



Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.
LISTEN FOR MUSIC.

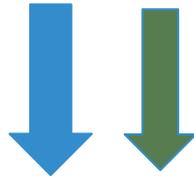
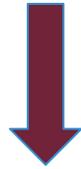


Please use the chat feature for questions or raise your hand.

Thank you.

Zoom Webinar Controls

Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.

A screenshot of the Zoom control bar and audio settings menu. The control bar is dark grey and contains icons for 'Chat', 'Raise Hand', and a red 'Leave' button. The 'Select a Speaker' menu is open, showing options: 'Same as System', 'Built-in Output (Internal Speakers)' (checked), 'Test Speaker & Microphone...', 'Leave Computer Audio', and 'Audio Settings...'. A white arrow points from the 'Audio Settings...' option in the menu to the 'Audio Settings' button in the bottom left corner of the Zoom interface.



Special Tribal Consultation Meeting: COVID-19 and General AHCCCS Update

April 13, 2021

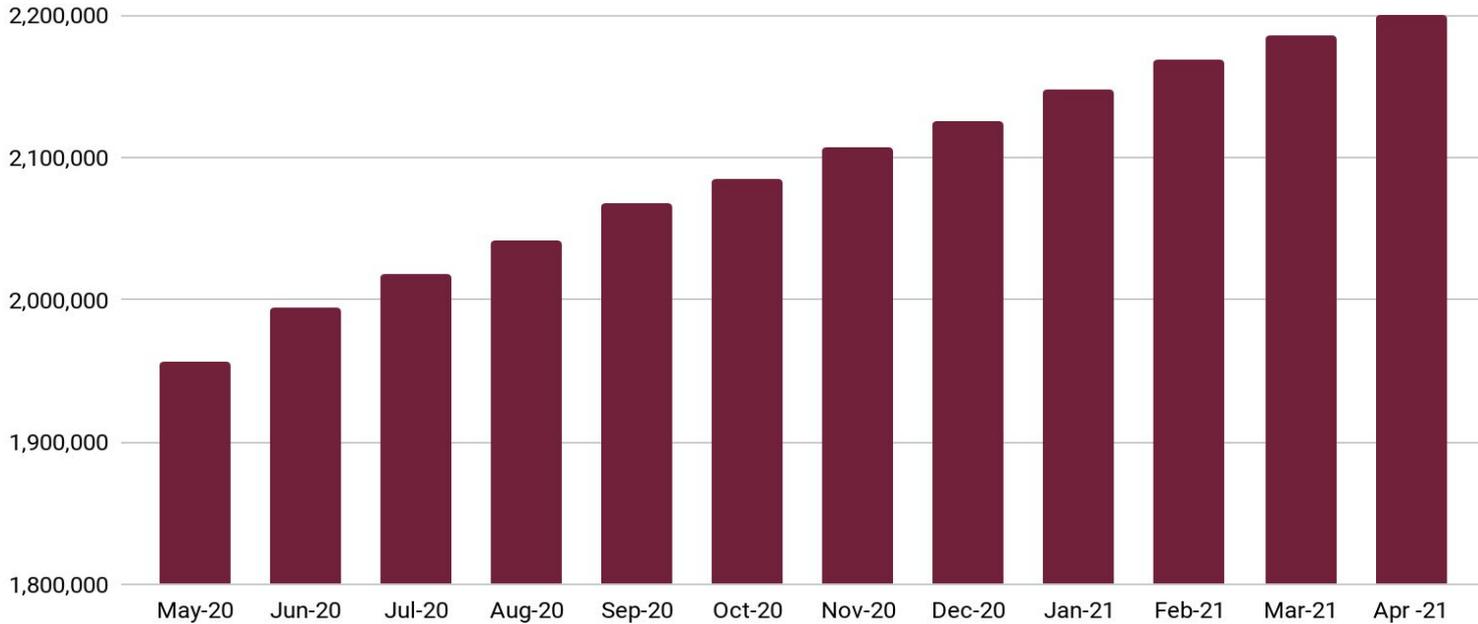
COVID-19 Public Health Emergency-Specific Information



