



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Welcome to today's Tribal Consultation meeting!

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

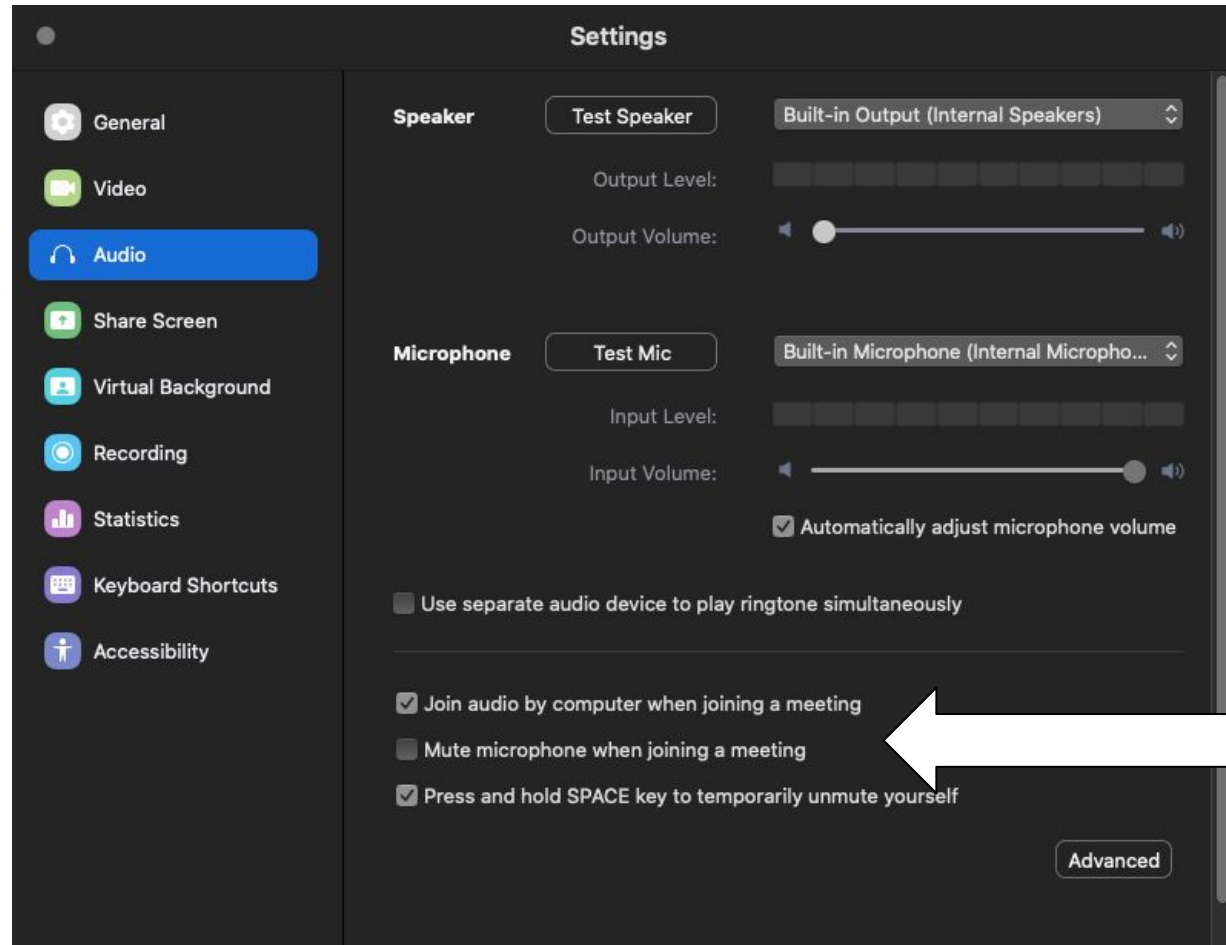
Please only join by phone or computer.

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



Thank you.

Audio Settings



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

Settings

Speaker Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

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

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

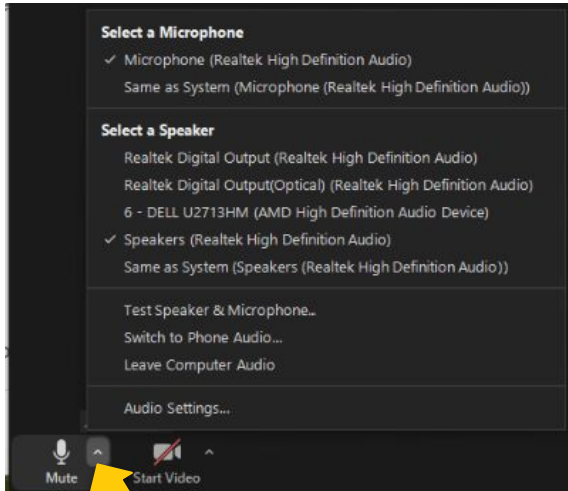
Press and hold SPACE key to temporarily unmute yourself

Advanced

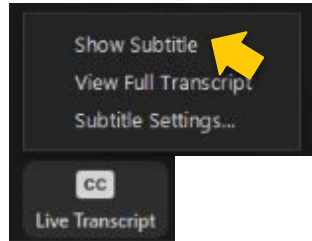
Zoom Webinar Controls

Navigating your bar on the bottom...

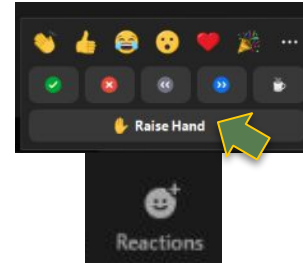
Audio Settings



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

Tips for successful ZOOM PARTICIPATION



MUTE your mic
when you're not
speaking



BACKGROUND
NOISE watch when
turning on mic



Limit the
DISTRACTIONS
around you



Look at the
CAMERA
not your screen



PREPARE & queue
docs or links that
you plan to share



Stay FOCUSED by
not texting or side
conversations



Use GALLERY
VIEW to see all
participants



Use CHAT to ask
questions or share
resources

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.

Previously Requested Tribal Consultation Topics

- Acceptance of American Indian Health Plan by Providers
 - Pending until August TC meeting
- Overview of Available Transportation Resources
 - Pending until August TC meeting
- CHR Reimbursement
 - Addressed in this deck

