gov/Resources/Downloads/1115Waiver/COVID19SatusofFlexibilities.pdf>

Recent Disaster SPAs Submitted in Response to COVID-19

- Approved- 20-014: AHCCCS added clarifying language around the expanded “bed hold” day limitation.
- Submitted- 20-021: Updates the state plan to allow Pharmacy Technicians and Pharmacy Interns to administer the influenza and COVID-19 vaccines.
- Submitted- 20-031: Updates the state plan to establish Medicare rates for the administration of COVID-19 vaccines. *Note: The AIR still applies to IHS/638 facilities for these services.*
- Submitted- 21-001: Allows IHS/638 facilities to claim at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order for the duration of the PHE.



State Plan Amendments

Feedback Requested

Medication-Assisted Treatment (MAT) Mandatory Benefit

- Section 1006(b) of the SUPPORT Act, signed into law on October 24, 2018, requires states to cover MAT drugs and related services as a mandatory benefit under section 1902(a)(10)(A) of the Social Security Act (the Act).
- Historically, AHCCCS has covered all MAT drugs, counseling services, and behavioral health therapies.
- This submission is a clerical change in nature, and will not impact MAT services or reimbursement rates.
- This SPA will be effective October 1, 2020

Tribal Consultation and Public Comment Process

Public Comments or Written Testimony from tribes and I/T/Us may be submitted to AHCCCS via:

- Tribal Consultation and Public Comment portal: comments.azahcccs.gov
- Email: public input@azahcccs.gov
- Mail: AHCCCS Attn: Office of Intergovernmental Relation 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion



Waiver Update

Mohamed Arif, Federal Relations Administrator



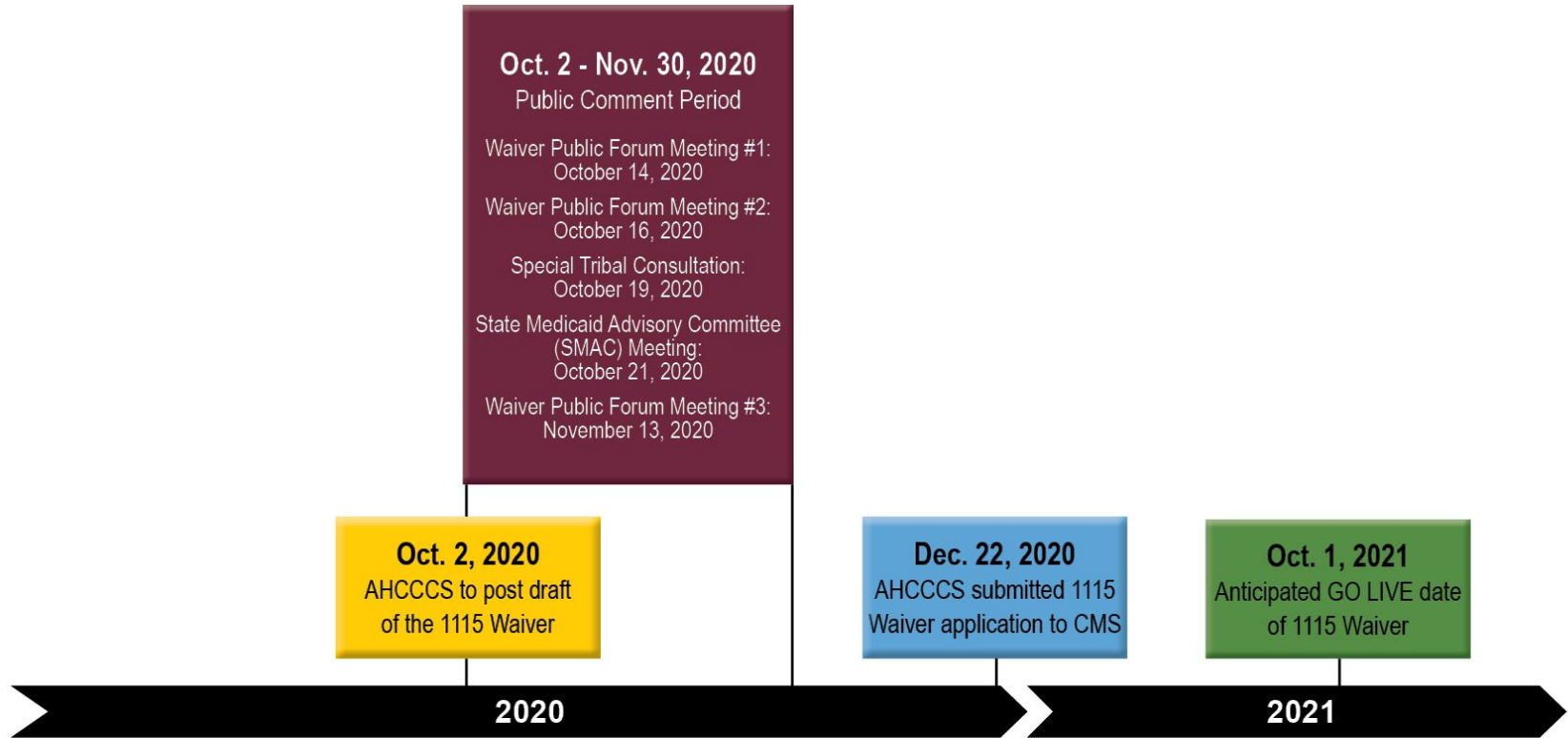
Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program
- Demonstration projects are typically approved for a five year period and can be renewed every five years
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver

Arizona's Demonstration Renewal

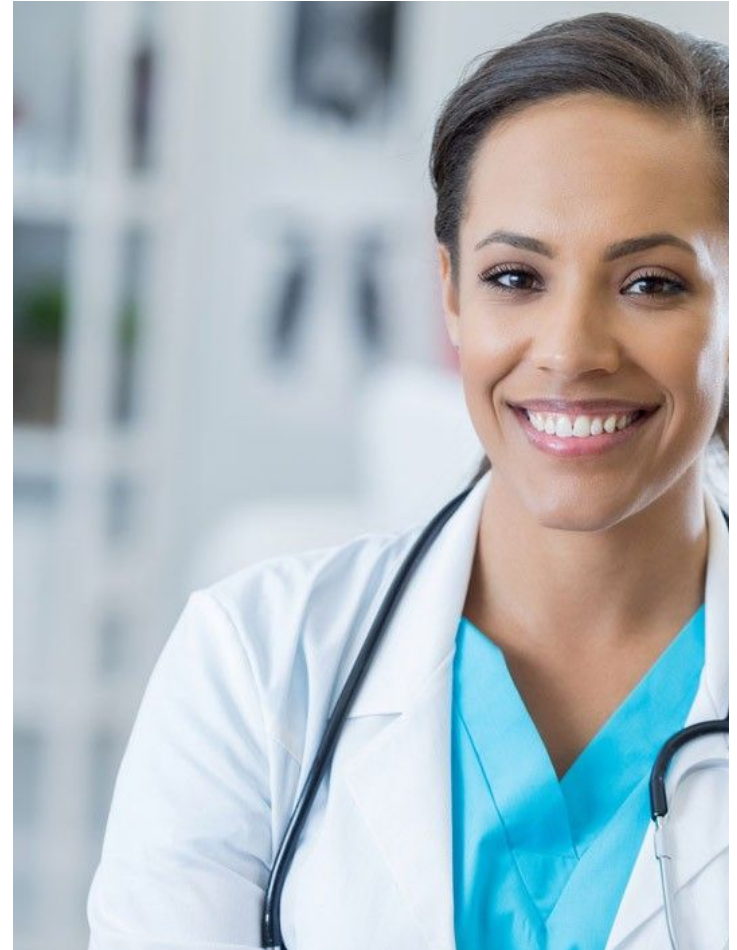
- Arizona's current waiver is scheduled to expire September 30, 2021
- Waiver renewal request must be submitted to the Centers for Medicare and Medicaid Services (CMS) one year in advance
- Due to the pandemic, CMS granted AHCCCS a three-month extension to submit the waiver renewal application by December 31, 2020

