



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.

This Meeting Is Being Recorded

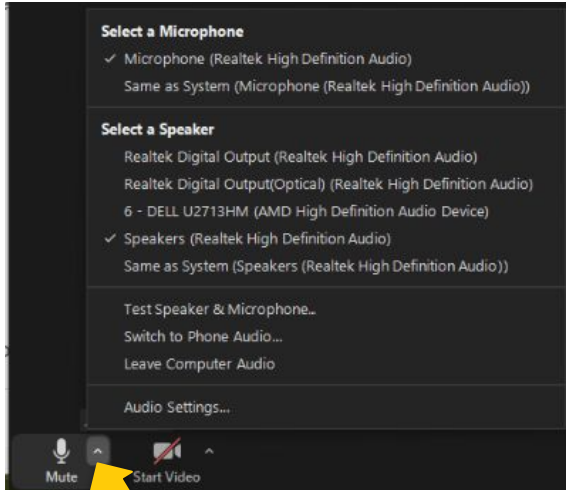
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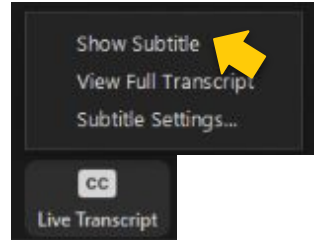
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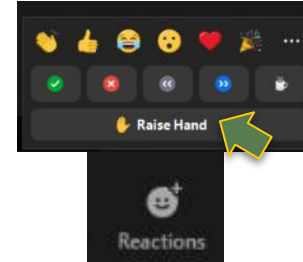
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Silent Invocation



Quarterly Tribal Consultation Meeting

February 9, 2023

Agenda

Behavioral Health Residential and Sober Living Facilities Update - Markay Adams

ITCA Recommendations - Reuben Howard

Agency Updates - Director Carmen Heredia

State Plan Amendments (SPA) Updates - Ruben Soliz

1115 Waiver Updates - Shreya Arakere

Annual Report on Tribal Activities - Christine Holden

Housing and Health Opportunities (H2O) Update - Alex Demyan & Liz DeCosta

DFSM General Updates - Markay Adams

AIMH & CCA Updates - Leslie Short

Agenda (continued)

Quality Metrics 2024 Update - Ewaryst Jedrasik

Unwinding from Continuous Eligibility - Julie Swenson

AZ Crisis System Updates & 988 Implementation Progress - Andrew Medina

Differential Adjusted Payments (DAP) CYE 2024 - Margaret Hackler

Policy Updates - Megan Woods & Leslie Short

General Discussion

Announcements



Behavioral Health Residential Facility/Sober Living Facility Update

Markay Adams, Assistant Director
Division of Fee for Service Management

Behavioral Health Residential Facilities/ Sober Living Facilities

Targeting activity: AHCCCS is aware of individuals targeting American Indians/Alaskan Natives who reside on tribal reservations by recruiting and transporting them to live in what they are calling sober living homes or behavioral health residential facilities in the Phoenix metro area. Some are not licensed health care providers who are not following through with promised services.

Facility Examples

Facility Type	Licensed?	AHCCCS Registered Provider Type	AHCCCS Reimbursed?
Sober Living Facility	Yes, by DHS	NO	NO
Behavioral Health Residential Facility	Yes, by DHS	YES	YES
Private Facility (can use labels such as recovery home, etc.)	NO	NO	NO

A Network of Oversight

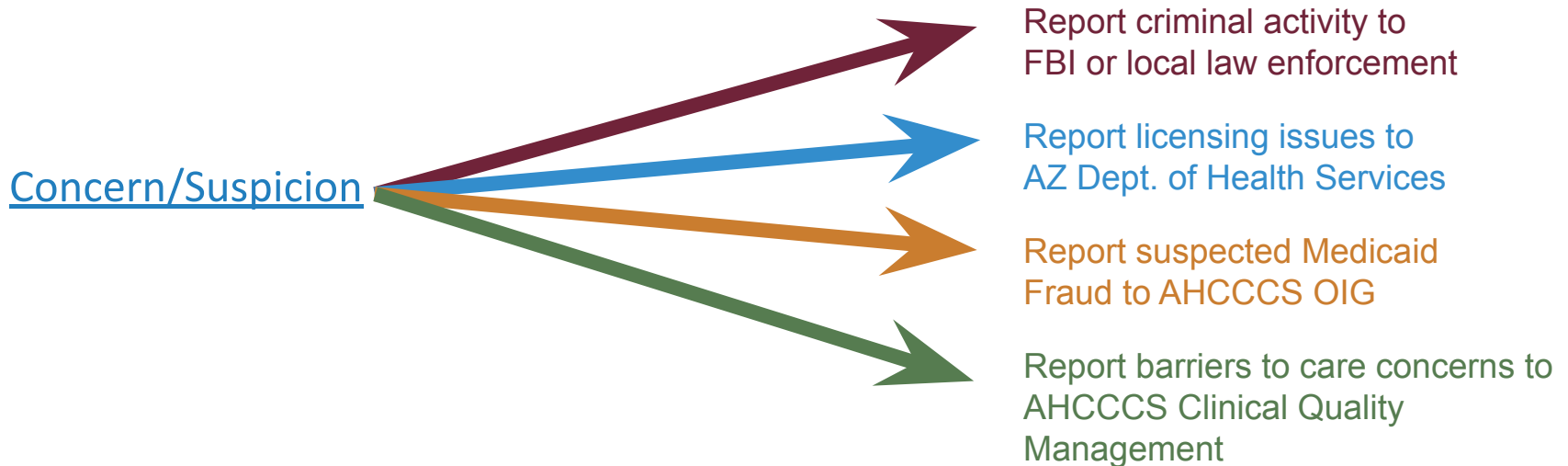
Many entities oversee providers:

1. Register a business (creating a limited liability company)
2. Obtain a Behavioral Health Professional (BHP) who is licensed
3. Obtain facility licence from Department of Health Services
4. Register as an AHCCCS provider.

Similar to reporting incorrect credit card charges, follow the process of accountability.

Report Suspicious Activity

AHCCCS, DHS, FBI and law enforcement work together and refer reported activities to each other.



Communications

- [Resources for Reporting Suspicious Activity](#)
 - Sent on January 17, 2023
- [AHCCCS Alerts Members to Targeting Activity](#)
 - Sent on December 23, 2022
- Met with Native Health on January 6, 2023
 - Thank you to everyone that attended!



Current Actions Underway

- Since January 2022, AHCCCS' Office of the Inspector General has terminated 87 providers suspected in these targeting activities
- OIG has instituted several payment suspensions, called Credible Allegation of Fraud Payment Suspensions.
- Increased allocated resources to Quality Management functions for onsite reviews which may result in a corrective action plan, prior authorization hold, or termination

Current Actions Underway

- Made referrals to professional boards when concerns about standard of care, unprofessional conduct is suspected and/or identified
- Has coordinated with other state agencies, including Department of Health Services, Department of Economic Security and will continue to do so
- Additional member outreach (phone calls, quality checks)

Potential Future Actions

- Additional pre-payment functions in DFSM including prior authorization, medical review for outpatient treatment services (additional staff required)
- OIG and DFSM are coordinating for additional audit functions (ex. chart reviews)
- Additional DFSM billing revisions made to the Fee-for-Service billing manual
- Revisit the AIHP enrollment process (currently self attestation)
- New facilities/programs on the horizon- ex. H2O, community service agencies
- Right of entry

Open Discussion

Issues and Key Recommendations from ITCA

Reuben Howard

Key Issues & Recommendations

- Medicaid Health Data Workgroups
- Revisit Residential Rate for Behavioral Health Services
- Mobile MAT Clinic Approval
- Public Health Emergency
- Long-Term Care
- Counselor Accessibility
- In-Person Tribal Consultation Meetings
- Inclusion of tribal agenda items
- Updates Requested:
 - Four Walls
 - Traditional Medicine
 - BHRF/Sober Living Facilities

Open Discussion

The background of the slide is a green-tinted image. On the left, there is a large, stylized heart shape. On the right, there is a stethoscope resting on a surface that appears to be a medical chart or document with some faint lines and text. The overall aesthetic is clean and professional, with a focus on healthcare.

AHCCCS Updates

Carmen Heredia, AHCCCS Director

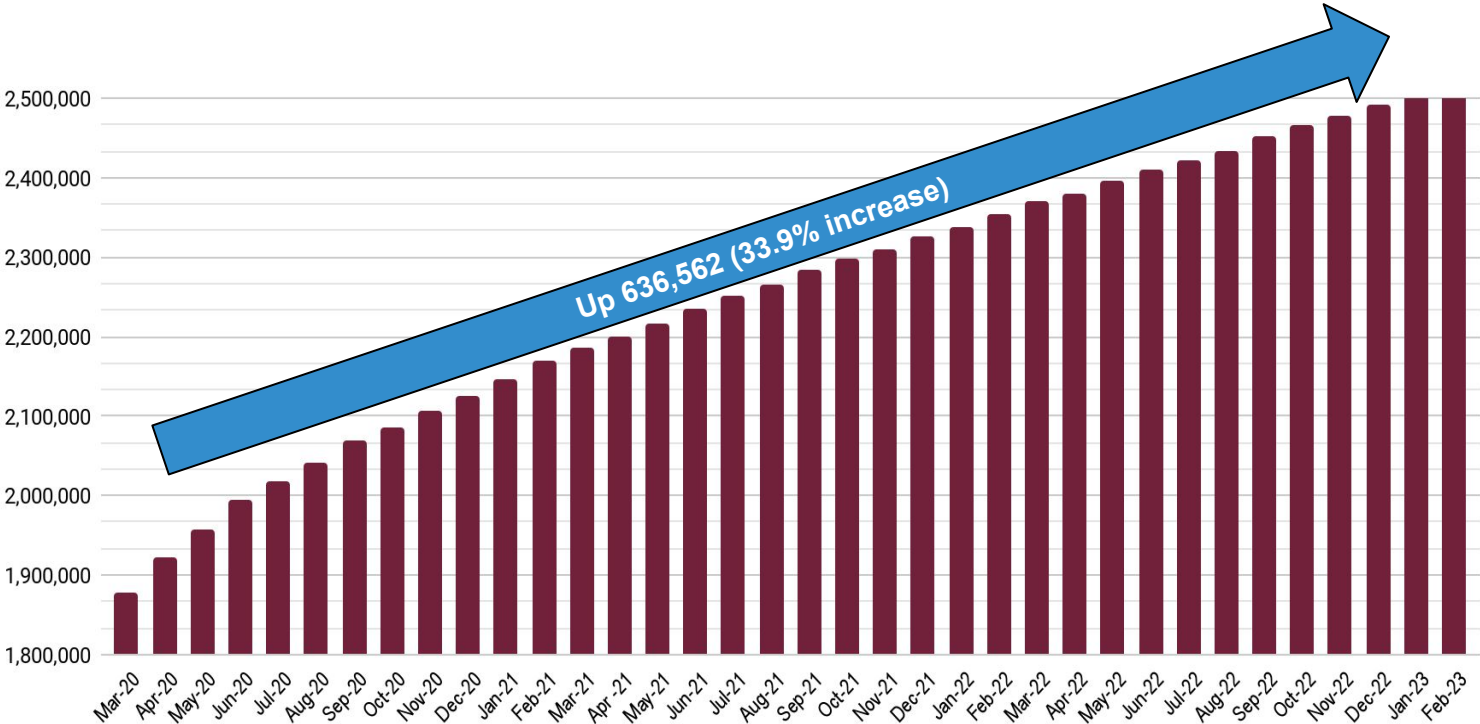
Welcome!