****All other agenda requests are addressed in this deck****

Agenda

Opening Prayer & Welcome - Victoria Began and Steve Titla

Opening Remarks & AHCCCS Director Updates - Carmen Heredia

DFSM Updates - Ewaryst Jedrasik & Leslie Short

SPA Updates - Ruben Soliz

1115 Waiver Updates - Maxwell Seifer

H2O Updates & Other Initiatives - Alex Demyan

Policy Preview - Elizabeth Da Costa & Katelyn Murphy

Open Policies Reminder & Tribal Relations Updates - Christine Holden

Closing Remarks - Carmen Heredia

Announcements & Adjourn - Christine Holden

Welcome & Opening Prayer



Victoria Began
Chief Executive Officer
San Carlos Apache Health Care



Steve Titla
President of the Board of Directors
San Carlos Apache Health Care



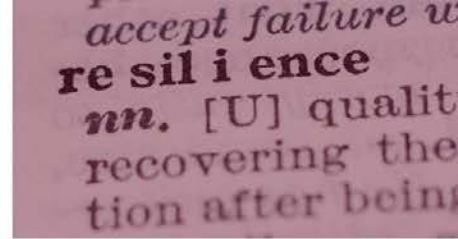
Quarterly Tribal Consultation Meeting

June 22, 2023



AHCCCS Director Updates

Carmen Heredia



Member Exploitation and Fraudulent Billing

May 16, 2023 Press Release and Fact Sheet

- More than 100 providers suspended from Medicaid payments based on credible allegations of fraud
- ~7,000 members potentially impacted
- [List of suspended providers](#)
- [5/16/23 Fact sheet](#) and [6/14/23 Fact Sheet](#)
- 5/16/ [press release](#)

The screenshot shows the AHCCCS website with a navigation bar and a news article. The article title is "AHCCCS Suspends Payments to Behavioral Health Providers Based on Credible Allegations of Fraud". Below the title is a "Fact Sheet: AHCCCS Provider Payment Suspensions". The fact sheet includes a "Background & Findings" section with several bullet points detailing the investigation and the suspension of payments to over 100 providers. It also lists the criteria for a credible allegation of fraud, such as fraud hotline tips, claims data mining, and patterns identified through provider audits.

AHCCCS
Arizona Health Care Cost Containment System

ENHANCED BY Google

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

Home / News / This Page

May 16, 2023

AHCCCS Suspends Payments to Behavioral Health Providers Based on Credible Allegations of Fraud

Ensuring member services

Today, Governor Katie Hobbs announced the suspension of Medicaid payments to behavioral health providers based on credible allegations of fraud. The suspension is in conjunction with the Arizona Attorney General's Office, and it is the first time that the AHCCCS has suspended payments to behavioral health providers since the beginning of multi-age Medicaid expansion in 2015.

"The State of Arizona is proud to be a leader in providing high-quality, affordable care to all of our citizens. Together, the Attorney General and the AHCCCS are committed to ensuring that taxpayer dollars are used responsibly and that the most vulnerable members of our community receive the care services they need."

"I am proud of the work of the Arizona Attorney General's Office and the AHCCCS in identifying and suspending payments to providers who have engaged in fraudulent billing practices. This is a necessary step to protect the integrity of the Medicaid program and to ensure that taxpayer dollars are used responsibly."

Under federal regulations, the AHCCCS determines that a provider is not eligible for Medicaid payments if the provider is found to be engaged in fraudulent billing practices. The AHCCCS Office of Inspector General (OIG) announced the suspension of payments to behavioral health providers based on credible allegations of fraud on May 1, 2023. This list will be updated regularly.

Background & Findings

- The Arizona Health Care Cost Containment System (AHCCCS) Office of Inspector General and the Arizona Attorney General's Office became aware of potential fraudulent billing practices including significant increases in billing for outpatient behavioral health services. These circumstances triggered a multi-agency review and investigation of potential fraud, waste and abuse. Ultimately, this led AHCCCS to connect the irregular billing of these services with alleged criminal activity targeting Indigenous peoples and other vulnerable Arizonans.
- These investigations led to the announcement that the AHCCCS Office of Inspector General (OIG) suspended payments to more than 100 registered providers of Medicaid services based on credible allegations of fraudulent billing activities. These provider payment suspensions are expected to increase as the investigative process evolves. A list of these suspended providers, along with prior suspensions since 2019 and provider terminations since May 1, 2023, is posted on the [AHCCCS Provider Suspensions and Terminations web page](#). This list will be updated regularly.
- According to federal regulation 42 CFR 455.2, a credible allegation of fraud may be an allegation, which has been verified by the State, from any source, including but not limited to the following:
 - (1) Fraud hotline tips verified by further evidence,
 - (2) Claims data mining, or
 - (3) Patterns identified through provider audits, civil false claims cases, and law enforcement investigations. Allegations are considered to be credible when they have indicia of reliability, and the State Medicaid agency has reviewed all allegations, facts, and evidence carefully and acts judiciously on a case-by-case basis.

2-1-1

ARIZONA

LLAME AL 211

Marque 7 si usted ha sido impactado por el cierre de un centro residencial o de vida sobrio

Si necesite ayudar con la salud mental, **LLAME AL 988**

Si se siente inseguro o necesita servicios de emergencia, **LLAME AL 911**

Para obtener más información, escanee el código QR



2-1-1 (press 7)

Hotline for AHCCCS members who are affected by the closure of a sober living home or residential facility

2-1-1

ARIZONA

CALL 211

Press 7 if you've been impacted by the closure of a residential facility or sober living home

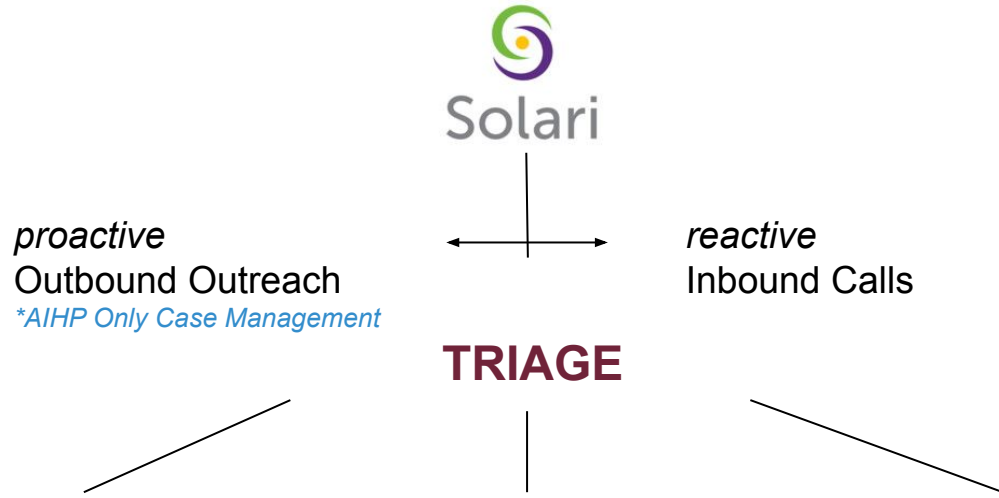
If you need immediate mental health assistance, **CALL 988**

If you feel unsafe or need emergency services, **CALL 911**

To learn more, scan QR code below



Incident Command 2-1-1 Model



AIHP ONLY	AIHP + TRBHA / AIMH	MCO
*Solari AIHP Only case management	TRBHA / AIMH case management	MCO provider case management

Common Themes from June 1 TC

- Meaningful tribal engagement
 - Tribal liaison to visit all regions of the state
 - Tribal involvement in AHCCCS policy development process
- General consensus that some documentation should be required for AIHP enrollment
 - Suggested documents include: Tribal ID, descendency letter/verification, CIB, mirroring IHS standards, affidavit of birth, verification from BIA, tribal business license.
 - Need to ensure this doesn't pose a barrier to care for vulnerable, accept documentation that will work for each tribe, consider a waiver process while members are retrieving tribal documents.
 - Need to establish partnerships with DES, Census Offices, CHW/CHRs

