

June 29, 2020

Kelsey Smyth

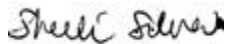
Project Officer, Division of State Demonstrations, Waivers & Managed Care
Center for Medicaid, CHIP and Survey & Certification
Centers for Medicare and Medicaid Services
Mailstop: S2-01-16
7500 Security Blvd.
Baltimore, Maryland 21244-1850

Dear Ms. Smyth:

In accordance with Special Terms and Conditions paragraph 52, enclosed please find the Quarterly Progress Report for January 1, 2020 through March 31, 2020, which also includes the Quarterly Quality Initiative, and the Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Mohamed Arif at Mohamed.Arif@azahcccs.gov or Shreya Prakash at Shreya.Prakash@azahcccs.gov.

Sincerely,



Shelli Silver
Deputy Director- Health Plan Operations

**AHCCCS Quarterly Report
January 1, 2020 – March 31, 2020**

TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report
Demonstration Year: 37
Federal Fiscal Quarter: 2nd (January 1, 2020 – March 31, 2020)

INTRODUCTION

As written in Special Terms and Conditions (STCs), paragraph 52, the State submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the Demonstration.

ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for January 1, 2020 through March 31, 2020, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

¹ Population Groups	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr ⁱ²
Acute AFDC/SOBRA	1,110,778	2,998	64,843
Acute SSI	196,041	148	8,552
Prop 204 Restoration	348,300	811	23,921
Adult Expansion	109,664	345	9,497
LTC DD	35,203	26	302
LTC EPD	33,826	13	2,352
Non-Waiver	99,322	237	7,007
Total	1,933,134	4,578	116,474

¹ Data is loaded and reported 45 days after the end of the quarter. This report differs from previous reports in that data is unduplicated and is updated quarterly. Data that contains no Medicaid funding (state only) is excluded from this report. State only Regional Behavioral Health Authority (RBHA) Plans have no Medicaid funding and are excluded from this CMS report

² Number of involuntary disenrollment are impacted (reduced) due to maintenance of effort requirements in place related to the Families First Coronavirus Response Act

Table 2 is a snapshot of the number of current enrollees (as of April 1, 2020) by funding categories as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan ³	1,355,556
Title XXI funded State Plan ⁴	37,941
Title XIX funded Expansion ⁵	416,670
• Prop 204 Restoration (0-100% FPL)	340,549
• Adult Expansion (100% - 133% FPL)	76,121
Enrollment Current as of	4/1/2020

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

On March 17 and March 24, 2020, the Arizona Health Care Cost Containment System (AHCCCS) submitted requests to the Administrator for the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of 2019 novel coronavirus (COVID-19). AHCCCS was seeking a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
- Remove cost sharing and other administrative requirements to support continued access to services

Specifically, Arizona requested authority to implement the following flexibilities, for the duration of the emergency period, under an 1135 Waiver:

- Permit providers located out of state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees
- Streamline provider enrollment requirements
- Cease revalidation of providers who are located in state or otherwise directly impacted by the disaster event
- Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law
- Waive payment of the provider enrollment application fee
- Waive requirements for site visits to enroll a provider
- Suspend Medicaid fee-for-service prior authorization requirements

³ SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1

⁴ KidsCare

⁵ Prop 204 Restoration & Adult Expansion

- Require fee-for-service providers to extend existing prior authorizations through the termination of the emergency declaration
- Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments

In addition to the 1135 Waiver flexibilities, Arizona also requested the following 1115 Waiver and Appendix K authorities for the duration of the emergency period:

- Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)
- Permit payment for home and community based services (HCBS) rendered by family caregivers or legally responsible individuals
- Expand the provision of home delivered meals to all eligible populations
- Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19
- Authority to make retention payments to all provider types as appropriate, including but not limited to HCBS providers
- Authority to provide long-term care services and supports to impacted members regardless of whether or not timely updates are made in the plan of care, or if services are delivered in alternative settings
- Authority to waive the State from complying with the HCBS settings requirement at 42 CFR 441.301(c)(4)(vi)(D), which details that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014. The state is seeking this authority to minimize the spread of infection during the COVID-19 pandemic
- Authority to add an electronic method of service delivery (e.g., telephonic), allowing services to continue to be provided remotely in the home setting for:
 - Case managers
 - Personal care services that only require verbal cueing
 - In-home habilitation
- Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCSS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
- Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers
- Allowing case management entities to provide direct services in response to COVID-19
- Extending reassessments and reevaluations of a member's institutional level of need for up to one year past the due date, if needed
- Allowing the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings
- Adjusting prior approval/authorization criteria approved in the waiver
- Adjusting assessment requirements
- Adding an electronic method of signing off on required documents, such as the person centered service plans
- Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches)

- Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings

CMS approved components of Arizona’s request under the 1135 Waiver, Appendix K and State Plan. Information regarding the status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency) can be found [here](#)

Waiver Evaluation Update

In accordance with STC 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 Waiver Demonstration. In addition, AHCCCS is also required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 Waiver Demonstration by December 31, 2020 and February 12, 2023 respectively.

AHCCCS has contracted with Health Service Advisory Group (HSAG) to serve as the independent evaluator for Arizona’s 1115 Waiver Demonstration. In SFY 2019, AHCCCS worked with HSAG to develop Evaluation Design Plans for the following programs:

- AHCCCS Complete Care (ACC) Program
- Arizona Long Term Care System (ALTCS) Program
- Comprehensive Medical and Dental Program (CMDP)
- Regional Behavioral Health Authorities (RBHA)
- Targeted Investments (TI) Program
- AHCCCS Works program
- Retroactive Coverage Waiver

On July 17, 2019, AHCCCS submitted the Waiver Evaluation Design Plans for the AHCCCS Works and Prior Quarter Coverage Waivers. On November 13, 2019 AHCCCS submitted the Waiver Evaluation Design Plans for the AHCCCS Core programs (ACC, ALTCS, CMDP, and RBHA) and Targeted Investments program to CMS.

On December 30, 2019, CMS recommended that Arizona include additional revisions to the design plans such as changing the methods for the pre-test/post-test analysis from a comparison of means to a time series model to control for secular trends and shifts in beneficiary characteristics; elaborate on sample sizes for the beneficiary surveys; and longer baseline periods in the evaluation designs for ALTCS, CMDP, RBHA, and TI.

On February 28, 2020, AHCCCS submitted the revised Waiver Evaluation Design Plans with the changes recommended by CMS. The Waiver Evaluation Design Plans are currently under CMS review.

Targeted Investments Program Update

The following is a summary of the accomplishments and activities of the AHCCCS Targeted Investments (TI) Program during the period January 1, 2020 to March 31, 2020:

- TI Program participant Year 3 milestone attestation and document submissions results finalized and were reported to Program provider participants.

- TI Program Year 4 milestone performance measures attribution methods were developed with internal and external stakeholder consultation.
- In collaboration with Arizona State University, monthly Quality Improvement Collaborative (QIC) sessions for TI Program participating providers were initiated, including an in-person kickoff meeting with over 300 attendees.
- The participant Attestation Portal update process continued to enable more streamlined calculation of Year 3 incentive payments and prepare for Year 4.
- There was continued engagement with AHCCCS managed care organizations (MCOs) to ensure alignment of TI Program and MCO provider performance expectations, and to identify opportunities to sustain integrated care delivery accomplishments, including MCO participation in the QIC.
- The TI team traveled to numerous program participant sites around the state to learn about their integrated care activities and to learn how they can be best supported in their continuing integration efforts.
- The TI team made presentations to internal and external stakeholders such as the Statewide Medicaid Advisory Committee on the Program and its impact on enhancing the integration of physical and behavioral health care to AHCCCS members served by TI Program participants.
- Work continued with the state health information exchange (Health Current) to support Program participants’ efforts to best utilize data received through bi-directional data exchange with the HIE.

Legislative Update

The legislature passed several bills in the 2020 Legislative session that will have impacts on the Agency including:

- **HB 2244**- Requires AHCCCS to request CMS approval for the provision of dental services beyond current service limitations when provided at IHS/638 facilities which are eligible for 100% FMAP
- **HB 2668**- Establishes a new hospital assessment which can be used to create a hospital directed payment program, increase practitioner and dental rates, and pay for administrative expenses. Funds cannot be used to pay for base reimbursement levels
- **SB 1523**-The Mental Health Omnibus bill requires commercial insurers to report on mental health parity, establishes funding to pay for BH services in schools for uninsured/underinsured children, and creates the suicide mortality review team at the Arizona Department of Health Services

The Arizona Legislature adjourned *Sine Die* on May 26th, 2020; the general effective date for legislation is August 25th, 2020. Due to the uncertainty of the COVID Emergency, the legislature may return for a special session later this year.