AHCCCS Updates

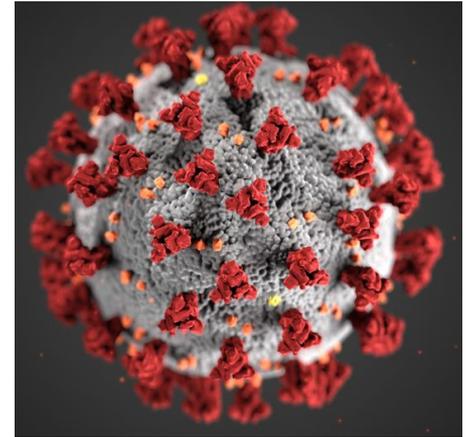
Jami Snyder, AHCCCS Director

AHCCCS Enrollment: May 2020- April 2021



Public Health Emergency (PHE)

- Currently extended through 4/20/2021
- HHS letter to Governors on 1/22/21
- PHE will likely remain in place for the entirety of 2021
- When a decision is made to terminate the declaration or let it expire, HHS will provide 60 days' notice



NAMD Statement

Providing states assurance that the PHE will extend through 2021 removes a significant source of uncertainty which materially impacts state budgeting and planning for Medicaid programs and state budgets writ large. It also ensures states and Medicaid providers can continue employing important flexibilities in the program, such as rapidly enrolling new providers to administer COVID-19 vaccines and providing behavioral health services remotely via audio/video technology or over the phone. With these tools, states can continue ensuring that Medicaid members are able to access care, providers remain viable and services are as robust as possible.

COVID-19 Vaccination



AHCCCS Vaccine Strategy

COVID FAQs and Where To Find Webpage

Learn more about coronavirus (COVID-19)



ENHANCED BY Google



Advanced search

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



Where Can I Find The COVID-19 Vaccine?



WHERE CAN I FIND THE COVID-19 VACCINE?



WHEN WILL IT BE MY TURN TO GET THE VACCINE?

Each county prioritizes their vaccine distribution according to their populations. It can be different from county to county. Find vaccination sites in your county at azhealth.gov/findvaccine and see which phase your county is currently in.



WHERE DO I GO TO GET VACCINATED?

- State Farm Stadium in Glendale, AZ (all available Jan. and Feb. appointments are full.)
- Phoenix Municipal Stadium in Phoenix, AZ (coming Feb. 1, all available Feb. appointments are full.)
 - Book an appointment: podvaccine.azdhs.gov/ If you received a first dose at State Farm Stadium, you will receive an email invitation to schedule a second dose for self, family member(s) and dependent(s).
- Find vaccination sites in your county at azhealth.gov/findvaccine

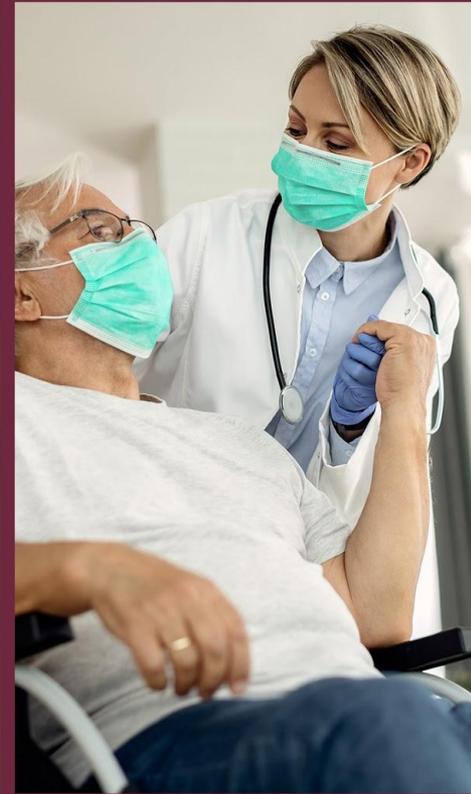


IS THE VACCINE FREE?