Common Themes From June 1 TC

- Establish a public list of reputable providers
- Increase care coordination and case management for rural FFS populations
- Increase vetting of providers
 - Random site visits
- Increased transparency by AHCCCS
 - More granular, frequent data pulls
- Increased culturally competent care and collaboration with tribes on best practices
- Need to be mindful of unintended increased burden on members, tribes and providers
 - Existing lack of resources in rural communities
 - Tribes should not be punished for the actions of bad actors

AHCCCS Plan of Action

Recent Changes AHCCCS has Implemented

- [Elevated 3 Behavioral Health Provider Types to High-Risk Screening](#)
- Implemented a provider moratorium on BH providers types including BH Outpatient Clinics, Integrated Clinics, NEMT providers, CSAs, and BHRFs
 - Moratorium is in place for 6 months and can be renewed in 6 month increments
- Established Uniform [H0015 Rate for Behavioral Health Intensive Outpatient Treatment Services](#)
 - \$157.86 per unit effective May 1, 2023
- Removed the phone option for AIHP enrollment changes unless proof of IHS eligibility is on record
- Added additional documentation requirements and prepayment review of specified behavioral health codes exceeding limits
- Stopped approving retroactive enrollment of providers back to the date of licensure
- Reviewing all existing claims edits which differ from national standards
- Hired an external forensic auditor to review all claims for payment since 2019
- Set max limits for each code and requiring PA for anything above the limit.

AHCCCS Plan of Action

Upcoming Changes

- AHCCCS has scheduled a follow-up special TC specific to this issue on 07/18/2023.
- This TC will provide time for dialogue around additional actions AHCCCS plans to take based on feedback from the June 1 TC, including:
 - Producing trend reports of BH billing and system reporting to flag concerning claims.
 - AHCCCS proposed list of tribal documents for enrollment in AIHP for tribes to evaluate and discuss.
 - Evaluate what can be published regarding a registry of providers
 - Updates on the re-published Covered Behavioral Health Services Guide
 - Any other items suggested by tribes

Protecting AHCCCS Members

Report Suspicious Activity and Provider Fraud

It is illegal for someone to offer gift cards, meals, cash, or other gifts in exchange for Medicaid services.

- In Arizona: (602) 417-4045
- Toll-free outside of Arizona Only: 888-ITS-NOT-OK or 888-487-6686

Open Discussion

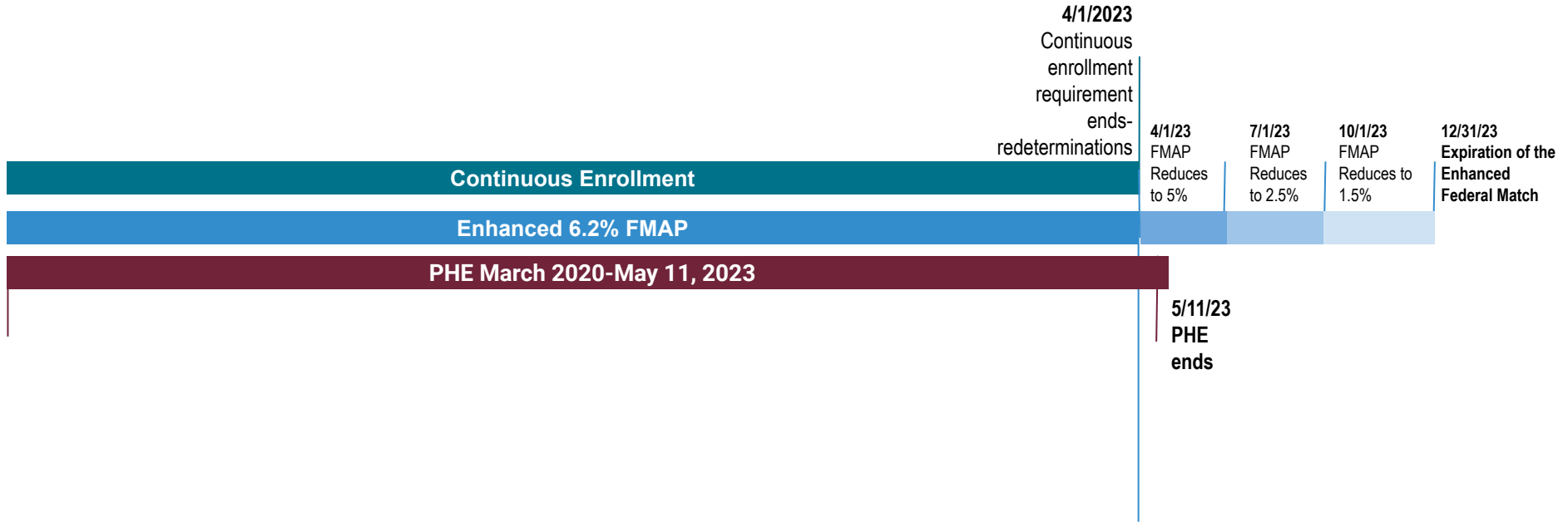
Tribal Feedback on FWA/Member Exploitation Updates

- What questions or concerns do you have regarding the FWA/member exploitation updates?
- What recent impacts on your community would you like to share?
- What new trends is your community experiencing as this issue continues to evolve?
- What, if any, additional AHCCCS resources are needed to ensure an appropriate response?



