



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.

This Meeting Is Being Recorded

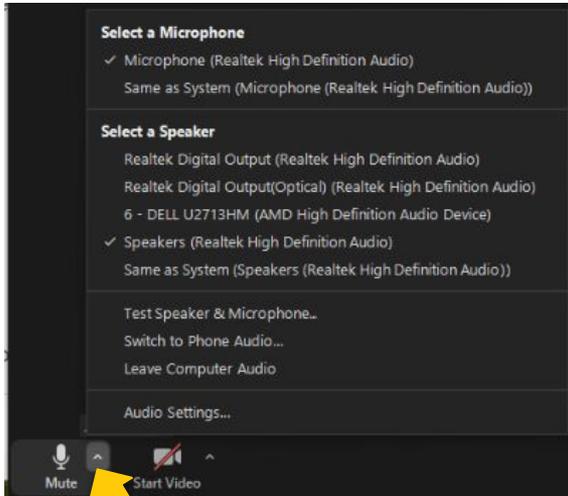
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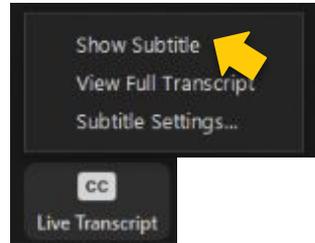
Zoom Webinar Controls

Navigating your bar on the bottom...

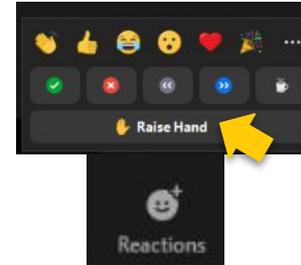
Audio Settings



Turn on Closed Captioning



Raise Hand



Chat



KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Silent Invocation



Quarterly Tribal Consultation Meeting

May 12, 2022

Agenda

AHCCCS Updates/Discussion: Jami Snyder and Kyle Sawyer

1115 Waiver and SPA Updates/Discussion: Shreya Arakere and Ruben Soliz

AHCCCS Provider Enrollment Update: Patricia Santa Cruz

After the PHE: Unwinding Changes and Preparing to Resume Normal Operations: Julie Swenson

AHCCCS Virtual Assistant (AVA): Lori Boyd-Draper

9-8-8 Implementation and Crisis Policy Update: CJ Loiselle

DFSM Updates: Ewaryst Jedrasik, Markay Adams, Leslie Short, Chris Ray

Serious Mental Illness (SMI) Eligibility Determinations Request for Proposal:
Alex Demyan

AHCCCS Policy Discussions: Amanda Bahe, Dr. Megan Woods, Brandi Howard

February 2022 Tribal Consultation Follow-Up

Tribal Consultation Follow-up Items

- Tohono O'odham Nation SNF/ALF Rates request: SNF increased rate in place, still reviewing ALF component
- ALF rate - additional layer of complexity due to member share of cost
- Outreach with other states indicates rate changes to SNFs only
- Will continue to provide ongoing updates



AHCCCS Updates

Jami Snyder, AHCCCS Director

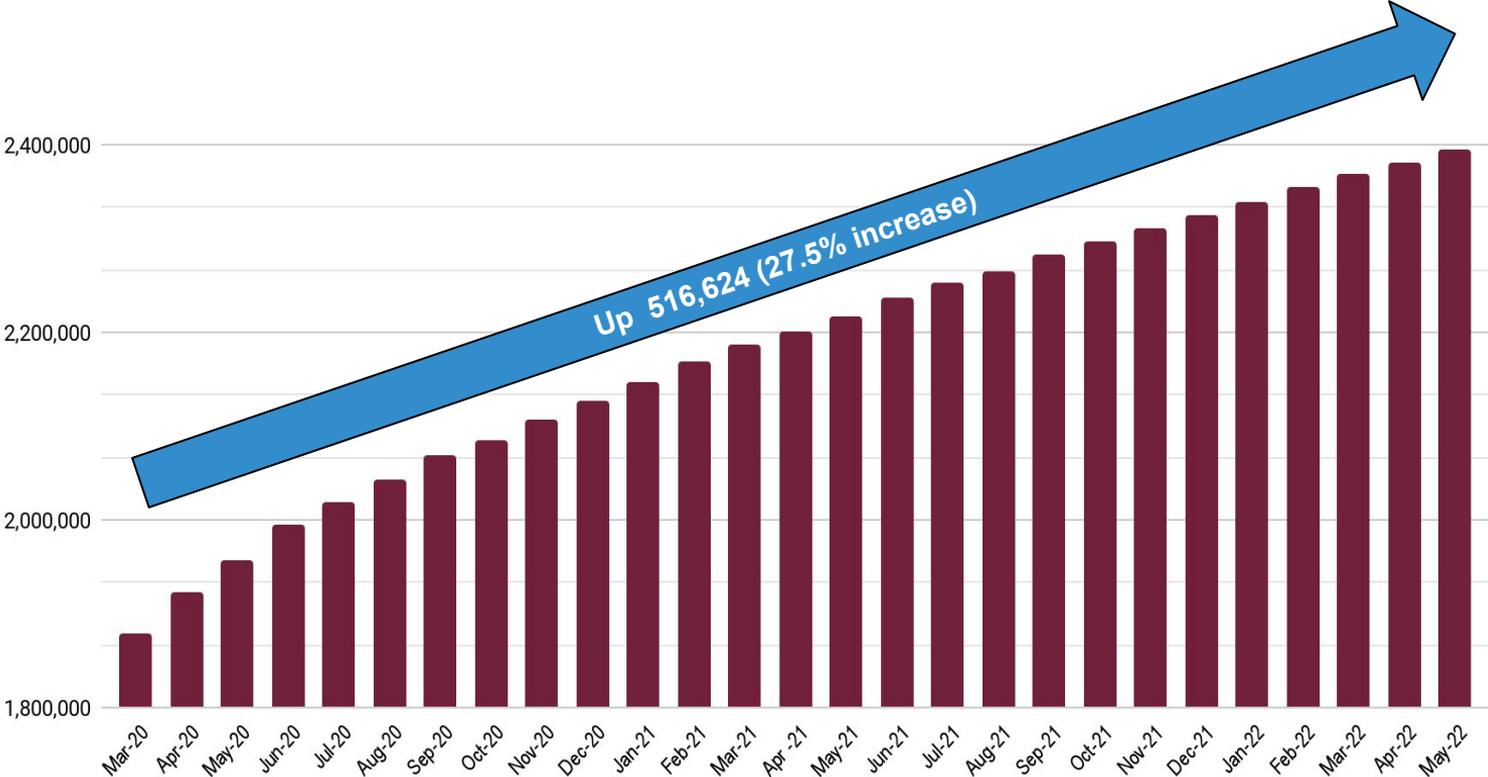




Unwinding from the Public Health Emergency (PHE)

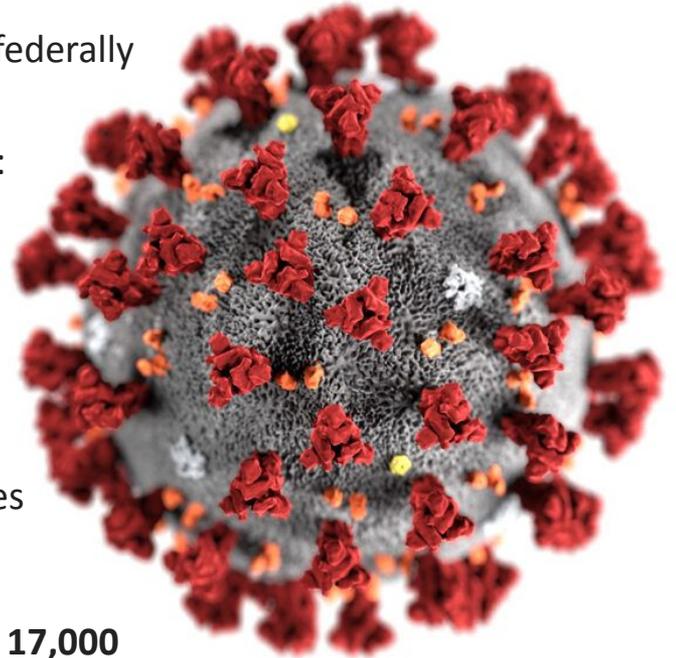
COVID-19 Response

AHCCCS Enrollment: March 2020- May 2022



Response to the COVID-19 Public Health Emergency

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency
- Maintained more than 47 programmatic flexibilities including: telehealth, parents as paid caregivers, expedited provider enrollment, etc.
- Distributed over \$126 million in additional pandemic relief funding to nursing facilities, HCBS providers, hospitals, etc.
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries
 - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the [Crisis Counseling Program](#), serving more than **17,000 unique individuals** statewide with crisis counseling and group counseling/public education



PHE Renewed - Effective April 16, 2022

7/31/22-8/1/22
Expiration of the
Maintenance of Effort
Requirement/
Initiation of Processing
Redeterminations

Continuous Enrollment

6.2% FMAP

PHE

1/21/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

4/21/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

6/20/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE continue

10/18/21
HHS PHE Renewed
Flexibilities, enhanced
match and MOE
continue

1/16/22
HHS PHE
Renewed
Flexibilities,
enhanced match and
MOE continue

4/16/22
HHS PHE
Renewed
Flexibilities,
enhanced match
and MOE
continue

7/16/22
PHE Ends

9/30/22
Expiration of the
Enhanced Federal Match

**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE.

Programmatic Changes Corresponding with the End of the Federal Public Health Emergency (PHE)

Flexibilities to **Expire** at End of PHE

The following flexibilities will be terminated upon the end of the PHE:

- Continuous eligibility, including continuous eligibility for KidsCare enrollees
 - Note: No eligibility action will be taken on any member until the beginning of the month following the end of the PHE
- Suspension of standard prior authorization (PA) requirements
- Allowing providers licensed in another state to offer emergency and non-emergency care to AHCCCS enrollees
- Waiver of home health service requirements, including face-to-face requirements in obtaining home health services and allowing other provider types to order home health services
- Modifications to standard tribal consultation processes

Flexibilities to **Expire** at End of PHE

The following flexibilities will be terminated upon the end of the PHE:

- Extension of state plan paid “bed hold” days to a maximum of 30 days
- IHS/638 facility reimbursement at the outpatient all-inclusive rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order
- Payment for Non-Emergency Medical Transportation (NEMT) wait time services for trips associated with a COVID-19 drive-through vaccination site

Flexibilities **Already** Terminated

The following flexibilities have already been terminated:

- Streamlined provider enrollment processes (4/24/22)
 - Waiver of enrollment fee
 - Waiver of site visit
 - Suspension of revalidation processes
- Suspension of pre-admission screening and annual resident review (PASRR) assessments
- Timely processing of KidsCare applications
- Delay in acting on certain changes in circumstances affecting KidsCare eligibility

Flexibilities to Be **Extended** Beyond the PHE

AHCCCS is seeking to continue the following flexibilities indefinitely:

- Verbal consent in lieu of written signature on plans of care for up to 30 days for ALTCS enrollees; *need CMS approval*
- Provision of home delivered meals to individuals served by the Department of Economic Security/Division of Developmental Disabilities; *need CMS approval*
- Provision of personal care services in an acute care setting when an individual requires such services for communication, behavioral stabilization, etc; *need CMS approval*
- 10 percent rate increase for in-office flu vaccination codes and administration
- Allowing pharmacists and pharmacy interns to administer the COVID-19 and flu vaccines

Flexibilities to Be **Extended** Beyond the PHE

AHCCCS will continue the following flexibility for an **additional 60 days** (through July 2022) following the end of the PHE:

- Waiver of premiums and other cost-sharing requirements

AHCCCS will continue the following flexibility through March 31, 2024 under Section 9817 of the American Rescue Plan Act:

- Allowance permitting parents to render paid care to their minor children.