AHCCCS Director Carmen Heredia

- Tenure began on January 23, 2023
- Chief Executive Officer for Valle del Sol (17 years with the organization)
- Member of numerous health care and community boards, advocating for access to quality care and education for vulnerable and underserved populations
- Master's degree in social work from Arizona State University
- Certificate in finance from Stanford University
- Lives in Mesa with her husband and three children



AHCCCS Enrollment: March 2020 - February 2023



Overview of SFY 24 Budget Submittal

Budget Issue or Assumption	Original Request (September 2022)	Revision (November 2022)	Internal Rebase (December 2022)	Consolidated Appropriations Act, 2023
MES Modernization System Integrator	\$9,500,000 TF Ongoing (\$2,000,000 GF)	Unchanged	Unchanged	NA
MES Modernization Next Steps	TBD	\$7,000,000 TF (\$700,000 GF)	Unchanged	NA
Value Based Purchasing (VBP) for Prescription Drugs	\$660,400 TF Ongoing (\$330,200 PDRF, no GF)	Unchanged	Unchanged	NA
Maintenance of Eligibility	Projected end Jan 2023 (reinstatement of renewals 2/1/23)	Projected end Jan 2023 (reinstatement of renewals 2/1/23)	Projected end Apr 2023 (reinstatement of renewals 5/1/23)	Ends March 2023 (reinstatement of renewals 4/1/23)
Enhanced FMAP	6.2% Ends Mar 2023	6.2% Ends Mar 2023	6.2% Ends Jun 2023	6.2% Ends Mar 2023 5.0% Ends Jun 2023 2.5% Ends Sep 2023 1.5% Ends Dec 2023

2022 Accomplishments

- Obtained approval of [1115 Waiver renewal](#) package
 - Housing and Health Opportunities (H2O)
 - Extension of Targeted Investments Program
- Received 2022 [Medicaid Innovations Award](#) from the Robert Wood Johnson Foundation and the National Academy for State Health Policy, recognizing AHCCCS' work to [advance whole person care](#)
- Received Centers for Medicare and Medicaid Services (CMS) approval of American Rescue Plan Act (ARP) [spending plan](#) to allocate \$1.5B to improving HCBS programs
- Implemented the AHCCCS Complete Care Regional Behavioral Health Agreement (ACC-RBHA) line of business and integrated 424 American Indian and Alaska Native individuals with an SMI designation into the American Indian Health Program on October 1, 2022



2022 Accomplishments

- Helped to create the Arizona Perinatal Access Line to provide real time perinatal psychiatric consultation to primary care practitioners serving pregnant and postpartum members
- Launched the AHCCCS Virtual Assistant (AVA) to handle the 25 most-asked eligibility-related questions, resulting in an 12% reduction in calls to the Division of Member and Provider Services' member contact unit
- Allocated over \$25 million in [Substance Abuse Block Grant COVID-19 Supplemental Funds](#) for substance use harm reduction efforts, treatment and recovery services as well as primary prevention services, and \$30 million in Mental Health Block Grant funding to support and expand the spectrum of mental health services available to children and adults
- Expanded recovery housing options and funded the first mobile Medication Assisted Treatment (MAT) unit with State Opioid Relief grant dollars



On the Horizon

- Tribal Consultation moving forward
 - Agency commitment
 - Post-PHE return to TC on tribal lands
 - New connections with Christine Holden, AHCCCS Tribal Liaison
 - Welcome any additional thoughts and feedback on how to collaborate

On the Horizon

- 1115 waiver implementation
- Continue to negotiate with CMS for traditional healing and in-reach waivers
- End of continuous enrollment; re-initiation of standard redetermination protocols, including disenrollments for those no longer eligible for Medicaid - April 1, 2023
- American Rescue Plan Act Section 9817 HCBS Funding Plan implementation:
 - Second HCBS provider directed payment and implementation of grants program scheduled for spring 2023
- Medicaid Enterprise System Roadmap finalized and published in March 2023
- Continued preparations for ALTCS bid (contracts term on 9/30/24)

Open Discussion

Division of Community Advocacy and Intergovernmental Relations (DCAIR)



State Plan Amendment (SPA) Updates

Ruben Soliz, AHCCCS State Plan Manager

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.

Upcoming SPAs

- **State Agency Roles in Medicaid and CHIP Eligibility Determination**

Describes the roles of AHCCCS and DES in determining eligibility and conducting eligibility-related hearings.

- **Former Foster Care Children (FFCC) Eligibility Group**

Attests to the state's compliance with the SUPPORT Act (2018) requirements for mandatory coverage of the FFCC group.

Upcoming SPAs (Cont'd)

- **Long Acting Reversible Contraceptives (LARC) Reimbursement**
Updates the reimbursement of LARC to be equivalent to the Wholesale Acquisition Cost.
- **Disproportionate Share Hospital (DSH) Medicaid Shortfall Calculation**
Updates the DSH shortfall calculation to comply with the requirements of the Consolidated Appropriations Act (2021)

Upcoming SPAs (Cont'd.)

- **Waiver of Premiums and Cost Sharing (Temporary Extension)**
Temporarily waives premiums and cost sharing under Medicaid and CHIP until July 1, 2023.
 - Premiums have been waived since the start of the PHE
 - They will resume on July 1, 2023

Upcoming SPAs (Cont'd.)

- **APR-DRG Rates**

- Updates the “All Patients Refined Diagnosis Related Groups” (APR-DRG) Rates, effective January 1, 2023.
- AHCCCS developed 3 new base payment categories within the APR-DRG Reimbursement Model. The fee schedule has been updated to reflect this change.

- **January Nursing Facility (NF) Rates**

- Increases NF rates by 1.24% in urban and rural areas and by 1.21% for Flagstaff, effective January 1, 2023.

Recently Approved SPAs

- **Chiropractors' Services**

Adds coverage of chiropractors' services, with limitations.

- **Outpatient Differential Adjusted Payment (DAP)**

Describes AHCCCS' DAP program, which is available for outpatient providers who meet established performance milestones.

Community Health Worker (CHW) SPA Update

- CHW SPA has been submitted.
- CMS made minor suggestions related to formatting and wording. Their recommendations do not affect our ability to implement the CHW program, as we presented it to community stakeholders prior to SPA submission.
- We anticipate the SPA taking effect in the Spring of 2023.

Public Comments

All SPAs are posted for Public Notice at the following website:

<https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs>

Public Comments or Written Testimony may be submitted to AHCCCS via:

Email: publicinput@azahcccs.gov

Postal Mail

AHCCCS

Attn: Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

1115 Waiver Updates

Shreya Arakere, AHCCCS Federal Waiver & Evaluation
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, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

1115 Waiver Renewal Approval

- On Oct.14, 2022 CMS approved Arizona's request for a five-year extension of its 1115 Waiver
 - October 14, 2022 through Sept. 30, 2027
- Continues:
 - Retroactive Eligibility
 - HCBS
 - Managed Care
 - ACC
 - ALTCS
 - CHP
 - ACC-RBHA



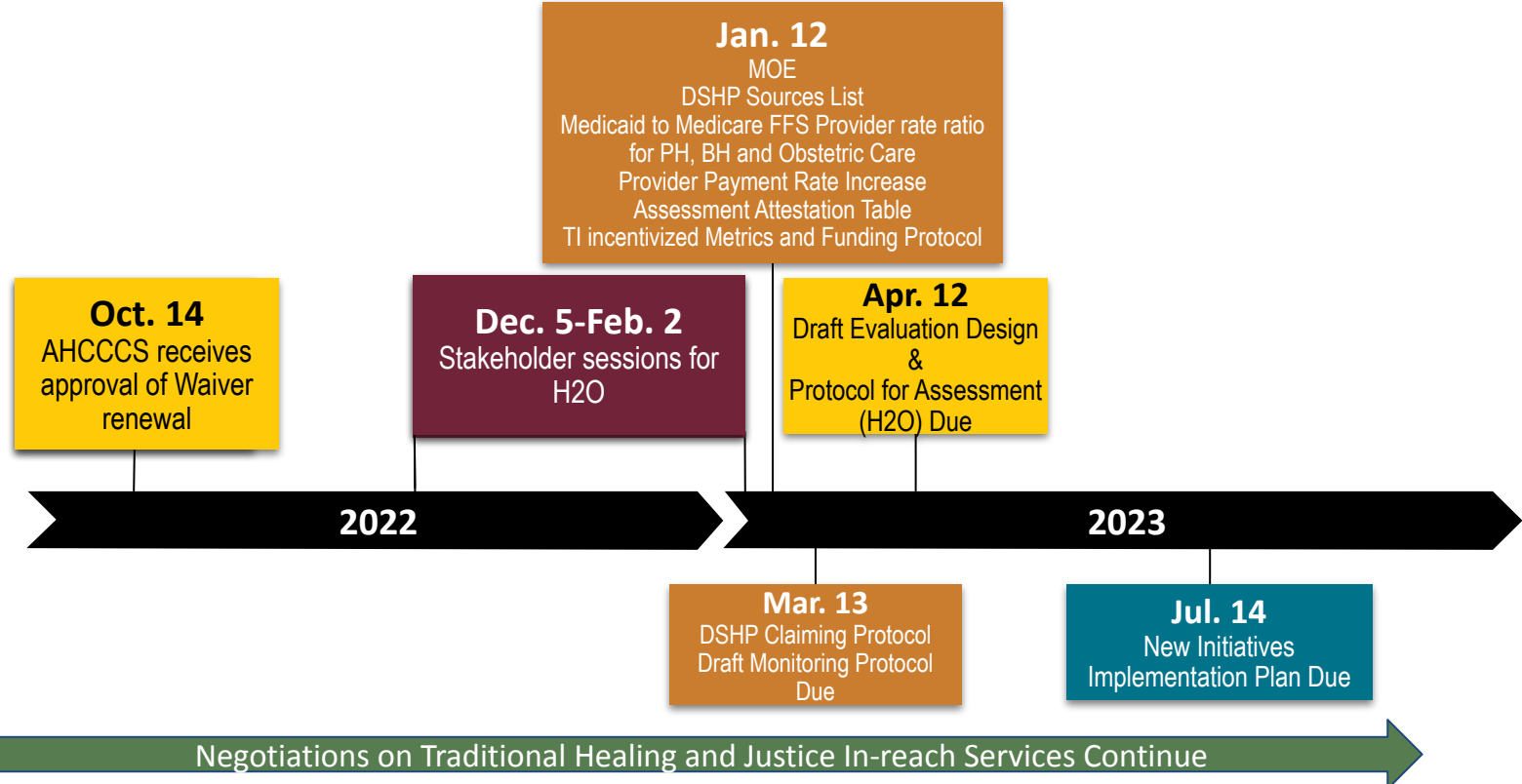
1115 Waiver Approval- New Initiatives

- Extended dental coverage for individuals receiving care in an IHS or 638 facility,
- Targeted Investments (TI) 2.0, and
- Housing and Health Opportunities (H20) demonstration.