AHCCCS members will **not** be charged for the COVID-19 vaccine.



COVID-19 Vaccine Distribution Strategy



COVID-19 Vaccine Strategies: Registering for Vaccine

For AHCCCS members who request assistance:

- Crisis Response Network staff will be registering AHCCCS members for vaccination appointments
- Crisis Response Network staff will also assist with transportation scheduling in conjunction with the vaccine appointment scheduling
- Arizona COVID-19 Hotline number (1-844-542-8201)



COVID-19 Vaccine Strategies: Transportation

- Traditional NEMT model leverages a drop-off, pick-up approach
- In order to address the need for time spent in a vehicle while going through a drive-through vaccination event, AHCCCS is adopting a temporary rate/policy for NEMT to include payment for the time spent in a vehicle

[COVID-19 FAQs \(azahcccs.gov\)](https://www.azahcccs.gov)



COVID-19 Vaccine Strategies: Mobile Vaccinators



- Leveraging onboarded mobile providers that can travel to congregate care settings as well as home-based settings
- All interested staff and residents can be vaccinated at the same time
- AHCCCS health plans coordinating directly with counties, congregate care/home-based settings, and on-boarded mobile providers

COVID-19 Vaccine Strategies: Data Analysis

- Given many sites are not billing for vaccine administration, hybrid methodology using claims/encounters + ASIIS data is key to understanding AHCCCS member COVID-19 vaccine rates

American Rescue Plan Act of 2021



**Vaccine
COVID-19
Administration**



**Mobile Crisis
Services**



**Elimination of
Medicaid Drug
Rebate Cap**



**100% FMAP
for Urban
Indian Health
Program**



**10% Increase
to
FMAP for HCBS**



**Twelve Months
Postpartum
Coverage**

American Rescue Plan Act of 2021

- Clarifies that COVID-19 vaccines and administration are covered without cost-sharing for Medicaid beneficiaries; applies to all Medicaid beneficiaries including those with limited benefits
- Offers 100% FMAP for COVID vaccine and vaccine administration

Status:

In Progress

The mandatory COVID-19 vaccine coverage provision has been implemented for AHCCCS members. AHCCCS is seeking further guidance from CMS on the expectation related to limited benefit populations.

The 100% FMAP is currently available to AHCCCS.



Vaccine COVID-19 Administration

Mandatory
Coverage: 3/11/21

Enhanced FMAP:
4/1/21 until one
year after the end
of the PHE

American Rescue Plan Act of 2021



- Creates a state option to cover community-based mobile crisis intervention services with 85% federal matching funds
- Authorizes \$15 million for state planning grants, to be awarded by the HHS Secretary as soon as practicable

Status:

This Provision Is Not Yet In Effect

AHCCCS is working with stakeholder partners to explore potential program improvements that meet the parameters advanced by the legislation.

Mobile Crisis Services

4/1/22 -
3/31/27

American Rescue Plan Act of 2021



Eliminates federal rebate cap on the amount of rebates manufacturers pay to Medicaid in exchange for coverage of their FDA-approved drugs; currently, the rebate cap is set at 100% of the average manufacturer price.

Status:

This Provision Is Not Yet In Effect

This provision will be effective on 1/1/24

**Elimination
of Medicaid
Drug Rebate
Cap**

1/1/24

American Rescue Plan Act of 2021

- Provides 100 percent federal matching funds for services received through Urban Indian Health Programs with grants or contracts with Indian Health Service

Status:

In Progress

The 100% FMAP is currently available to AHCCCS.



**100% FMAP
for Urban
Indian Health
Program**

4/1/21 -
3/31/23

American Rescue Plan Act of 2021

Provides 10 percentage point increase in federal matching funds (capped at 95 percent) for Home and Community Based Services (HCBS) to implement or expand one or more activities to enhance HCBS

Status:

In progress

AHCCCS is awaiting guidance from CMS on what services qualify as HCBS improvement activities; CMS' understanding of the requirement that the funds be used only to supplement, not supplant, current levels of state HCBS spending; and the timeframe for spending any accrued savings.