Long Term Care Flexibilities

The following long term care flexibilities will **expire** at the **end of the quarter** in which the PHE ends (anticipated for 9/30/22):

- Removal of hourly service limitation (40 hours in 7-day period) for spouses who provide paid care
- Authority to make retainer payments to habilitation and personal care providers
- Authority to use an electronic method of service delivery: case management, personal care that requires only verbal cueing, in-home habilitation
- Ability to conduct evaluations, assessments, and person-centered service planning meeting virtually/remotely
- Allowance for electronic method of sign off on required documents such as the person-centered plan

Legislative Updates

Current Status

- Session began on January 10th and is ongoing
- Regular committees ended in late March
- Budget Stalemate
 - Skinny Budget failed to pass
 - No agreement yet within the Majority Caucus on how to move forward
 - The budget is where bills impacting covered services, rates, and eligibility will generally end up



Agency Bills:

- HB 2157 (signed into law 3/1) AHCCCS' supplemental appropriation/exp. authority
- HB 2088 (signed into law 3/23) ALTCS; preadmission screening

Arizona's Olmstead Plan

- 1999 – Olmstead Decision - “Most Integrated Setting” for individuals with disabilities and/or behavioral health needs
- 2001 – Initial Plan developed (not required by law) by AHCCCS, ADHS, ADES; informed by members, advocates and community stakeholders
- 2003 – Update to Olmstead Plan – *current version of plan*
- 2016 – Anticipated updates to Plan deferred due to Administrative Simplification
- Current - Updates to Olmstead Plan under development

Arizona's Olmstead Plan

- July 2021– October 2021 - Stakeholder input obtained
- November 2021 – June 2022 - Member & family member advisory group convened; draft updated Plan
- July 2022 - Will post updated Olmstead Plan draft to AHCCCS web page and begin public comment period
- August 2022 - Present Plan at Tribal Consultation, hold community forums, continue public comment period
- September - October 2022 - Finalize updated Arizona Olmstead Plan, convene member & family member advisory group

On the Horizon

- **Unwinding from the Public Health Emergency (PHE)**
- **1115 Waiver Negotiations for 10/1/2022**
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H2O)
 - Reimbursement for traditional healing services
 - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities
- **ARPA HCBS Implementation**
 - \$500 million in provider payments to be disseminated in May 2022
- **Completion of the Medicaid Enterprise System Roadmap**
- **Readiness and launch of ACC/RBHAs on 10/1/2022**
 - Includes statewide crisis line & 988 readiness and launch

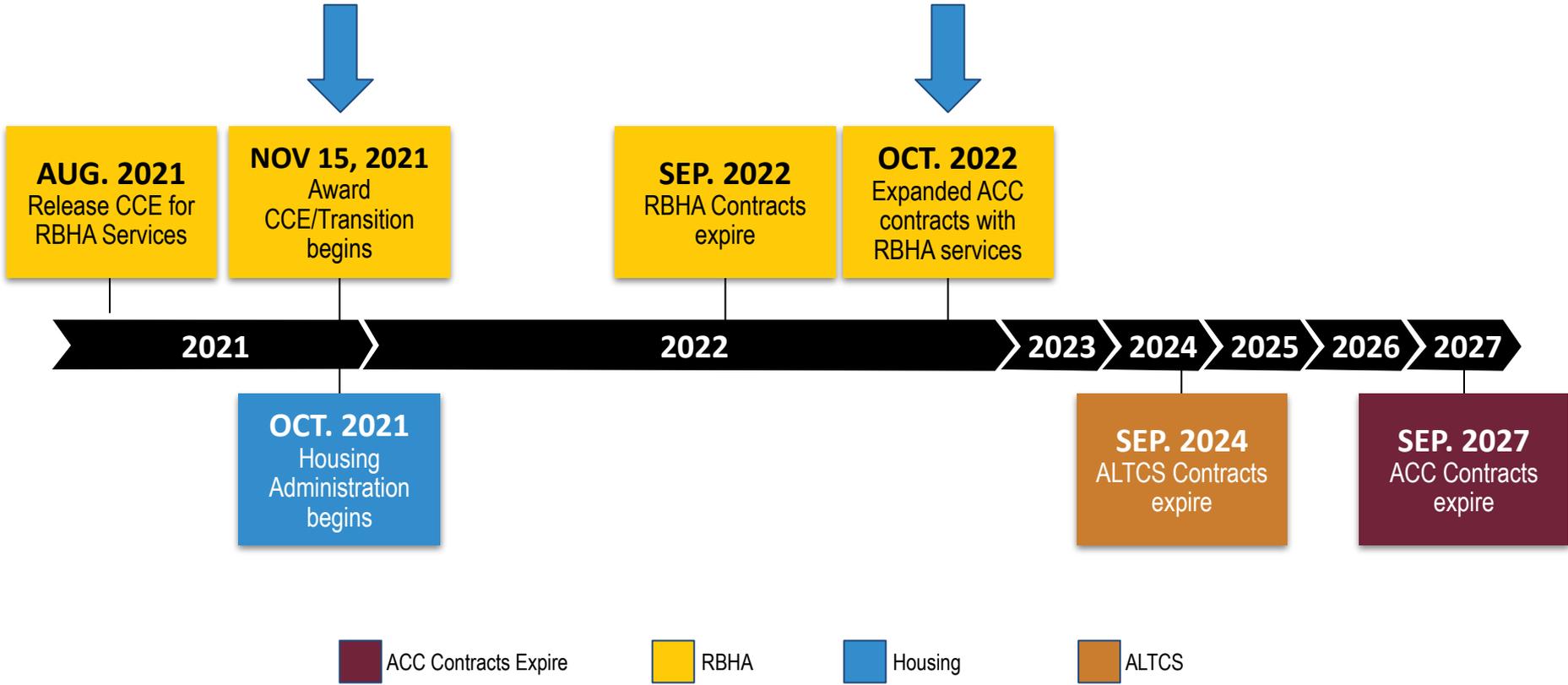


On the Horizon

- Integration of DDD Tribal Health Program members to AHCCCS Division of Fee for Service Management (DFSM) on 4/1/22
- Transition of American Indian/Alaska Native members designated with a SMI to integrated options on 10/1/22
- Continued roll out of Closed-Loop Referral System
- Promotion of expanded [Medicaid School Based Claiming program](#), allowing all Medicaid-enrolled children to access health care services on school campuses
- Continued support for the [Opioid Services Locator](#) tool
- Initial preparations for ALTCS bid (contracts term on 9/30/24)



AHCCCS Contracts Timeline



AHCCCS Strategic Plan

State Fiscal Years 2023 - 2025

Proposed Goals and Strategies

SFY 2023 - 2025

Provide Equitable Access to High Quality, Whole-Person Care

- Address existing and ongoing provider workforce challenges
- Promote the use of models that seek to advance quality and lower cost
 - Alternative payment models, American Indian Medical Home, IHS/638 care coordination agreements, etc.
- Reduce provider administrative burden
 - Expanded use of CommunityCares, alignment of quality metrics, etc.
- Address deficiencies in the continuum of care to ensure access to services in the most appropriate setting
- Implement enhanced housing services/supports
- Pursue population health programming for individuals with special health care needs
 - Individuals with I/DD & behavioral health needs, individuals leaving correctional settings, pregnant women with substance use disorder, aging populations, etc.

Proposed Goals and Strategies

SFY 2023 - 2025

Implement solutions that ensure optimal member and provider experience, promote member engagement and independence, and offer transparency into system performance

- Develop comprehensive information technology strategy plan
 - Modernize AHCCCS' Medicaid Enterprise System (MES), leverage state designated HIE, etc.
- Develop system performance dashboards
- Accelerate agency-wide program integrity efforts
- Support technological advancements that foster member engagement in care planning and advance member independence
 - Remote monitoring (wearable devices), member clinical record access, telehealth
- Optimize federal block and discretionary grants to advance Medicaid programming and systems

Proposed Goals and Strategies

SFY 2023 - 2025

Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations

- Improve employee engagement
 - Enhanced communication strategies, professional development opportunities, cutting edge technological tools
- Increase retention rates
 - Continued exploration of workplace flexibilities, continued education on need for competitive compensation strategy
- Increase Arizona Management System self-assessment scores
- Develop a comprehensive, agency-wide knowledge management system

Open Discussion

Division of Community Advocacy and Intergovernmental Relations (DCAIR)



Waiver Update

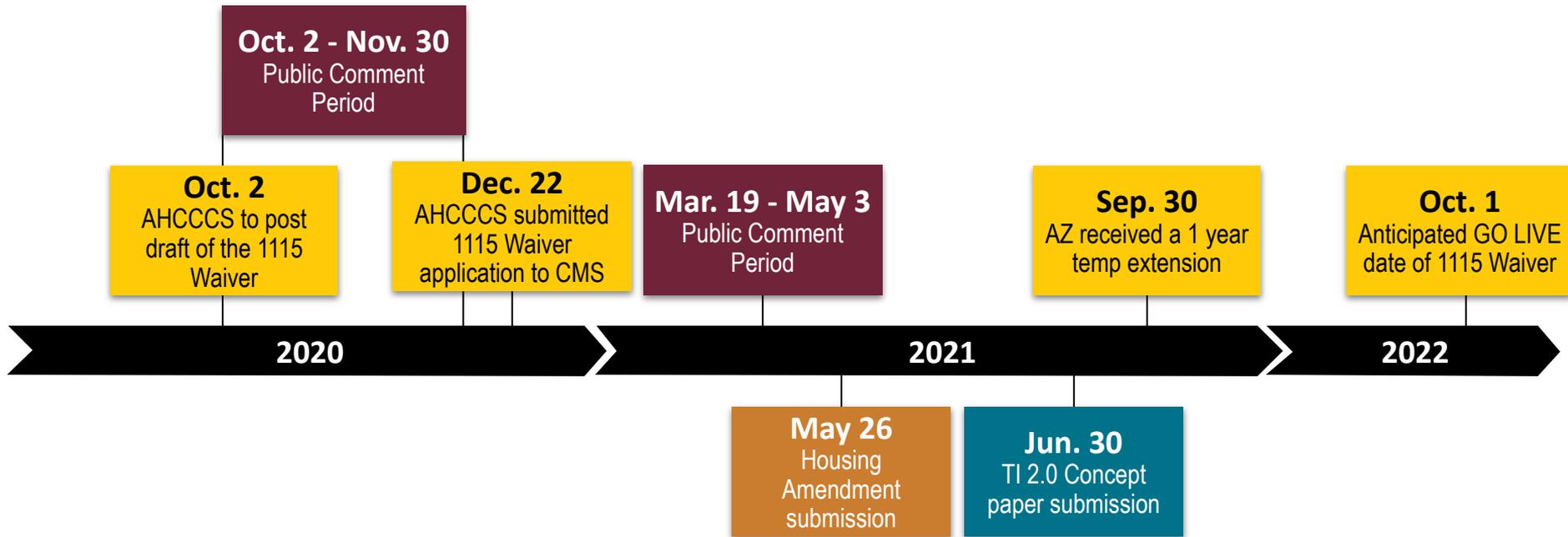
Shreya Arakere, AHCCCS Waiver Manager



Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program.
- Demonstration projects are typically approved for a five year period and can be renewed every five years.
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.