State Plan Update

During the reporting period, the following State Plan Amendments (SPA) were filed and/or approved:

SPA #	Description	Filed	Approved	Eff. Date
Title XIX				
SPA 19-012 - OP Hospital Rates	Revises Outpatient Hospital Rates effective 10/1/2019.	11/15/2019	12/16/2019	10/1/2019
SPA 19-013 - Dental AIR	Reflect the emergency dental benefit cap as being the higher of \$1000, or the full	12/02/2019	N/A	10/1/2019

SPA #	Description	Filed	Approved	Eff. Date
	AIR complete payment methodology in accordance with the OMB rate for IHS/638 facilities.			
SPA 19-014 - DRG Rates	Updates the State Plan DRG Rates, effective October 1, 2019	<i>12/30/2019</i>	<i>2/12/2020</i>	<i>10/1/2019</i>
SPA 19-015 - NF DAP	Updates the State Plan to update the NF DAP program.	<i>12/30/2019</i>	<i>2/12/2020</i>	<i>10/1/2019</i>
SPA 19-016 - EMS Rates	Updates the State Plan EMS rates, effective October 1, 2019.	<i>12/30/2019</i>	<i>3/12/2020</i>	<i>10/1/2019</i>
SPA 19-017 - NF Rates	Updates the State Plan to reflect updated nursing facility rates, effective October 1, 2019.	<i>12/30/2019</i>	<i>2/14/2020</i>	<i>10/1/2019</i>
SPA 19-018 - Other Provider Rates	Updates the State Plan Other Provider rates, effective October 1, 2019.	<i>12/30/2019</i>	<i>2/25/2020</i>	<i>10/1/2019</i>
SPA 19-019 - LTC & Rehab Rates	Updates the State Plan long-term care and rehabilitation rates, effective October 1, 2019.	<i>12/30/2019</i>	<i>1/28/2020</i>	<i>10/1/2019</i>
SPA 19-020 - Opioid DUR	Updates the State Plan to comply with SUPPORT Act requirements regarding opioid drug utilization reviews.	<i>12/30/2019</i>	<i>2/12/2020</i>	<i>10/1/2019</i>
SPA 19-021 - IP DAP	Updates the IP DAP program, effective October 1, 2019.	<i>12/30/2019</i>	<i>3/2/2020</i>	<i>10/1/2019</i>
SPA 19-022 - OP DAP	Updates the State Plan OP DAP program, effective October 1, 2019.	<i>12/30/2019</i>	<i>3/12/2020</i>	<i>10/1/2019</i>
SPA 19-023- MACPro Eligibility	Updates the MACPro system to reflect the Arizona eligibility criteria.	<i>12/30/2019</i>	<i>N/A</i>	<i>10/1/2019</i>
SPA 20-001 “COVID-19”	Amends the State Plan to provide the state discretion to waive copayments and other cost sharing requirements for a specified period of time in response to COVID-19.	<i>3/24/2020</i>	<i>4/1/2020</i>	<i>3/1/2020</i>
SPA 20-002 “CHIP COVID-19”	Updates the CHIP State Plan to provide the state flexibility to waive cost sharing requirements and to provide additional flexibilities around enrollment and renewal timeframes in response to COVID-19.	<i>3/16/2020</i>	<i>N/A</i>	<i>1/27/2020</i>
SPA 20-003 “Jan NF Rates”	Updates the State plan to update the NF rates.	<i>3/30/2020</i>	<i>4/9/2020</i>	<i>1/1/2020</i>
SPA 20-004 “COVID-19 2”	Amends the disaster relief SPA template to provide the state additional flexibilities to address the COVID-19 pandemic	<i>4/2/2020</i>	<i>4/9/2020</i>	<i>3/1/2020</i>

CONSUMER ISSUES

In support of the quarterly report to CMS, presented below is a summary of advocacy issues received in the Office of Client Advocacy (OCA) for the quarter January 1, 2020 – March 31, 2020.

Advocacy Issues⁶	January	February	March	Total
Billing Issues <ul style="list-style-type: none"> • Member reimbursements • Unpaid bills 	8	17	12	37
Cost Sharing <ul style="list-style-type: none"> • Co-pays • Share of Cost (ALTCS) • Premiums (Kids Care, Medicare) 	1	0	2	3
Covered Services	34	29	35	98
ALTCS <ul style="list-style-type: none"> • Resources • Income • Medical 	10	10	11	31
DES <ul style="list-style-type: none"> • Income • Incorrect determination • Improper referrals 	25	11	11	47
KidsCare <ul style="list-style-type: none"> • Income • Incorrect determination 	4	2	3	9
SSI/Medical Assistance Only <ul style="list-style-type: none"> • Income • Not categorically linked 	9	21	16	46
Information <ul style="list-style-type: none"> • Status of application • Eligibility Criteria • Community Resources • Notification (Did not receive or didn't understand) 	43	38	40	121
Medicare <ul style="list-style-type: none"> • Medicare Coverage • Medicare Savings Program • Medicare Part D 	2	5	10	17
Prescriptions <ul style="list-style-type: none"> • Prescription coverage • Prescription denial 	2	5	6	13
Fraud-Referred to Office of Inspector General (OIG)	1	0	0	1

⁶ Categories of good customer services, bad customer service, documentation, policy, and process are captured under the category it may relate to.

Quality of Care-Referred to Division of Health Care Management (DHCM)	30	34	36	100
Total	169	172	182	523

Issue Originator⁷	January	February	March	Total
Applicant, Member or Representative	159	166	163	488
CMS	1	1	4	6
Governor's Office	7	2	12	21
Ombudsmen/Advocates/Other Agencies	2	2	2	6
Senate & House	0	1	1	2
Total	169	172	182	523

OPT-OUT FOR CAUSE

Attached is a summary of the opt-out requests filed by individuals determined to be seriously mentally ill (SMI) in Maricopa County and Greater Arizona, broken down by months, MCOs, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

QUALITY ASSURANCE/MONITORING ACTIVITY

Attached is a description of AHCCCS' Quality Assurance/Monitoring Activities during the quarter. The attachment also includes updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance/Monitoring Activities

Attachment 3: Arizona Medicaid Administrative Claiming Random Moment Time Study Report

⁷ This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

STATE CONTACT(S)