Requests Subject to Continued Negotiation:

- Traditional Healing services
- Pre-release services for individuals in federal, state, local and tribal correctional facilities.

Arizona's 1115 Waiver Renewal Timeline





Former Foster Youth Annual Automatic Renewal

Former Foster Youth Annual Automatic Renewal - Current Program Overview

- Eligible Group: Youth who age out of foster care and are on Medicaid when they reach the age of majority.
- Eligibility Period: After aging out of care until reaching 26 years of age.
- Eligibility Requirements: AZ resident, identify and take action needed to get payments from TPL sources, cooperate with child support enforcement, and apply for potential benefits.
- This is otherwise known as the 'Young Adult Transitional Insurance (YATI)' group.

Former Foster Youth Annual Automatic Renewal: What is changing?

- This request is in alignment with House Bill 2622 passed by Arizona's 55th Legislature
- Maintaining eligibility: Young Adult Transitional Insurance (YATI) eligibility will be automatically renewed without requiring additional information from the individual until the individual reaches 26 years of age.
- Effective Date: Effective upon CMS approval and completion of necessary operational and system modifications.

Former Foster Youth Annual Automatic Renewal- Eligibility Limitations

Coverage may end if:

- The individual reaches 26 years of age,
- The individual ceases to be a resident of the state,
- AHCCCS determines that eligibility was determined incorrectly because of agency error or fraud, abuse or perjury attributed to the individual, or
- The individual dies.

Former Foster Youth Annual Automatic Renewal - Future Steps

Upon CMS approval, the following operational and system modifications will be implemented:

1. System programming to stop generating requests for information related to TPL and application for potential benefits,
2. Policy-revisions,
3. Training updates and staff training on policy change, and
4. Develop and deploy communication plan.

Public Comments

Public comments or written testimony may be submitted to AHCCCS via:

waiverpublicinput@azahcccs.gov

AHCCCS, c/o Division of Community Advocacy and
Intergovernmental Relations,
801 E. Jefferson Street, MD 4200
Phoenix, AZ 85034

Comments are received through February 27, 2023



Resources

Former Foster Youth Amendment Resources

- More information on the Former Foster Youth Annual Automatic Renewal can be found at <https://www.azahcccs.gov/YATIWaiverRequest>.
- The web page includes a summary of Arizona's Demonstration amendment request & the schedule (dates and times) of public forums across the state.

1115 Waiver Renewal Approval Resources

The Waiver approval is effective October 14, 2022 through Sept. 30, 2027.


All documents, including the original and amended waiver applications and the approval letter from CMS, are posted on the [AHCCCS 1115 Waiver web page](#).

TI 2.0 Resources

Visit the Targeted Investments web page:

www.azahcccs.gov/TargetedInvestments

Sign up for the Targeted Investments Newsletter:

Subscribe to TI News 

Email the Targeted Investments Team Inbox:

Targeted.Investments@AZAHCCCS.gov

Open Discussion

Annual Report on Tribal Outreach Activities

Christine Holden, AHCCCS Tribal Liaison

Report Summary

- Establish communication channels
- Set timely consultation with AZ tribes
- Engage with tribes to develop, review, and change policies
- Coordinate within agency to ensure consistent application of tribal consultation policy
- Provide ongoing opportunity for tribes to request special tribal consultation

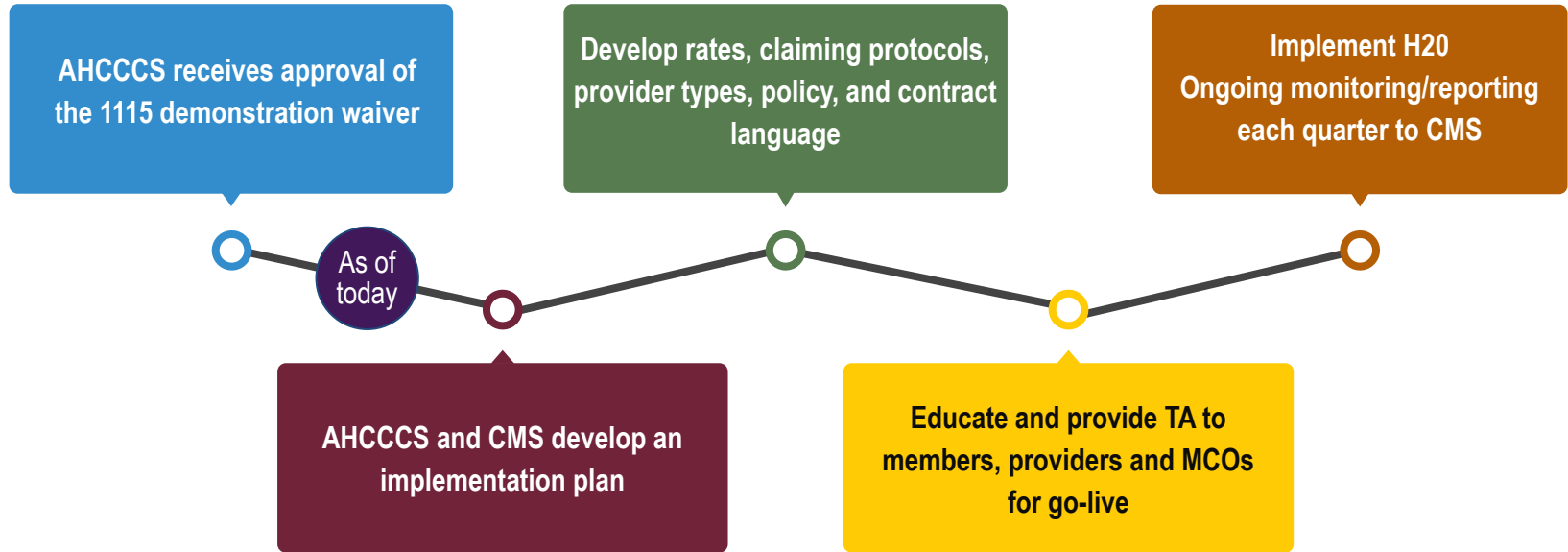
A set of keys with a house-shaped keychain is shown on a wooden surface. The house-shaped keychain has a heart cutout in the center. The keys are scattered around it, and the entire scene is overlaid with a semi-transparent yellow filter.

Housing and Health Opportunities (H2O) Update

Alex Demyan, AHCCCS Deputy Assistant Director

Liz DaCosta, AHCCCS Housing Program Administrator

Waiver Implementation - H20



**Deliverables are ongoing throughout the entire demonstration period.

Acronyms

- **HRSN**- Health Related Social Needs
- **PMMIS**- Prepaid Medical Management Information System (PMMIS)
- **MEG**- Medicaid Eligibility Group
- **SMI**- Serious Mental Illness
- **GMHSU**- General Mental Health/Substance Use
- **HNHC**- High Need High Cost
- **CLRS**- Closed-Loop Referral System
- **MCO**- Managed Care Organization
- **PRAPARE**- Evidence-based HRSN screening tool called the Protocol for Responding to and Assessing Patient's assets, Risks and Experiences
- **AHP**- AHCCCS Housing Program
- **HUD**- Federal Department of Housing and Urban Development
- **HMIS**- Homeless Management Information System
- **AHP**- AHCCCS Housing Program

Definitions

- **H2O Provider-** AHCCCS registered providers or community based organizations delivering H2O services.
- **H2O Service-** List of housing or housing-related services available to the H2O target population, as defined in Arizona's approved waiver.
- **Statewide Housing Administrator-** Entity that AHCCCS contracts with the administer the AHCCCS Housing Program. Currently ABC-Home administers AHCCCS' housing program with state-only non-XIX dollars.
- **Z Code-** Diagnostic code that reflects an identified social need (i.e. housing, food insecurity, etc).
- **Care Plan-** May be a care plan developed by the homeless management system, the H2O Provider, or be a copy of the member's current Integrated Care Plan with HRSN services identified as a need, if applicable.

Common Stakeholder Feedback Received

- Prioritize the creation of clear and easy to use processes. (Eligibility, referrals, services, etc.)
- Build a reimbursement structure to support the workforce.
- Develop comprehensive trainings, provide mentoring, assistance, and peer learning support.
- Leverage currently existing systems and programs.
- Prioritize outreach services for members and potential members.

Potential Barriers Identified by Stakeholders

- Challenging/difficult reimbursement process.
- Determining which population(s) to prioritize and how to do so.
- Ensuring adequate wraparound supports in transitional housing to increase housing success after the 6 month period.
- Lack of coordination between funders, H2O providers and community partners could lead to duplication and waste.
- Workforce shortages and providing proper training to the workforce.
- Needing an effective referral system with robust data collection and sharing between providers, community partners, funders, etc.

A close-up photograph of a hand holding a key. The key has a wooden keychain shaped like a house with a window and a door. The background is blurred.

1115 Waiver
Renewal
Approval-
Housing and
Health
Opportunities
(H2O)

Eligibility for H2O Target
Population and Prioritization

Target population- Prioritization

Priority 1

•SMI and Meets High Needs/High Cost Definition (HCHN)

- SMI Designation.
- HCHN- Currently defined as over 7 inpatient admissions, over 7 emergency room admissions, total cost of care over \$100,000.00 within a 12 month period. (Exclude costs related to Congenital Cardiac Disorders, Chromosomal Abnormalities, Cystic Fibrosis, Hemophilia, Motor Vehicle Accident or Transplant)
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

Priority 2

•GMH and Meets High Needs/High Cost Definition

- HCHN- Currently defined as over 7 inpatient admissions, over 7 emergency room admissions, total cost of care over \$100,000.00 within a 12 month period. (Exclude costs related to Congenital Cardiac Disorders, Chromosomal Abnormalities, Cystic Fibrosis, Hemophilia, Motor Vehicle Accident or Transplant)
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

Priority 3

•SMI Designation

- SMI Designation.
- Exiting an institutional setting (hospital, jail, nursing facility) or homelessness (defined by HUD), and
- Z Code for Housing Instability in record within 18 months
 - Or member included on HMIS Unsheltered Report for service initiation

*Hospital/ER admissions can include physical or behavioral health admissions and discharges from crisis stabilization units

Medicaid Eligibility Group (MEG)

- AHCCCS will establish a new MEG based on criteria used to define and prioritize H2O eligible members.
 - H2O members will be flagged in the system using claims and diagnostic information within the AHCCCS system to identify the H2O HRSN MEG, and
 - This includes identifying members with Z Code for housing instability:
 - The Homeless Management Information System (HMIS) Unsheltered Data will be used for members who may be initially missing a Z Code for housing instability.
 - AHCCCS currently receives data for Maricopa County. Request is in for Pima County and Balance of State .
- AHCCCS is working through a process for an application interface with PMMIS for providers to access member eligibility information.

Process for Identifying Eligible H2O Members

- Limited outreach may be provided to members who do not have confirmed Medicaid eligibility.
 - Outreach workers will be responsible for assisting with enrolling in Medicaid, completing PRAPARE or other HRSN assessment tool and connecting members to services.
- Current registered providers will assist with ensuring enrolled members experiencing a housing instability have the associated Z Code documented in their medical record. (AHCCCS currently pulls Z Code associated with claims)
 - This will document the individual qualifying for the H2O MEG.
- Managed Care Organizations and the AHCCCS Division of Fee-For-Service Management (DFSM) can also refer members identified in the MEG to Outreach Providers, Pre-Tenancy/Tenancy Support, and Enhanced Shelters.