Arizona's 1115 Waiver Renewal Timeline



2022-2027 1115 Waiver Negotiations

Topics	Status
Revise Historical STCs	Complete
Finalize HCBS PMs and Metrics	In Progress
Targeted Investments (TI) 2.0	In Progress
ALTCS Tribal Dental Benefit	In Progress
Traditional Healing	In Progress
Housing and Health Opportunities (H2O)	In Progress
1115 ARPA Requests	In Progress
Budget Neutrality	Yet to begin

Traditional Healing Workgroup

Traditional Healing Proposal Timeline

2015	2016	2017	2018-2019	2020	2021-2022
<p>TH Workgroup Established</p> <p>Workgroup engages with AHCCCS to begin discussions on TH reimbursement.</p>	<p>AHCCCS formally seeks CMS approval</p> <p>Summer: AHCCCS submits waiver proposal developed by TH Workgroup to CMS.</p> <p>Winter: CMS recommends a SPA instead of Waiver for TH services.</p>	<p>TH Workgroup Reconvenes</p> <p>Develops a crosswalk of Traditional Healing services for AHCCCS. Crosswalk used to guide TH services SPA parameters as proposed to CMS.</p>	<p>Awaiting direction from CMS</p> <p>No clear direction from CMS on path forward to incorporate TH in State Plan.</p>	<p>TH Workgroup Reconvenes</p> <p>AHCCCS convenes the TH workgroup to resubmit a traditional healing waiver proposal.</p>	<p>1115 Waiver Extension and Negotiations</p> <p>AHCCCS received one year extension of the 2016-2021 1115 Waiver “as is”. AHCCCS and CMS is currently negotiating program elements proposed in our Waiver renewal.</p>

Traditional Healing Waiver

- Negotiations with CMS underway
- AHCCCS held a meeting with the Traditional Healing workgroup on 5/4/2022
- Working on addressing CMS' questions on operational details
- Will regularly engage with the workgroup as we receive additional questions from CMS

Open Discussion



State Plan Amendments

Ruben Soliz, AHCCCS State Plan Manager

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Recent Approvals

- [22-0001](#) - January NF Rates Update
- [22-0002](#) - Clinical Trial Routine Patient Costs

All recently submitted and approved SPAs are available on the following website:

[https://www.azahcccs.gov/Resources/StatePlans/stateplanamen
dments.html](https://www.azahcccs.gov/Resources/StatePlans/stateplanamen
dments.html)

Upcoming SPA: Crisis Services

- Describes the crisis services, especially mobile crisis services provided state-wide.
- Does not include new services or rates but, rather, clarifies the description of existing services.

Upcoming SPAs

- **CHIP:** (Temporary) Suspend premiums for 60-days after the end of the PHE.
- **Medicaid:** (Temporary) Suspend cost sharing for 60-days after the end of the PHE.
- **Medicaid:** (Permanent) COVID-19 Vaccine Administration by Pharmacy Technicians and Interns.

Upcoming SPA: Rescinded Flexibilities

- Streamlined provider enrollment processes (4/24/22)
 - Waiver of enrollment fee
 - Waiver of site visit
 - Suspension of revalidation processes
- Suspension of pre-admission screening and annual resident review (PASRR) assessments
- Timely processing of KidsCare applications
- Delay in acting on certain changes in circumstances affecting KidsCare eligibility

Open Discussion

Division of Member and Provider Services (DMPS)



AHCCCS Provider Enrollment Update

Patricia Santa Cruz, Provider Enrollment Administrator



Provider Processing Update

- New Enrollments processed in 30 days or less - 99%
- Re-registrations & Modifications processed an average - 8 days
- Reduced Service Tickets in the past 60 days from 821 to 125

Provider Enrollment Resume to Normal

As of April 24th, APEP was resumed to complete the full screening process for providers. During the public health emergency the enrollment fee, site visit, and collection of fingerprint criminal background check (FCBC) were waived.

What to expect:

- Fee, Site Visit, & FCBC required to complete application.
- Required License/Certification Requests.
- Revalidation of providers based on provider type and re-registration.
- Possible disenrollment of provider id for non-compliance.

Open Discussion



After the PHE: Unwinding Changes and Preparing to Resume Normal Operations

Julie Swenson, Senior Policy Advisor



AHCCCS Eligibility and Enrollment During the PHE

- Renewals continued through PHE
- Approximately 600,000 “COVID override” members
 - Did not complete renewal or failed to supply needed documentation
 - Screened or determined to be ineligible
- Estimate that it will take **9 months** to complete redeterminations

Preparing to Return to Normal Operations

- Reminders to provide updates to contact information or household circumstances and to respond to letters.
- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.
- EVERYONE can help ensure member contact information is accurate and current.
- Working with Federal partners and States to identify best practices.



FFS-Specific Member Outreach

- DFSM is receiving and sharing COVID Override and Member Renewal Files
- TRBHAs and AIMHs are assisting with member outreach to maintain coverage
- Additional strategies for member outreach are being explored

What Can Members Do Today to Prepare?

Update contact info in HEAPlus

[See this flier](#) for more information on how to update contact info in HEAPlus

The screenshot shows the Health-Arizona PLUS website interface. The 'Report a Change' option is highlighted with a red box in the left-hand navigation menu. The main content area displays 'My Account' information, including a verified ID, address (701 E Jefferson St, Phoenix, AZ, 85034-2215), and email. Below this is a table for 'My Medical Assistance' and a section for 'My Applications' with a message to click on application numbers for details.

Name	Program	Begin Date	End Date
	AHCCCS Medical Assistance	09/01/2021	

Application Number	Date Started	Date Sent	Status	View
2021272000237	9/30/2021	MA 9/30/2021	Submitted	Provide/View Documents View Application Summary

The graphic features a blue background with a laptop displaying the website. The text reads: 'www.healtharizonaplus.gov', 'UPDATE YOUR INFORMATION TODAY!', and 'Make sure your contact information is up to date so AHCCCS can contact you, if needed.' The AHCCCS logo is at the bottom left, and the laptop screen shows a 'My Household' section with a photo of a family and the text 'INDIVIDUAL AND FAMILY'.

Log in or create an account at www.healtharizonaplus.gov

Direct Member Outreach

AHCCCS and the health plans are attempting to reach members who've failed to respond to requests for additional information

- 233,000 members to receive robocalls from AHCCCS beginning April 8
- Text messages to AHCCCS opt-ins, plus new text outreach to all mobile numbers on file with AHCCCS
- 376,000 households sent a generic reminder letter in April
- Renewal requests from AHCCCS by US mail asking for information to confirm eligibility
- MCOs to help locate members whose mail has been returned as undeliverable

Returning to Normal Operations

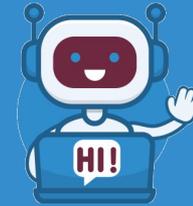
- Full redetermination when eligibility was extended
- Will receive one of two letters - Renewal approval or request for more information
- If not eligible, customers will receive advance notice and appeal rights
- Align redetermination and renewal actions at household level
- Distribute all member renewals evenly over 12-month unwinding period

Open Discussion



AHCCCS Virtual Assistant (AVA)

Lori Boyd-Draper, DMPS Deputy Assistant Director



AHCCCS Call Centers & Website Chat

Call Center / IVR

Total Sessions
154,307

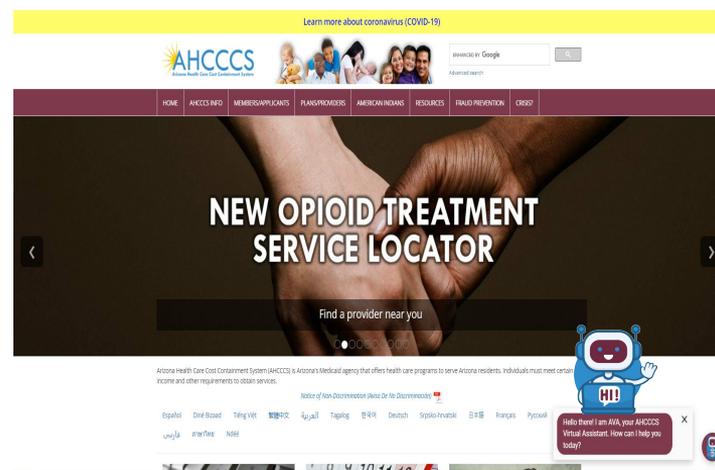
Avg Sessions/Day
2,530

Busiest Hour (MST)
10am-12pm

Avg Queries/Session
5

Success Rate
72.40%

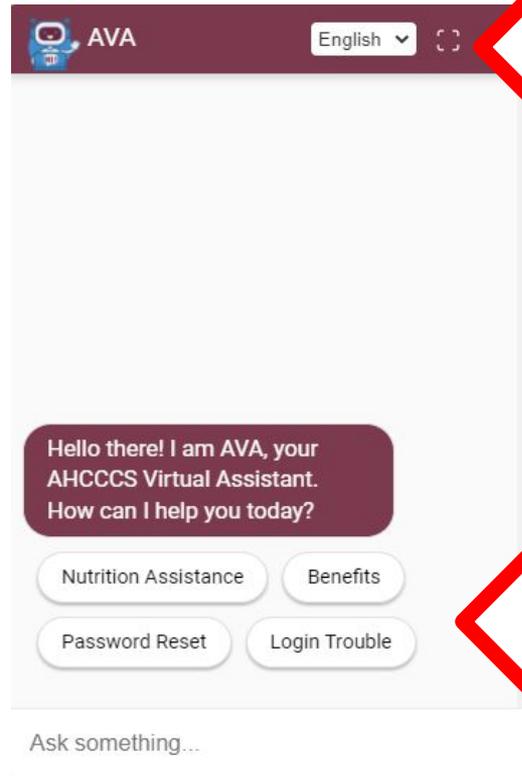
Website / Chat



Total Sessions
4,736

Success Rate
79.52%

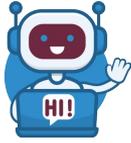
Chat Interaction with AVA



English or Spanish

Pre selected topics

Type your question here



Interacting with AVA when calling AHCCCS

Hello there! I am AVA your Virtual Assistant. I can assist you with questions...

For medical benefits registration, four options are possible:

- Option 1 - Visit HEAplus at healtharizonaplus.gov
- Option 2 - Visit DES at AZDES.gov and type "Medical Benefits" in the search bar in the upper right corner.
- Option 3 - Call the Customer Support center at 1-855-HEA-plus, that is 1-855-432-7587. Please keep your zip code, phone number and date of birth handy before calling.
- Option 4- Visit your local DES office.

