



# COVID-19 Behavioral Health Task Force

April 23, 2021



# Welcome to today's Behavioral Health Task Force 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.



# Behavioral Health Task Force Agenda

- Welcome: Dr. Sara Salek
- CHP: Dr. Sala Webb
- ADHS Update: Teresa Ehnert
- Housing and Waiver Update: Shreya Arakere, David Bridge & George Jacobson
- Division of Fee for Service Management Update: Ewaryst Jedrasik
- Legislative Update: Kyle Sawyer
- Crisis Data Update: Will Buckley
- Questions, Open Discussion & Wrap-Up: All

# Mercy Care DCS CHP Update

Dr. Sala Webb

Medical Director of Behavioral Health  
CHP



## Mercy Care DCS CHP

Sala Webb, MD, FAPA, DFAACAP  
Chief Medical Officer, Behavioral Health  
Department of Child Safety

# Agenda

- **Overview**
  - MC & DCS Partnership
  - Statewide Integration
  
- **Highlights**
  - Assigned Behavioral Health Clinics
  - Integrated Rapid Response
  - Care Management
  - Network

# Our partnership with Mercy Care

Our new business relationship with Mercy Care is a **partnership**.

This partnership will serve all Arizona children in DCS' out of home care.

- Approximately 14,000 children and youth
- Medicaid and non-Medicaid eligible enrollees
- Same benefits regardless or eligibility

Note that the Comprehensive Medical and Dental Program is changing its name to **Comprehensive Health Plan (CHP)** effective April 1, 2021.

This will create a **Mercy Care DCS CHP** integrated health plan.

# The goal, services and network

The goal of this partnership is ensure continuity for all children involved in the child welfare system, including:

- Care coordination
  - Physical and behavioral healthcare services
  - Service delivery system efficiency
  - Caregiver experience
  - Improvement in health outcomes for the children and families we serve together
- 
- DCS CHP and Mercy Care are building the service array together.
  - The provider network will be comprehensive and designed to meet the physical and behavioral health needs of the children in child welfare throughout the state.



# What's changing?

## Current State:

- Behavioral health care from RBHAs
  - Mercy Care (Central)
  - AZ Complete Health (South)
  - Health Choice Arizona (North)
- Physical and dental care from Department of Child Safety Comprehensive Medical and Dental Program (CMDP)

## Future State:

- Integrated health care from Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP)
- That means physical, dental and behavioral health care from a single health plan: Mercy Care DCS CHP

# Children's Assigned Behavioral Health Clinic (ABHC)

**Assigned Behavioral Health Clinic (ABHC)** – This Provider is the primary chart holder and is responsible for the oversight of the Youth's Behavioral Health Treatment.

Services include but are not limited to:

- Assessment
- Screening
- Psychiatric Services
- Group and Individual Therapy
- Support Services such as Case Management

## Access to Care Requirements:

- Appointment must be offered within 7 days for initial intake
- First behavioral health service to take place within 21 days

The assigned ABHC will be in the catchment area of where the removal took place. The ABHC will continue to coordinate services if the child is placed in an area that the ABHC does not serve.

# Statewide Integrated Rapid Response

**Integrated Rapid Response:** An in-person assessment of a child's immediate behavioral health and physical health needs by health care provider(s) including referral(s) for further assessments or ongoing care, as needed. The Integrated Rapid Response is initiated when a child enters DCS out of home care and is completed within 72 hours of notification. Virtual Integrated Rapid Response Assessments (e.g. simultaneous live video with audio) are permitted for exceptional circumstances.