Process for Documenting H2O Eligibility

- Receiving H2O Service provider (Transitional Housing, Pre-Tenancy and Tenancy) will be responsible for:
 - o Utilizing motivational interviewing and confirming the member is agreeable to H2O Services,
 - o Confirming the member meets the homeless requirement for H2O eligibility, and
 - Confirm Z Code for Housing Instability is included in member's medical record.
 - o Completing the PRAPARE or other approved HRSN assessment tool,
 - o Document housing need in the member's care plan.
 - This can occur on the existing Integrated Care Plan or an HMIS Case Plan

Process for Initiation of H2O Services

- Initiated by the assigned Provider Network Organization, Health Home, Outpatient Clinic
 - Providers are required to refer members to wraparound supports (both covered Medicaid services and referrals for non-housing HRSN) concurrently with the referral for H2O services as applicable,
 - Housing stability must be a goal in the member's care plan for participation in H2O services.
 - Until services are in place, providers must meet with members as frequently as necessary, but at minimum weekly.
- Initiated by the H2O Outreach provider or Pre-Tenancy/Tenancy support staff.
- Initiated by the Enhanced Shelter once eligibility is confirmed through PMMIS application interface.
- Initiated by the Statewide Housing Administrator .

Systems

- MCOs and the AHCCCS Division of Fee-For-Service Management (DFSM) will have direct access to PMMIS to identify members in the H2O MEG.
- PMMIS application interface for H2O Providers
- H2O Providers will use HMIS for data entry, following community data standards.
 - H2O funded outreach teams will apply to onboard as Coordinated Entry System Access/Entry Points.
 - Enhanced Shelters will be established as a shelter program in HMIS.
 - H2O Rental Assistance for up to 6 months will be reflected as an “Interim Housing” program in HMIS.
- Align member prioritization where possible, build upon and support existing systems, without duplication.

A close-up photograph of a hand holding a key. The key has a wooden keychain shaped like a house with a window and a door. The background is a soft, out-of-focus grey.

1115 Waiver
Renewal
Approval-
Housing and
Health
Opportunities
(H2O)

Services and Provider
Qualifications

Provider Qualifications

Service	Eligible Providers/Workforces *, **, ***
Outreach and Education	<p>Managed Care Organization or AHCCCS DFMS will coordinate this benefit. Community Service Agencies (CSA), Behavioral Health/Integrated Clinics, Peer Recovery Support Specialists, Community Health Worker, BH Professional, BH Technicians, BH Paraprofessionals.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • 1:25 Outreach staff -to-members ratios • Demonstrated skills and capacity to work with the focused populations as defined in the service description. • Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool, • Must follow community best practice standards for outreach as established and updated through local CoC, • Must attend CoC Outreach Collaborative and local Case Conference meetings, as required by CMS and HUD • Must utilize the Homeless Management Information System (HMIS) • Must comply with HMIS data Standards. • Must enroll as a Community Assistor • Must complete H2O training requirements
Transition and Moving Costs	Statewide Housing Administrator (ABC-Hom Inc) will coordinate these services.

*All providers must be in good standing with their licensing, certifying or credentialing body.

**All providers must enroll as community assisters and engage with the CLRS, when applicable.

*** Oversight of ensuring providers meet all required qualification will be the responsibility of the MCO, AHCCCS DFMS and/or the AHP Housing administrator, as applicable.

Provider Qualifications

Service	Eligible Providers/Workforces *, **, ***
<p>Transitional Housing- Transitional Living and Enhanced Shelter</p>	<p>Managed Care Organization or AHCCCS DFMSM will coordinate this benefit. Enhanced Shelter providers will have a standalone provider type.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> ● Settings can include transitional/bridge shelter facilities, hotel/motel rooms, block leased apartments, and houses repurposed to provide congregate housing. ● Congregate setting with no more than 100 beds at the physical location. ● Non-congregate setting with individual rooms and no limit to the number of rooms at one physical location (e.g., Hotel) ● 1:25 shelter staff -to-members ratios ● Must follow Housing First and Harm Reduction approach ● Initial inspection of physical location must confirm meeting the minimum standards for safety, sanitation, and privacy provided in 24 CFR § 576.403, shelter and housing standards ● Must comply with local city ordinance for zoning ● ADHS Inspection according to existing policies around ongoing inspection of licensed location. ● CARF Accreditation - Community Housing and Shelters

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Provider Qualifications

Service	Eligible Providers/Workforces *, **, ***
Transitional Housing - Apartment or Rental Unit	<p>Statewide Housing Administrator (ABC-Hom Inc) will coordinate this service.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • Settings can include apartment units, townhomes, single family homes, or any other dwelling suitable for habitability with an active lease and landlord/tenant relationship. • Must utilize the Homeless Management Information System (HMIS) and comply with data standards, • Provide program participant and occupancy services. • Complete Verification of Eligibility, • Complete HQS Inspections prior to move-in, • Establish unit and payment standards, • Establish system for determining rent reasonableness, • Maintain a satisfactory dwelling for the member throughout the duration of the lease • Develop policies to ensure legal compliance and Financial Management, • Must engage in Service Coordination and ensure cultural competency • Compliance with Fair Housing standards and the Landlord Tenant Act

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Provider Qualifications

Service	Eligible Providers/Workforces *, **, ***
<p>Home Accessibility Modifications and Remediation</p>	<p>Managed Care Organization or AHCCCS DFSM will coordinate this benefit with a referral to a Provider registered with AHCCCS and enrolled as an Environmental (LTC) provider (PT 44) and the Statewide Housing Administrator.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • Home Accessibility Modifications require a provider order • Remediation will require referral from case manager
<p>Pre-Tenancy Intensive Case Management Services and Housing Tenancy Services</p>	<p>Community Service Agencies (CSA), Behavioral Health/Integrated Clinics, Rural Health Clinics, Federally Qualified Health Centers, Peer Recovery Support Specialists, Community Health Worker, BH Professional, BH Technicians, BH Paraprofessionals.</p> <p>Requirements/Qualifications:</p> <ul style="list-style-type: none"> • Follow SAMHSA Fidelity for Permanent Supportive Housing • Low staff to member ratios 1:15, no more than 1:25 • Skilled and trained in PRAPARE or other AHCCCS approved HRSN assessment tool • Utilization of the Homeless Management Information System (HMIS) • Must complete H2O training requirements

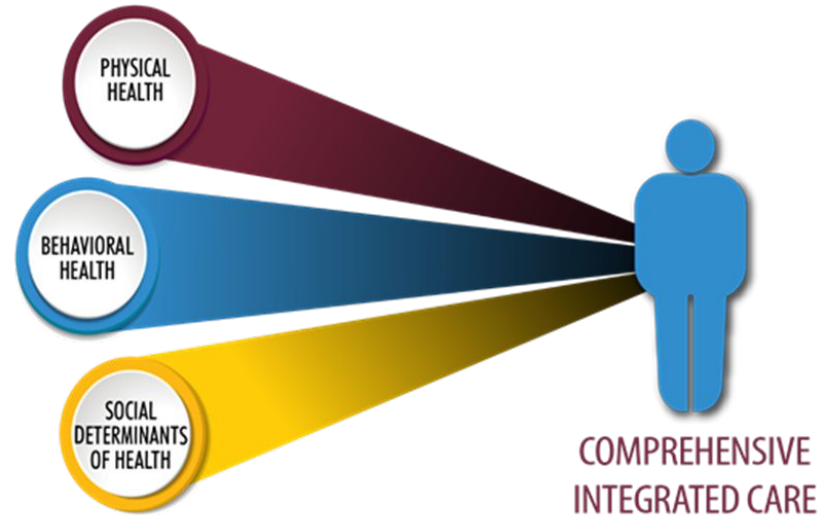
*All providers must be in good standing with their licensing, certifying or credentialing body.

**All providers must enroll as community assisters and engage with the CLRS, when applicable.

*** Oversight of ensuring providers meet all required qualification will be the responsibility of the MCO, AHCCCS DFSM and/or the AHP Housing administrator, as applicable.

Services - Definitions

- Outreach and Education Services
- Transitional Housing-
 - Apartment or Rental Unit (Rental Assistance)
 - Transitional Housing Setting (Enhanced Shelter)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



A close-up photograph of a hand holding a wooden house-shaped keychain with two keys. The house is light-colored wood with a small square window cutout. The keys are silver and attached to a black ring. The background is a soft, out-of-focus grey.

1115 Waiver
Renewal
Approval-
Housing and
Health
Opportunities
(H2O)

Infrastructure and Next Steps

Infrastructure Decisions

- Outreach resources for potential Medicaid members,
- Provider/CBO technology needs to become AHCCCS registered providers,
- Activities to comply with provider requirements for H2O provider participation,
- Contracting with a vendor to provide ongoing technical assistance as H2O is implemented, and
- AHCCCS staffing and contractor needs.

Next Steps

- Incorporate feedback from today's session into our Protocol and Implementation Plan.
- Submit the implementation protocol to CMS and begin negotiation and approval process of these deliverables.
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and potential policy impacts.
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services, which will be rolled out over the next year.

Stakeholder Feedback

- Common themes still to be addressed:
 - Codes, bundled codes invoicing process, method of payment, and payment rates.,
 - Recommendation for additional focus populations (preg women, OUD/SUD, criminal backgrounds, foster care prevention, zero income),
 - Prior auth process - multiple recommendations for and against,
 - Recommendation for a centralized, online system that has tracks for Fee-for-service and managed care,
 - Credentialing centralization, fee schedule that is GSA specific, and
 - Auditing process.

Open Discussion

An orange ceramic mug is the central focus, sitting on a light-colored, reflective surface. The words "Break Time" are written on the mug in a white, casual, handwritten font. A white horizontal line is drawn below the text. In the background, a laptop is open, and a smartphone lies flat on the desk. A small green plant in an orange pot is also visible, though out of focus.

Break
Time

We will resume at
3:55 pm MST


Division of Fee for Service Management (DFSM)

General Updates

Markay Adams, Assistant Director
Division of Fee for Service Management

Fee for Service Memo

Review the Memo
on our website!



Douglas A. Ducey, Governor
Jami Snyder, Director

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs

Original Release:	March 25, 2020
Last Updated:	Jan. 20, 2022

This memo outlines the updated AHCCCS Prior Authorization and Concurrent Review Standards for AHCCCS Division of Fee-for-Service Management (DFSM) in response to Governor Ducey's declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCSS).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

801 East Jefferson, Phoenix, AZ 85034 • PO Box 25520, Phoenix, AZ 85002 • 602-417-6000 • www.azahcccs.gov

42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. While counseling is still required, the

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Testing,
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[Updated](#)

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NEMT

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[Face-to-Face](#)

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within 12 months

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D-19 FAQ. The

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Tribal Consultations on
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ive, will be ending on June

on all non-controlled medications.
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day supply and delivered to the
same day's supply as previously
by Benefit Managers (PBMs)
duplicate therapy visits currently
cription is refilled early.

