



Contract Changes for October 1, 2020

(Not an all-inclusive list of changes)

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ACOM and AMPM Policies

- There are approximately 5 policies in progress for 10-1-20. Numerous others are available in the ACOM/AMPM Approved Not Yet Effective website or available for comment on the ACOM/AMPM Tribal Consultation Notification/Public Comment website.
- Behavioral health services for children in DCS custody were anticipated to transition from the RBHA Contractors to DCS/CMDP effective October 1, 2020. However, this implementation has been delayed until April 1, 2021. Many revisions were already completed for ACOM and AMPM Policies and Attachment(s) related to this anticipated integration. Those policies and revisions will remain in the policies available on the web for 10/1/20; but those portions related to the change will not be applicable until April 1, 2021. Revisions unrelated to the integration of behavioral health services for CMDP members; will continue to be effective October 1, 2020. A list of impacted policies is available on the ACOM/AMPM websites and the Revision Memos.

Minimum Subcontract Provisions (MSPs)

- Added requirements pursuant to the Report of the Abuse & Neglect Prevention Task Force to Governor Douglas A. Ducey (November 1, 2019) developed in response to Executive Order 2019-03. This includes requirements related to: Adult Protective Services Registry Check; Abuse, Neglect, and Exploitation Prevention; Corporate Governance for Providers.
- Added Dugless Portal Data Provider Reporting Requirements.

Contracts – *Definitions*

All Title XIX/XXI Contracts had the following definitions added:

- Case Manager - Arizona licensed registered nurses in good standing, social workers, or individuals who possess a bachelor's degree in psychology, special education, or counseling and who have at least one year of Case Management experience, or individuals with a minimum of two years' experience in providing Case Management services to individuals who are elderly and/or individuals with physical or developmental disabilities and/or have been determined to have a Serious Mental Illness (SMI).
- Health Home - A provider that either provides or coordinates and monitors the provision of all primary, physical health, behavioral health and services and supports to treat the whole person. A Health Home can be an Outpatient Behavioral Health Clinic, a Federally Qualified Health Center or an Integrated Care Provider. Members may or may not be formally assigned to a Health Home.

Contracts – *Definitions (cont.)*

All Title XIX/XXI Contracts had the following definitions added:

- Person-Centered Plan - A written plan developed through an assessment of functional need that reflects the services and supports (paid and unpaid) that are important for and important to the member in meeting the identified needs and preferences for the delivery of such services and supports. The Person-Centered Service Plan shall also reflect the member's strengths and preferences that meet the member's social, cultural and linguistic needs, individually identified goals and desired outcomes, and reflect risk factors (including risks to member rights) and measures in place to minimize them, including individualized back-up plans and other strategies as needed.

Non-Title XIX/XXI Contracts had the following definition added:

- General Fund - The primary fund of a government that is used to record all assets and liabilities not assigned to a fund used for some specific purpose. AHCCCS receives specific appropriations of the general fund for Non-Title XIX/XXI behavioral health services from the Arizona State Legislature.

Contracts – *ALTCS (DDD and E/PD) Case Management*

- The definition of the Case Management process was revised to align with policy. Additionally, language changed/added to the Case Manager roles and responsibilities to align with policy and for clarification.
- Person-Centered language added throughout this section.

Contracts - *Behavioral Health Service Delivery*

- Included requirements for a Provider Case Management Plan.
- Replaced CASII assessment with Child and Adolescent Level of Care Utilization System (CALOCUS).
- Strengthened language around Transition Aged Youth, Trauma Informed Care, and Evidence Based Practice in response to feedback from the continuum of Care Workgroup.

Contracts – *Crisis Services*

- Clarified responsibilities of the Contractor of Enrollment responsibility to prevent crisis system utilization and care coordination expectations if an assigned member engages with crisis.
- (T19/21 RBHAs) - Added the following expectations/clarifications: 1) Crisis payment responsibility for FESP members; 2) Provision of and annual status reporting of crisis services delivered on tribal lands; 3) Implementation of SAMHSA's National Guidelines for Crisis Care; 4) Law Enforcement outreach and performance measure expectations for mobile team response times; 5) Adoption of warm-handoffs, trauma informed/responsive care approach in delivery of crisis care.
- (NT19/21 RBHAs) - Added language clarifying the expectation the RBHA must provide crisis services for up to 72 hours for Non-Title XIX/XXI members.