Do you want me to repeat?

Thank you for calling AHCCCS, have a nice day

Customer / Caller

How can I register for AHCCCS Medical Benefits

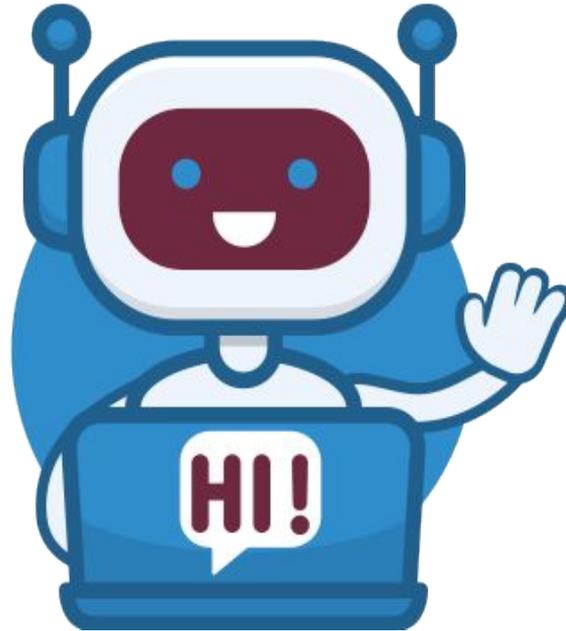
No thank you

Ordering an AIHP ID card or changing the health plan for an AIHP member

1. Call AHCCCS, AVA will greet you
2. Tell AVA immediately, “I want to speak to an agent”
3. She will ask if there is anything else she can help you with, you say “No, I want to speak to an agent”
4. You will then be placed in a call queue for the next available representative

At this point you are no longer waiting on AVA, you are waiting for the next available call center agent to assist you

Questions?



Open Discussion

Division of Grants Administration



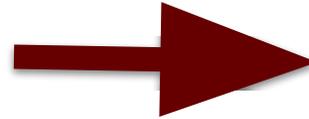
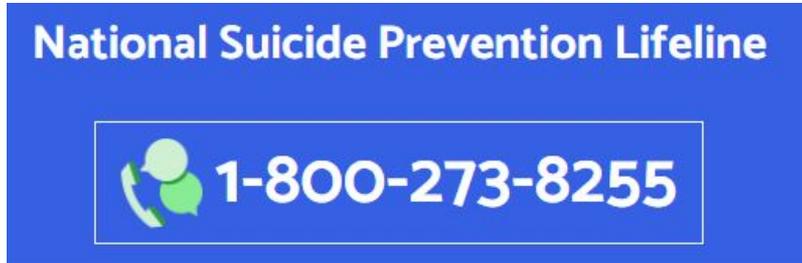
9-8-8 Implementation and Crisis Policy Update

CJ Loiselle, AHCCCS/DGA Crisis Administrator

Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
 - Designates 988 as the dialing code for the Lifeline
 - Increased Lifeline federal appropriation
 - Cleared a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



- Implementation on or before **July 16, 2022**

9-8-8 Implementation Guidance Playbooks

SAMHSA, in co-sponsorship with NASMHPD, worked with partners across critical working sectors involved with 988 to develop 988 Implementation Guidance Playbooks (e.g. “playbooks”) for States, Territories, and Tribes; Mental Health and Substance Use Disorder Providers; Lifeline Contact Centers; and Public Safety Answering Points (PSAPs). The following are the links to these playbooks:

- [State, Territories & Tribes](#)
- [Mental Health and Substance Use Disorder Providers](#)
- [Lifeline Contact Centers](#)
- [Public Safety Answering Points \(PSAPs\)](#)

The State, Territories & Tribes tool is not intended to be evaluative and no responses will be collected or aggregated. There is neither a perfect score nor a right answer. The intent is solely to help states, territories, and tribes determine where they might focus efforts both ahead of July 2022 and beyond as the country moves toward integrated crisis care.

9-8-8 Fast Facts

- 988 is the new dialing code that provides direct, life-saving services to people experiencing mental health and substance use crises—or family members and advocates of those in need—through the existing NSPL. 36 When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing NSPL network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.
- The 988 dialing code will be available by July 16, 2022. **Until then, those in crisis should continue to use 1-800-273-8255, which will continue to function even after the transition.**
- SAMHSA 988 FAQ: <https://www.samhsa.gov/find-help/988/faqs#about-988>

9-8-8 Fast Facts

- 988 will be built with accessibility and inclusion in mind to ensure the service is available to all individuals, regardless of communications needs. As such, 988 will be available via text and chat to anyone interested in using those services, as well as Spanish support via the press 2 option and interpretation service in over 150 languages.
- The transition to 988 will not impact the availability of crisis services for our nation's Veterans and military Service Members. The same dedicated service Veterans know and trust in the VCL remains fully in place and ready. The Veterans Crisis Line (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting <https://www.veteranscrisisline.net/get-help-now/chat/> or by texting 838255.
- The 988 transition will not replace or change the current Arizona RBHA or TRBHA operated crisis call centers, numbers or services.

National Messaging 9-8-8

Why do we need 988?

- There are urgent realities driving the need for crisis service transformation.
- Too many people living in the U.S. are experiencing suicidal cries or mental health related distress without the support and care they need.
- COVID-19 pandemic has only made a bad situation worse when it comes to mental health and wellness in America.
- In 2020 alone, the U.S. had one death by suicide every 11 minutes—and for people aged 10-34 years, suicide is a leading cause of death.
- Additionally, from April 2020-April 2021, over 100,000 individuals died from drug overdoses in the U.S.

National Messaging 9-8-8

What is the vision for 988?

- In the short-term, the goal is to strengthen and expand the current Lifeline call center infrastructure and capacity to ensure trained crisis counselors are available to quickly respond to 988 via call, text, or chat.
- In the longer term, the vision is to build a robust crisis response system across the country that links callers to community-based providers who can deliver a full range of crisis care services, if needed (like mobile crisis teams or stabilization centers). This more robust system will be essential to meeting crisis care needs across the nation.

9-8-8 and 9-1-1

Relationship between 988 and 911

988 and 911 are designed to be complementary. 911 is currently used for all emergencies, including behavioral health emergencies. However, 911 dispatchers may not be trained on how to handle these types of calls. On the other hand, 988 is a behavioral health crisis number and 988 counselors are trained to assist people in emotional distress, suicidal crisis, or struggles with substance use. In many cases, 988 counselors can de-escalate a crisis over the phone and connect callers with community resources for ongoing support. Ongoing collaboration between 988 and 911 will help individuals in crisis get the appropriate support, potentially providing options like mobile crisis teams in place of police or emergency medical services (EMS) responders when needed and where available