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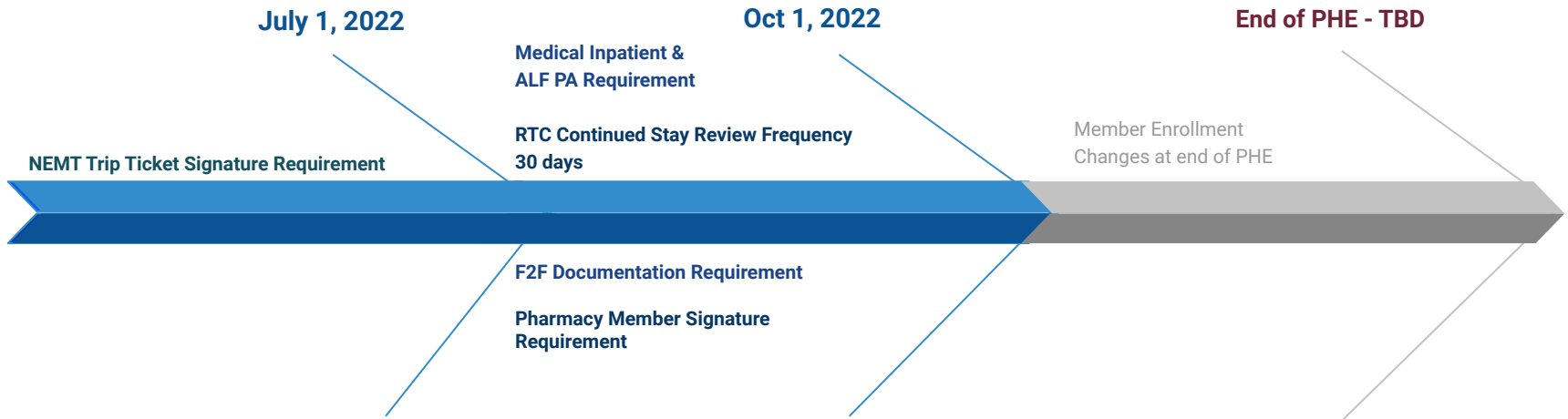
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Fee for Service COVID Unwinding Update

- Previous unwinding efforts consistent with managed care organizations that occurred on October 1, 2022.
- Continuing to work with American Indian Medical Homes, Tribal Regional Behavioral Health Authorities, Indian Health Service and Tribal Facilities regarding covid override file sharing .
- A few flexibilities remain in place- 4 walls provision unique to IHS/638 facilities, *Alternative Care Sites, additional AIRs for flu and covid vaccinations, nurse administration.*
- Continue to see all time high enrollment for American Indian Health Program (146,203) and Federal Emergency Services (144,688) as of February 2023.

Fee for Service 2022 COVID Unwinding Timeline



SMI Integration

Effective October 1, 2022

DFSM Goal:

- Improved Outcomes for approximately 500 members
 - Service continuity, and
 - Maintain or increase utilization of high quality healthcare services.

SMI Integration-Continued

Strategies:

- Identify high-risk members via data (claims, Contexture).
- Provider outreach to participate in clinical staffing
- 424 members on Oct. 1, as of Jan. 1, 433 members with designation
- Differential Adjusted Payment (DAP) , payments starting Jan. 1, 2023


DD- Tribal Health Program Integration

Partnership between AHCCCS and DES:

- Approximately 500 members- around 300 enrolled with TRBHAs
- Still want to ensure these members remain visible within the system- Augmentative communication device prior authorization reinstatement- more to come
- Updates to website

Other big ticket items

- EVV outreach to providers- technical assistance, 99% of members staying with their provider, substantial compliance as of Jan. 1, 2023 go live.
- MTM - travel and lodging RFP went live on Feb. 2, 2023
- Comprehensive Dental Benefit- billing manual revisions made, AHCCCS Medical Policy Manual updates- Feb. 9, 2023- evaluation component- ADA form
- H2O- go live consistent with the rest of the agency



American Indian Medical Home (AIMH) & 100% FMAP/Care Coordination Agreements (CCA) Updates

Leslie Short

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 Primacy Care Case Managers (PCCM) and 24 access to the care team.

Current AIMHs and Members

AIMH	Tier Level	Members
Chinle Comprehensive Healthcare Facility	4	14,552
Fort Yuma Health Center	1	11
Parker Indian Medical Center	1	917
Phoenix Indian Medical Center	2	917
San Carlos Apache Healthcare	4	5,539
Tuba City Regional Health Care Corporation	4	2,618
Whiteriver Indian Hospital	2	6,799
Winslow Indian Health Care	4	4,114
Total Empanelment		40,112

- Approximately 28% of AIHP members are empaneled in an AIMH.

American Indian Medical Home Information

- AIMH information including IGA templates and application packet:

www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/

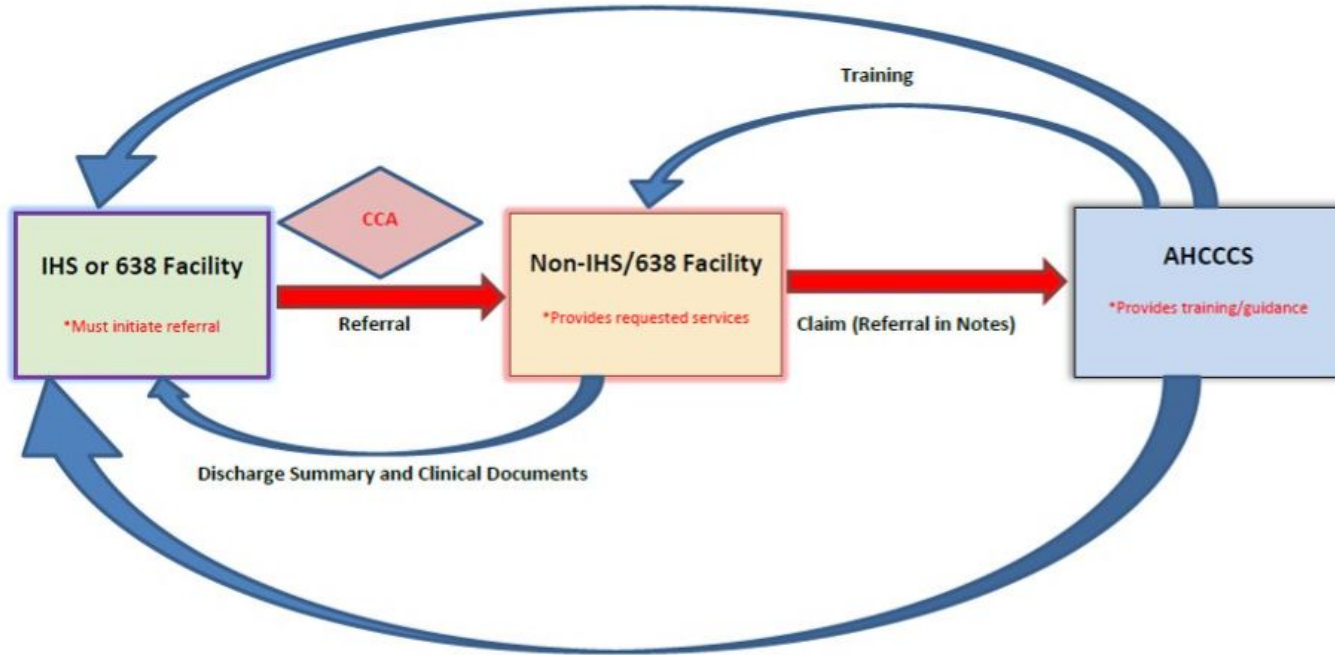
- Contact information: AIMH@azahcccs.gov

100% Federal Funding for Services Furnished under Care Coordination Agreements

- SHO Guidance 16-0002 released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute.
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries.
- Policy update is intended to help states, the IHS, and tribes to improve delivery system for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

Process Flow

CCA 100% FMAP Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

Care Coordination Agreements

- Executed Care Coordination Agreements
 - Tuba City and Northern AZ Health Care
 - Gila River Health Care and Phoenix Children's Hospital
 - Gila River Health Care and Valleywise Health
 - Tohono O'odham Nation Health Care and Tucson Medical Center
 - Phoenix Indian Medical Center and Valleywise Health

Care Coordination Agreement Resources

- IHS/Tribal 638 facilities can send request to:
Tribalcarecoordination_fmap@azahcccs.gov
- State Health Official #16-002
<https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

Open Discussion



Quality Metrics Update 2024

Ewaryst Jedrasik

Performance Measures: Mandatory Reporting Updates

- In order to support States as it pertains to the Federal Fiscal Year (FFY) 2024 mandatory reporting requirements [reflective of Calendar Year (CY) 2023 performance] and provide States time to prepare for the associated reporting:
 - CMS published an [informational bulletin](#) related to the FFY 2023 (reflective of CY 2022 performance) and FFY 2024 (reflective of CY 2023 performance) Updates for the Child and Adult Core Set lists
 - CMS did not include the addition of any Electronic Clinical Data System (ECDS) measures due to concerns related to feasibility; however, these will remain under consideration for future years
- The Child and Adult Core Set Annual Review Workgroup will soon begin its efforts to recommend changes (removals or additions) to the FFY 2025 Core Set lists (reflective of CY 2024 performance) which are anticipated to be released in December 2023

Performance Measures: Mandatory Reporting Updates

- AHCCCS and DFSM requested clarification from CMS about the feasibility of information collection through the claiming process.
- AHCCCS and DFSM are continuing to review the ability to extract Performance Measure data from AIR claims.

Open Discussion

Division of Member and Provider Services (DMPS)

Unwinding From Continuous Eligibility

Julie Swenson

Public Health Emergency (PHE) is Renewed Effective Jan 11, 2023

4/1/2023
Continuous enrollment requirement ends-redeterminations begin.

4/1/23 FMAP Reduces to 5%	7/1/23 FMAP Reduces to 2.5%	7/1/23 FMAP Reduces to 1.5%
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Continuous Enrollment

6.2% FMAP

PHE

1/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	4/21/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	6/20/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	10/18/21 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	1/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	4/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	7/16/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	1/11/23 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	10/13/22 HHS PHE Renewed Flexibilities, enhanced match and MOE continue	1/11/23 HHS PHE Renewed Flexibilities, MOE continue. Enhanced match continues in alignment with CAA.	5/11/23 PHE ends
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12/31/23
Expiration of the Enhanced Federal Match

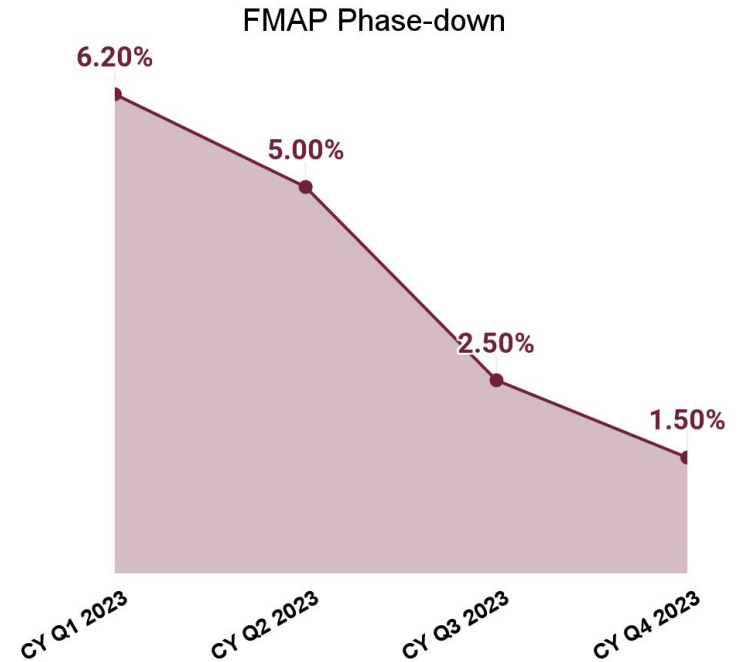
* AHCCCS has not yet received indication from CMS on whether the federally declared PHE will extend beyond 4/11/2023.

** CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE. If renewed, 60 day notice is 2/10/23

*** The [2023 Consolidated Appropriations Act \(CAA\)](#) decoupled the continuous eligibility requirement from the PHE, and established the FMAP phase-down described above.

End of Medicaid Continuous Enrollment

- March 31, 2023: Continuous enrollment requirement ends
- 6.2% FMAP to be phased down throughout 2023
- Three conditions to qualify for enhanced FMAP in Q2 - Q4
- Medicaid agencies must report on enrollment and call center metrics during the unwinding period.



CMS Guidance

After March 31, 2023:

- States must resume timely application processing within four months.
- States must complete a full redetermination for the total active AHCCCS population within 12 months.
- When unable to automatically renew eligibility, beneficiaries have 30 days to respond to requests to verify eligibility information.
- Beneficiaries will get a minimum 10 days of advance notice and fair hearing rights prior to termination or other adverse action.
- States must take steps to transition ineligible beneficiaries to other insurance affordability programs.



FFS-Specific Member Outreach

- Ongoing member outreach to maintain coverage or connect individuals to alternative coverage options
 - DFSM is receiving and sharing COVID Override and Member Renewal Files for AIHP members
 - TRBHAs, AIMHs, IHS/638 tribal facilities, and FQHCs are assisting with member outreach
 - Additional strategies for member outreach are being explored

Enhanced FMAP Phase-Down: Requirements

- Eligibility standards, methodologies, and procedures must not be more restrictive than those in effect on January 1, 2020.
- Coverage for COVID-19 testing, vaccines, and treatment without cost sharing must remain in place through the Unwinding period.
- **NEW CONDITION:** Take steps to ensure that up-to-date contact information for beneficiaries is on file before renewing eligibility.
- **NEW CONDITION:** Make a good-faith effort to contact an beneficiaries using more than one modality before terminating enrollment on the basis of returned mail.

Additional Opportunities Detailed in the Consolidated Appropriations Act

- Starting 1/1/24, Medicaid and CHIP programs must provide 12 months of continuous eligibility for children up to age 19
- Made permanent 12-Month State Plan postpartum coverage option
- CHIP funding extended through FY 2029
- Removes certain coverage and enrollment restrictions for juveniles in institutional settings starting 1/1/2025
- Establishes searchable Provider Directory requirements effective 7/1/2025
- HHS to develop guidance on effective crisis response systems by 7/1/2025

Open Discussion

Division of Grants Administration

AZ Crisis System Updates and 988 Implementation Progress

Andrew D. Medina, LCSW - Crisis Administrator

New DGA Crisis Administrator

Andrew D. Medina, LCSW, I have been with AHCCCS since 2021, previously holding the position of Integrated Care Manager within the Division of Health Care Management. As the Crisis Administrator, I am responsible for the oversight of all crisis-related initiatives and service provision across the state of Arizona.

Prior to joining AHCCCS, I clinically served multiple populations, including, but not limited to, those who have been identified as difficult to treat, highly acute, actively suicidal, self-harming, gender diverse, and trauma-exposed. I have completed numerous post-graduate residency programs and certifications to afford myself the opportunity to serve community members with evidence-based practices throughout the entirety of the human lifespan. My passion for Crisis intervention stems from my care for the well-being of all community members.



andrew.medina@azahcccs.gov

Arizona Crisis Hotlines

Local Suicide and Crisis Hotlines by County Phone

STATEWIDE: **Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673)**

Maricopa, Pinal, Gila Counties served by Mercy
Care: **1-800-631-1314 or 602-222-9444**

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties
served by Arizona Complete Health: **1-866-495-6735**

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st:
1-877-756-4090

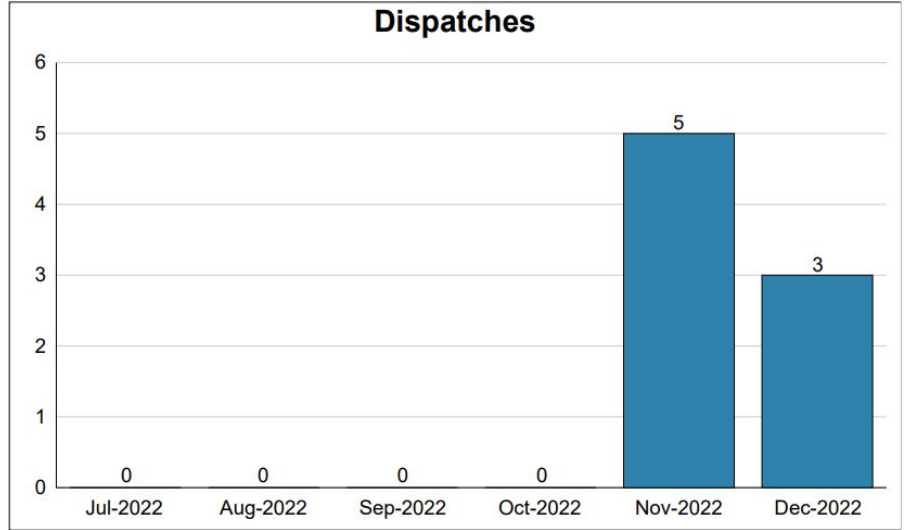
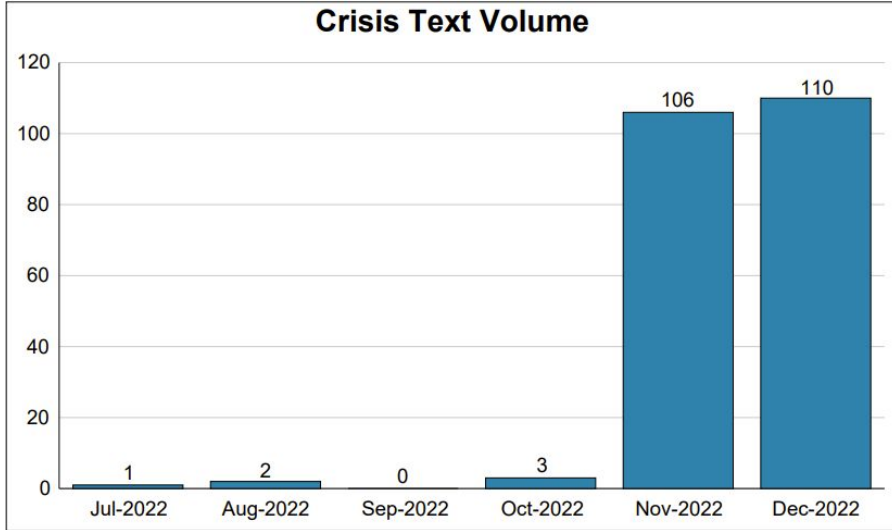
Gila River and Ak-Chin Indian Communities: **1-800-259-3449**

Especially for Teens

Teen Life Line phone or text: **602-248-TEEN (8336)**

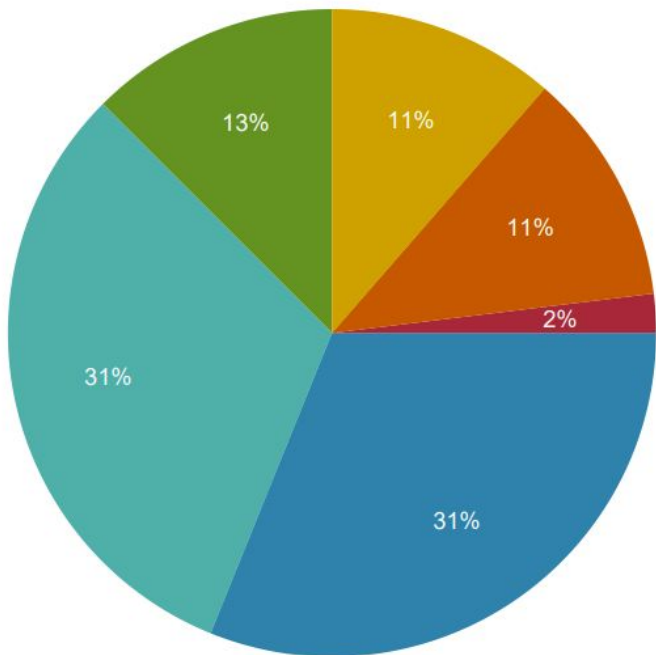


4HOPE Text Contacts



4HOPE Text Contacts

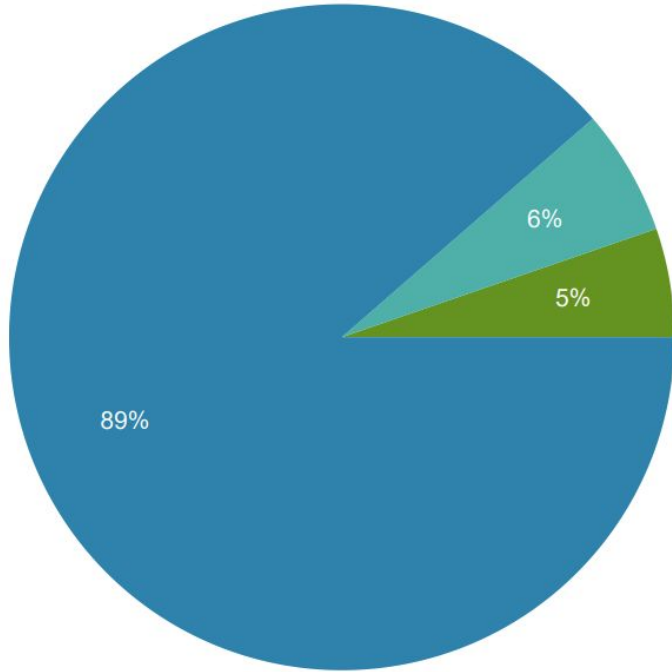
December-2022 Age Group



	Age Group	Total	Total %
	13-17	30	31%
	Unknown	30	31%
	25-34	12	12%
	18-24	11	11%
	35-44	11	11%
	0-12	2	2%