Contracts - *Finance*

- (ACC) Removed Fixed Administrative Cost Component Reconciliation Added Practitioner/Dentist Rate Adjustment requirements. Updated APSI, PSI, DAP and FQHC DAP language. Added HEALTHII directed payment requirements. Calculations for Financial Viability Measures should now include audit adjustments.
- (CMDP) Added APSI, PSI, and HEALTHII directed payment requirements. Updated DAP and FQHC DAP language. Calculations for Financial Viability Measures should now include audit adjustments.
- (DDD Added Practitioner/Dentist Rate Adjustment requirements. Updated APSI, PSI, DAP, and FQHC DAP language. Added HEALTHII directed payment requirements. Calculations for Financial Viability Measures should now include audit adjustments.
- EPD Added Practitioner/Dentist Rate Adjustment requirements. Updated APSI, PSI, Nursing Facility Enhanced Payment, DAP, and FQHC DAP language. Added HEALTHII directed payment requirements. Calculations for Financial Viability Measures should now include audit adjustments.
- (T19/21 RBHAs) Added Practitioner/Dentist Rate Adjustment requirements. Updated APSI, PSI, DAP, and FQHC DAP language. Added HEALTHII directed payment requirements. Calculations for Financial Viability Measures should now include audit adjustments. Removed the requirement to submit Top 20 provider audits.
- (NT19/21 RBHAs) Updated language for Management of Federal Block Grants Funds and other Federal Grants. Added Management of Non-Title XIX/XXI Non-Federal Grant Funds.

Contracts – *Grants / Non-Title XIX/XXI* (*Non-Title XIX/XXI RBHA Contracts*)

- Clarifications made throughout to specify reporting for populations covered under this Contract.
- Policy 320-T has been split into two policies; 320-T1 (Grants) and T2 (Other NonT19/21 funding) and references are revised throughout.
- Clarified that Operational Reviews will occur annually and when scheduled for the same year will be combined with the Title XIX/XXI Operational Reviews.
- Included language regarding removal of Prevention from the RBHA contracts effective 7/1/21; pursuit of Housing Administrator effective 10/1/21; and intent to implement Performance Metric requirements.
- Expanded staffing requirements to require Grants Administrator and Non-Title XIX/XXI Funding Coordinator.

Contracts

Grievance and Appeals System Standards

- (DDD, E/PD, and T19/21 RBHAs) - Clarified language regarding SMI grievances and SMI appeals processes.
- (NT19/21 RBHAs) - Clarified language on SMI and Non-Title XIX/XXI grievance and appeals processes.

Health Information Exchange (HIE)

- Recommend 10% increase in recruitment of high volume providers to Health Current.

Contracts - *Housing*

- Added Permanent Supportive Housing definition, and standardized Contractor responsibilities and reporting.
- Standardized "Housing Specialist" position and duties.
- Included description of Permanent Supportive Housing Administrator regarding AHCCCS upcoming RFP for a single statewide Housing Administrator contracted directly with AHCCCS - effective October 1, 2021.
- (T19/21 RBHAs) Redrafted Permanent Supportive Housing Services description and duties. Added transition requirements for Housing Administrator. Clarified Housing Administrator staff position definition and duties.

Contracts

Interoperability for Payers

- Added revised paragraph from Section D, Program Requirements, Pending Issues, Interoperability for Payers

Medical Management

- Requirement added that if the Contractor intends to delegate a portion of the Care Management functions, prior approval is required.
- Removed Special Health Care Needs deliverable.

Network Appointment Standards & Network Management

- Added appointment and reporting requirements regarding adopted children (refer to ACOM Policy 449).
- Added deliverable requiring reporting for Facility and Member Placement.

Contracts – *Medicare*

- Clarified/simplified list of Medicare covered preventive health benefits
- Clarified that dual eligible members enrolled in Medicare Advantage plans or D-SNPs to follow plan rules
- (NT19/21 RBHAs) - Clarified to use Non-Title XIX/XXI funds to cover Medicare Part D copayments for Title XIX/XXI and Non-Title XIX/XXI SMI members
- Added reference to CMS-determined requirement effective 01-01-2021 for Highly Integrated Dual Eligible Special Needs Plan (HIDE SNP) status

Contracts – *Network Development*

- Added expectation for participation in to participate in ET3 activities (Emergency Triage, Treat, and Transport).
- Modified MSIC contracting requirements to require Contractors to attempt to contract with any additional MSICs which have provided services to the Contractor's members.
- Added Homeless Management Information System (HMIS) requirements. AHCCCS requires all Contractors to support this effort by ensuring key program and operational staff participate in the planning and implementation of data sharing structure and protocols and activities to support these efforts.

Contracts – Workforce Development

- Contract language was modified to reflect changes to ACOM Policy 407.
- Requirements were added to clarify the role expectation, duties, and experiences of the WFD Administrator.
- Clarified the expectations of the WFD Operation and its collaboration with internal health plan functions such as Network and Quality Management as well as a collaborating member of the AZ Health Plan Association WFD Alliance.
- Language was added to reflect actions to be taken in response to recommendations of Report of the Abuse and Neglect Task Force.
- The annual deliverables were decreased by one; the six month progress report of the WFD Plans progress was eliminated.
- The Criteria for submitting the annual deliverable, the Network Workforce Development Plan, was clarified.