Unwinding from the PHE: Reinstating Renewal & Disenrollment Processes

Public Health Emergency (PHE) is Expected to End May 11, 2023

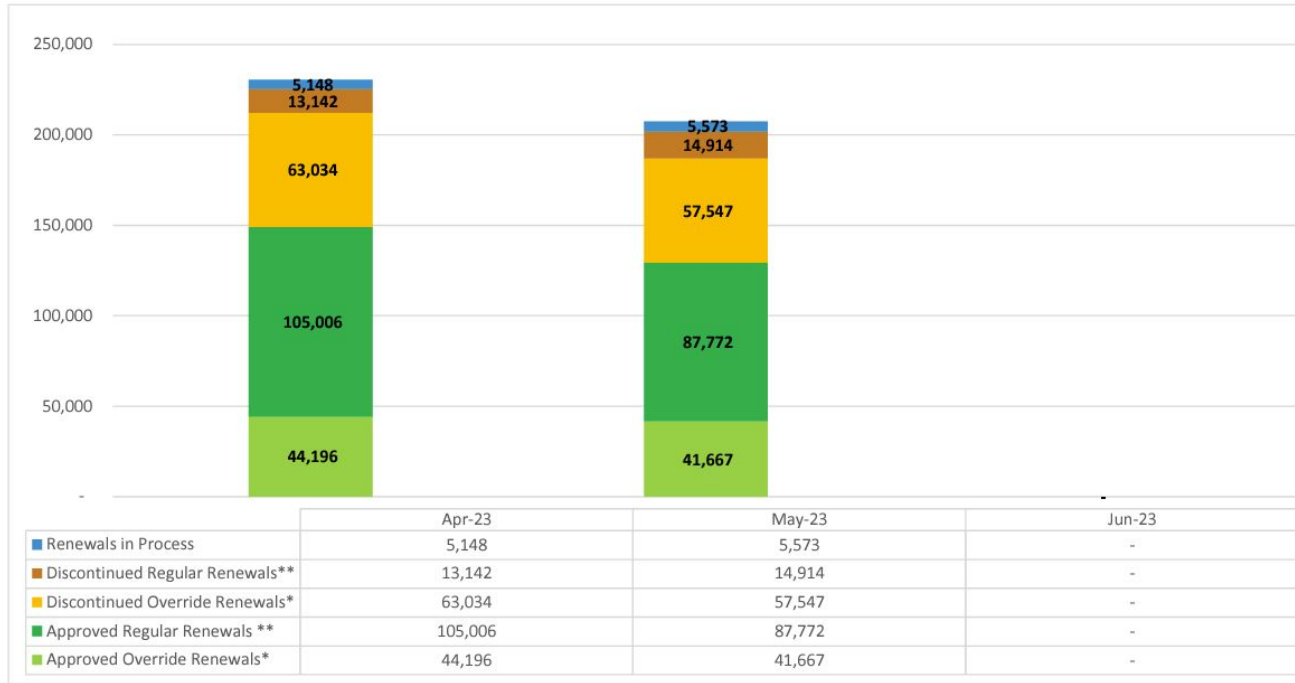


Note: On Dec. 27, 2022, the [2023 Consolidated Appropriations Act \(CAA\)](#) separated the continuous eligibility requirement from the PHE, and established the FMAP phase-down described above.

Agency Objectives

- Meet CMS Requirements
- Keep eligible individuals enrolled
- Limit/manage increased call volumes
- Automate communications to reduce churn for caseworkers
- Avoid negative customer experiences
- Avoid lost coverage due to administrative error or not reaching members
- Encourage members to update contact information prior to their renewal month

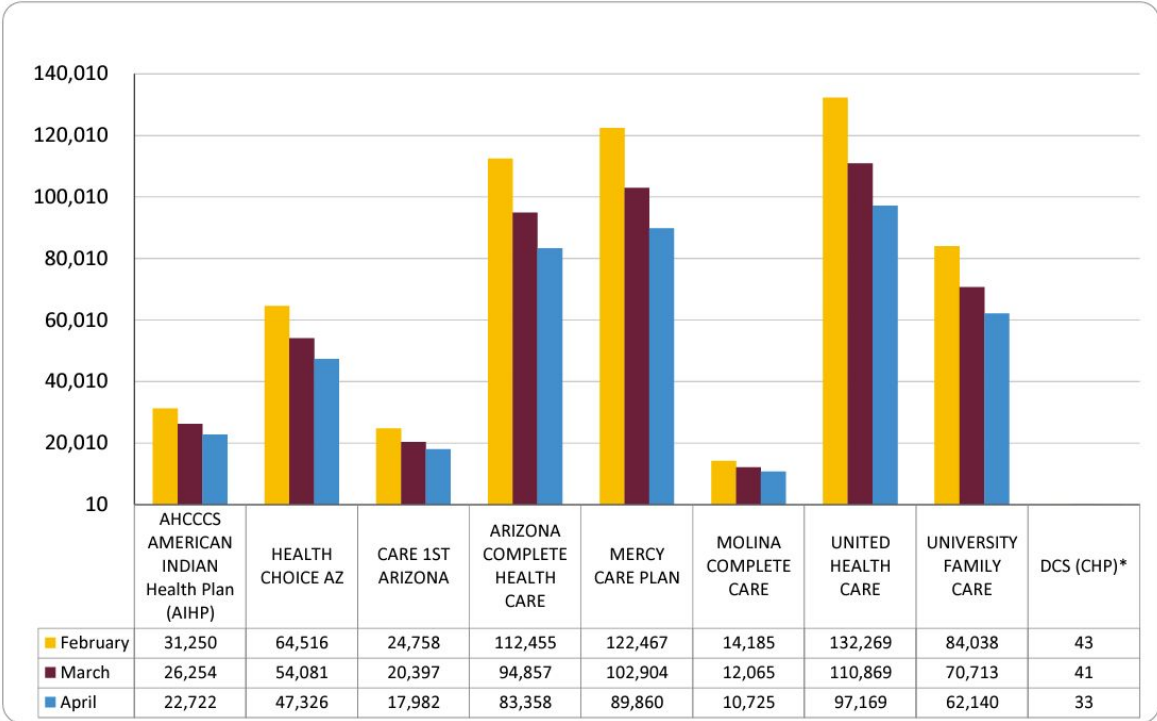
Eligibility Dashboard



*AHCCCS continued to perform renewals during the public health emergency (March 2020 - February 17, 2023). If AHCCCS received information that a member was factually ineligible (or if they failed to respond to a request for information), that member retained medical coverage and is counted as a "Covid Override."

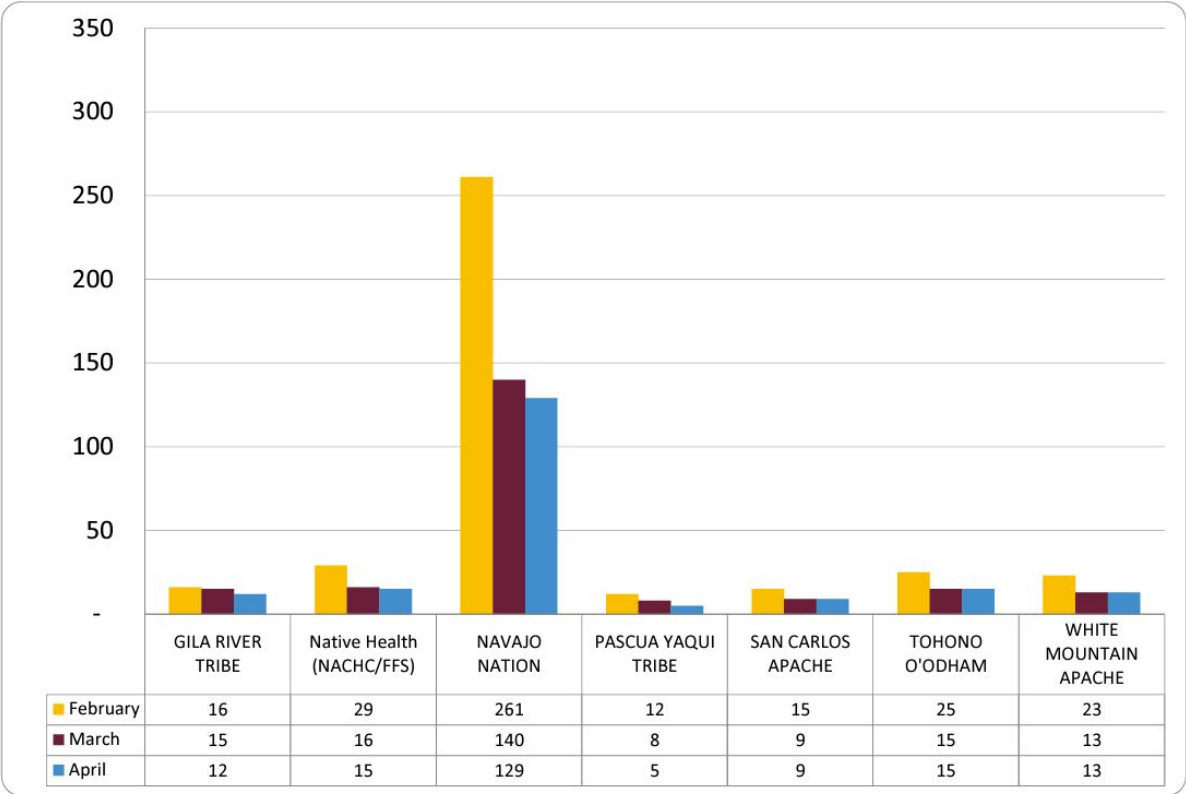
**Members who were found eligible at each renewal during the public health emergency are counted as "Regular."