4HOPE Text Contacts

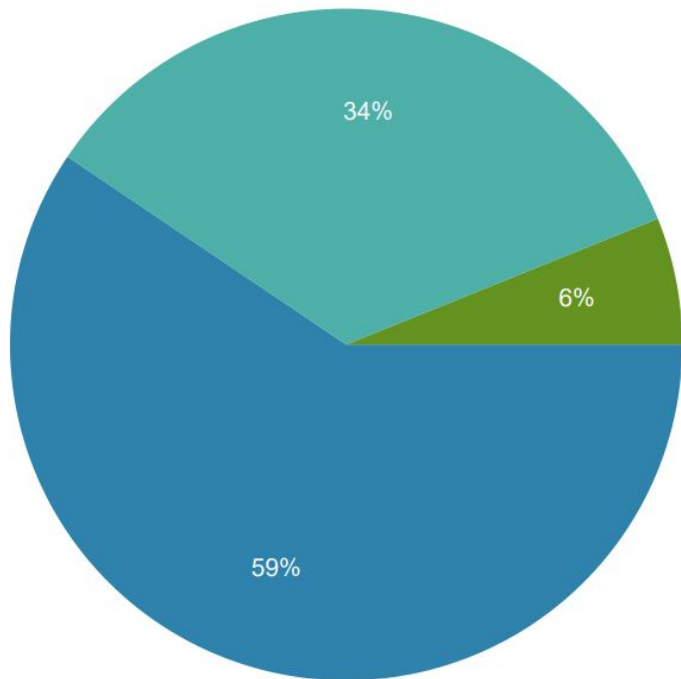
December-2022 Referral Source



	Referral	Total	Total %
	Self	85	89%
	Other	6	6%
	Family Member	5	5%

4HOPE Text Contacts

December-2022 Primary Disposition

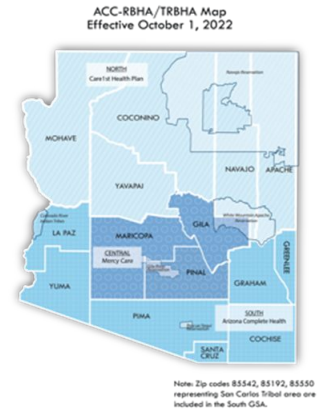
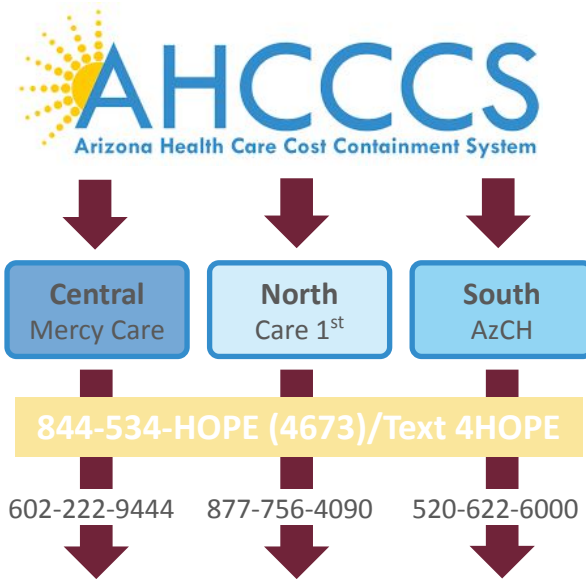


.	Disposition	Total	Total %
	Community Stabilized	57	59%
	Text Terminated	33	34%
	Converted to Crisis Call	6	6%

988 & AZ Local Crisis Lines

- 988 calls are currently routed based on the area code of the caller's phone (not their physical location)
- 988 is great for people who do not have our local numbers handy but could be problematic for people who need local resources like mobile crisis or appt scheduling

The new 988 Suicide & Crisis Lifeline is available 24/7 across the US via phone, text, and chat (988lifeline.org) and will connect you to a trained crisis counselor. However, you may not get a local 988 center that can connect to local resources like mobile crisis, especially if you're calling from a cell phone with a non-Arizona area code. For now, we recommend calling your local crisis line directly if you need local resources.



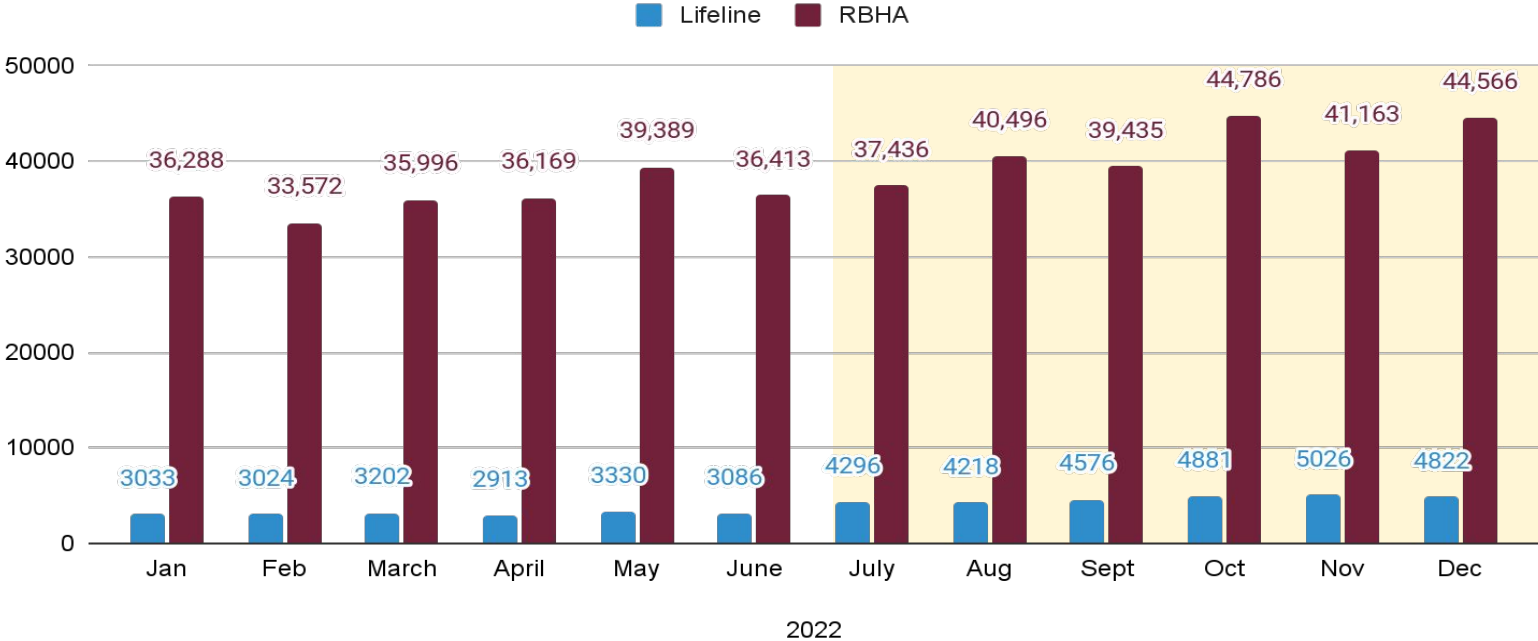
Coordination of care protocols between Solari and LaFrontera

<< Single statewide crisis line

<< Old numbers still work

<< Solari coordinates mobile crisis and other local crisis resources across all of AZ

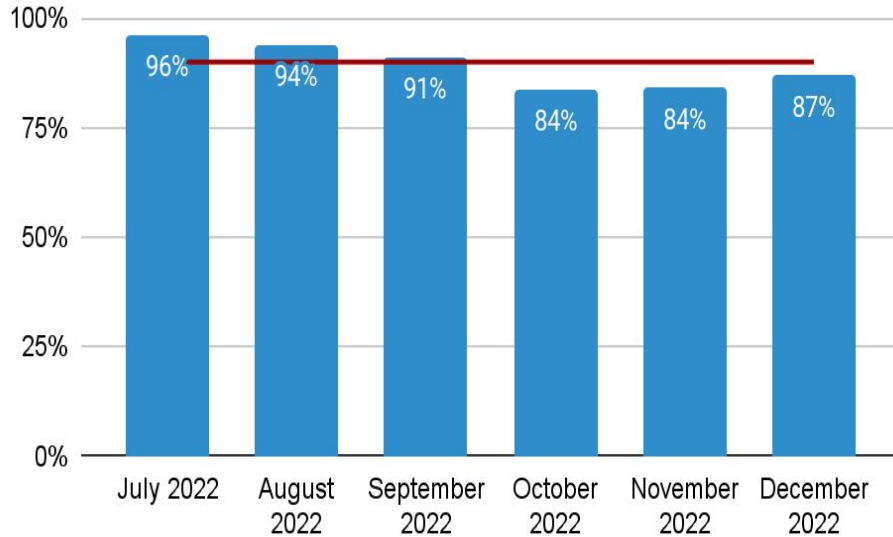
2022 Lifeline Center Calls vs. RBHA Call Center Calls



988 In-State Answer Rate: Vibrant vs. Solari Data

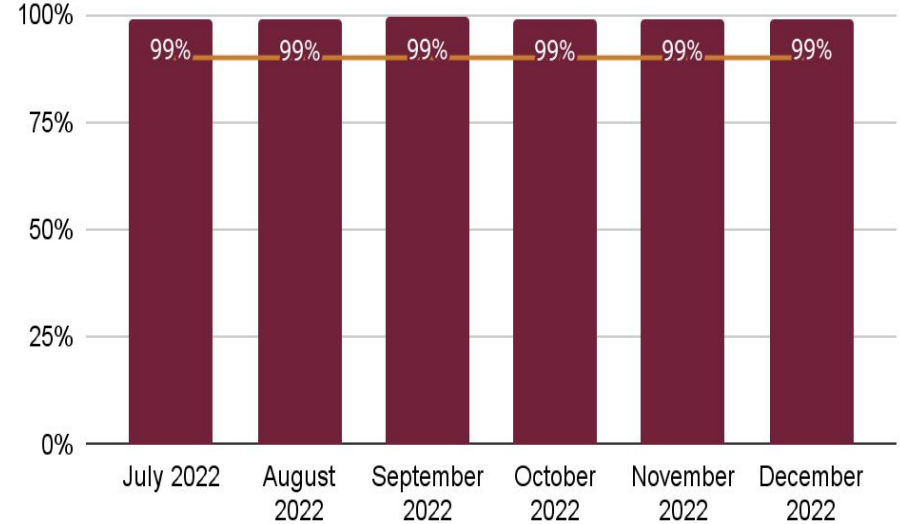
Vibrant Call Metrics

■ Answer Rate ■ Goal



Solari Call Metrics

■ Answer Rate ■ Goal



Arizona 988 State and Territory Cooperative Agreement-Supplemental funding

The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded Arizona the 988 State and Territory Cooperative Agreement one-year supplemental funding of \$1,000,000. The purpose of this supplemental funding is to expand and enhance 988 Suicide and Crisis Lifeline activities in Arizona.