# Statewide Integrated Rapid Response Continued

Beginning 4/1/2021, what is staying the same:

- Rapid Response Providers
- Process of identification of Rapid Response Providers and Assigned Behavioral Health Clinic
- Required Timeframes to complete the Integrated Rapid Response
- Behavioral Health Assessment
- Information/Assessments provided to DCS and the courts as applicable

# Statewide Integrated Rapid Response Continued

What is changing beginning 4/1/2021:

- Crisis Response Network (CRN) will be statewide Dispatch Agency for Rapid Response Referrals from DCS
  - Reporting requirements to CRN
- Assessments to be provided to Mercy Care's Care Management Team
- Integrated Rapid Response Assessment
  - Physical Health Screening
  - Additional coordination required and resources available:
    - Support with DME
    - Attaining current Medication /Prescriptions
    - Identification of PCP
    - Warm hand off to Assigned Behavioral Health Clinic

# What Does a Care Manager Do?



- Identifies high needs complex members
- Designs clinical interventions or alternative treatments to reduce risk and achieve positive outcomes
- Develops strategies to eliminate barriers and improve access to care
- Identifies and reduces gaps in care and SDOH (Social Determinants of Health)
- Identifies and reduces gaps in care
- Facilitates safe transitions in care

# Integrated Care Management Collaboration with DCS CHP

- All DCS CHP members will be enrolled in some level of care coordination at the health plan
- All members will be assessed and assigned to a care management level according to complexity of care coordination needs
- Care Management staff will work with the member's current caretaker and will engage other care team members as needed
- Care Management staff will perform a bio-psychosocial assessment with information available and will develop a member centered care plan in collaboration with the child's care team

# Integrated Care Management Collaboration with CFT & HNCM

- The CaRe Manager will support the High Needs CaSe Manager (HNCM) and/or Assigned Behavioral Health Clinic (ABHC) provider with care coordination as needed
- The CaRe Manager will attend the Child and Family Team (CFT) when clinically indicated but does not replace the day-to-day activities of a HNCM or ABHC
- As providers or CFTs identify the need, they may refer for Care Management services.



# Network Management Provider Impact

- Mercy Care's expectation is to have a comprehensive, statewide provider network.
- This network will be designed to meet the physical and behavioral health needs of the children in foster care throughout the state.
- Current physical health and behavioral health providers have received a contract amendment adding the DCS CHP line of business to existing contract.
  - Behavioral health contract amendments began going out the first week of December.
  - Physical health contract amendments began going out early January 2021.
- Targeted new physical health and behavioral health provider contract offers began going out 11/30/20.
  - List of new providers was created by completing comparison of Mercy Care provider data with AZ Complete Health and HealthChoice's (CMDP) providers.

# Transition of Care to DCS CHP

- Mercy Care DCS CHP will honor all approved prior authorizations prior to 4/1/2021
- Out-of-network providers will be allowed to see our members up to one year post go live without prior authorization for purposes of transition of care
- Mercy Care DCS CHP will begin accepting new authorization requests 4/1/2021
- Providers may call Mercy Care Prior Authorization with questions

# ADHS Update

Teresa Ehnert

Bureau Chief, Public Health Emergency Preparedness  
Health Emergency Operation Center/ ESF8  
PHEP/HPP Director, Arizona