Contracts – *Peer and Family*

- Added requirement to hold meetings with peers, family members, and other stakeholders at least every six months to gather input and discuss issues. This mirrors the RBHA contract requirement.
- Simplified the Peer and Family Support deliverable to lessen the burden on the MCOs.
- Provided new template for MCOs to identify new Peer-Run and Family-Run Organizations for Contractor networks.
- (CMDP) Added Member Advocate/OIFA Administrator role to contract.
- (RBHA) Clarified process to identify new Peer-Run and Family-Run Organizations for contractor networks.
- (RBHA) Removed the requirement for OIFA to collaborate with the Office of Human Rights and Independent Oversight Committees. This is a function for the Member Liaison Coordinator.

Contracts – *Reinsurance*

- Added requirements for reporting - Catastrophic Reinsurance and Crossover Member List and Transplant Reinsurance Crossover Member List for continuation of previously approved catastrophic reinsurance (now required via SharePoint on AHCCCS Template).
- (ACC)Removed strike-through that was on the Draft Amendment regarding *Other Catastrophic Reinsurance and Payment of Regular and Catastrophic Reinsurance Cases* [stricken in error].
- (CMDP)Removed language regarding no reinsurance for Prior Period Coverage.

Contracts – *Subcontracts*

- Added statutory requirements related to OTP programs and specific inpatient facilities. Pursuant to A.R.S. §36-2907.14, in addition to all State or Federal licensing and registration requirements, any Opioid Treatment Program (OTP) (including New and Existing OTP sites) receiving reimbursement from AHCCCS or its Contractors must develop and submit Plans as specified in statute, and any relevant documentation, for review and approval by AHCCCS.
- Significantly revised Pharmacy Benefit Manager (PBM) reimbursement provisions.
- Supported Employment:
 - (ACC) Added new requirement for Contractor monitoring that supports staff development and professional development with regard to achieving workforce competencies listed in ACOM Policy 447.
 - (RBHA) Replaced the 7% increase in referrals to RSA/VR & the ISA Membership Plan with Contractor monitoring requirements that support staff development and professional development with regard to achieving workforce competencies listed in ACOM Policy 447.

Contracts –

Quality Management/Performance Measures

- Contractor's QM/PI Program - Additional items outlined within the associated list of requirements.
- Accreditation – Additional requirement for achieving NCQA accreditation specific to its Medicaid Line of business by October 1, 2023 (AHCCCS will adjust this timeline accordingly if funding is not available).
- Performance Measures – Reorganized and revised to reflect transition from AHCCCS-calculated to Contractor calculated Performance Measures, transition from Contract Year Ending (CYE) to Calendar Year measurement period for Performance Measure calculations, and outline Contractor expectations as it relates to Statewide Aggregate Performance Measure in comparison with Contractor Specific Performance Measures.
- (ACC and CMDP) Contractor Performance Measure Reporting – New subsection outlining maintained and updated requirements specific to performance measure reporting; revision to Title XIX and Title XXI reporting requirements.

Contracts –

Quality Management/Performance Measures (cont.)

- Quality Improvement Performance Requirements – Reorganized and revised to reflect revisions noted in the preceding Performance Measure subsection, the additional requirement related to NCQA accreditation, and transition AHCCCS Minimum Performance Standards to national NCQA HEDIS® Medicaid Means/CMS Medicaid Medians.
- Revised requirements for the Behavioral Health Clinical Chart Audit Findings and Summary Report to include: a requirement for a trending analysis; a list of the Providers and sample size that were included in the audit; breakdown of trends by subpopulation (e.g. ACC, CMDP, DDD, EPD, SMI); and utilization of a stratified random sample that is representative of the Provider's member population, relative to the contractual relationship between the Provider and Contractor conducting the audit. AHCCCS will provide the sample of clinical charts to be pulled for each Contractor, based on population served.

Contracts –

Quality Management/Performance Measures (cont.)

- A new section, Annual Medical Record Review Audit (AMRR), was added to cover the physical health audit process. The methodology information mirrors what has been in AMPM Policy 940. The major change is an addition of staffing requirements for completion of the AMRR. The Contractors are required to utilize RNs or LPNs unless different requirements were established prior to 10/1/2020 and agreed upon between the Contractor and AzAHP.
- Attachment F3, Contractor Chart of Deliverables– Revised due dates for PIP deliverables, as well as separated of the QM/PI Work Plan Evaluation from the QM/PI Program Plan, based on the above noted transition from calculating performance measures on a Calendar versus Contract Year Ending (CYE) basis.
- (NT19/21 RBHAs) - Significant changes noted within the following subsections:
 - Quality of Care Concerns and Investigations –Subsection relocated and revised
 - Incident, Accident, and Death Reporting – Subsection added
 - Seclusion and Restraint – Subsection added

Questions?