With these funds, AHCCCS and the Arizona Lifeline centers will focus on the following activities:

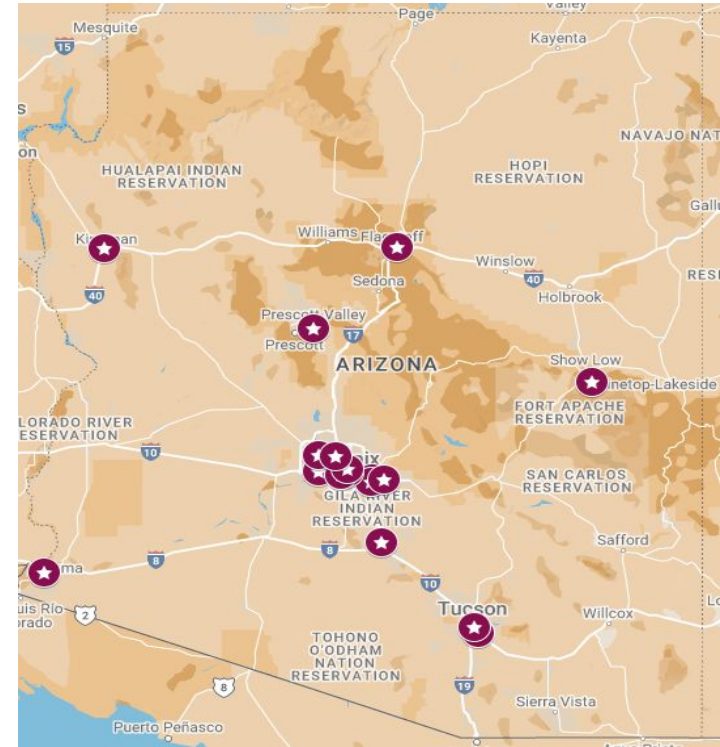
- Enhance 988 and 911 coordination in collaboration with the state or territory's 911 administrator.
- Improve state infrastructure and workforce to prepare for 988 Lifeline chat and text services initiated within the state or territory and in-state backup for calls, chats, and texts.
- Develop partnerships across the state to create streamlined access to mobile crisis and crisis response teams for all 988 crisis centers.
- Develop state capacity to increase service to Arizona's higher-than-average Spanish speaking population.
- Develop and enhance technical systems and solutions to better support individuals throughout the crisis care continuum, including modification to EHR/EMR/online documentation management systems to ensure continuity of care and referral.

Crisis Stabilization Facilities

The AHCCCS Crisis website has been updated to include a link to a google map for all Arizona Crisis stabilization facilities that have 24/7 no wrong door access. Once the map is opened, clicking on the star will show the facility name and location.

[AHCCCS Crisis Website](#)

[Arizona Walk in Crisis Stabilization Facility Map](#)



Resources

- AHCCCS Crisis Services Website:
azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Crisis Services FAQs:
www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html
- 988 Fact Sheet: www.fcc.gov/sites/default/files/988-fact-sheet.pdf
- Arizona Suicide Prevention website: azhealth.gov/suicide
- Arizona Department Of Administration 911 Program:
az911.gov/about/current-training-opportunities/9-8-8

Open Discussion

Division of Health Care Management (DHCM)



Differential Adjusted Payments (DAP) CYE 2024

Margaret Hackler

Differential Adjusted Payment (DAP) Background

- Since 2017 DAP has been used to incentivize providers that have committed to supporting actions that improve patients' care experience, improve members' health and reduce cost of care.
 - DAPs are positive adjustments to the AHCCCS Fee Schedule
 - AHCCCS uses DAPs to promote policy goals
 - Participation in information sharing systems such as the SDOH CLRS, HIE, and the Arizona Health Directive Registry.
 - DAPs are available for various provider types such as inpatient and outpatient hospitals, physicians, outpatient clinics, HCBS providers, etc.
 - DAPs are time-limited and expire at the end of the fiscal year (9/30/24).

CYE 24 IHS/Tribal 638 Facility DAPs

Provider Type 02 (2.5%)

- Health Information Exchange (HIE) Participation (1.5%)
 - Hospitals that meet specified milestones and performance criteria are eligible for a 1.5% DAP increase for inpatient and outpatient services.
 - In order to qualify, **by April 1, 2023** the hospital must submit a Health Information Exchange Scope of Work (HIE SOW) to the HIE and meet additional milestones.
- Arizona Health Directives Registry (AzHDR) (0.5%) **NEW**
 - Hospitals that meet specified milestones are eligible for a 0.5% DAP increase for inpatient and outpatient services.
 - In order to qualify, **by April 1, 2023** the hospital must submit a HIE SOW the HIE and meet additional milestones.
- Social Determinants of Health Closed Loop Referral Platform (0.5%) **NEW**
 - Hospitals that meet specific milestones are eligible to earn a 0.5% DAP increase for inpatient and outpatient services.
 - In order to qualify, **by April 1, 2023** the hospital must submit a HIE SOW the HIE and meet additional milestones.

Proposed DAP Changes for Other Providers

Dental:

- **Bundled Services (1.0%)**
 - A provider that meets the criteria of bundled services will qualify for a 1.0% increase on all dental services.
 - Providers that increased the number of bundled services (exam, cleaning, and a third service of fluoride or sealants) by 5% are eligible for a 1.0% increase.

Hospitals, Other Hospitals (LTAC, Subacute, Psychiatric Hospitals) and Nursing Facilities:

- **Arizona Health Directives Registry**
 - Allows healthcare providers the ability to have real-time access to patient's advance directives.

Multiple Provider Types:

- **Pipeline AZ (1.0%)**
 - Pipeline AZ is a resource dashboard for Arizona jobs, education and career support services.
 - Providers that register and utilize the new Pipeline AZ job recruitment dashboard will be eligible for a DAP increase.

CYE 24 DAP Timeline

Date	Activity
2/3/2023	Preliminary Public Notice
2/9/2023	Tribal Consultation
3/5/2023	Public Notice Comments Due
3/27/2023	Final Public Notice
Early June 2023	Post Notice of Proposed Rulemaking (NPRM)
Mid-July 2023	NPRM Public Comments Due
7/1/2023	Requests for Approval Due to CMS
8/15/2023	MCO Capitation Rates Due to CMS (including funding for DAPs)
9/15/2023	Qualifying Provider List Posted to AHCCCS Website

Helpful Information

- Link to Public Notice:
 - <https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/CYE24DAPPreliminaryPublicNotice.pdf>
- Public Comments are due by 5pm on March 26th
 - Send to the following email address:
AHCCCS DAP@azahcccs.gov

Open Discussion



Policy Updates

Megan Woods

Leslie Short

AMPM Policy 320-P

Serious Mental Illness (SMI) Eligibility Determination

History: Policy that informs the process for determination of eligibility for a SMI Designation

APC Date: TBD

Tentative Publishing Date: TBD

Direct Impact: MCOs

Summary: Added eligibility determinations for Serious Emotional Disturbance (SED) to the responsibilities of the Eligibility Determination vendor and SED eligibility determination process. Policy revised to simplify Clinical and Administrative Decertification processes under one title; 'Removal of Designation'

Goal: Revised to align with the Serious Mental Illness Eligibility Determination Request for Proposal (RFP)

AMPM Policy 320-Z

- **History:** Information surrounding members on conditional release to the community from Arizona State Hospital, formerly overseen by the Psychiatric Security Review Board, was housed in AMPM 1021 moved to newly created policy AMPM 320-Z.
- **APC Date:** 2/09/2023
- **Tentative Publishing Date:** TBD
- **Direct Impact:** MCOs
- **Summary:** New policy outlining requirements of contractors surrounding direct engagement and provider oversight surrounding members who are under the jurisdiction of the Superior Court and released from Arizona State Hospital pursuant to a court ordered conditional release plan
- **Goal:** Align policy with statutory changes effective 1/01/2023 dissolving the PSRB

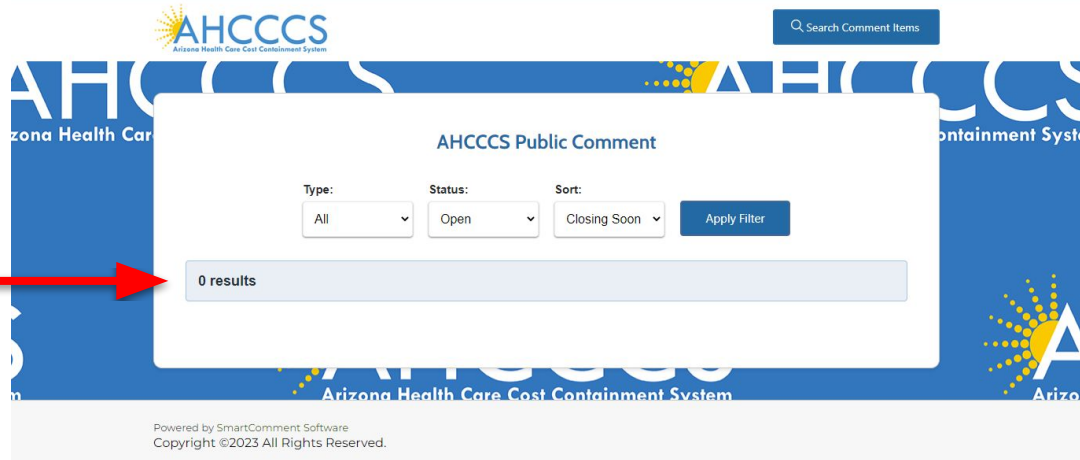
AMPM Policy 310-W

Community Health Workers

- **APC Date:** TBD
- **Tentative Publishing Date:** TBD
- **Direct impact:**
 - MCOs
 - FFS providers (including IHS/638 facilities)
- **Summary:** New policy addressing Medicaid reimbursement for CHW services. The policy establishes requirement for CHW Certification and outlines covered services eligible for reimbursement when performed under the direction of an AHCCCS-registered provider.
- **Goal:** Establish guidance for CHW Medicaid reimbursement in alignment with Certification Rules and the SPA.

AHCCCS Tribal Consultation & Public Comment

AHCCCS provides a 45-day public comment and Tribal Consultation period before publishing any substantial policy changes. Visit the [AHCCCS Public Comment Portal](#) to find and submit feedback on policies currently open for Tribal Consultation and public comment.



Policies open for TC & public comment will be listed here.

Open Discussion

General Discussion

Announcements

Next AHCCCS Tribal Consultation:

May 11, 2023 at 1 p.m.

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

***Please send any agenda recommendations to christine.holden@azahcccs.gov by April 10, 2023.**

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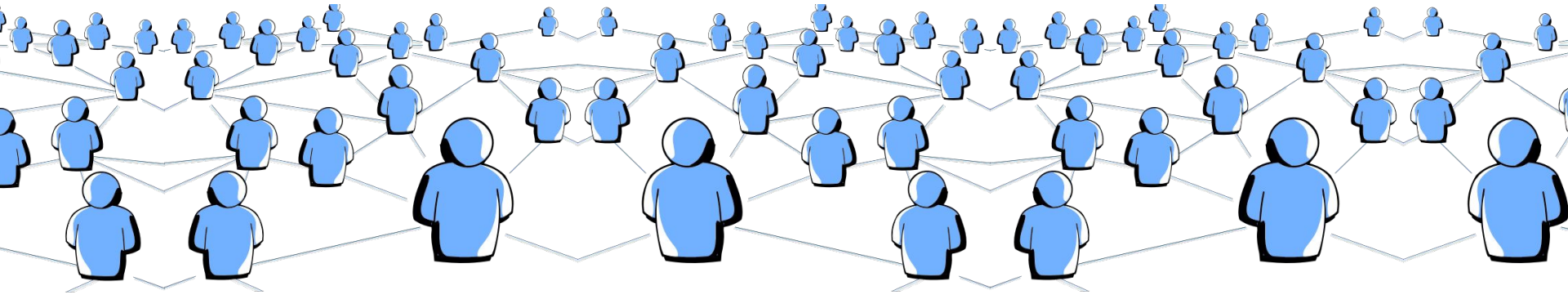
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Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!