**10% Increase
to
FMAP for
HCBS**

4/1/21 -
3/31/22

American Rescue Plan Act of 2021

Creates a state option to extend coverage for postpartum women to 12 months, instead of 60 days

Status:

This Provision Is Not Yet In Effect

AHCCCS already provides ongoing coverage to individuals up to 133% of FPL. AHCCCS is seeking guidance from CMS to clarify if states can implement this expansion of coverage for individuals 134-150% of FPL, leaving existing eligibility determinations for those up to 133% unchanged.



**Twelve
Months
Postpartum
Coverage**

4/1/22 -
3/31/27

DFSM Vaccination Update

- 3 vaccines available now
- Efforts to vaccinate differ by county
- Groups eligible for vaccine differ, most counties 16+
- DFSM efforts concentrate on the congregate settings
- Progress report:
 - 214 congregate setting facilities identified (BHRF, ALF, SNF, etc.)
 - Lists shared with counties and providers for inclusion in vaccination
 - Vaccinations available also through PODS, pharmacies and on tribal land through IHS/638 facilities

Vaccine Administration

The AHCCCS Fee-For-Service Program (FFS) shall reimburse COVID-19 vaccine administration fee(s) to the following AHCCCS registered providers:

- Pharmacies obtaining the vaccine directly from the federal government,
- IHS & 638 Tribal facilities administering the vaccine, and
- The Arizona Department of Health Services (ADHS) COVID-19 Onboarded providers.

Vaccine administration billing

- IHS/638 clinics
 - Vaccine administration can be provided and AIR can be billed as part of billable visit. AHCCCS is awaiting CMS response on additional AIR for RN administration based on individual or standing orders.
- IHS/638 pharmacies including 638 FQHC pharmacies
 - AHCCCS is also temporarily allowing IHS/638 pharmacies to be reimbursed an additional pharmacy AIR for COVID-19 administration fee(s) in addition to the limitation of one pharmacy AIR per day per member per facility. We will also continue to reimburse a second AIR for the flu vaccine.

DFSM Updates

- AHCCCS is temporarily modifying Non-Emergency Medical Transportation (NEMT) wait time billing rules and reimbursement through the end of the PHE.
- NEMT providers may be reimbursed for transportation of a member to, through, and from a drive-through vaccination site.
- Providers may bill for wait time (T2007) at the site using the TU modifier effective February 22, 2021.
- Additional coding & billing guidance information found on the COVID-19 FAQ page.
- Pharmacy PA Update

Open Discussion

Other AHCCCS Updates (not COVID-Specific)

Follow-up: AHCCCS Housing Waiver Amendment and TI 2.0 Concept Paper

Housing Waiver Request/ TI 2.0 Concept Paper Timeline





AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive
health and
wellbeing outcomes
for target
populations

Reduce the cost of
care for individuals
successfully housed

Reduce
homelessness and
maintain housing
stability



AHCCCS H2O

Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

Strategy 1: Strengthening Homeless Outreach & Service Engagement

- 1.1 Offer Outreach and Engagement Services
- 1.2 Enhance Screening and Discharge Coordination
- 1.3 Enhance and Support Data Collection



Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

- 2.1 Community Reintegration & Immediate Post Homeless Housing Services
- 2.2 Community Transitional Services
- 2.3 Eviction Prevention Services





Strategy 3: Enhancing Medicaid Wraparound Services and Supports

- 3.1 Home Modification Services
- 3.2 Pre-Tenancy and Tenancy Supportive Services

H2O Demonstration Target Population

Individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment
- Determined high risk or high cost based on service utilization or health history
- Repeated avoidable emergency department visits or crisis utilization
- Pregnant/postpartum

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- Repeated avoidable emergency department visits or crisis utilization
- Pregnant/postpartum

H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions, including, but not limited to:
 - End-stage renal disease
 - Cirrhosis of the liver
 - HIV/AIDS
 - Co-occurring mental health conditions, physical health conditions, and/or substance use disorder
- Young adults (18 -24 years of age) who have aged out of the foster care system

H2O Demonstration Target Population (Cont.)