Current NSPL (9-8-8) and RBHA System Structure

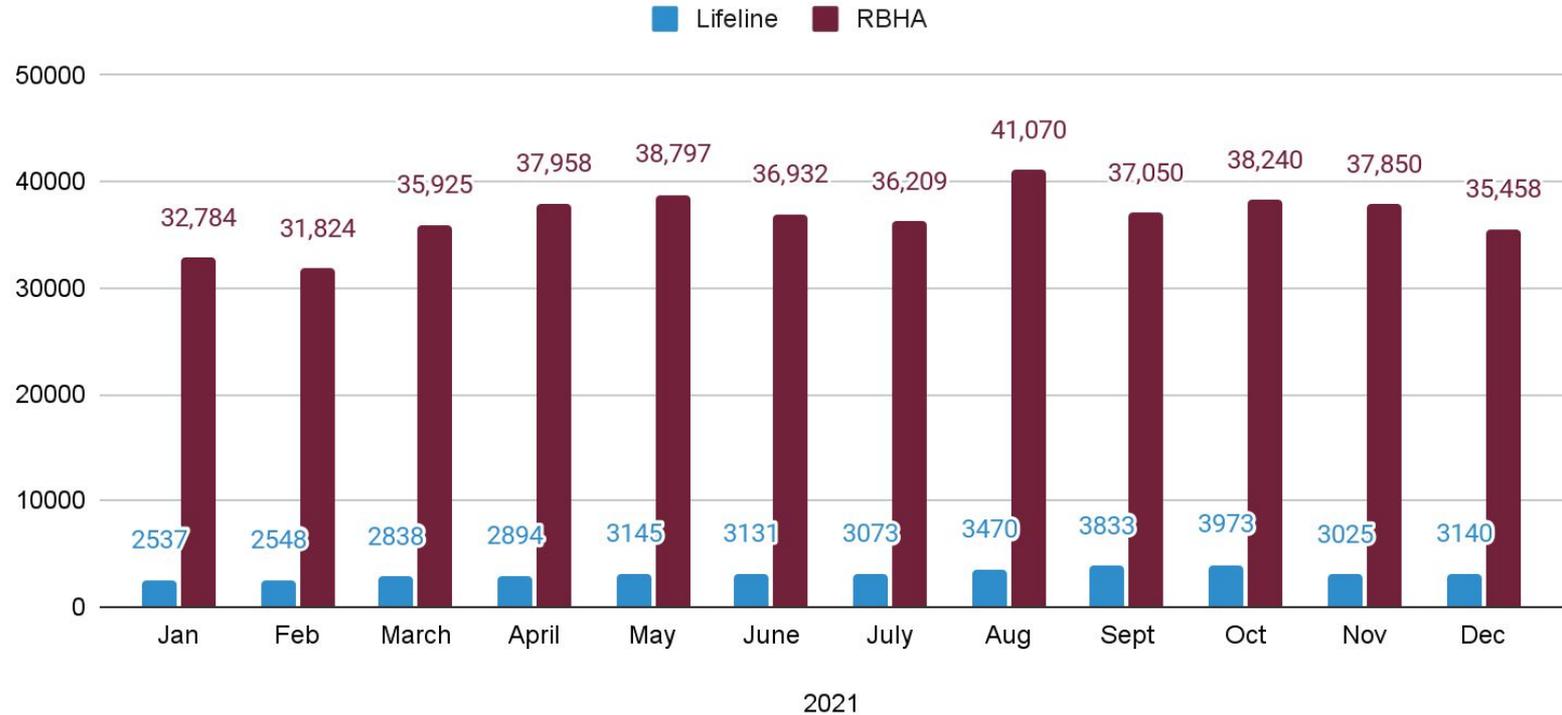
NSPL in Arizona



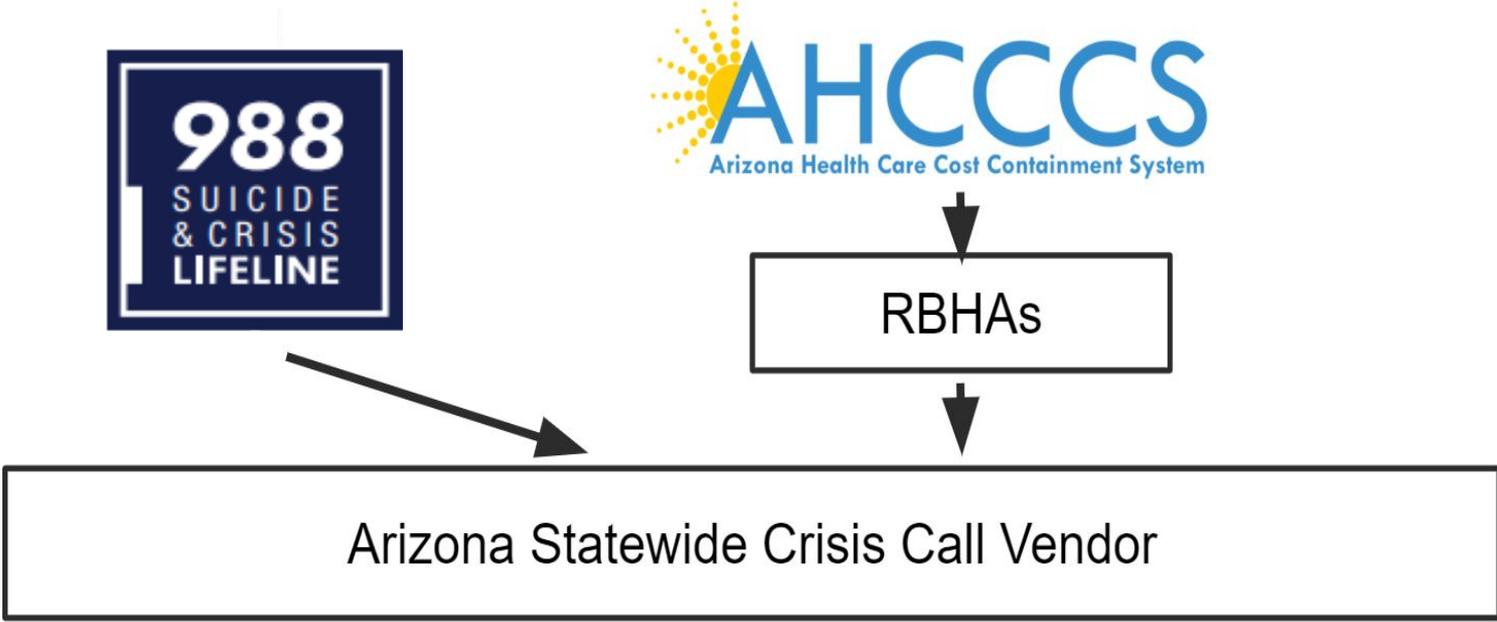
AHCCCS Crisis in Arizona



2021 Lifeline Center Calls vs. RBHA Call Center Calls



10/1/2022 9-8-8 and Arizona Crisis Lines



Arizona 988 State and Territory Cooperative Agreements Grant

- **Awarded:** 04/15/2022
- **Funding Period:** 04/30/2022 - 04/29/2024 (2 years)
- **Amount:** \$1,953,661
- **Area served:** All Regions
- **Focus:** The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:
 - o Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
 - o Engaging Lifeline crisis centers to unify 988 response across states/territories; and
 - o Expanding the crisis center staffing and response structure needed for the successful implementation of 988.

AHCCCS Crisis Policy Language

- AMPM 590, Behavioral Health Crisis Services and Care Coordination is currently out for public comment. Please review and comment by 5/30/2022:
<https://ahcccs.commentinput.com/comment/search>
- ACC-RBHA responsibility for the full continuum of crisis services to all individuals in their respective service areas to prevent a potentially dangerous condition, episode, or behavior.
- Requirements to collect, report, and analyze crisis system data as an important element in evaluating the service, efficiency, sufficiency, and quality of the crisis delivery system.
- Workforce development operations shall work collaboratively with providers of crisis services to create a single, statewide, competency based specialized training program for crisis services providers.
- BHP and BHT/BHPP learning tracks. Learning tracks may overlap in certain content areas; however, the intent is to gear each track to the differences in roles and tasks that BHPs and BHT/BHPPs have when delivering crisis services.
- ACC-RBHA partnership with all Contractors and TRBHAs in its assigned GSA to develop collaborative protocols with local law enforcement/public safety personnel, hospital systems, and county, local, and tribal governmental entities.



Contact/Resources

- CJ Loiseau - Crisis Administrator cj.loiseau@azahcccs.gov, (602) 417-4409
- Action Alliance 988 Framework for Messaging: suicidepreventionmessaging.org/988messaging/framework
- SAMHSA 988: www.samhsa.gov/find-help/988
- 988 Fact Sheet: www.samhsa.gov/sites/default/files/988-factsheet.pdf
- AHCCCS Crisis Services Website: azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Tribal Consultation and Public Comment Website: <https://ahcccs.commentinput.com/comment/search>

Open Discussion

Division of Fee for Service Management (DFSM)



DFSM COVID Unwinding Updates

Ewaryst Jedrasik, RN, DFSM Deputy Assistant Director



DFSM COVID-19 Flexibilities

- Link to the current memo:

azahcccs.gov/AHCCCS/Downloads/COVID19/AHCCCSPriorAuthorization.pdf

Behavioral Health

- Anticipated effective date July 16, 2022(based on current last day of the PHE), current concurrent review prior authorization for Behavioral Health Inpatient Residential Treatment Center (RTC) will resume to a concurrent review frequency of every 30 days. Reviews for Behavioral Health Residential Facilities (BHRF) will continue at concurrent review intervals of up to 90 days.
- Providers should continue to work with the TRBHA and outpatient treatment teams for ongoing care coordination and discharge planning needs.

Pharmacy

- Prior authorization continues to be waived for compounded drugs at a cost of up to \$75.00 for children less than ten years of age.
- 42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. Effective July 16, 2022 AHCCCS FFS will reinstate the Arizona State Board of Pharmacy member signature requirement to confirm that counseling occurred.

Non-Emergency Medical Transportation (NEMT) Services

- Changes were implemented to the flexibilities related to the [COVID-19 DFSM memo](#). The following requirements will be reinstated.
 - Effective 8/1/2021, NEMT providers transporting a member over 100 miles must obtain prior authorization.
 - Effective July 1, 2022 AHCCCS NEMT drivers are required to collect a passenger's written or electronic signature on the FFS Trip Ticket.

Physical Health Services Update

- Anticipated 7/16/2022 the following changes will be implemented to the flexibilities related to the facility services:
- DFSM will reinstate prior authorization and concurrent review requirements for the following levels of care:
 - Acute Inpatient hospitalization;
 - Assisted Living Facilities/Centers;
 - Skilled Nursing Facilities (SNFs); and
 - Inpatient Rehabilitation Facilities (e.g., Long Term Acute Care Hospitals).
- Prior Authorization approvals for elective inpatient services will continue to be extended as medically appropriate.

Other Flexibilities

- It is anticipated that with the end of the COVID-19 Public Health Emergency, the use of Alternative Care Sites (ACS) established by Indian Health Service (IHS) or Tribally owned/operated 638 facilities will end on 07/16/2022.
- Separately and consistent with CMS Guidance issued on 10/4/21, AHCCCS DFSM does not intend to review claims related to the Four Walls provision until nine months after the end of the COVID-19 PHE. More information from CMS can be found here: [CIB Informational Bulletin - Four Walls](#)

Open Discussion



AIHP Integration Update

Markay Adams, DFSM Assistant Director



Member Transitions

- Individuals with an SMI designation currently enrolled with the American Indian Health Program (AIHP) for physical health services and receiving behavioral health services from a Regional Behavioral Health Authority (RBHA) will have:
 - Behavioral Health services **transition** to AIHP effective 10/1/2022, and
 - Physical health services **continue** with AIHP.
- This transition will impact roughly 300 members.*

*Enrollment as of December 2021

Member Transitions (cont.)

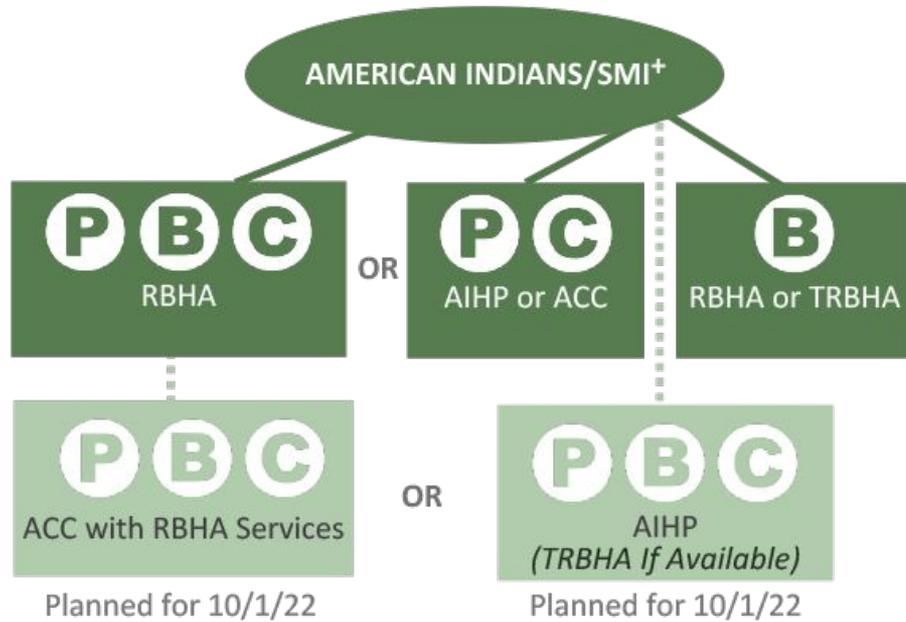
- Individuals with an SMI designation currently enrolled with an AHCCCS Complete Care (ACC) plan for physical health services and receiving behavioral health services from a Tribal Regional Behavioral Health Authority (TRBHA) will have:
 - Physical health services **transition** to AIHP effective 10/1/2022, and
 - Behavioral health services ***continue*** with TRBHA.
- This transition will impact roughly 100 members.*

*Enrollment as of December 2021

Enrollment Options

- As of 10/1/22, enrollment options for AI/AN individuals with an SMI designation will be:
 - ACC-RBHA Contractor for integrated Physical and Behavioral Health services,
 - AIHP for integrated Physical and Behavioral Health services, or
 - AIHP for Physical health services and TRBHA for Behavioral Health Services.
- All AI/AN members may receive services from an IHS Facility or Tribally-Operated 638 facilities regardless of plan enrollment.

AI/AN AHCCCS members with SMI determination – October 2022



KEY

- P** PHYSICAL SERVICES
- B** BEHAVIORAL SERVICES
- C** CHILDREN'S REHABILITATIVE SERVICES (if applicable)
- L** LONG TERM CARE SERVICES
- +** Including CRS members
- #** Excluding SMI and Foster Care
- o** Excluding ALTCS

Population Group

Plan

Future Integration

Division of Fee-for-Service Management

Willing to have expanded conversations/meetings regarding upcoming SMI integration efforts

Please email Kyle Vigraham, DFMSM Project Manager to request a meeting: kyle.vigraham@azahcccs.gov

Open Discussion



American Indian Medical Home and 100% FMAP Care Coordination Agreements

Leslie Short, DFSM Integrated Services Administrator



American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of primary Care Case Managers (PCCM) and 24 access to the care team.