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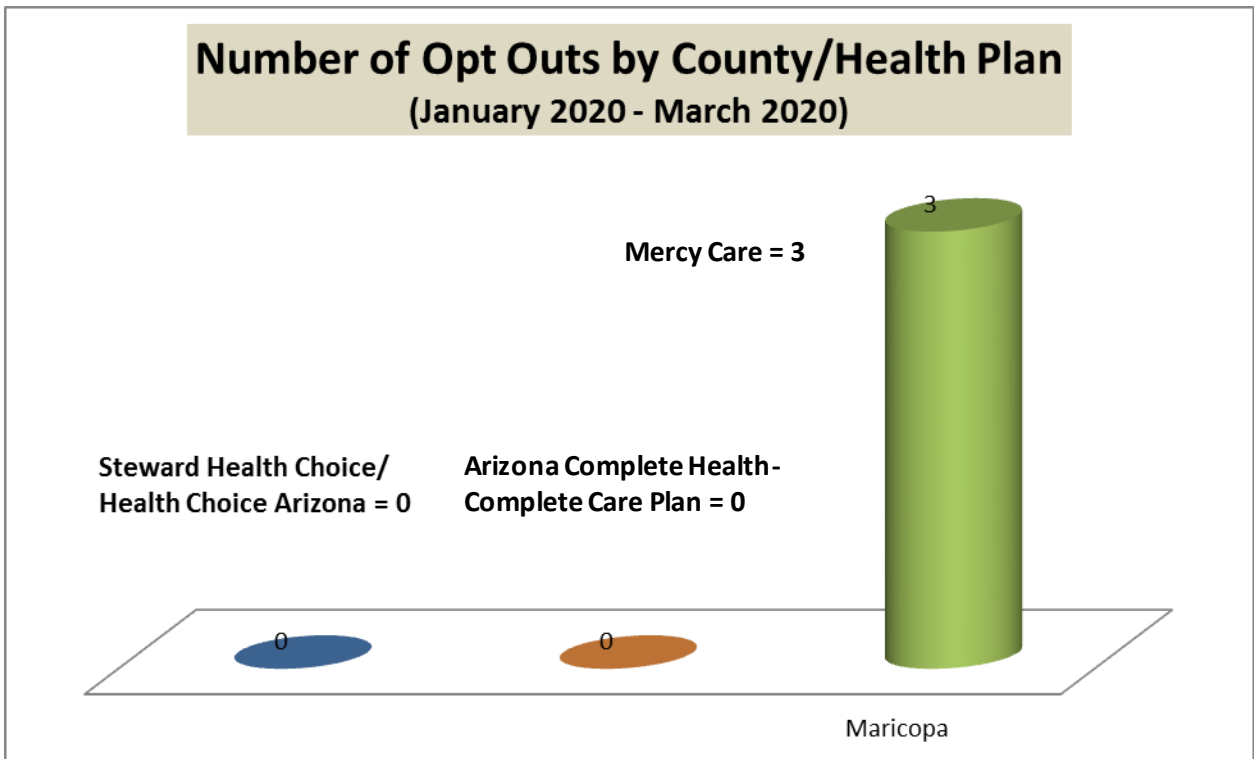
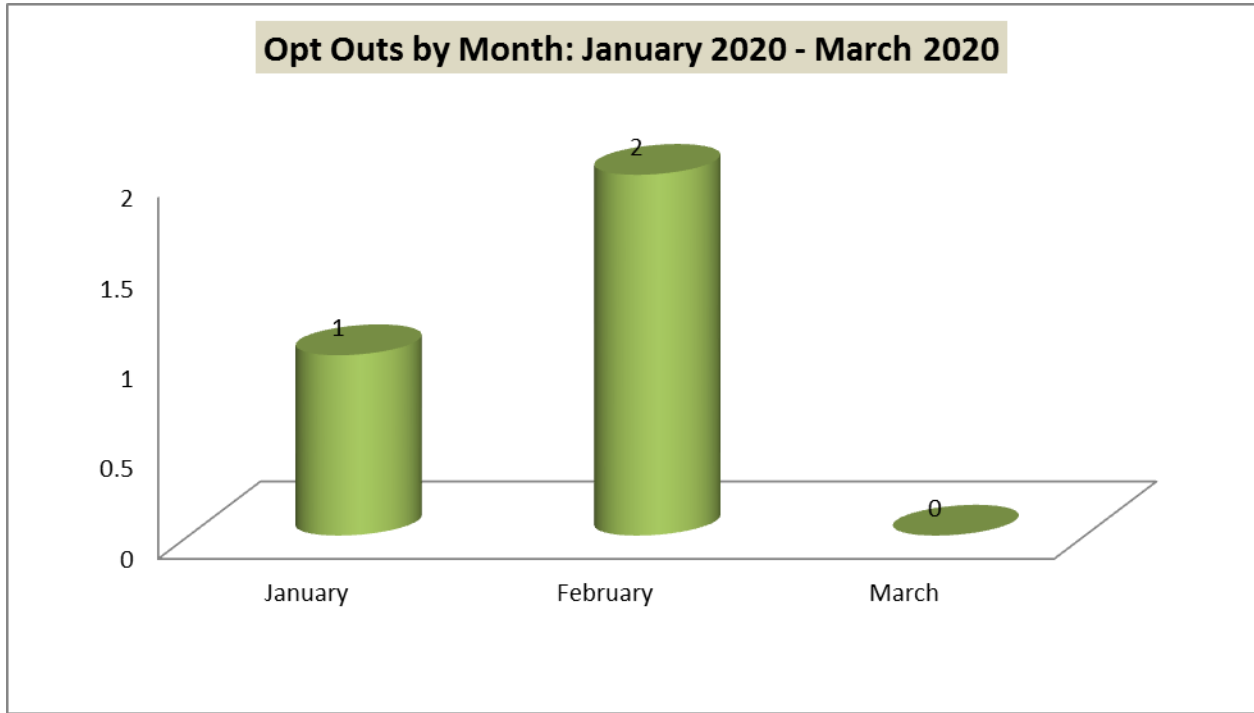
Shreya Prakash
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Shreya.Prakash@azahcccs.gov

DATE SUBMITTED TO CMS

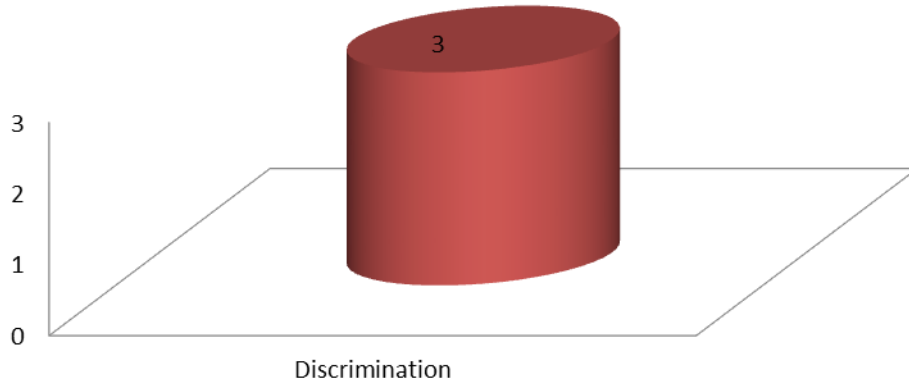
June 29, 2020

ATTACHMENT 1

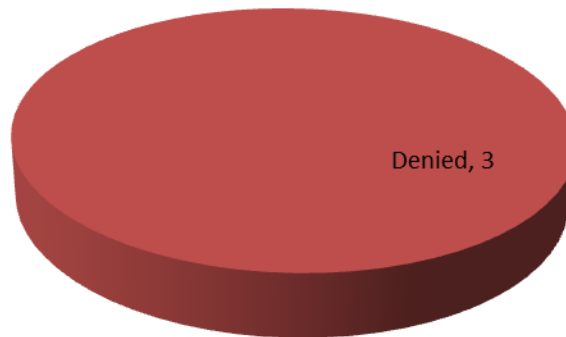
Opt Out for QTR 2 (January 1, 2020 – March 31, 2020)
Charts generated by Information Management/Data Analytics Unit
(IMDAU)



Reason for Opt Out
(January 2020 - March 2020)

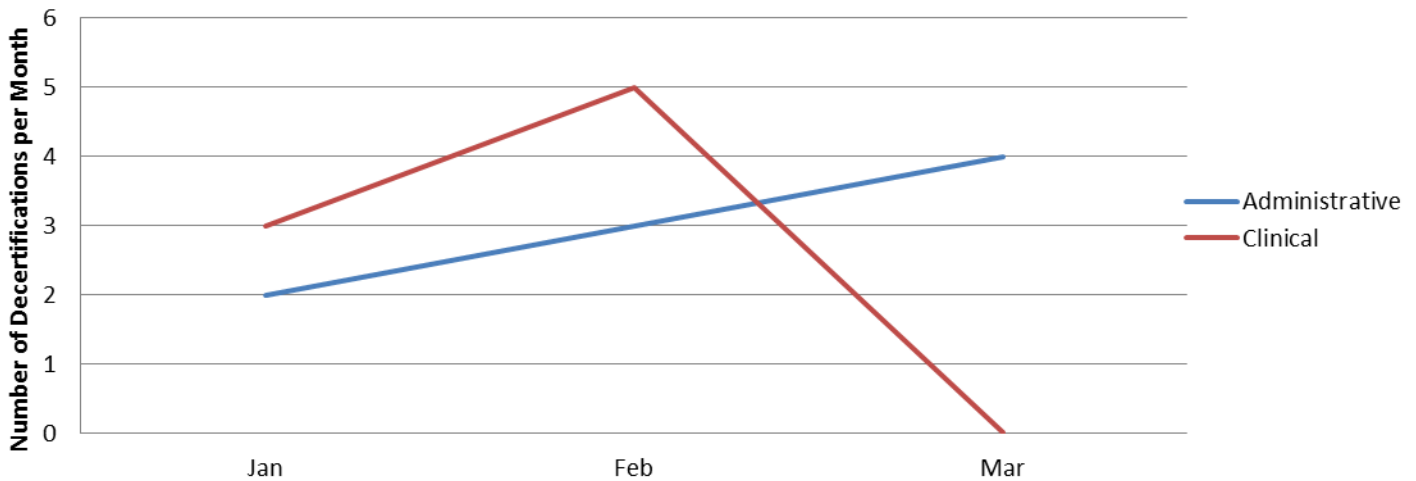


Initial Opt Out Decisions
(January 2020 - March 2020)



One Appeal Filed in March 2020			
Appeal Outcomes (January 2020 - March 2020)			
Approved	Withdrawn	Denied	Pending
0	0	0	1

Decertification by Type per Month: January 2020 - March 2020



ATTACHMENT 2

Quality Assurance/Monitoring Activity

Demonstration/Quarter Reporting Period

Federal Fiscal Quarter 2/2020 (January 1, 2020 – March 31, 2020)

Prepared by the Division of Health Care Management
April 2020

Introduction

This report describes the AHCCCS quality assurance and monitoring activities that occurred during the second quarter of Federal Fiscal Year 2020, as required in STC 52 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy, in accordance with the Managed Care Act requirements. This report will highlight AHCCCS activities and goals for the statewide care delivery model that occurred predominately between January 1, 2020 and March 31, 2020 along with other activities related to ongoing quality and performance improvement during the quarter.

The reported activities will be those occurring under the oversight of AHCCCS Division of Health Care Management (DHCM), including Quality Management (QM), Performance Improvement (PI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), System of Care, and the Arizona Long Term Care System (ALTCS). Additional activities within other areas of AHCCCS, such as Workforce Development, Office of Individual and Family Affairs (OIFA), Grants Management, Community Affairs, and Information Systems will also be reported, given their impact on quality and performance.