Arizona's 1115 Waiver Renewal



1115 Demonstration Waiver Renewal

- Initiatives to Be Continued
 - Managed care
 - Home and community based services
 - Targeted Investments Program
 - AHCCCS Works
 - Waiver of prior quarter coverage for certain populations



1115 Demonstration Waiver Renewal



- **New Initiatives**

- Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
- Reimbursement for traditional healing services (renewed request)
- Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities
 - Exceeding the \$1,000 emergency dental limit for adult members and the \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program

Public Comments Summary

- Request to discontinue AHCCCS Works & Prior Quarter Coverage Waiver
- Support for traditional healing services & tribal dental benefit
- Support for retaining authority to make uncompensated care payments to IHS and 638 facilities

Public Comments Summary

- Support to continue ALTCS verbal consent authority beyond the termination of the PHE
- Support for TI Program 2.0
 - Including funding for participating CBOs
 - Including participation of IHS and 638s
- Request for waiver expenditure authority to reimburse for whole person care services, such as housing & food

Next Steps for 1115 Waiver Renewal Process

- Federal Comment period for Arizona's proposal ended on Feb 3, 2021
- AHCCCS will negotiate special terms and conditions of Arizona's Waiver with CMS throughout 2021
- AHCCCS is currently developing TI Program Concept Paper

Open Discussion

AHCCCS Policy Updates



ACOM 427 Overview

Brandi Howard, Medical Management Manager



ACOM 427 - Children's Rehabilitative Services Multi Specialty Care Model

- Tentative APC Date: TBD - Prior to March 4
 - Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - Managed Care Organizations
- Summary: Policy will set parameters for the model of care for members with a CRS eligible condition utilizing a Multi-Speciality Interdisciplinary Center (MSIC).

Policy Outline

- General parameters for MSICs to deliver evidence-based care to eligible members
 - Participate in planning meetings for the member
 - Monitor outcomes as specified in Service Plan
- Describes expectations for the Multi-Specialty Interdisciplinary Teams (MSIT)

Open Discussion



AMPM 570 Overview

Megan Woods, Integrated Care Administrator



AMPM 570 - Provider Case Management

- Tentative APC Date: TBD - Prior to May 15, 2021
 - Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - Managed Care Organizations
 - Fee For Service Programs
- Summary: Developed in response to feedback received during Continuum of Care sessions. Policy outlines expectations and limitations for provider case management, caseload ratios, and reporting requirements. Utilizes former DBHS Case Management Plan and AMPM 1630 as models.

Policy Outline

- General overview of provider case management formerly in AMPM 310-B.
 - Outlines the roles and responsibilities of case managers
 - Outlines qualifications and training competencies for case managers
 - Outlined administrative standards and monitoring for provider case management

Open Discussion

Announcements

AHCCCS on the Road (Virtually!)

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives:

- The Future of Regional Behavioral Health Agreements (RBHA)
- Competitive Contract Expansion
- Whole Person Care Initiative
- Waiver
- AHCCCS COVID 19 Response

March 12, 2021

1:00 pm - 3:00 pm

Location: Webinar

Register in advance for this webinar:

https://ahcccs.zoom.us/webinar/register/WN_feq0jXCgRXO9tIh_XBXcMA

After registering, you will receive a confirmation email containing information about joining the webinar.



Next AHCCCS Tribal Consultation:

March 24, 2021 at 9 am

Please check [AHCCCS Tribal Consultation Webpage](#) for meeting information.

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by March 10, 2021.

2021 Calendar

- **February 11, 2021: Regular Quarterly TC**
- March 24, 2021: Special TC on COVID-19 PHE Updates
- April 13, 2021: Special TC on COVID-19 PHE Updates
- May 13, 2021: Regular Quarterly TC
- June 16, 2021: Special TC on COVID-19 PHE Updates
- July 13, 2021: Special TC on COVID-19 PHE Updates

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link:

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

Thank You.

Have a great day!