Current AIMHs

AIMH	Tier Level	Members
Phoenix Indian Medical Center	2	5,630
Chinle Comprehensive Healthcare Facility	4	13,845
Winslow Indian Health Care	4	3,841
Whiteriver Indian Hospital	2	6,462
San Carlos Apache Healthcare	4	4,520
Fort Yuma Health Center	1	11
Tuba City Regional Health Care Corporation	4	2,726
Parker Indian Health Center	1	280

- 37,315 or approximately 27.4% of AIHP members empaneled

AIMH Summit

- Opportunity for IHS/Tribal 638 facilities to learn more about the process and benefits of becoming an AIMH, including:
 - Overview of the AIMH program
 - PCMH accreditation process
 - Establishing a 24/7 care line
 - Experience and lessons learned from current AIMHs
- May 13th 2022 from 9:00 a.m. to 12:00 p.m. via Zoom

American Indian Medical Home Information

- AIMH information including IGA templates and application packet:

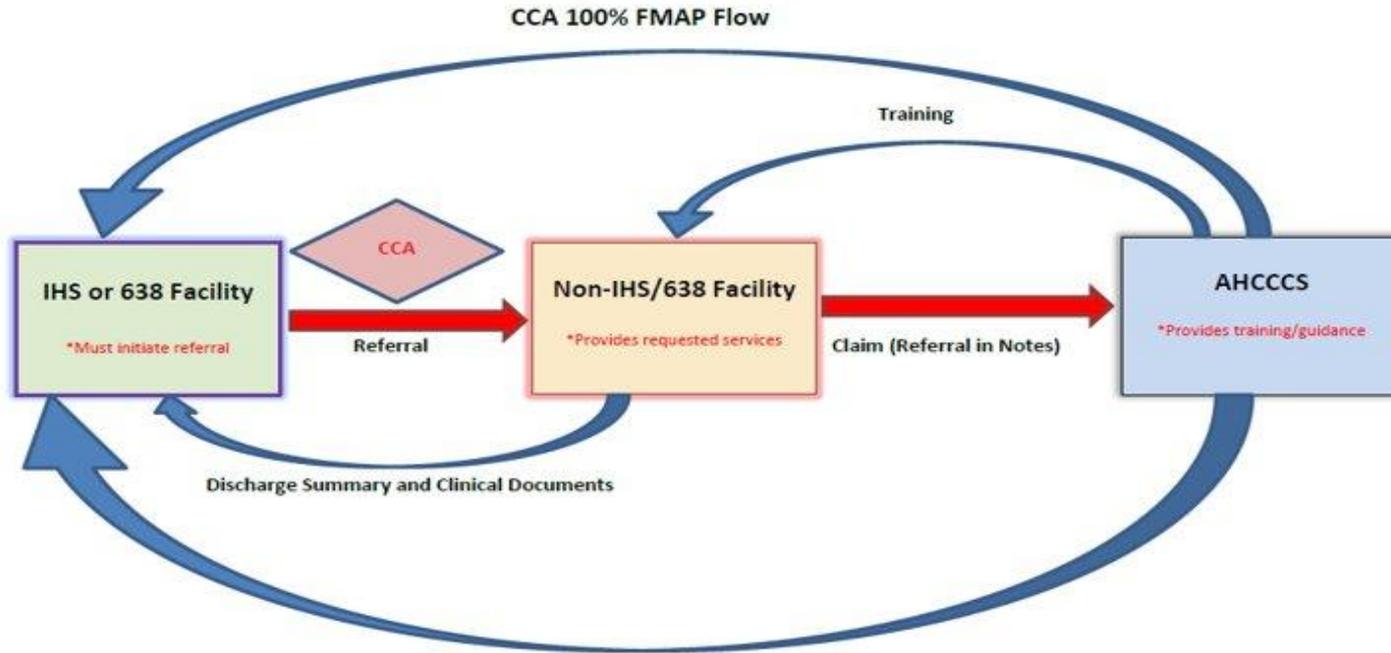
www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/

- Contact information: AIMH@azahcccs.gov

100% Federal Funding for Services Furnished under Care Coordination Agreements

- SHO Guidance 16-0002 released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute.
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries.
- Policy update is intended to help states, the IHS, and tribes to improve delivery system for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

CCA Process Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

Care Coordination Agreements

- Executed Care Coordination Agreements
 - Tuba City and Northern AZ Healthcare
 - Gila River Health Care and Phoenix Children's Hospital
 - Gila River Health Care and Valleywise Health
- New Care Coordination Agreements
 - Tohono O'odham Health Care and Tucson Medical Center
 - Phoenix Indian Medical Center and Valleywise Health

Care Coordination Agreement Resources

- IHS/Tribal 638 facilities can send request to:
 - Tribalcarecoordination_fmap@azahcccs.gov
- SHO #16-002
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

Open Discussion



NEMT Recertification Update & Participating Provider Information

Chris Ray, DFSM Claims Administrator



Non-Emergency Medical Transportation (NEMT) Provider Type (PT) 28 Recertification Update

- AHCCCS reconvened the tribal transportation workgroup to review NEMT requirements for the owners of NEMT companies and gather input for the required PT28 recertification training.
- The workgroup met on 9/14/21, 10/14/21 and 1/12/22.
- Following the input from stakeholders, the PT28 NEMT training content was finalized in January of this year.

NEMT (PT28) Recertification Update Cont.

- The recertification training is required for all PT28 NEMT business owners as part of the revalidation process and in conjunction with updates to AHCCCS Provider Enrollment Portal (APEP).
- Purpose is to provide a greater understanding of AHCCCS rules and regulations and improve NEMT service delivery to members.
- The training was opened on 4/11/22 to PT28 NEMT business owners and will close in 60 days on 6/11/22.
- PT28 business owners who fail to complete this recertification training every 2 years will no longer be permitted to bill for NEMT services for AHCCCS.

NEMT (PT28) Recertification Update Cont.

- Upon completion of the training, PT28 business owners are presented with a certificate of completion to save for their records.
- As part of the revalidation process via the AHCCCS Provider Enrollment Portal (APEP), the certificate of completion will be uploaded as part of the required documentation.
- AHCCCS Provider Enrollment will notify providers in writing when it is time to revalidate.
- For questions related to the training please email: providertrainingffs@azahcccs.gov

Participating Provider Information

- As of October 1, 2022, participating provider reporting requirements will apply to the following AHCCCS provider types:
 - 05 – Clinic
 - 77 - Outpatient Behavioral Health Clinic
 - IC – Integrated Clinic
- Participating Provider- The individual provider(s) who provided the service(s) on behalf of the member, and is legally authorized to do so by the State in which they deliver the service(s), as specified in 42 CFR 457.10 and 42 CFR 438.2.
- A full list of AHCCCS provider types are available online:
 - [AHCCCS Provider Types](#)

Participating Provider Information

- The purpose is to retain information related to the actual professional practitioner (provider) participating in/performing services associated with clinic visits reported with the IC, 77 or 05 provider type as the service/rendering provider, that professional practitioner (provider) participating in/performing services must also be reported on the claim.

Participating Provider Information Cont.

- The participating provider is only needed if the clinic is listed as both the servicing and billing provider on the claim.
- Participating provider reporting requirements do not apply to claims submitted on the UB-04 claim form.
- Billers will continue to report the servicing/rendering provider NPI information in fields 24J on the CMS 1500 and field 35 on the ADA dental claim forms as required by AHCCCS Medicaid claim submission billing guidelines.
 - For additional guidance- [Exhibit 10-1](#)

Participating Provider Information Cont.

- The DFSM training team will be offering training sessions beginning in May.
- Trainings cover billing guidance including:
 - Participating provider qualifier codes.
 - Claim fields to report participating provider claim information.
 - CMS 1500, ADA, 837P and 837D
 - How to report participating provider claim information via the AHCCCS Online Provider Portal.
 - How to report more than one participating provider.
 - How to report a provider who does not have a NPI.

Participating Provider Information Cont.

- For additional questions, please contact the DFSM Provider Training Team: providertrainingffs@azahcccs.gov
- To sign up and receive communication alerts via email please visit the FFS Training page:
 - www.azahcccs.gov/Resources/Training/DFSM_Training.html
 - [DFSM Email Alerts](#)

DFSM Call Center

- DFSM continues to experience higher than normal call wait times and anticipates this to continue through the month of May.
- We encourage stakeholders to use the [AHCCCS Online Provider Portal](#) for claim and prior authorization inquiries.
- For additional questions, or to receive training related to online resources, please contact the DFSM Provider Training Team: providertrainingffs@azahcccs.gov

Open Discussion

Division of Health Care Management (DHCM)



Serious Mental Illness (SMI) Eligibility Determinations Request for Proposal (RFP)

Alex Demyan, DCAIR Deputy Assistant Director



Purpose

- AHCCCS is conducting a new procurement for a statewide vendor to conduct
 - Eligibility determinations for Arizonans who may have a SMI for:
 - Individuals 18 or older who request or consent to a determination
 - Individuals 17.5 who are currently receiving behavioral health services in preparation for behavioral health services as an adult
 - Individuals ordered to undergo a determination by/through a Superior Court in Arizona
 - Clinical decertifications for individuals with an SMI designation
- The current vendor is Solari Crisis & Human Services, Inc. (previously called Crisis Response Network)
 - Contract January 1, 2019 - September 30, 2023

Purpose

- Maintain and improve the standardized processes in place to determine SMI eligibility to ensure that individuals who may be eligible for an SMI designation are promptly identified and enrolled for services
- Ensure SMI eligibility criteria obtained through a behavioral health referral is applied consistently



Current Contract Responsibilities

Overview of Current Responsibilities

- Vendor responsibilities include but are not limited to:
 - Maintaining a web-based application for health plan and provider use for submittal of evaluation packet information
 - Rendering SMI Eligibility Determinations within specified timeframes
 - Reviewing SMI Clinical Decertification requests and rendering a determination within timeframes
 - [AMPM Policy 320-P Serious Mental Illness Eligibility Determination](#)
 - Attachment A, Serious Mental Illness Eligibility Determination Form
 - Attachment B, Serious Mental Illness Qualifying Diagnosis
 - Attachment C, Administrative Serious Mental Illness Decertification Form
 - Reporting SMI Eligibility Determination information to the AHCCCS SMI Web Portal
 - Providing training and education to stakeholders and community members
 - Grievance resolution and SMI Eligibility Determination Appeals

Overview of Current Responsibilities

- Collaborating with AHCCCS and a qualifying Health Information Exchange (HIE) Organization to target efforts to specific areas where Health Information Technology (HIT) and HIE can bring significant change and progress as identified
 - The HIE connects the electronic health record (EHR) systems of providers and clinicians allowing them to securely share patient information and better coordinate care
 - In Arizona, Medicaid Health Plans and providers use Health Current, a health information exchange organization (HIO) to securely share patient information

Current SMI Eligibility Determination Process

- To be eligible for an SMI determination an individual must have a qualifying SMI diagnosis **and** functional impairment caused by the qualifying diagnosis
- Past Volume - Statewide:
 - Approximately 7,900 referral packets received in 2021
 - An average of 658 per month

SMI Eligibility Determination Process

Step 1: Call to ask for an SMI Eligibility Determination.