- High risk of experiencing homelessness upon release from an institutional setting, including, but not limited to:
 - Institutions for Mental Disease (IMDs)
 - Inpatient hospitals
 - Nursing facility
 - Correctional facility
- ALTCS members who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting



Targeted Investments (TI) Program Renewal Concept Paper

TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026
- This extension request was submitted to CMS in December 2020 with Arizona's Waiver renewal packet
- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0

TI 2.0 Program Goals

Sustain the integration efforts of current TI participants

Expand integration opportunities to new providers

Improve the program requirements to provide whole person care

Align and support the AHCCCS 2021 Strategic Plan

TI 2.0 Program Structure

- TI Program 2.0 will include two distinct cohorts:
 - **Extension cohort** will include TI Program providers that completed participation in the current TI Program
 - **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation

TI 2.0 Participants and Stakeholders

- Similar to the original program, participation will be limited to specific provider types:
 - Primary Care
 - Behavioral Health
 - Integrated Clinics
 - Co-located Justice Clinics
 - IHS and Tribal 638 Facilities (Outpatient)*
 - Community Based Organizations (CBOs)*
 - Peer Run Organizations*

*AHCCCS is exploring options for including this participant category.

TI 2.0 Program Funding

- AHCCCS proposes that the maximum total funding for the program not exceed **\$250 million over five years** including state and federal match contributions
- AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources
- Funding will direct incentive payments to participating providers to meet program milestones and goals

Resources & Public Comment

[AHCCCS H2O Demonstration](#) and [TI 2.0 Concept Paper](#)

How do I submit public comment? Public comment can be:



Discussed at public forums



Emailed to waiverpublicinput@azahcccs.gov



Mailed to 801 E Jefferson, Phoenix, AZ 85034 Attn: Federal Relations

Public comments are accepted through **May 3, 2021**

Open Discussion

AHCCCS Policy Updates

AHCCCS TC Process for Policies

- In agreement with tribes as of calendar year 2016, AHCCCS has created a standard process for tribes and ITUs to submit written testimony regarding new or revised AHCCCS Medical Policy Manual (AMPM) or AHCCCS Contractors Operations Manual (ACOM) policies.
- AHCCCS also welcomes requests or recommendations from tribes or ITUs to include a particular AMPM or ACOM policy on a Tribal Consultation, usually Quarterly, Agenda for discussion.

AHCCCS Policy Process - Tribal Input Protocol

- 1. Initial Policy Overview during Tribal Consultation Meeting**
 - a. For all new or substantially revised AMPM or ACOM policies undergoing the AHCCCS Policy Process**
2. AHCCCS Policy Committee (APC)
3. Written Testimony on behalf of a tribe or ITU via the AHCCCS Policy Public Comment Portal
4. Request/Recommend for AMPM/ACOM Policy to be included on TC agenda for consultation

Step 1: Initial Policy Overview

Background:

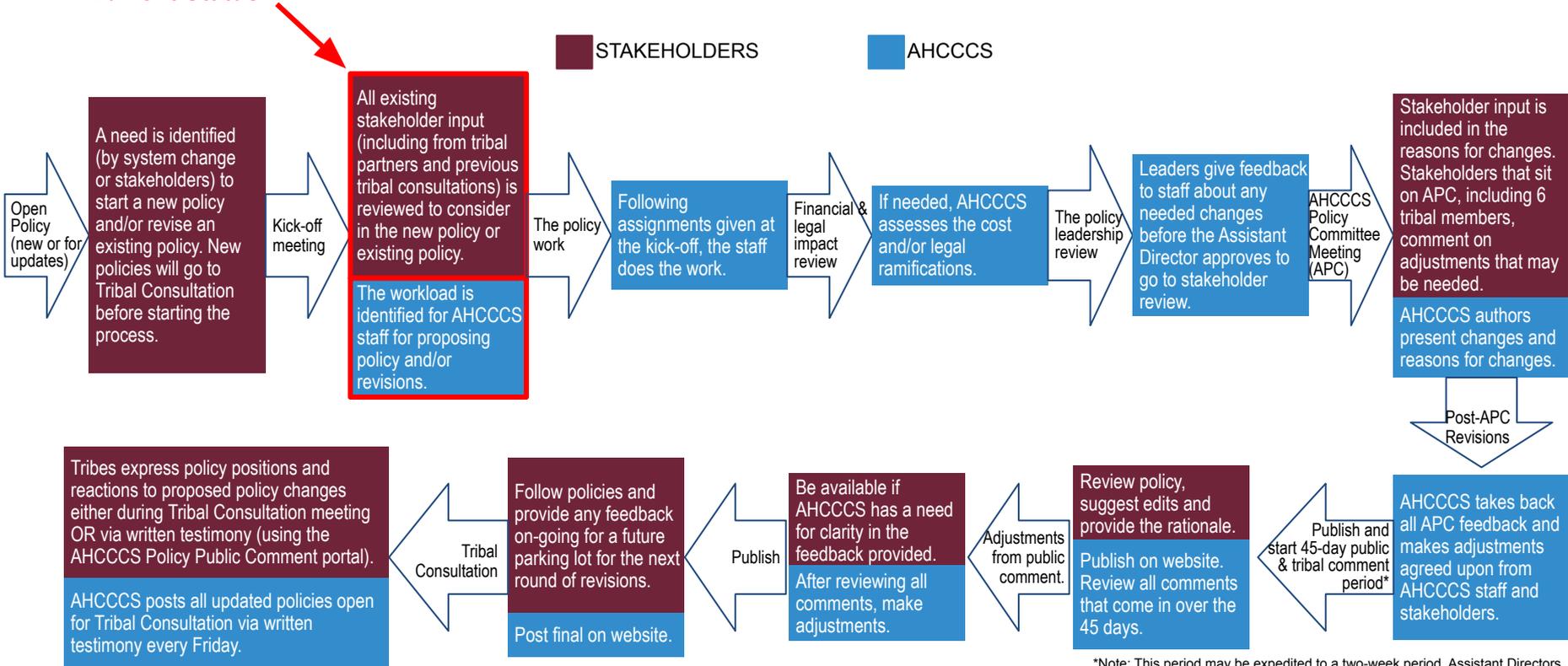
Tribes and ITUs have requested that AHCCCS bring “any and all” policies we are considering creating or making changes to to TC as a “heads up”

Protocol:

- At earliest possible time, AHCCCS Policy Lead presents overview of policy at TC
- Engage in discussion: This is the time for tribes and ITUs to brainstorm with our agency on considerations for the policy at a high level BEFORE changes are made or policies are written.

Workflow for AMPM 320-I

Current Status



*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.



AHCCCS Medical Policy Manual (AMPM) 320-I Overview

Dr. Sara Salek, AHCCCS Chief Medical Officer

Alison Lovell, AHCCCS DFSM Education Manager

AHCCCS Telehealth Policy Documents

- AHCCCS Medical Policy Manual (AMPM) 320-I, Telehealth Services:
 - <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>
- Fee-for-Service Provider Billing Manual, Telehealth Services section:
 - https://www.azahcccs.gov/PlansProviders/Downloads/FFSProviderManual/FFS_Chap10.pdf
- IHS/Tribal Provider Billing Manual, Telehealth Services section:
 - <https://www.azahcccs.gov/PlansProviders/Downloads/IHS-TribalManual/IHS-Chap08IndivPractitionerSvcs.pdf>
 -

AMPM 320-I Reference Documents

- Telehealth Resources:
 - Telehealth web page:
<https://www.azahcccs.gov/AHCCCS/Initiatives/Telehealth/>
- Proposed Telehealth Legislation:
 - Please note that the majority of proposed legislation has impacts to Title 20 and not directly to AHCCCS.
 - House Bill 2454:
<https://www.azleg.gov/legtext/55leg/1R/bills/HB2454H.pdf>
 - Amendment:
<https://www.azleg.gov/legtext/55leg/1R/adopted/S.2454FIN.pdf>