AHCCCS Strengths – Innovation and Community Involvement

AHCCCS is continually reviewing opportunities to improve the effectiveness and efficiency of Arizona's health care delivery system, as well as the methods utilized to promote optimal health for members. There are teams throughout the Agency that promote innovation and transparency for both internal and external processes. Below is an update on efforts in which numerous AHCCCS teams are involved.

Innovative Practices and Delivery System Improvement

Ongoing Integration Strategies: AHCCCS continues to augment the knowledge and understanding of behavioral health care by hiring additional expertise to support its workforce. In the first quarter of FFY 20, AHCCCS added key top level administrative positions including an additional Medical Director and a Chief Clinical Officer, who is a licensed Behavioral Health Professional. During January and February, the Medical Director and Chief Clinical Officer became instrumental in bringing their combined knowledge to build integrated care concepts and activities into existing AHCCCS policies and programming. In March, their expertise became especially valuable given the need to rapidly develop, implement, and oversee AHCCCS' response to the COVID pandemic. Together with other AHCCCS upper level management, AHCCCS focused on providing regularly updated information and expectations to its MCOs regarding member care during the initial stages of the pandemic.

AHCCCS acted as conduit between the Governor's Office, the Arizona Department of Health

Services, the MCOs, and their providers to ensure that they, Community Stakeholders and AHCCCS members had the most up-to-date information possible, regarding service delivery guidelines and changes. Further, AHCCCS sought to limit provider burden and enhance access to care through a series of waiver requests aimed at ensuring high quality service delivery and facilitating member care through new and trying times.

An FAQ section was immediately established on the AHCCCS website and it continues to be updated regularly. The new Medical Director and Chief Clinical Officer, with support from the Chief Medical Officer (CMO) and a host of cross-divisional leaders and Subject Matter Experts (SMEs), were essential to development of the FAQs as well as issuance of broader programmatic and operations guidance in the following areas:

- General COVID-19 Questions
- Clinical Delivery
- Health Plan Requirements and Deliverables
- Health Plan and AHCCCS Fee-For-Service Programs Guidance
- Telehealth Delivery and Billing
- Billing and Claims
- Pharmacy and Supplies
- Rates
- Provider Enrollment Requirements
- Uninsured Testing

Specific examples of AHCCCS COVID-19 activities pertinent to all MCOs:

- AHCCCS is holding frequent meetings with the MCOs in order to disseminate information and to discuss challenges or barriers experienced by the MCOs. Based on approval from CMS, AHCCCS relaxed Prior Authorization requirements in order to facilitate the needs of the membership. Prior to the COVID-19 emergency, AHCCCS was in the process of updating the telehealth policy. Due to the emergency, all services that are clinically able to be furnished via telehealth modalities will be covered by AHCCCS throughout the course of the COVID-19 emergency. Guidance was given to the MCOs to inform the treating provider to follow clinical best practices and use clinical judgement to determine what services can reasonably be provided via telehealth versus what services must be provided in-person.
- AHCCCS received federal approval to implement programmatic changes, including the suspension of Pre-Admission Screening and Annual Resident Review (PASRR) Level I and Level II Assessments during the COVID-19 emergency. AHCCCS continues to monitor and make system updates as needed during this emergency.
- AHCCCS has relaxed requirements for certain on-site audits, but maintains requirements for several reports, such as notification of Quality of Care Concerns, Incident/Accident/Death reports, and Seclusion and Restraint reports.

AHCCCS Complete Care: As of the second quarter of FFY20, the focus with the integrated care contracts has been to continue monitoring for consistency and divergence across all MCOs contracted throughout Arizona. Strategies persist to secure evaluation of

network adequacy, contract compliance, service delivery, care coordination, and use of evidence-based models.

Efforts began during the first quarter to formally address MCO adherence to AHCCCS policies via development of revised Operational Review tools that will identify requirements for integrated care. During the second quarter, AHCCCS has maintained its activities to modify existing policies to ensure they incorporate integrated care procedures and methods.

ALTCS/DDD: Following implementation of DDD’s new subcontracted integrated MCOs on October 1, 2019, AHCCCS has maintained its meetings with DDD to discuss any issues or concerns related to implementation of the new model, with technical assistance provided as necessary. During the second quarter, AHCCCS worked collaboratively with DDD to ensure compliance with the Mental Health Parity Act, due to implementation of the integrated model as of October 1st.

Although the Direct Care Worker (DCW) Training Program has been in effect since 2013, due to COVID 19 concerns, AHCCCS has suspended the 90-day training requirement, thus allowing DCWs to provide care while receiving training. During this time AHCCCS encourages the agencies to utilize remote learning opportunities to support the DCWs then evaluate in-person skills following the COVID-19 emergency.

ALTCS/EPD: As reported in previous quarterly reports, the ALTCS/EPD contracts were designed to utilize a fully integrated care perspective at both the systemic and direct care levels (e.g. use of community-based health homes, electronic health records, coordinated case management, and holistic treatment of behavioral and physical health). During Q2 and Q3 of FFY 19, AHCCCS completed first-round Operational Reviews that focused on the contract implemented as of October 1, 2017.

For the first quarter of FFY 20, AHCCCS completed reviews to determine necessary Corrective Action Plans (CAP) for the ALTCS/EPD plans. Focus of the Operational Review CAPs included:

- MCH/EPDSDT: Processes to improve provider outreach and compliance for ALTCS/EPD children that are eligible for EPSDT services
- Medical Management: Processes to monitor timeliness of authorization process; appropriate discharge planning, behavioral health service utilization, timely delivery of ALTCS services to newly enrolled members
- ALTCS Case Management: Processes related to ALTCS case management components including service plan development, review and reassessment, coordination of care, brokerage of services, and member advocacy to assist ALTCS members in achieving highest possible functional levels
- Quality Management: Processes to improve quality management training, incident investigation reporting and tracking, as well as processes to improve monitoring of Controlled Substances Prescription Monitoring Program (CSPMP)
- Performance Improvement: Processes to support optimized health outcomes for

members, including performance measures, performance improvement projects, and community engagement

For ALTCS Case Management, all three Elderly and Physical Disability (EPD) plans required Corrective Action Plans. Since the last reporting period, all CAPs were accepted and closed.

Stakeholder Involvement

The success of AHCCCS remains attributable to concentrated efforts by the Agency to cultivate partnerships with its sister agencies, contracted MCOs, providers, and the community. AHCCCS maintains these ongoing collaborations to address common issues and maintain or improve high quality health care delivery to Medicaid recipients and KidsCare members, including those with special health care needs. Concentrated efforts persist to include stakeholder and member feedback in most facets of Agency operations, including Policy Committee, quarterly Quality Management meetings related to the adult/child systems of care, and separate quarterly meetings for Maternal Child Health/EPD and Medical Management requirements.

Ongoing advisory councils and specialty workgroups, such as the Behavioral Health Planning Council and the Office of Individual and Family Affairs (OIFA) remain in operation. These two entities continue to work in tandem to ensure stakeholder involvement and feedback occurs on a regular basis.

Behavioral Health Continuum of Care Stakeholder Workgroup:

AHCCCS began a Behavioral Health Continuum of Care Stakeholder Workgroup in 2019, which culminated in a January 2020 summary report. This report outlined recommendations and concerns addressed during quarterly meetings held in 2019. One of the major ideas from the Stakeholder workgroup identified the need to have distinct sub-workgroups that focus on three primary populations: (1) persons living with a Serious Mental Illness (SMI), (2) children, (3) adults with General Mental Health/Substance Use (GMHSU) concerns. Within each sub-workgroup, discussions centered on the unique service delivery needs of these primary populations. Recommendations were tendered and elevated to AHCCCS administration.

Behavioral Health Planning Council:

Each state is required to establish and maintain a Behavioral Health Planning Council to carry out the statutory functions as described in 42 U.S.Code 300x-3 for adults with Serious Mental Illness, individuals with a Substance Use Disorder (SUD), and children with Severe Emotional Disturbance (SED).

The mission of the Arizona Behavioral Health Planning Council is to advise the state in planning and implementing a comprehensive community-based system of Behavioral Health and Mental Health Services. The majority (51% or more) of a state's planning council should be comprised of members and family members. This Council is mandated to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit

- to the State any recommendations of the Council for modifications to the plans
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems
 - To monitor, review and evaluate not less than once each year the allocation and adequacy of mental health services within the State

The State's Behavioral Health Planning Council ensures collaboration among key state agencies and facilitates member input into the state's mental health services and activities. During the second quarter of FFY 20, Council membership increased by two members.

Office of Individual and Family Affairs:

The OIFA has maintained an ongoing advisory council, inclusive of all stakeholders, since 2010. The OIFA defines Community Engagement as “*Educating and sharing information through interactions with external stakeholders at meetings, trainings, community events, conferences, committees, workgroups and one-on-one interactions*”. OIFA has increased its monthly average engagements from 600 to over 700 per month.