Step 2: An evaluation is required to occur no later than seven (business) days after a request is made.

Step 3: The individual meets with a qualified assessor.

Step 4: The assessor sends the required paperwork (assessment) to vendor.

Step 5 - Vendor has three, 20, or 60 days to make a decision, depending on each individual case.

SMI Eligibility Determination Process

Step 6: Notice is sent to the individual with the results (determination) and information on how to receive services (when applicable).

Step 7: Each applicant has the right to appeal their SMI determination.

Step 8: Vendor will make the second decision within three, 20, or 60 days depending on the need for more information.

Step 9: The individual will get a notice in writing with the final decision.

Step 10: If the individual wishes to appeal the second decision, they have the right to ask for an administrative hearing.



RFP Information

Anticipated RFP Timeline

SMI ELIGIBILITY DETERMINATION RFP	
ISSUE RFP	October 5, 2022
RFP VENDOR QUESTIONS DUE from Prospective Offerors (by 5:00 p.m. MST)	October 14, 2022
VENDOR PROPOSALS DUE (by 3:00 p.m. MST)	December 6, 2022
AWARD	March 7, 2023
IMPLEMENTATION/EFFECTIVE DATE	October 1, 2023

How to Stay updated on the RFP

- RFP Bidders' Library
 - Visit to obtain RFP Information: [YH23-0001 – SMI Eligibility Determination RFP - BIDDERS' LIBRARY \(azahcccs.gov\)](https://www.azahcccs.gov/BIDDERS'LIBRARY)
- Email notifications
 - Sign up to receive updates: [SMI Eligibility Determination RFP](https://www.azahcccs.gov/SMI/Eligibility-Determination-RFP)



Stakeholder Input

SMI Eligibility Determinations

AHCCCS is Seeking Stakeholder Feedback

- How can the SMI eligibility determination process be improved for applicants and providers?
- How can the SMI eligibility determination process be improved through collaboration with other entities/organizations, such as Tribal Liaisons, IHS-638 facilities, and the Justice System?
- How can the SMI eligibility determination process be improved regarding exchange of behavioral health assessments with the vendor?
- How can AHCCCS utilize the Health Information Exchange (HIE) in the SMI eligibility determination process to reduce the burden on providers?



Stakeholder Input

Proposed Addition of SED Eligibility Determinations

Individuals Who May Have a Serious Emotional Disturbance (SED)

- AHCCCS is evaluating the benefits and limitations of incorporating a Serious Emotional Disturbance (SED) eligibility determination for youth up to the age of 18 similar to the SMI determination process into this procurement
- AHCCCS may expand the responsibility of the vendor to include eligibility determinations for individuals who may have an SED

Individuals Who May Have a Serious Emotional Disturbance (SED)

Designation definition applies to:

- Individuals from birth until the age of 18 who:
 - Currently, or at any time during the past year, have met criteria for a mental disorder, **and**
 - Display functional impairment that substantially interferes with or limits their role or functioning in family, school, employment, relationships, or community activities.

SED Eligibility Determinations - Current Practice

- A member's provider is responsible for making the SED determination
- Criteria varies across geographic service areas though is based on AHCCCS definition of SED
 - No standardized criteria established across the different regions of the state, problematic especially for Non-RBHA plans' membership
 - Funding dedicated to SED population can be spent differently
 - Children who may qualify for additional grant funded services could be missed

SED Eligibility Determinations - Current Practice

- Current practice for SED designation varies across the state
- The decision of SED eligibility is largely the responsibility of the clinician completing the evaluation
- SED designated children are a population with special health care needs, and can receive additional services (those not covered through Title XIX funding) through the Mental Health Block Grant (MHBG)
- See [MHBG FAQ document](#)

Proposed Addition of SED Eligibility Determinations

- Provides standardized criteria and definition for SED designation
- Allows for clinicians to follow a similar process to what currently exists for SMI eligibility determinations
- Allows final designation to be made by the determining entity
- Creates a method to track service and member needs, as well as use of MHBG funding more accurately
- Creates consistency in application of eligibility process statewide

AHCCCS is Seeking Stakeholder Feedback

- What is your experience with the current SED process and your recommendations regarding the adoption of an SED determination process?
- What should AHCCCS be considering as part of this proposal?
- How can the SED eligibility determination process be improved:
 - For applicants and providers?
 - Through education and training for health plans, providers, and the community?
 - Regarding SMI eligibility grievance and appeal processes?
 - Through collaboration with other entities/organizations, such as, Tribal Liaisons, IHS-638 facilitates, and the Justice System?
 - Regarding exchange of behavioral health assessments with the vendor?

How to Submit Feedback

- Stakeholders may submit feedback via email to: SMIRFP-Feedback@azahcccs.gov
- Feedback will be accepted until **June 30, 2022, 5:00 p.m. MST**

Open Discussion



Tribal Consultation for AHCCCS Policies

Amanda Bahe, AHCCCS Tribal Liaison



New Policies Under Development

Manual	Policy Number and Title	Presented at Tribal Consultation	Presented to APC
AMPM	320-V: Behavioral Health Residential Facility	05/12/2022	04/28/2022
AMPM	320-B: AHCCCS Member Participation in Experimental Services	05/12/2022	TBD

Tribal Comments on Policies Published Since 02/10/2022

Manual	Policy Number and Title	Consultation/Comment Period	Tribal Comments Received	Published Date
AMPM	AMPM POLICY 810 – FEE-FOR- SERVICE UTILIZATION MANAGEMENT REVISION MEMO: MARCH 01, 2022	12/17/21 - 01/31/22	1	03/01/22
AMPM	AMPM POLICY 820 – FEE-FOR-SERVICE PRIOR AUTHORIZATION REQUIREMENTS REVISION MEMO: APRIL 01, 2022	01/18/22 - 03/04/22	1	04/01/22

Policies Open for TC as of May 12, 2022

- **Written Testimony Deadline of May 23, 2022**

The following policies had an APC date of April 07, 2022 and notification of Tribal Consultation via written comment was sent out on April 15, 2022.

- [AMPM EXHIBIT 300-1 - AHCCCS COVERED SERVICES WITH SPECIAL CIRCUMSTANCES](#)
- [AMPM POLICY 310-BB - TRANSPORTATION](#)
- [AMPM POLICY 1620-D - PLACEMENT SERVICE PLANNING STANDARD](#)
- [AMPM POLICY 1620-E - SERVICE PLAN MONITORING AND REASSESSMENT STANDARD](#)
- [AMPM POLICY 310-M - IMMUNIZATIONS](#)

Policies Open for TC as of May 12, 2022

- **Written Testimony Deadline of May 30, 2022**

The following policies had an APC date of April 14, 2022 and notification of Tribal Consultation via written comment was sent out on April 18, 2022.

- [AMPM POLICY 960 - QUALITY OF CARE CONCERNS](#)
- [AMPM POLICY 961 - INCIDENT, ACCIDENT, AND DEATH REPORTING](#)
- [AMPM POLICY 590 - BEHAVIORAL HEALTH CRISIS SERVICES AND CARE COORDINATION](#)
- [AMPM EXHIBIT 1620-10 - AHCCCS PERSON-CENTERED SERVICE PLAN](#)
- [AMPM POLICY 320-I - TELEHEALTH](#)

Policies Open for TC as of May 12, 2022

- **Written Testimony Deadline of June 06, 2022**

The following policies had an APC date of April 21, 2022 and notification of Tribal Consultation via written comment was sent out on April 22, 2022.

- [ACOM POLICY 414 - REQUIREMENTS FOR SERVICE AUTHORIZATION DECISIONS & NOTICES OF ADVERSE BENEFIT DETERMINATION](#)
- [AMPM POLICY 431 - ORAL HEALTH CARE FOR EPSDT AGED MEMBERS](#)
- [AMPM POLICY 950 - CREDENTIALING AND RE-CREDENTIALING PROCESSES](#)
- [AMPM POLICY 1022 - JUSTICE SYSTEM REACH-IN PROGRAM](#)
- [AMPM POLICY 570 - PROVIDER CASE MANAGEMENT](#)

Policies Open for TC as of May 12, 2022

- **Written Testimony Deadline of June 13, 2022**

The following policies had an APC date of April 21, 2022 and notification of Tribal Consultation via written comment was sent out on May 02, 2022.

- [ACOM POLICY 305 - PERFORMANCE BOND AND EQUITY PER MEMBER REQUIREMENTS](#)
- [ACOM POLICY 417 - APPOINTMENT AVAILABILITY, MONITORING AND REPORTING](#)
- [AMPM POLICY 320-V - BEHAVIORAL HEALTH RESIDENTIAL FACILITIES](#)
- [AMPM POLICY 1020 - UTILIZATION MANAGEMENT](#)

Policies Open for TC as of May 12, 2022

- **Written Testimony Deadline of June 20, 2022**

The following policies had an APC date of May 05, 2022 and notification of Tribal Consultation via written comment was sent out on May 09, 2022.

- [AMPM POLICY 1021 - CONTRACTOR CARE MANAGEMENT](#)
- [ACOM POLICY 404 - CONTRACTOR WEBSITE AND MEMBER INFORMATION](#)
- [ACOM POLICY 442 - OPT OUT REQUEST FOR A MEMBER WITH A SERIOUS MENTAL ILLNESS DESIGNATION](#)
- [ACOM POLICY 439 - MATERIAL CHANGES: PROVIDER NETWORK AND BUSINESS OPERATIONS](#)

Open Discussion

All recommendations must be sent to AHCCCS by Written Testimony deadline for each policy.

