

January 18, 2024

The Honorable Katie Hobbs
Governor of Arizona
1700 West Washington
Phoenix, AZ 85007

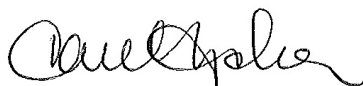
The Honorable Warren Petersen
President of the Arizona State Senate
1700 West Washington
Phoenix, AZ 85007

The Honorable Ben Toma
Speaker of the Arizona State House of Representatives
1700 West Washington
Phoenix, AZ 85007

Dear Governor Hobbs, President Petersen, and Speaker Toma:

In accordance with the A.R.S. §36-2907.14 and §36-2907.15, please find the enclosed report regarding the Outpatient Treatment Program (OTP) Plan Reporting and 24/7 Access Point Standards. Do not hesitate to contact me at (602) 417-4458 if you have any questions or would like additional information.

Sincerely,



Carmen Heredia
Cabinet Executive Officer
and Executive Deputy Director

CC: The Honorable Adrian Fontes, Arizona Secretary of State



ANNUAL REPORT 2024
OPIOID TREATMENT PLAN SUMMARY REPORT
24/7 CENTER OF EXCELLENCE STANDARDS

Katie Hobbs, Governor

Carmen Heredia, CEO

Arizona Health Care Cost Containment System

January 2024

BACKGROUND

Per Arizona Revised Statute § 36-2907.14, “the Administration and its contractors may reimburse an Opioid Treatment Program provider for enrolled members only if the provider demonstrates enforcement of each plan contained in the annual report.” Additionally, § 36-2907.15 indicates that the Administration and the Department of Health Services shall establish standards for designating centers of excellence for treating opioid use disorder statewide.

SUMMARY

Opioid Treatment Program Reporting

A.R.S. § 36-2907.14 requires all currently established Opioid Treatment Program providers (OTP) receiving Medicaid funding to submit an annual report to the Arizona Health Care Cost Containment System (AHCCCS). Additionally, those providers interested in establishing new OTPs are required to submit reports for review in order to receive AHCCCS funding. This reporting requires that providers supply the following:

1. A security plan,
2. A neighborhood engagement plan,
3. A comprehensive patient care plan,
4. A community relations and education plan, and
5. A diversion control plan.

In November 2023, AHCCCS received 52 plans from OTPs registered with AHCCCS and began reviewing the submissions. AHCCCS determined that plans were not received by one agency with one location and identified that the agency had been purchased by new owners during 2023 who were unaware of the legislative responsibilities. AHCCCS is providing technical assistance to the provider agency and its new ownership. That agency received a letter of insufficiency identifying a requirement to rectify all concerns within 14 days. The remaining submissions were all timely and complete; however, the providers with a total of six locations were deemed insufficient and are required to resubmit for the items specified as insufficient by location within 30 days. All remaining locations have been determined sufficient in all reporting areas and were officially notified of their sufficiency on January 4, 2024.

24/7 Access Points (previously known as Centers of Excellence)

As stipulated in A.R.S. §36-2907.15, AHCCCS and the Arizona Department of Health Services (ADHS) were required to develop standards for the designation of Centers of Excellence, now referred to as 24/7 access points, for treating opioid use disorders statewide. AHCCCS and ADHS worked to develop the standards that included, but are not limited to, those outlined in the legislation. Additional requirements were added to ensure increased clinical and care coordination in alignment with the AHCCCS integrated, whole person-centered care model. These standards are identified in Appendix A.

The 24/7 access point standards were finalized in December 2019 and posted to the AHCCCS website. AHCCCS' contracted health plans received the final standards for contracting and oversight of their provider networks. The 24/7 access point providers listed on the AHCCCS [website](#) meet the required standards.

Statewide learning collaborative activities between the 24/7 access point providers that were previously suspended in 2020 due to the public health emergency were re-established in a virtual environment. These collaboratives included the AHCCCS contracted Regional Behavioral Health Authorities that have contracts with 24/7 access point providers, the contracted 24/7 access point providers, and AHCCCS staff. New collaborative, virtual meetings began in April 2021 and continued every two months since. Beginning in January 2024, these meetings will be held quarterly. These collaborative meetings have been focused on current staffing needs, ongoing community outreach strategies, planning and logistics surrounding mobile MAT clinics and alignment to federal requirements, and best practices for open access to the community. Additionally, the collaborative agrees that at this point in time, there is no need to increase 24/7 access points within the state.

APPENDIX A

Standards for 24/7 access points

- Must have obtained AHCCCS approval for each plan identified within A.R.S. 36-2907.14.
- Provides a 24/7 access point for individuals with Opioid Use Disorder (OUD) to receive immediate connection to Medication Assisted Treatment services inclusive of morning, afternoon, evening, and late evening dosing hours.
- Provides all three FDA approved medications for Medication Assisted Treatment (MAT) (methadone, Buprenorphine, Naltrexone) or be able to demonstrate dedicated partnerships with other providers in the community for warm handoffs that will occur the same day.
- Provides individuals seeking OUD treatment access to psychosocial and recovery support services as a part of the (MAT) model. This shall be demonstrated with on-site 24/7 access point staff who are licensed general counselors and certified Peer Support Specialists.
- Must demonstrate ability to provide and review information regarding Opioid Treatment Program Providers and Facilities with potential and current members and identified family members interested in treatment.
- Must demonstrate ability to provide and review information regarding office-based opioid agonist treatment providers.
- Directly provides, or can demonstrate a direct relationship with identified partners, for whole person care through an integrated model, to address behavioral health and physical health needs.
- Must conduct ongoing clinical assessments of patients through a multidisciplinary treatment planning process that indicates services and care levels through a person-centered approach.
- Must utilize ongoing review strategies to identify and prepare patients for graduation from 24/7 access points to other outpatient services. Provider must share with patient the goal of graduation to include:
 - a. Transition to OTP and other MAT providers in the community,
 - b. Transition to other outpatient primary care providers in the community through coordination with health plan and warm hand off to new provider,
 - c. Transition to other outpatient counseling services in the community through coordination with the health plan and warm hand off to the new provider.
- Provider must demonstrate the ability to provide reporting on:
 - a. Treatment capacity,
 - b. Quality of care metrics,
 - c. Patient outcomes, and
 - d. Member satisfaction.
- Provide must participate in statewide learning collaborative focused on:
 - a. Sharing of best practices and
 - b. Peer-to-peer support between 24/7 locations.

APPENDIX B

24/7 Access Point Providers

CODAC Health, Recovery and Wellness

380 E. Ft. Lowell Road, Tucson, AZ 85705

520-202-1786

Community Bridges, East Valley Addiction Recovery Center

560 S. Bellview, Mesa, AZ 85204

480-461-1711

Community Medical Services

2806 W. Cactus Road, Phoenix, AZ 85029

602-607-7000

Intensive Treatment Systems, West Clinic

4136 N. 75th Ave #116 Phoenix, AZ 85033

623-247-1234