Eligibility Dashboard



*Department of Child Safety Comprehensive Health Plan. This is a Medicaid integrated health plan for children involved in the State's foster care system.

Eligibility Dashboard



AHCCCS Coverage Transitions

When no longer eligible for their current AHCCCS category, customers are screened for eligibility in any other program or category:

- Seamless transition between AHCCCS programs, including KidsCare;
- No need to ask for or elect other coverage;
- Eligibility system automatically identifies other possible eligibility programs based on information on file or provided by customers;
- Customer does not lose current coverage while eligibility for the other category or program is being determined.

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 facilities, and FQHCs are assisting with member outreach
- Additional strategies for member outreach continue to be explored

Open Discussion

Tribal Feedback on Unwinding Updates

- What questions or concerns do you have regarding the unwinding updates?
- What recent impacts on your community would you like to share?
- What new trends is your community experiencing as the unwinding timeline continues to evolve?
- What, if any, additional AHCCCS resources are needed to ensure an appropriate response?



Legislative Updates

2023 Legislative Session Timeline

- January 9 – Legislative Session begins
- January to March – Regular Committees.
- April to June (approx.) – Budget negotiations, non-regular committees
- Week of May 8 – Budget week
- TBD – Legislature adjourns sine die (returning July 31 following extended adjournment)



Legislative Session Overview

Unique factors this session:

- New leadership, many new members, and new committee makeup
 - New Appropriations and Health committee chairs in both chambers
- Divided government (executive/legislative)
- Extended legislative session timeline– budget passed in early May but the Legislature did not adjourn sine die upon budget passage (on track to be longest legislative session in state history)
- New committee for Executive nominations of agency directors (“DINO”)

AHCCCS Legislative Priorities

- **Agency continuation**
 - HB 2826 signed into law 5/19
- **Supplemental appropriation**
 - HB 2624 signed into law 3/30 (contained 50% of needed expenditure authority)
 - HB 2432 signed into law but delayed (full expenditure authority)
- **Director confirmation**
 - Not yet scheduled for a DINO committee hearing

AHCCCS Bills/Budget Provisions:

(Not all inclusive)

- PMMIS Replacement
- KidsCare Expansion from 200% to 225% FPL
- OB Community Health Center Grant program
- Rapid Genome Sequencing “Pilot” program

Open Discussion

Tribal Feedback on Legislative Updates

- What questions or concerns do you have regarding the legislative updates?
- What anticipated impacts on your community would you like to share?
- What, if any, additional AHCCCS resources are needed to ensure an appropriate response?
- What factors should AHCCCS be considering as we move to implement some of these initiatives?

Division of Fee- For- Service Management (DFSM)



Ewaryst Jedrasik
DFSM Assistant Director



Leslie Short
DFSM Deputy Assistant Director

DFSM System Requests

- ✓ Provider Registration backdating policy - completed
- ✓ Per Diem code review - completed
 - Only one per diem daily
- ✓ H2016 and H0038 billed for the same member on same date of service - completed
 - Prevents from billing 15 min code and per diem code together
- ✓ Date ranges on per diem codes - completed
 - Prevents billing for a certain date range and prevents linking codes to specific dates
- ✓ Units per code limitations - completed

DFSM Process: Units Per Code

- As of 5/3/2023 the following codes have an 8 units per day max:
 - H0004, H0038, H2011, H2014, H2015, H2017, H2025, H2027, S5150, T1016, T1019
- Requiring Documentation:
 - If provider bills for >8 units, they must attach documentation with the claim - claim will be held for review
 - Documentation includes: assessment, treatment plan, consent to treat, consent to bill, and the appropriate clinical note
 - DFSM staff reviews documentation prior to payment
 - The same process will be implemented for children 12 and under for SUD dx

DFSM Claims Monitoring

- DFSM weekly claims monitoring report to review billing patterns
- Coordination between DFSM units to exchange information on identified patterns
- Conducting a comprehensive review of billing manuals
- Participating in Agency Coding workgroup to review and identify daily maximums on other codes
- Structural changes in DFSM

DFSM QM and Medical Management

- Increasing Quality Management on-site visits
- Creating Medical Management team to review provider documentation and assist with on-site visits

AIHP Enrollment Updates

- 6/09/23 Phone calls to change to AIHP halted
- 6/21/23 AIHP Enrollment form
- Seeking additional guidance and feedback from Tribes on the AIHP enrollment requirements

Open Discussion

Tribal Feedback on DFISM Updates

- What questions or concerns do you have regarding the DFISM updates?
- What anticipated impacts on your community would you like to share?
- What new trends is your community experiencing as this issue continues to evolve?
- What, if any, additional AHCCCS resources are needed to ensure an appropriate response?

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, with a white horizontal line underneath. 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
3:20 pm MST

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.
- The State Plan is the basis for federal financial participation in the Medicaid program, attesting to the State's compliance with federal regulations.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Upcoming SPAs

Other Provider Rates

This SPA updates the reimbursement methodology for calculating the FFS rate for alcohol and/or drug services; intensive outpatient.

- The rate was previously calculated as a percentage of provider charges.
- The new rate is \$157.86.
- The new rate is comparable to the rate set by MCOs.

Tribal Feedback on Upcoming SPAs

- What questions do you have about the upcoming Other Provider Rates SPA?
- What impact will this SPA have on AHCCCS members in your community?
- What impact will this SPA have on AHCCCS enrolled providers in your community?
- What other concerns or suggestions should AHCCCS consider with this SPA?

Recently Approved SPAs

- 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.
- Postpartum Continuous Coverage
Allows for 12-months of postpartum continuous coverage in Medicaid and CHIP.
- Community Health Worker (CHW) Services
Establishes Medicaid reimbursement for CHW services.

Tribal Feedback on Recently Approved SPAs

- What questions or concerns do you have regarding the recently approved SPAs?
- What impact will the recently approved SPAs have on your community?
- What, if any, additional technical support or guidance do you need from AHCCCS on the recently approved SPAs?