One strategy for engaging the community includes publishing weekly newsletters, which offer updates on AHCCCS policies and activities to more than 2,000 community stakeholders. Recent newsletters have included information on:

- Arizona's Response to COVID-19
- AHCCCS Competitive Contract Expansion
- Access to Continued Education for Peer Support Specialists and Family Support Specialist
- Making Tribal Consultation/Public Comment on AHCCCS Policies accessible to community members
- Community Resources

The OIFA regularly hosts Community Forums engaging with members and family members statewide, to inform the community **and** gather feedback on the upcoming AHCCCS initiatives. These forums allow for Q&A from stakeholders and provide AHCCCS with opportunities to gather responses on specific questions related to member health and or changes in the system of care. During this quarter we held:

- 7 Forums on the Future of RBHA Services
- 3 Forums on the Future of RBHA Services with COVID-19 updates
 - 358 Stakeholders (via these forums) reached
 - 89 in-person attendees
 - 287 virtual attendees

In February, OIFA developed The OIFA State Strategic Plan for 2020-2023. This plan outlines the focus and goals for the AHCCCS OIFA to identify and remove barriers through education and continue to incorporate community voice in the improvement of Arizona's Health Care System.

Arizona Stakeholders and AHCCCS MCH/EPSDT:

The MCH/EPSDT team is able to further efforts toward increasing statewide capacity for screening, referral and access to early intervention services by working with various State agencies, such as those listed within the table below.

<i>Arizona Department of Health Services (ADHS)</i>	<i>Arizona Early Intervention Program (AzEIP)</i>
<i>ADHS Arizona Women, Infants, and Children’s Program (WIC)</i>	<i>Arizona Head Start Association</i>
<i>ADHS Bureau of Tobacco and Chronic Disease</i>	<i>Arizona Health-E Connection/Health Information Network of Arizona</i>
<i>ADHS Bureau of USDA Nutrition Programs</i>	<i>Arizona Medical Association</i>
<i>ADHS Cancer Prevention and Control Office</i>	<i>Arizona Newborn Screening Advisory Committee</i>
<i>ADHS Children with Special Health Care Needs</i>	<i>Arizona Perinatal Trust</i>
<i>ADHS Emergency Preparedness Office</i>	<i>Arizona Strong Families</i>
<i>ADHS Immunization Program and Vaccines for Children Program</i>	<i>Attorney General’s Health Care Committee</i>
<i>ADHS Office of Environmental Health – Targeted Lead Screening</i>	<i>First Things First</i>
<i>ADHS Office of Newborn Screening</i>	<i>Healthy Mothers/Healthy Babies</i>
<i>ADHS/HSAG Statewide Workgroup on Psychiatric Inpatient Readmissions</i>	<i>Injury Prevention Advisory Council</i>
<i>Arizona Chapter of the American Academy of Pediatrics</i>	<i>National Alliance on Mental Illness (NAMI)</i>
<i>Arizona Department of Child Safety</i>	<i>Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs</i>
<i>Arizona Diabetes Steering Committee</i>	<i>The Arizona Partnership for Immunization (TAPI)</i>

A continuing example of MCH interagency involvement has included staff participation with the Task Force on Prevention of Prenatal Exposure to Alcohol and other Drugs. AHCCCS involvement has demonstrated its commitment to addressing substance use in pregnant women, neonatal effects of substance use and importance of early intervention to reduce long term effects of substance use.

The table below profiles other activities for the Maternal Child Health Department, as of the 2nd quarter. The table demonstrates continued community involvement with the Governor’s Goal Council on Strategic Initiatives. Many of the activities within this table relate to ongoing grant performance for opioid and substance use treatment that is currently under AHCCCS purview.

INITIATIVE	LEAD AGENCY	AHCCCS INVOLVEMENT
Maternal Mortality Review Committee ARS 36-3501 (Component Of Child	ADHS	Representation/ Participation

Fatality Review)		
Maternal Health Task Force	ADHS	Representation/Participation
Maternal Mortality Breakthrough Action Plan	Governor Health Goal Council	Representation/Participation
SB 1040 Advisory Committee On Maternal Fatalities And Morbidity	Arizona Legislature	Representation/Participation
Maternal Health Innovation Grant (\$2.1M/ year over five (5) years)	HHS	Letter Of Support Representation/Participation
Maternal Mortality Grant (\$450K/year over five (5) years)	CDC	Letter Of Support Representation/Participation
Task Force On Preventing Prenatal Exposure To Alcohol And Other Drugs	ADHS	Representation/Participation
SUD Block Grant	AHCCCS	Lead
SB 1290	AHCCCS	Lead/Chair of Committee

Arizona Stakeholder and ALTCS Case Management Unit:

The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders:

<i>Statewide Independent Living Council</i>	<i>DES/DDD Employment Specialists</i>
<i>Long Term Care Ombudsman</i>	<i>Governor's Advisory Council on Aging</i>
<i>Regional Center for Border Health</i>	<i>AARP</i>
<i>ARC of Arizona</i>	<i>Easter Seals Blake Foundation</i>
<i>Rehabilitation Services Administration</i>	<i>Arizona Health Care Association</i>
<i>Raising Special Kids</i>	<i>Governor's Office on Aging</i>
<i>UCP of Southern Arizona</i>	<i>Sonoran University Center on Excellence in Developmental Disabilities</i>
<i>Arizona Association for Providers for People with Disabilities</i>	<i>Arizona Autism Coalition</i>
<i>Aging and Disability Resource Center</i>	<i>Office of Children with Special Health Care Needs</i>

Relative to the above table of stakeholders, ALTCS/EPD staff still interface with the Arizona Health Care Association and Arizona Department of Health Services to clarify licensure standards for nursing facilities that serve individuals with behavioral health needs. The focus is to ensure that nursing facilities and AHCCCS ALTCS/EPD MCOs have consensus regarding licensure and service delivery requirements. The focus of the discussions involves clarification of definitions related to behavioral health service delivery that can be provided in nursing home settings.

Identifying Priority Areas for Improvement

AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources. Two considerations drive decisions for identification of priority areas: (1) the

focused initiative has elements that are actionable; (2) there is potential for enhanced quality improvement, member satisfaction and system efficiencies. MCO input is also sought as part of the identification process when prioritizing areas for improvement.

The process persists in taking into account such factors as: (1) the prevalence of a particular condition and the population affected, (2) the resources required by both AHCCCS and its MCOs to conduct studies and shape improvement, (3) whether focus areas are currently priorities of CMS or state leadership and/or can be combined with existing initiatives, and (4) the feasibility of CMS priorities to be combined with current initiatives.

Beginning in FFY 19 and moving into Q1 of FFY 20, a key performance improvement strategy has been to realign performance measures according to CMS Child and Adult Core measures sets. AHCCCS prioritized performance measures that are specific to CMS Child and Adult Core Set measures and select National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures in the MCO Contract and will monitor MCO performance against those methodologies.

Ongoing Initiatives:

Collaboration with the Department of Child Safety:

AHCCCS is sustaining its efforts to improve physical and behavioral health care for children in the foster care system that are served under the Comprehensive Medical and Dental Program (CMDP), Arizona's Medicaid plan for children in Arizona's Foster Care system. AHCCCS continues to engage and administer oversight to the RBHAs that provide behavioral health services to these children via the activities listed below:

- Ongoing oversight to ensure regular collaboration with the Arizona Department of Child Safety (DCS), CMDP, and the RBHAs,
- Development and eventual publication of a policy to outline requirements for Therapeutic Foster Care (previously known as Home Care Training to Home Care Client or "HCTC"). The intent of the policy is to standardize and strengthen training, supervision, and prior authorization procedures across the state,
- Reduction of DCS shelter placements for foster children (e.g. number of days in shelter, number of different shelter placements),
- Reduction of placement disruptions with completion of quarterly reviews for children with high number of placements,
- Establishment of reports to monitor and trend placement frequencies and disruptions,
- Strengthening the 72 hour rapid response process, which requires that a behavioral health service provider be dispatched within 72 hours to assess a child's immediate behavioral health needs. Referrals are completed to obtain additional services through the behavioral health system
- Strengthen AHCCCS policies related to timely and appropriate delivery of services to both foster and adoptive children.

AHCCCS has begun to regularly report outcomes for children in CMDP on its website.

These reports summarize the above objectives through quarterly dashboard updates. Specific metrics include, but are not limited to:

- CMDP enrollment (i.e. out-of-home placements) and shelter placement rates
- Enrolled/Served rates - Percent of enrolled children that receive behavioral health services
- Rapid Response utilization and timeliness
- TFC utilization including average length of stay
- Utilization of crisis and respite services
- Service timeliness and communication volume (as required in policy)

Behavioral Health Audit Tool:

During 2017, AHCCCS began an initiative to develop a consistent, statewide tool and process for monitoring behavioral health service delivery. Initially, contracted RBHA staff were brought together to evaluate relevancy of current requirements. Feedback from these meetings was used to build two draft tools, one for children and one for adults. These tools were further reviewed by the newly contracted ACC plans and ALTCS plans to ensure understanding of the tool requirements and expectations. Ultimately, the tools were finalized such that all providers will be audited by a statewide, standardized set of tools (i.e. one for children, one for adults).