AMPM 320-I Telehealth

- **Tentative APC Date:** Early Summer
- **Effective Date:** October 1, 2021
- **Directly Impacts both MCOs and FFS**

AMPM 320-I Policy

Summary of Anticipated Changes:

- Monitoring telehealth proposed legislation impacts to ARS Titles 20 and 36 Out-of-State telehealth providers, telehealth definition, pay parity to in-person, and other impacts
- Audio-only added to telehealth definition
- Temporary audio-only codes added during pandemic: evaluating which will be permanent

Open Discussion

AHCCCS welcomes any recommendations of language for inclusion or exclusion at this time

Feedback Timeline

- Feedback on AMPM 320-I can be submitted to Amanda Bahe through Close of Business April 30, 2021.
 - Email to Amanda.Bahe@azahcccs.gov

AHCCCS Policies Currently Open for Written Testimony

Policies Open for TC as of April 13, 2021

AHCCCS policies open for the 45-day Tribal Consultation written testimony period via the AHCCCS public comment portal are listed below.

- **Written Testimony Deadline of April 19, 2021**

The following policies had an APC date of March 04, 2021 and notification of Tribal Consultation via written comment was sent out on March 11, 2021.

- [ACOM Policy 401 – Change of Contractor, AHCCCS Complete Care Contractors](#)
- [ACOM Policy 401 – Attachment A – Change of Contractor, AHCCCS Complete Care Contractors](#)
- [AMPM 1620-O – Abuse, Neglect, and Exploitation Reporting Standard](#)

Policies Open for TC as of April 13, 2021

- **Written Testimony Deadline of May 06, 2021**

The following policies had an APC date of March 18, 2021 and notification of Tribal Consultation via written comment was sent out on .

- [AMPM 950 – Credentialing and Recredentialing Processes](#)
- [AMPM Policy 950 – Attachment A – Credentialing and Recredentialing Processes](#)
- [ACOM Policy 412 – Claims Recoupments and Refunds](#)
- [ACOM Policy 417 – Appointment Availability, Transportation Timeliness, Monitoring, and Reporting](#)
- [ACOM Policy 417 – Attachment A – Appointment Availability, Transportation Timeliness, Monitoring, and Reporting](#)
- [ACOM Policy 425 – Social Networking](#)
- [ACOM Policy 425 – Attachment A – Social Networking](#)

Policies Open for TC as of April 13, 2021

- **Written Testimony Deadline of May 10, 2021**

The following policies had an APC date of March 23, 2021 and notification of Tribal Consultation via written comment was sent out on March 26, 2021.

- [AMPM 510 – Primary Care Providers](#)
- [ACOM Policy 439 – Material Changes: Provider Network and Business Operations](#)
- [ACOM Policy 439 – Attachment A – Material Changes: Provider Networks and Business Operations](#)

Announcements

AHCCCS on the Road (Virtually!)

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives:

- The Future of Regional Behavioral Health Agreements (RBHA)
- Competitive Contract Expansion
- Whole Person Care Initiative
- Waiver
- AHCCCS COVID 19 Response

April 26, 2021

1:00 pm - 3:00 pm

Location: Webinar

Registration Link: TBA



See the following webpage for all Community Forum updates:

<https://www.azahcccs.gov/AHCCCS/PublicNotices/CommunityPresentations.html>

Next AHCCCS Tribal Consultation:

May 13, 2021 at 1 pm

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

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by April 26, 2021.

2021 Tribal Consultation Calendar

- **May 13, 2021: Regular Quarterly TC**
 - Agenda Item Request Deadline: April 26, 2021
- **June 16, 2021: Special TC on COVID-19 PHE Updates**
 - Agenda Item Request Deadline: May 31, 2021
- **July 13, 2021: Special TC on COVID-19 PHE Updates**
- **August 12, 2021: Regular Quarterly TC**

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link:

<https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

Thank You.

Have a great day!