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

Open Discussion



1115 Waiver Updates



Maxwell Seifer

AHCCCS Data Coordinator, Federal Relations & Communication

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.



Parents as Paid Caregivers of Minor Children

Parents as Paid Caregivers

- 2020:
 - In response to COVID-19 PHE, AHCCCS submitted and received approval for an Appendix K waiver amendment to allow for payments to parents providing caregiving services to minor children.
 - Currently, this program authority extends through November 11, 2023.
- 2023:
 - Based on stakeholder feedback, the agency plans to request authority to make this a permanent feature of the ALTCS program.

Parents as Paid Caregivers

- **Eligible Individuals:** Eligible minor Arizona Long-Term Care (ALTCS) members who require home and community-based services (HCBS).
- **Benefits:**
 - Allows legally responsible parents to receive payment for “extraordinary” direct care services (attendant care, personal care, and homemaker services) approved under the 1115 demonstration waiver, and
 - Parents would be limited to 40 hours of paid care, per child, in a given week and cannot exceed more than 16 hours in a single day.

Parents as Paid Caregivers

- Parents who do provide these services must meet all direct care worker requirements as established by AHCCCS policy including:
 - Being employed/contracted by an AHCCCS Registered Direct Care Service Agency,
 - Passing specific direct care worker competency tests, and
 - Demonstrating compliance with Electronic Visit Verification (EVV) per the 21st Century Cures Act
- Parents who provide these services must also maintain quarterly in-person case management visits as well as agency supervisory visits.

Extended Family Support & Home Care Maintenance

- As an auxiliary support to the PPCG proposal, the Agency is proposing to establish a home care training family support (family support) service for the long-term care population
- Currently, a comparable service is available to AHCCCS members with a behavioral health need under the rehabilitation benefit in the agency's State Plan

Extended Family Support & Home Care Maintenance

- **Eligible Individuals:** Primary caregivers of children and adults enrolled in the Arizona Long Term Care System who are residing at home.
- **Benefits:** Family supports may involve activities such as:
 - Assisting the family to learn skills related to adjustment to the member's disability or aging process or significant life events or transitions,
 - Enhancing and improving the health and wellbeing of the member and family unit,
 - Navigating the healthcare system,
 - Self-advocacy, and more.

Parents as Paid Caregivers - Goals

- Mitigate DCW shortage and other access to care challenges by allowing payments to parents who serve as paid caregivers for their minor children,
- Increase member satisfaction and promote positive health and well-being outcomes for the target population,
- Extend an additional support service to restore, enhance, and maintain family functioning to preserve effective care for the member in the home and community, and
- Ensure that members receive high-quality care while increasing timely accessibility to care providers.

Parents as Paid Caregivers - Future Steps

- Upon CMS approval, the following operational and system modifications will be implemented:
 - Policy Revisions
 - MCO network development for the family support service
 - Case Manager Training
 - Member and family member education and outreach

Tribal Feedback on the Proposed PPCG Program

- What questions or concerns do you have regarding the proposed PPCG program?
- What potential impacts on your community would you like to share?
- What factors should AHCCCS be considering as we think about implementing this program?
- What, if any, additional AHCCCS resources are needed to ensure a culturally relevant implementation?

Parents as Paid Caregivers Resources

- More information on the Parents as Paid Caregivers Waiver Amendment can be found at <https://www.azahcccs.gov/Resources/Federal/PendingWaivers/ParentCareGivers.html>.
- The web page includes a summary of Arizona's Demonstration amendment request & the schedule (dates and times) of public forums across the state.

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 may be received from 07/07/2023 to 08/21/2023

Open Discussion



Housing and Health Opportunities (H2O)



Alex Demyan
DCAIR Assistant Director

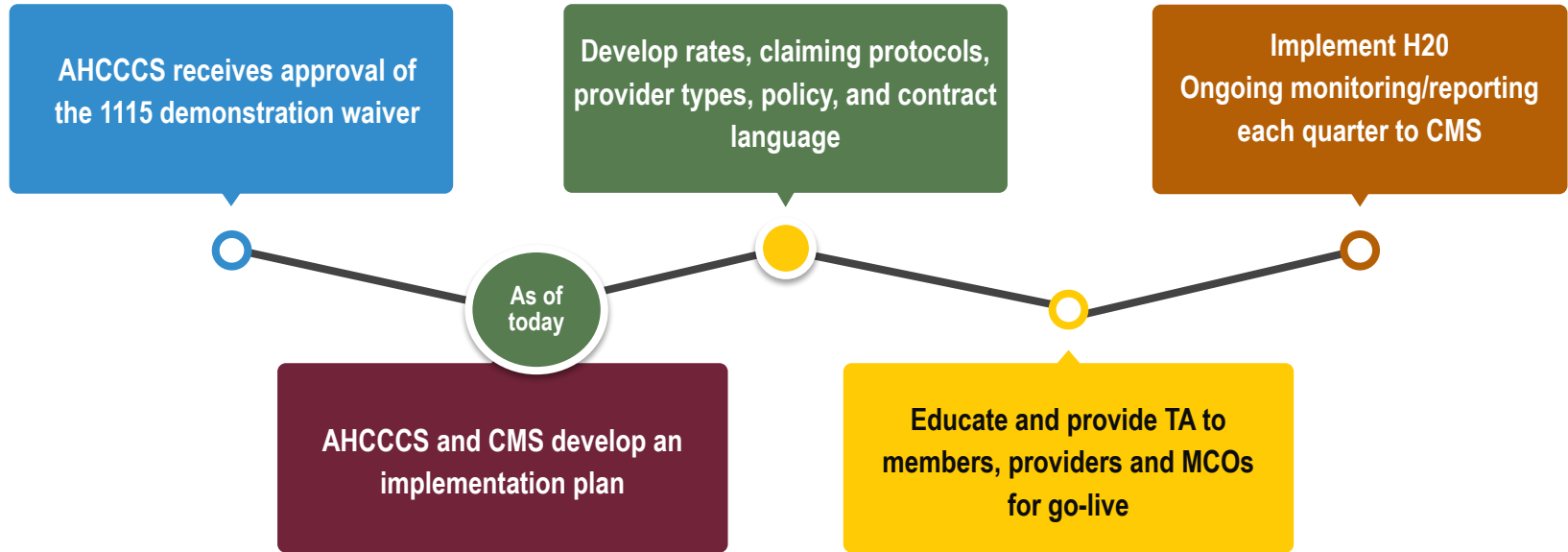
AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability

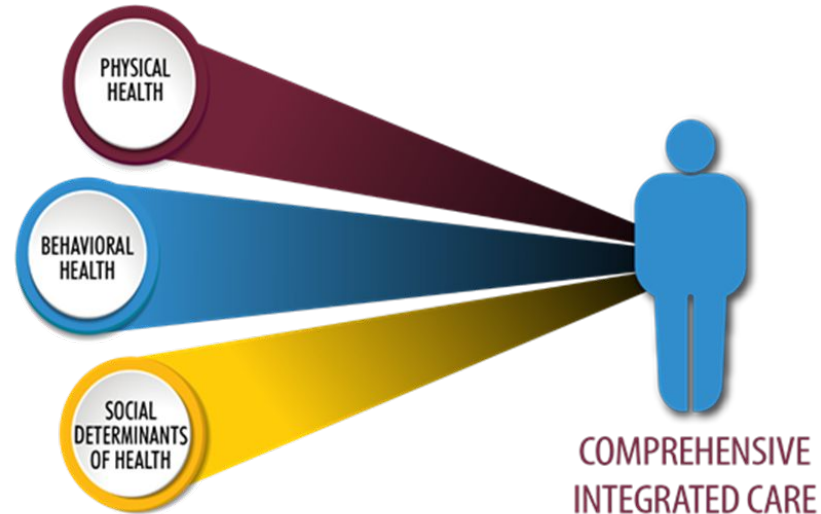
Waiver Implementation - H20



**Deliverables are ongoing throughout the entire demonstration period.

Services

- Outreach and Education Services
- Transitional Housing - 6 Months
 - Transitional Housing Setting (Enhanced Shelter)
 - Apartment or Rental Unit (Rental Assistance)
- One-time Transition and Moving Costs
- Home Accessibility Modifications and Remediation
- Housing Pre-Tenancy Services
- Housing Tenancy Services



Third Party Administrator (Under Consideration)

- As proposed:
 - Increase provider enrollment for Community Based Organizations addressing Health Related Social Needs,
 - Verify member eligibility for H2O services following AHCCCS guidelines,
 - Coordinate H2O services with health plans, integrated service providers and H2O-providers,
 - Develop a streamlined process for H2O-providers to submit actions for reimbursement and ensure compatibility with Medicaid claims,
 - Monitor and track H2O service utilization data, and
 - Provide Technical Assistance to H2O-Providers.

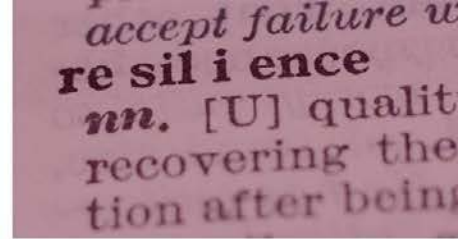
Next Steps

- Receive approval of the H2O Implementation Protocol
- Establish a license and new provider type as described in Implementation Protocol.
- Develop policies, establish reimbursement structure, rates, and methods of for billing.
- Hold future sessions with the community that will outline the proposed reimbursement structure, potential rates, timelines, and policy impacts.
- Continue working with members, communities, health plans, and stakeholders to develop the new H2O services.
- **NEW:** Anticipated go-live for H2O is October 1, 2024 (was October 1, 2023)

Open Discussion

Tribal Feedback on the H2O Program

- What questions or concerns do you have regarding the proposed H2O program?
- What potential impacts on your community would you like to share?
- What factors should AHCCCS be considering as we think about implementing this program?
- What, if any, additional AHCCCS resources are needed to ensure a culturally relevant implementation?



Updates: Other AHCCCS Initiatives

Update: Other AHCCCS Initiatives

- ARP Directed Payments
 - MCO and FFS payments rolled out over the last few months
- American Rescue Plan (ARP) Act Program Awards
 - Proposals are currently being reviewed
 - Award letters anticipated to go out in July and payment to be made in August
- Traditional Healing
 - CMS has re-initiated conversations around the AHCCCS traditional healing proposal
- Justice In-Reach Proposal
 - AHCCCS will be publishing a position paper for public feedback

Open Discussion

Division of Health Care Services (DHCS) Division of Grants and Innovation (DGI)

Elizabeth Da Costa, AHCCCS Housing Administrator
Katelyn Murphy, AHCCCS Clinical Program Manager

AMPM Policy 320- P2

SMI Targeted Services

History: SAMHSA Evidence Based Practice (EBP) services have been available to members with an SMI designation and monitored in Maricopa County as part of Arnold v. Sarn Exit Litigation since 2014. Services include: Assertive Community Treatment (ACT), Permanent Supportive Housing (PSH), Supported Employment (SE), and Consumer Operated Services (COS).

APC Date: TBD

Tentative Publishing Date: 10/1/2023

Direct Impact: MCOs, FFS

Summary: The purpose of this policy is to outline clear expectations of what should be included in each EBP, along with identifying metrics for “meeting expectations,” and reporting requirements for providers who do not meet expectations.

Goal: Create parity in service delivery across the state as these four services as they become available statewide.

AMPM Policy 320- H

AHCCCS Housing Program

History: Moving ACOM 448 to AMPM Policy 320-H to apply across relevant lines of business. The AHCCCS Housing Program is a combination of rental subsidies and supportive services. The rental subsidies are not Medicaid covered services, the funds come from a state appropriation of general funds designed to meet the housing needs of members with a Serious Mental Illness. A small portion of the funds can be used for rental subsidies for members who are GMH/SU and determined HCHN by their health plan. The supportive services are Medicaid covered services and the Contractor is responsible for ensuring adequate services are in place for members determined to be in need.

APC Date: TBD

Tentative Publishing Date: 10/1/2023

Direct Impact: MCOs, FFS, Statewide Housing Administrator

Summary: Moved to AMPM, added Statewide Housing Administrator Responsibilities, added Contractor responsibility of identifying members with housing needs and ensuring adequate service providers in place to meet the supportive service needs of members. Added SMI HTF details and new attachments to policy for ease of access and understanding.

Next Steps for Housing/Targeted Services Policies

- Draft policies will be sent for review and feedback
- Feedback will be discussed during future meeting
- Policy updates made following discussion

Policies Open for Comment

AHCCCS Public Comment Page

The screenshot shows a web browser window with the URL `ahcccs.commentinput.com/comment/search`. The page features the AHCCCS logo and a search bar. A modal window titled "AHCCCS Public Comment" is displayed, containing the following elements:

- Search Filters:**
 - Type: All (dropdown)
 - Status: Open (dropdown)
 - Sort: Closing Soon (dropdown)
 - Apply Filter button
- Results:** 22 results
- Comment Item:**
 - Title: AMPM EXHIBIT 300-2A - AHCCCS COVERED SERVICES BEHAVIORAL HEALTH
 - Buttons: AMPM EXHIBIT 300-2A (green), Comment Now > (blue)
 - Metadata: Type: ACOM/AMPM Policies, Division: AHCCCS, Status: Open for Comment, County: N/A
 - Timestamp: Due Jun 26, 2023 05:00 PM (US/Arizona)

AMPM

- AMPM EXHIBIT 300-2A - AHCCCS COVERED SERVICES BEHAVIORAL HEALTH
- AMPM POLICY 320-U - PRE-PETITION SCREENING, COURT ORDERED EVALUATION, AND COURT ORDERED TREATMENT
- AMPM POLICY 310-GG - NUTRITIONAL THERAPY, METABOLIC FOODS, AND TOTAL PARENTERAL NUTRITION
- AMPM POLICY 310-P - MEDICAL EQUIPMENT, MEDICAL APPLIANCES, AND MEDICAL SUPPLIES