The audit process will be conducted over two six month cycles during the year. Final implementation of the audit tool process began as of October 1, 2019, with providers being audited using the standardized tools. Results for the first six month cycle will be due April of 2020.

Workforce Development (WED):

In 2016, AHCCCS began an organized statewide campaign designed to assist its acute MCOs, behavioral health and long term care provider networks to develop their workforce. With the overall goal of acquiring and retaining the most interpersonally, clinically, culturally, and technically capable healthcare workforce, AHCCCS created an Office of Healthcare Workforce Development to oversee the workforce development efforts of all MCOs (ACC, RBHA, ALTCS/EPD and DDD). In anticipation of an upcoming integration effort that will move management of behavioral health services for CMDP kids from the RBHAs to an integrated CMDP product, the Office of Healthcare Workforce development is reopening AHCCCS' Workforce Development Policy to ensure that CMDP and its provider workforce are adequately monitored and supported.

The ACC/RBHA Health Plan Alliance, a collaborative group sponsored by the AZ Association of Health Plans and consisting of the Workforce Development Administrators of all ACC and RBHA health plans, continues managing 26,000 users of the single, statewide learning management system, In addition the Alliance persists in the long term project of establishing standard job and service specific competencies and creating uniform orientation and basic education and training programs for provider staff. In 2019, the Workforce Development Operations of all ACC and RBHA MCOs required each provider organization to submit an initial workforce development assessment and plan. In 2020, the Workforce Development Operations are using the results of the providers' assessment and

plans to inform their network and collective statewide workforce development plans and initiatives.

The ALTCS EPD and DDD Health Plan Alliance continue to work in partnership with providers and industry leaders to address the impending shortages of direct care/direct support workers. AHCCCS, the ALTCS Alliance, the NCIA Board, and leaders from the assisted living and in-home care industries are working to implement new legislation that increases reciprocity in training and testing between in-home care and assisted living caregivers, thus allowing workers the flexibility to move between settings. The Alliance has also created unique partnerships with secondary education sectors to bring newly graduated students into the long term care workforce as direct care workers. With support of AHCCCS and the ALTCS Workforce Development Advisory Committee and the Workforce Development Alliance of the four EPD/DDD MCOs are jointly contracted with PHI International. This relationship allows creation of an Arizona specific survey of the unlicensed Direct Service caregiver personnel. The survey is intended to achieve two goals: (1) Describe the reasons that caregivers both stay and leave their jobs and (2) Assist leaders of long term care service agencies to develop more personalized strategies to improve retention.

In early 2020, AHCCCS began implementing the HCBS rules for long term care residential and non-residential settings. To support the provider community an extensive four-phased education, training and technical support program was developed. Using an on-line “virtual conference” format, the program began in January with an orientation to the HCBS rules, the implementation process and schedule. Phase 2 began in February with a training session in the self-assessment tools designed for the various types of program environments. Phase 3 was scheduled to begin in March but was interrupted when the COVID-19 pandemic dramatically curtailed the implementation process. When the HCBS implementation process resumes Phase 3, a series of setting-specific sessions led by a panel of providers who have made changes in practices that align closely with the intent of the HCBS rules, will lead off the effort.

During Q2, the ALTCS Workforce Development Administrators finalized efforts involving significant activity with AHCCCS staff, community workgroups and providers to implement practice changes developed as a result of a Governor’s Executive Order issued in 2019 to address protections for individuals with disabilities. The Abuse and Neglect Prevention Task Force was appointed to carry out the mission of this Executive Order. The task force delivered its recommendations, to be implemented by October 1, 2020. These recommendations include suggested practice changes (e.g. to create training scenarios for staff to develop their recognition of abuse and/or neglect) developing, supervising and supporting the residential, in-home and family caregiver workforce (e.g. addressing caregiver burnout).

Finally, AZ Healthcare Workforce Alliance, consists of all Health Plans and furthers its focus on strategic issues facing Arizona’s development of a workforce that can extend across Arizona and offer high quality healthcare to those in need.

Community Initiatives:

Behavioral Health in Schools:

AHCCCS has partnered with the Arizona Department of Education on two innovative, on-going projects. The first is the SAMHSA-funded Project AWARE, which increases access to suicide prevention trainings in public schools. It is estimated some 12,000 Arizonans will receive training during the five-year grant period. Further, AHCCCS works with the Department of Education through an on-going interagency service agreement to provide further funding for mental health trainings of teachers. In the first year of this funding, more than 350 school staff participated. Finally, AHCCCS has incentivized providers to partner with schools to provide behavioral health services on campus. We have seen more than a 200% increase in these services in the last year as a result.

AHCCCS Opioid Initiative: The overarching goal of this initiative is to reduce the prevalence of Opioid Use Disorders (OUD) and opioid-related overdose deaths. The initiative approach includes advancing and supporting state, regional, and local level collaborations and service enhancements, plus development and implementation of best practices to comprehensively address the full continuum of care related to opioid misuse, abuse, and dependency. Strategies include:

- Increasing access to Naloxone through community-based education and distribution, as well as a co-prescribing campaign for individuals receiving opioid prescriptions in excess of 90 morphine equivalent daily doses and combinations of opioids and benzodiazepines
- Increasing access to participation and retention in Medication Assisted Treatment
- Increasing access to recovery support services
- Reducing the number of opioid-naïve members unnecessarily started on prescription opioid pain management
- Promoting best practices and improving care process models for chronic pain and high-risk members

AHCCCS continues to revise policies as changes are dictated by current contract, State regulation, grant requirements, and best practices.

AHCCCS' Medication Assisted Treatment: The Prescription Drug Opioid Addiction Program (MAT-PDOA) grant focuses on the need for medication assisted treatment to treat opioid use disorder for adults involved with the criminal justice system. This program has three primary goals:

- Create a bridge to connect those incarcerated to treatment services when re-entering into the community
- Reduce stigma associated with MAT for individuals in the criminal justice system
- Support individuals participating in drug courts, probation and parole

Based on the most current numbers available from January 1, 2017 through February 29, 2020, the MAT PDOA program has enrolled 269 participants to receive services. Among those enrolled, program outcomes include reductions in crimes committed, nights spent in

jail, and drug-related arrests, with preliminary data showing the following:

- 59% reduction in crimes committed
- 55% reduction in nights spent in jail
- 33% reduction in arrests
- 43% reduction in drug arrests

MAT PDOA providers have expanded collaboration and engagement efforts with Correctional facilities, Re-entry Centers, Department of Parole, Department of Probation and Drug Courts. The program has also produced an increase in gainful employment, housing and treatment retention. This grant ended on February 29, 2020.

The Opioid State Targeted Response (STR) grant and the State Opioid Response (SOR) grant were awarded to AHCCCS in May 2017 and September 2018, respectively. These grants are designed to enhance community-based prevention, treatment, and recovery, including 24/7 access to treatment sites in “hotspot” areas through Arizona. Additional Opioid Treatment Programs (OTPs) have extended hours, thereby increasing the availability of peer supports, access to additional care coordination efforts among high risk and priority populations, and additional recovery supports for housing and employment.

- Arizona has opened four 24/7 access points for opioid treatment. The 24/7 access point is an Opioid Treatment Program in a designated "hotspot" that is open around the clock, seven days a week for intakes and warm handoff navigation on a post intake basis. Arizona has also opened three Medication Units and four OTPs in rural Arizona to make medication assisted treatment more accessible within those communities. As of December 31, 2019, (which encompasses the FFY 20-Q1 reporting period), 24,588 individuals have been connected to OUD treatment through the STR and SOR grants.
- AHCCCS launched a concentrated effort through the STR and SOR grants to increase peer support utilization for individuals with Opioid Use Disorder. Through the STR and SOR grants, additional peer support navigators have been hired in identified hot spots in Arizona, and efforts to include peer support navigation in the Centers of Excellence, jails, and emergency departments. First responder scenes in the hotspot areas have been increased. As of December 31, 2019, over 32,119 individuals have received peer support and recovery services through the STR and SOR grants.
- Special populations for STR and SOR include justice-involved individuals, pregnant and parenting women, tribal populations, veterans, service members, military families, and individuals with brain and/or spinal cord injuries.