AHCCCS Policy Updates



POLICY UPDATE OVERVIEW

AMPM Policy 320-V: Behavioral Health Residential Facility

Dr. Megan Woods, Integrated Care Administrator

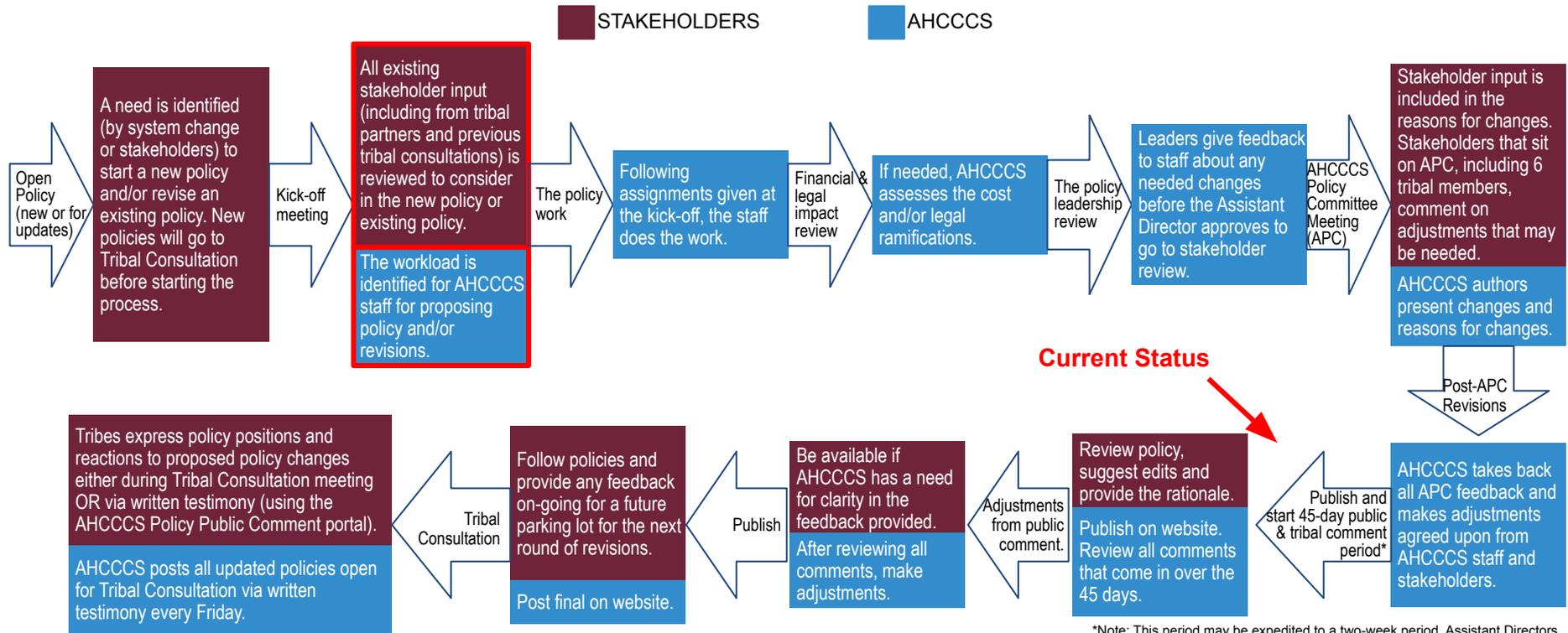


AMPM Policy 320-V Reference Documents

(For review ahead of TC; utilized to guide policy discussion.)

- Current Policy: [AMPM Policy 320-V](#)
- Other Publicly Available Information:
 - [DRAFT AMPM Policy 320-V](#)

Workflow for AMPM 320-V



*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.

AMPM Policy 320-V

- APC Date: 4/28/2022
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - MCOs
 - FFS providers (including IHS-638s)
- Summary: Updated language to clarify applicability of program expectations in relation to FFS members, outline expectations of BHRF as a level of care, and revised to align with Competitive Contract Expansion.

Policy Outline

- Goal: This Policy establishes requirements for the provision of care and services in a BHRF.
 - Further explained outpatient treatment team including TRBHA, American Indian Medical Home (AIMH), Indian Health Services, Tribally operated 638 Facility, Urban Indian Health (I/T/U), Tribal ALTCS, and/or DDD
 - Outlines expectations around BHRF as a “level of care”
 - Includes expectations for care coordination to include the outpatient treatment team at admission, discharge, and continued stay decisions

Open Discussion

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

Feedback Timeline

- Preliminary feedback on AMPM Policy 320-V can be submitted to Amanda Bahe through Close of Business June 30, 2022.
 - Email to Amanda.Bahe@azahcccs.gov



POLICY UPDATE OVERVIEW

AMPM Policy 320-B: Member Participation in Experimental Services

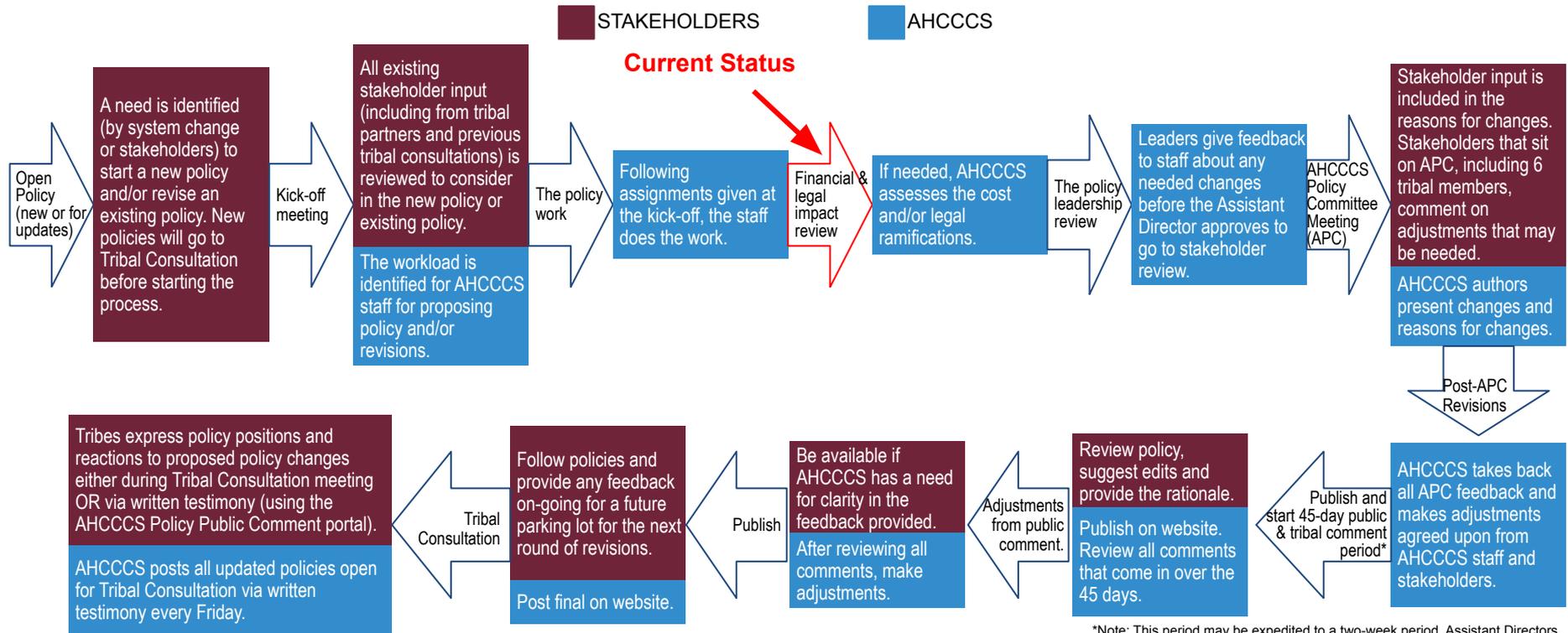
Brandi Howard, DHCM Medical Management Manager

AMPM Policy 320-B Reference Documents

(For review ahead of TC; utilized to guide policy discussion.)

- Current Policy:
 - <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-B.pdf>
- Other Publicly Available Information:
 - <https://www.medicaid.gov/federal-policy-guidance/downloads/smd21005.pdf>

Workflow for AMPM 320-B



*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.

AMPM Policy 320-B

- APC Date: TBD
- Tentative Publishing Date: 45 days after APC
- Directly impacts:
 - MCOs
 - FFS providers (including IHS-638s)
- Summary: Mandatory coverage of routine costs furnished in connection with participation in qualifying clinical trials

Policy Outline

- Goal: Describe covered services and member participation in experimental and clinical trials.
- AHCCCS will not provide reimbursement for the experimental service or qualifying clinical trial but will cover the required routine care, screenings, laboratory tests, physician services, etc.
- A determination for coverage for a member to participate in a qualifying clinical trial must be expedited and completed within 72 hours regardless of the geographic location or if the provider is in network.

Open Discussion

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

Feedback Timeline

- Preliminary feedback on AMPM Policy 320-V can be submitted to Amanda Bahe through Close of Business June 30, 2022.
 - Email to Amanda.Bahe@azahcccs.gov

General Discussion

Feedback Deadline Specific to this Session:

June 30, 2022

(unless otherwise noted)

Announcements

Next AHCCCS Tribal Consultation:

August 11, 2022 at 1 p.m.

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

*Please send any agenda recommendations to Amanda.Bahe@azahcccs.gov by July 18, 2022.

AHCCCS Pharmacy & Therapeutics (P&T) Committee Seeking Nominations for Committee Members

About the Committee:

- Advisory to the AHCCCS Administration and is responsible for evaluating scientific evidence of the relative safety, efficacy, effectiveness and clinical appropriateness of prescription drugs.
- Makes recommendations to the AHCCCS Administration on the development and maintenance of a statewide drug list and prior authorization criteria as appropriate.
- May also evaluate individual drugs and therapeutic classes of drugs.

Tribal Representatives:

- Two positions for tribal representatives currently open: Pharmacy Director & Medical Director
- Three health care provider positions currently open (these positions are also open to tribal stakeholders)
- Each representative will hold a minimum two-year term

For more information, please visit <https://www.azahcccs.gov/AmericanIndians/Pharmacy/>.



To help members, family members, stakeholders, advocates, and community members interact with Arizona's Medicaid program, AHCCCS will regularly present short meetings on "hot topics." These topics could be projects, plans, or initiatives that impact our communities. Each hot topic meeting will be 30 minutes and focused on one to two topics.

THIS MONTH'S HOT TOPICS:

RETURNING TO NORMAL: THE END OF THE PUBLIC HEALTH EMERGENCY & HOW TO LEARN ABOUT UPCOMING PRESENTATIONS

Date: May 16, 2022

Time: 11:00 a.m. MST

Register in advance: https://ahcccs.zoom.us/webinar/register/WN_5ADJkthJTnKSsqeRBlq79g

After registering, you will receive a confirmation email containing information about joining the webinar.

2022 Tribal Consultation Calendar

- **August 11, 2022: Regular Quarterly TC**
 - Agenda Item Request Deadline: June 30, 2022
- **November 3, 2022: Regular Quarterly TC**

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

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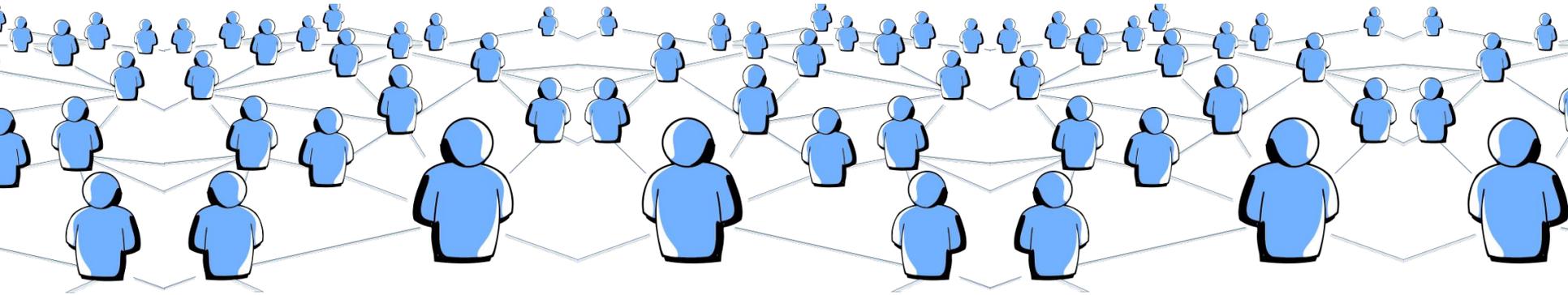
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Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!