AMPM

- AMPM POLICY 520 - MEMBER TRANSITIONS
- AMPM POLICY 1040 - OUTREACH, ENGAGEMENT, AND RE-ENGAGEMENT FOR BEHAVIORAL HEALTH
- AMPM POLICY 590 - BEHAVIORAL HEALTH CRISIS SERVICES AND CARE COORDINATION
- AMPM EXHIBIT 400-3 - AHCCCS MATERNAL CHILD HEALTH-EPSDT MEMBER OUTREACH

AMPM

- AMPM POLICY 320-O - BEHAVIORAL HEALTH ASSESSMENTS, SERVICE, AND TREATMENT PLANNING
- AMPM POLICY 320-P - ELIGIBILITY DETERMINATIONS FOR INDIVIDUALS WITH SED AND SMI
- AMPM POLICY 431 - ORAL HEALTH CARE FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) AGED MEMBERS

ACOM

- ACOM POLICY 416 - PROVIDER INFORMATION
- ACOM POLICY 325 - TARGETED INVESTMENTS 2.0 PROGRAM
- ACOM POLICY 405 - CULTURAL COMPETENCY, LANGUAGE ACCESS PLAN, AND FAMILY/MEMBER CENTERED CARE
- ACOM POLICY 103 - FRAUD, WASTE, AND ABUSE
- ACOM POLICY 406 - MEMBER HANDBOOK AND PROVIDER DIRECTORY
- ACOM POLICY 436 - NETWORK STANDARDS

ACOM

- ACOM POLICY 417 - APPOINTMENT AVAILABILITY, TRANSPORTATION TIMELINESS, MONITORING, AND REPORTING
- ACOM POLICY 434 - COORDINATION OF BENEFITS AND THIRD-PARTY LIABILITY
- ACOM POLICY 201 - MEDICARE COST SHARING FOR MEMBERS COVERED BY MEDICARE AND MEDICAID
- ACOM POLICY 408 - ADMINISTRATIVE ACTIONS
- ACOM POLICY 438 - ADMINISTRATIVE SERVICES SUBCONTRACTOR EVALUATION

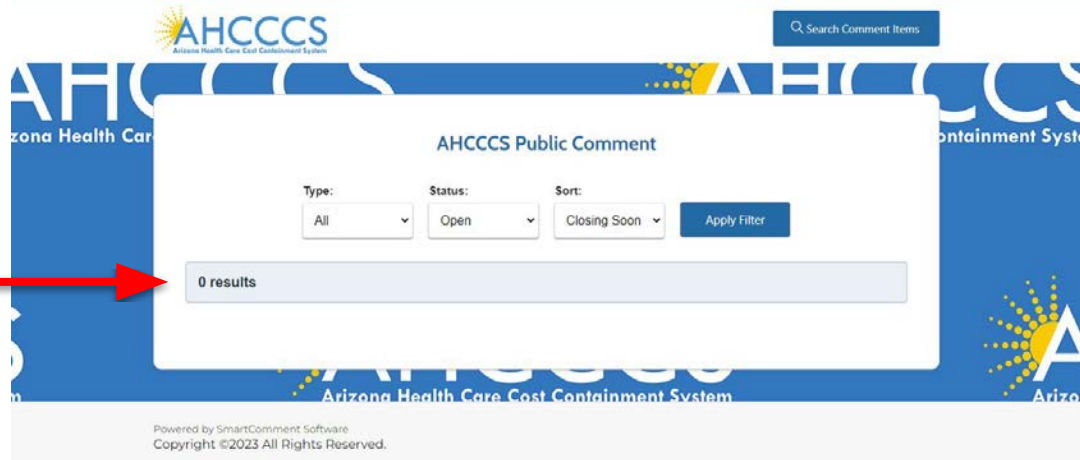
Next AHCCCS Special Tribal Consultation - Policy:

Date/Time TBD

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

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.



Tribal Relations Update

Tribal Relations Updates

Tribal Consultations Engagement Highlights

- 2021 vs 2022
 - 4 Quarterly and 7 Ad Hoc
 - ↓ 191 (~25% decrease)
- 2022 vs 2023 To-Date
 - ✓ 1 Quarterly and 2 Ad Hoc
 -  2 Quarterly and 2+ Ad Hoc
 - Potential ↑30%+ increase

Tribal Relations Updates

Goals

- ★ Establish and strengthen relationships
- ★ Improve tribal consultation
- ★ Enhance communication
- ★ Promote cultural competency and sensitivity

Tribal Relations Updates

2023 Projects

- Tribal Consultation Review
 - Framing Paper
 - Post-Meeting Surveys
 - 1-on-1 meetings
 - Compile Report (EOY)
- Redesign Tribal Relations webpages
- Develop external communications
- Create and distribute internal survey
- MCO Tribal Report Review
- Meetings (ongoing)
 - Quarterly Tribal Consultations
 - Ad Hoc Consultations
 - Quarterly IHS AD/CMO Meetings

Tribal Relations Update

- Post-Meeting Surveys
- Tribal Invite Letters
- Tribal Relations Listserv
- AHCCCS Tribal Relations Webpages - Survey

Closing Remarks

Announcements

AHCCCS Special Tribal Consultation - Policy:

Date/Time TBD

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

AHCCCS Special Tribal Consultation - BH Series:

July 18, 2023

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

*Please send any agenda recommendations to Christine.Holden@azahcccs.gov by July 7, 2023.

Next AHCCCS Quarterly Tribal Consultation:

August 10, 2023

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

*Please send any agenda recommendations to Christine.Holden@azahcccs.gov by July 27, 2023.

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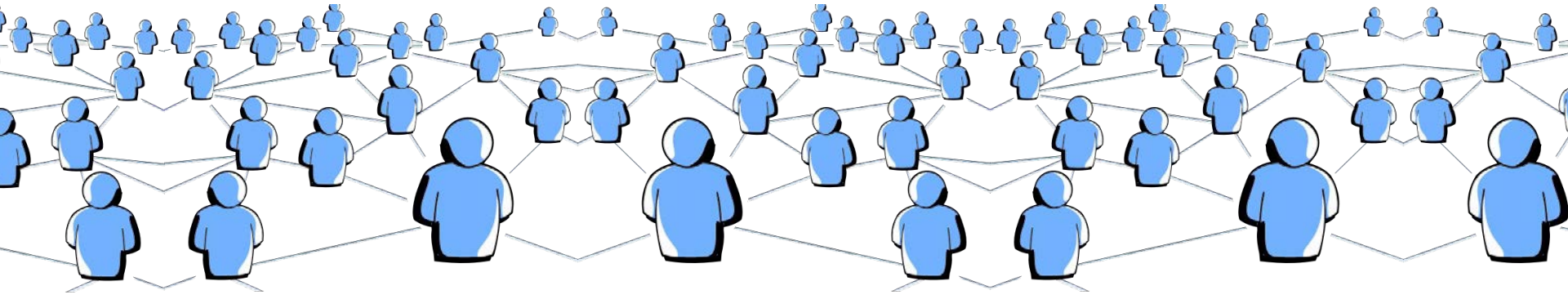
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Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

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!