OUD treatment and recovery service delivery numbers for STR and SOR are provided within the table below:

	STR			SOR		
	Year 1	Year 2	Year 3	Year 1	Year 2	Cumulative Total
Recovery Support Services	3,379	11,235	2,130	4,576	2,975	24,295
Treatment Services	4,362	10,545	3,379	10,459	3,667	32,412
Unduplicated Count	6,143	15,232	3,602	12,467	5,184	42,628

Use of Evidence Based Practice:

Additional AHCCCS Efforts to Combat the Opioid Epidemic:

Oxford House: Each RBHA is contracted with Oxford House, Inc. utilizing SAMHSA Substance Abuse Block Grant (SABG) funds. Oxford House is a worldwide network of over 2,500 sober living houses and Arizona was the forty-seventh (47) state to adopt the Oxford house Model. The Oxford house model provides support to individuals with a Substance Use Disorder (SUD) diagnosis or a co-occurring disorder (SUD and mental health issues), who would benefit from practicing the Social Model of Recovery – one which allows individuals a residential setting, peer support and the time they need to bring about behavior change that promotes permanent sobriety and recovery. This is an initial step in assisting individuals with behavioral health needs that also have many needs related to social determinants of health (SDOH). Oxford House Inc. will assist in addressing housing, employment, income, and social connectedness. This resource can be part of a continuum of services addressing SDOH, in addition to the clinical and recovery services currently available within Arizona’s RBHA system. Currently, Arizona has a directory of twenty-three (23) houses. Sixteen (16) houses opened between October 1, 2019 and March 31, 2020; Seven (7) houses opened between January 1st, 2020 and April 1st, 2020. The population of focus is for gender specific houses and a specialty population that includes women and children – there are three currently.

Medication Assisted Treatment (MAT): Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. For those with an opioid use disorder (OUD), medication addresses the physical difficulties that individuals experience when they stop taking opioids. MAT can help to reestablish normal brain function, reduce substance cravings and prevent relapse. The longer individuals are in treatment, the more they will be able to manage their dependency and move toward recovery. Arizona has sixty four (64) OTPs, throughout Arizona, that are certified through the Substance Abuse and Mental Health Services Administration (SAMHSA). This includes five (5) OTPs that opened between January 1, 2020 and March 31, 2020. OTPs expanded to Show Low, Buckeye, Tucson, Tempe, and an additional OTP within Maricopa Correctional Health Services. The OTP locations include outpatient settings, correctional health facilities, inpatient facilities, and one is on tribal land.

Harm Reduction: Harm reduction models use a variety of strategies to reduce the harmful consequences associated with substance misuse. [Harm reduction](#) strategies seek to reduce

morbidity and mortality associated with substance misuse for those for whom abstinence is not an immediate and/or feasible goal. The goal of harm reduction models is to reduce at-risk, moderate, and high-risk behaviors often associated with substance use disorders.

Naloxone Expansion Program: Through a direct contract supported by the Substance Abuse Block Grant from January 1, 2019 through December 31st, 2019, a total of 77,408 individuals have been served. For these individuals receiving services, 74,903 naloxone kits have been distributed with 2,839 reversals being reported and 973 people have been referred for treatment.

New Initiatives:

Social Determinants of Health:

Growing national attention on Social Determinants of Health (the impact that social factors have on a person's health and well-being) indicates that socioeconomic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS has addressed these complex issues through efforts to provide housing, employment, coordination with the criminal justice system, nonemergency transportation and home/community based services for members using Medicaid covered services. Concurrently, AHCCCS has also relied on a broad range of funding sources for services and supports not available under the Arizona Medicaid program. AHCCCS has developed a specific Whole Person Care Initiative (WPCI) to advance exploration of these issues and their relationship with Social Determinants of Health:

- Transitional housing, particularly for individuals leaving a correctional facility, those being discharged from a behavioral health inpatient stay, and individuals experiencing chronic homelessness
- Non-medical transportation with a focus on access to healthy food and employment navigation services
- Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCS) services in their own homes including, but not limited to, peer support programs

In 2020, forums have been, and will continue to be held for community and stakeholder feedback to ensure the Whole Person Care initiative meets the needs of its members. In an effort to support providers, MCOs, community-based organizations, and community stakeholders who collaborate to address the social service needs of AHCCCS members, we will be partnering with Arizona's Health Information Exchange (HIE), to explore technology that will facilitate screening for social risk factors with an option to seamlessly refer members to community resources. In 2020, the HIE will undertake the evaluation of available solutions for a single, statewide, electronic, closed-loop referral platform for social service fulfillment. Such technology will allow health care providers to screen patients for social risk factors, submit electronic referrals to local agencies, and see when a member's social service needs have been successfully fulfilled.

Over the next year AHCCCS will collaborate with its contracted managed care organizations, community-based organizations, tribal partners, providers, and other external stakeholders to implement this important initiative to improve our members'

health.

Improving Oversight of HCBS Rules:

As a new initiative, AHCCCS has begun to focus on improving oversight of adherence to HCBS Rules. As of the second quarter, the following has been completed.

- HCBS setting specific workgroups consisting of AHCCCS, MCO, Providers, and members were established to provide feedback on the HCBS assessment tool suites while AHCCCS works on finalizing the tools internally. After the COVID-19 emergency the on-site assessments will resume.
- The workgroups have been preparing the final tool suite that will be used by the Quality Management units at each MCO to assess for provider HCBS compliance. The tool suite consists of a provider self-assessment, member file review, member interviews, and observations plus community interviews
- Interface continued with the MCO Quality Management teams to develop a collaborative HCBS assessment process and steps to operationalize the use of the tools
- AHCCCS has ongoing meetings with MCO Workforce Development Officers to define and offer the provider training sessions that will be offered in early 2020

CMS Core Measure Set Alignment:

Historically, AHCCCS has utilized HEDIS, the CMS Adult Core Set, and the CMS Child Core Set measures to monitor and evaluate MCO performance. During the first quarter, AHCCCS evaluated this strategy and made a determination that beginning with CYE 2020 AHCCCS would transition from HEDIS measures and move toward the incorporation of CMS Adult and Child Core Set measures, as well as the CMS Long Term Services and Supports (LTSS) measures for applicable MCOs. This was proactively undertaken to prepare for the required reporting of all CMS Child Core Set measures in 2024. AHCCCS has maintained select HEDIS measures in contract in order to continue monitoring focus areas such as mental health utilization. Mandatory Reporting will be extended to behavioral health measures included in both the child and adult CMS Core Sets.

Revised Policy Language To Promote Improved Outcomes:

AMPM policies related to quality management recently underwent revision to clarify and enhance QI-related requirements. During the second quarter, policy revisions were made to address medical and behavioral health records maintenance and oversight required by the MCOs for its provider network. The policy added requirements that focused on alignment and integration of behavioral and physical health record components when possible and clinically appropriate, including but not limited to:

- Equalization of sharing requirements across systems, similar demographic information,
- Family history,
- Past medical and behavioral health history,
- Referral tracking and documentation of coordination of care activities.

Further enhancements to the new crisis policy, which began during the third quarter of FFY 19, are continuing into the second quarter of FFY 20. As stated in prior reports, these will outline specific requirements for mobile crisis response teams, as well as telephone crisis call centers. The policy will also address cross-system coordination standards, engagement

with first responders and requirements for development of at-risk crisis planning for members at increased clinical risk for crisis events. AHCCCS is seeking feedback from MCOs regarding what guidelines would be most helpful to ensure crisis planning and services meet the needs of the individuals they serve.

System of Care Enhancements: Historically, System of Care policies and guidelines have addressed requirements, functions and processes within the children’s behavioral health system. During Q1, discussions have begun to broaden the System of Care model to incorporate adults, and to focus more on physical health, as part of the overall AHCCCS System of Care. Existing MCO deliverables are also being reevaluated to accommodate potential changes under discussion. A System of Care team was created within the Division of Health Care Management (DHCM) to specifically address System of Care improvements. During the second quarter this team began to identify and assess clinical audit and fidelity measurements that have been historically utilized. The focus is to identify potential duplication of effort across clinical measurement tools, enhance integrated requirements and streamline where possible.

Regular Monitoring and Evaluation of MCO Compliance

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement and performance improvement outcomes through several methods outlined below.

On-site Operational Reviews: Operational and Financial Reviews (ORs) are used by AHCCCS to evaluate MCO compliance related to access/availability and quality of services, including implementation of policies and procedures and progress toward plans of correction to improve quality of care and service for members. A complete OR is conducted every three years and includes a combination of onsite as well as desk reviews.

As of the first quarter of FFY 20, AHCCCS has established an interdisciplinary workgroup to address requirements that will accommodate contract changes for FFY 20 that need to be incorporated into the OR process. During the second quarter, additional planned activities have been temporarily set aside due to the COVID pandemic.

Clinical Oversight Committee: The Clinical Oversight Committee meets on a quarterly basis and was designed to ensure two key requirements are enacted:

- Transparency and frequent communication across all levels of AHCCCS plus the community of stakeholders and AHCCCS membership regarding quality initiatives, activities and outcomes
- Development of a reporting mechanism for review by the Governor, the President of the Senate, the Speaker of the House of Representatives and other key Legislative members

During the second quarter the first meeting under the revised structure was held March 9th. Per the meeting agenda, the following topics were addressed:

- Quality Strategy update including 2018 Performance overview and discussion of 2018 Performance calculations,
- AHCCCS Opioid Strategic Plan; goal to align efforts for both Title XIX and Non-Title XIX participants; plan will include prevention, treatment, expansion of MAT and Recovery Support
- Crosswalk of AZ Crisis System compared to SAMHSA National Guidelines for Behavioral Health Crisis Care
- Update on behavioral health in schools
- Telehealth utilization

Review and analysis of periodic reports: A number of contract deliverables are used to monitor and evaluate MCO compliance and performance. AHCCCS reviews, provides feedback and approves these reports as appropriate. Quarterly reports are reviewed during the quarter that follows the reporting quarter.

QM/PI Program Plan: AHCCCS requires all lines of business to submit annual plans which address details of the MCOs' methods for achieving optimal outcomes for their members. Annual plans are submitted for: QM/QI, EPSDT, MCH, Case Management, Provider Network Development and Management, Medical Management, Workforce Development, and Dental Care. A requirement added to the Annual Plan for FFY 20, requires Contractors' provider follow-up activities related to recommendations presented by the External Quality Review Organization within the previous year's External Quality Review Report.

Engaging Members through Technology Report: This report focuses on levels of member engagement of web based applications. The Contractor is required to identify subpopulations that can benefit from web/mobile based applications used to assist members with self-management of health care needs.

Performance Measures: AHCCCS currently utilizes an External Quality Review Organization to perform measurement calculations, thus helping to ensure validity and accuracy of Performance Measurement activities.

Fidelity to Service Delivery for Individuals with Serious Mental Illness: Given development of the System of Care team identified above under System of Care Enhancements, a new opportunity arose during the second quarter to share key fidelity metrics related to individuals with a designation of Serious Mental Illness (SMI). The fidelity reports are administered by Western Interstate Commission of Higher Education (WICHE) as a contracted provider to AHCCCS. The reports focus on specific evidence based practices that are designed to meet the unique needs of individuals with SMI. These WICHE reports focus on fidelity to the Assertive Community Treatment (ACT) model developed by SAMSHA, as well as utilization of Permanent Supportive Housing and Supportive Employment. WICHE also provide trended information on expansion efforts of Consumer Operated Services.

Quarterly EPSDT and Adult Monitoring Reports: Historically, AHCCCS has required all MCOs to submit quarterly EPSDT and Adult Performance Measure Monitoring Reports

which have been reviewed on a quarterly basis. The EPSDT and Adult Monitoring report is intended to be inclusive of metrics including, but not limited to blood lead screening, EPSDT referrals, member and provider outreach. The Performance Measure monitoring report is intended to be inclusive of standardized performance measures (i.e. CMS Child and Adult Core Set measures and select HEDIS measures). As of FFY 20 Q-2, this deliverable was separated into two deliverables to reduce confusion and better delineate expectations. The report now has two distinct appendices within the AHCCCS Medical Policy Manual (AMPM). Appendix A will become the EPSDT and Adult Quarterly Report; plans are for Appendix B to become the Performance Measure Monitoring Report, which will include emphasis on Core Measures. Appendix A is currently suspended pending template revisions and the second deliverable (Appendix B) is on track for an initial report submission for the third quarter.

Providing Incentives for Excellence and Imposing Sanctions for Poor Performance: AHCCCS regularly monitors MCOs to ensure compliance with contractually mandated performance measures. Contracts outline Minimum Performance Standards (MPS) that the MCO must achieve. Those measures are evaluated for compliance and determination of the need for imposing regulatory actions is assessed. At a minimum, measures that fail to meet the MPS require a Corrective Action Plan.

Review and analysis of Program-Specific Performance Improvement Projects: AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While MCOs may select and implement their own PIPs to address areas of opportunity specific to their plans, AHCCCS mandates other program-wide PIPs in which MCOs must participate. In turn, AHCCCS monitors performance until each MCO meets requirements for demonstrable and sustained improvement. The QI team has implemented an enhanced PIP checklist in order to provide more comprehensive feedback to MCOs.

Specific PIPs: AHCCCS has implemented an additional PIP to further enhance outcomes for EPSDT requirements.

- **Back to Basics:** This is a newly developed PIP related to improvement of EPSDT-related requirements. The Back to Basics PIP has been selected for ACC, CMDP, DDD, and KidsCare MCOs with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number of children and adolescent well-child/well-care visits, and to increase the number of children and adolescents receiving annual dental visits. This PIP is inclusive of the following measures: Well-Child Visits in the First 15 Months of Life, Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life, Adolescent Well-Care Visits, and Annual Dental Visits. Due to a noted decline in performance measure rates, AHCCCS has identified these measures as areas of opportunity and improvement for the overall well-being of children and adolescents. Increasing the rates for these measures also impacts other measures and focus areas, such as childhood and adolescent

immunizations, dental sealants for children at elevated caries risk, and developmental screenings.

Maintaining an Information System that Supports Initial and Ongoing Operations

Identifying, Collecting and Assessing Relevant Data

AHCCCS maintains a robust information system--the Prepaid Medical Management Information System (PMMIS)—that documents all members, their claims and encounter data, plus many other data points. PMMIS data feeds into the AHCCCS Data Warehouse, which is the centralized system used for data analytics. There is a Data Integrity Warehouse team designed to support maintenance of valid, accurate, and reliable data for reporting and data transactions. This team is made up of system experts and data users from across the Agency. It meets at least quarterly to discuss any issues or opportunities around the data and systems. AHCCCS has focused on building data expertise within every division of the Agency, promoting data analytics as the cornerstone of operations and monitoring/oversight activities. The agency has a data governance manager who is responsible for data management best practices.

During the latter half of FFY 19, AHCCCS began to develop additional reporting mechanisms to receive and compile information directly from MCOs into the AHCCCS data warehouse. Additional efforts include development of an out of state reporting portal, development of an inventory to show provider availability for routine and specialty treatment, tracking of high needs case managers and available housing programs. These efforts have come to fruition within the last quarter with the advent of a dedicated Quality Management data analyst.

Establishing Realistic Outcome-Based Performance Measures

Payment Reform Efforts: During previous reports, AHCCCS reported implementation of a payment reform initiative (PRI) for the Acute Care, Children’s Rehabilitative Services (CRS) and ALTCS populations, designed to encourage MCO activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This PRI process is performed on a contract year basis. CRS and Acute Care are no longer contracted line of business and thus not reported separately.

As such, AHCCCS has implemented an updated Value Based Purchasing (VBP) Alternative Payment Model (APM) for the ACC, ALTCS/EPD, ALTCS/DDD and RBHA populations. The APM is designed to encourage MCO activity in the area of quality improvement, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This VBP APM process will be performed annually on a contract year basis. The contracts that the MCOs execute with health care providers, governed by APM arrangements, will have increases according to the tables immediately below.

ALTCS/DDD		
Year	Sub-Contracted MCOs	LTSS
CYE 19	35%	10%
CYE 20	50%	20%
CYE 21	60%	35%

ACC	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE
CYE 19	50%
CYE 20	60%
CYE 21	70%

ALTCS/EPD	
YEAR	INTENDED MINIMUM VALUE PERCENTAGE (ALTCS/EPD AND MA-DSNP)
CYE 19	50%
CYE 20	60%
CYE 21	70%

RBHA		
	INTENDED MINIMUM VALUE PERCENTAGE	
YEAR	SMI-Integrated	Non-Integrated
CYE 19	35%	20%
CYE 20	50%	25%
CYE 21	60%	25%

Reviewing and Revising the Quality Strategy

AHCCCS maintains its efforts to enhance the Agency’s Quality Strategy report. Current initiatives are underway to reevaluate structure, content and data analysis. Part of the approach will be to incorporate synchronized reporting processes to ensure alignment across various AHCCCS reports that relate to quality (e.g. Strategic Plan, Quality Strategy, and External Quality Review Organization Report). The AHCCCS Quality Strategy, Assessment and Performance Report will be a coordinated, comprehensive, and proactive approach to drive improved health outcomes by utilizing creative initiatives, ongoing assessment and monitoring, and result-based performance improvement. Members, the public, and stakeholders provide input and recommendations regarding the content and direction of the Quality Strategy through stakeholder presentations and public comments.

The Quality Strategy incorporates all required elements outlined in 42CFR-438.340.

Attachment 3

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
January 2020 – March 2020

The January through March 2020 quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative, direct service, and personal care time study cost pools.

Active Participants

The “*Medicaid Administrative Claiming Program Guide*” mandates that all school district employees identified by the district’s RMTS coordinator as being qualified to provide direct services or administrative activities participate in a RMTS. Staff rosters are updated by RMTS coordinators on a quarterly basis to ensure accuracy of participants in the time study. The table below shows the number of participants in the administrative, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	January – March 2020
Administrative	2,752
Direct Service	3,436
Personal Care	5,814

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85% return rate in the January to March 2020 quarter.

The return rate reflects number of responses received divided by the total number of moments generated per quarter.

Return Rate

Cost Pool	Moments Generated	Valid Response	Return Rate
Administrative	2,900	2,805	96.72%
Direct Service	3,300	3,203	97.06%
Personal Care	3,300	2,970	90.00%