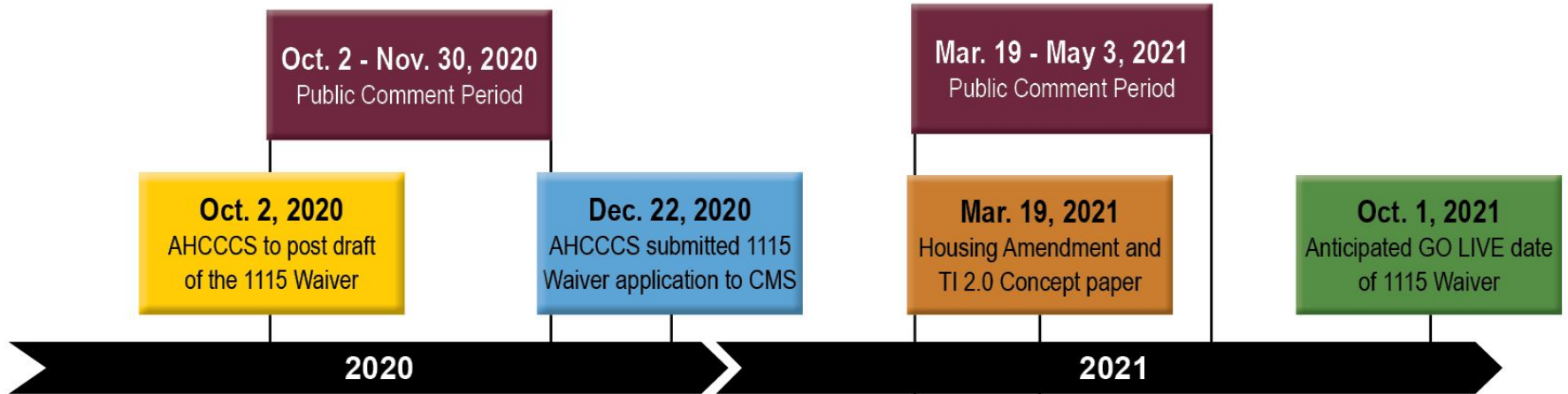
# AHCCCS Housing & Waiver Update

Shreya Arakere - AHCCCS Waiver Manager

David Bridge - AHCCCS Director of Housing Programs

George Jacobson - AHCCCS Targeted Investment

# Arizona's 1115 Waiver Renewal Timeline



# 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](mailto:waiverpublicinput@azahcccs.gov)



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

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



# 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

## H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions
- Young adults (18 -24 years of age) who have aged out of the foster care system
- High risk of experiencing homelessness upon release from an institutional setting, including
- ALTCS members who are medically able to reside in their own home and require affordable housing to transition from an institutional setting

# Important Considerations For Targeted Populations and Services

- H2O Demonstration services will be implemented statewide and will take into consideration the unique needs of Arizona's diverse urban and rural communities
- Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members



# Targeted Investments (TI) Program Renewal Concept Paper

# Targeted Investments (TI) 1.0 Program

- \$300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal
- Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service
- Incentive payments based on meeting milestones that support integration and whole person care

# 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, and
- AHCCCS developed a concept paper to supplement the waiver renewal request and provides 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.

# Extension Cohort Strategies

- Sustain point of care integrated systems that improve care coordination for high risk AHCCCS members
- Extend point of care integration systems that effectively address social risk factors such as housing, food, and employment
- Support strategies for effective use of technology including the closed loop referral system and telehealth that enable whole person care
- Support systems for provider and other stakeholder peer learning and sharing of process improvement strategies

# Expansion Cohort Strategies

- Improve health outcomes for high risk AHCCCS members with physical and behavioral health needs
- Expand AHCCCS members' accessibility to more fully integrated, whole person care
- Establish integrated point of care systems that improve care coordination and drive better health and financial outcomes for high risk AHCCCS members
- Support strategies for effective and efficient use of health information technology

## 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.

# Participant Support-Quality Improvement Collaborative (QIC)

- Partnership with ASU College of Health Solutions and Center for Health Information Research (CHiR)
- QIC participation is a provider milestone
- The QIC provides:
  - Dashboards for providers on Quality Measures performance
  - Assistance with quality improvement actions
  - Technical assistance
  - Peer learning

## 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.

# Division of Fee for Service Management Update

Ewaryst Jedrasik, RN

Deputy Assistant Director

Division of Fee for Service Management

Arizona Health Care Cost Containment System



# DFSM Vaccination Update

- 3 vaccines available now, J&J vaccine on hold
- 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.

# DFSM Pharmacy Update

- Effective 60 days from the publication date of the AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs memo Optum will be ending the following flexibilities:
  - Refill-too-soon edits and 90-day fills
  - Addressing Drug Shortages

# Legislative Update

Kyle Sawyer

Chief Legislative Liaison and Policy Advisor

AHCCCS

# Legislative Update

- Record-breaking 1,708 bills were introduced this year (compared to 1,607 last year)
- Committees have ended and the budget is being negotiated
- Bills of interest:
  - Expanding BH services at private offices or clinics
  - Establishing a maternal mental health advisory committee
  - Telehealth regulation is still in the legislative process
  - Decriminalization of fentanyl testing strips
  - Things to look for in the budget: Syringe access programs, BHRF appropriation, post-incarceration BH transition program
- AHCCCS granted \$3B in federal expenditure authority

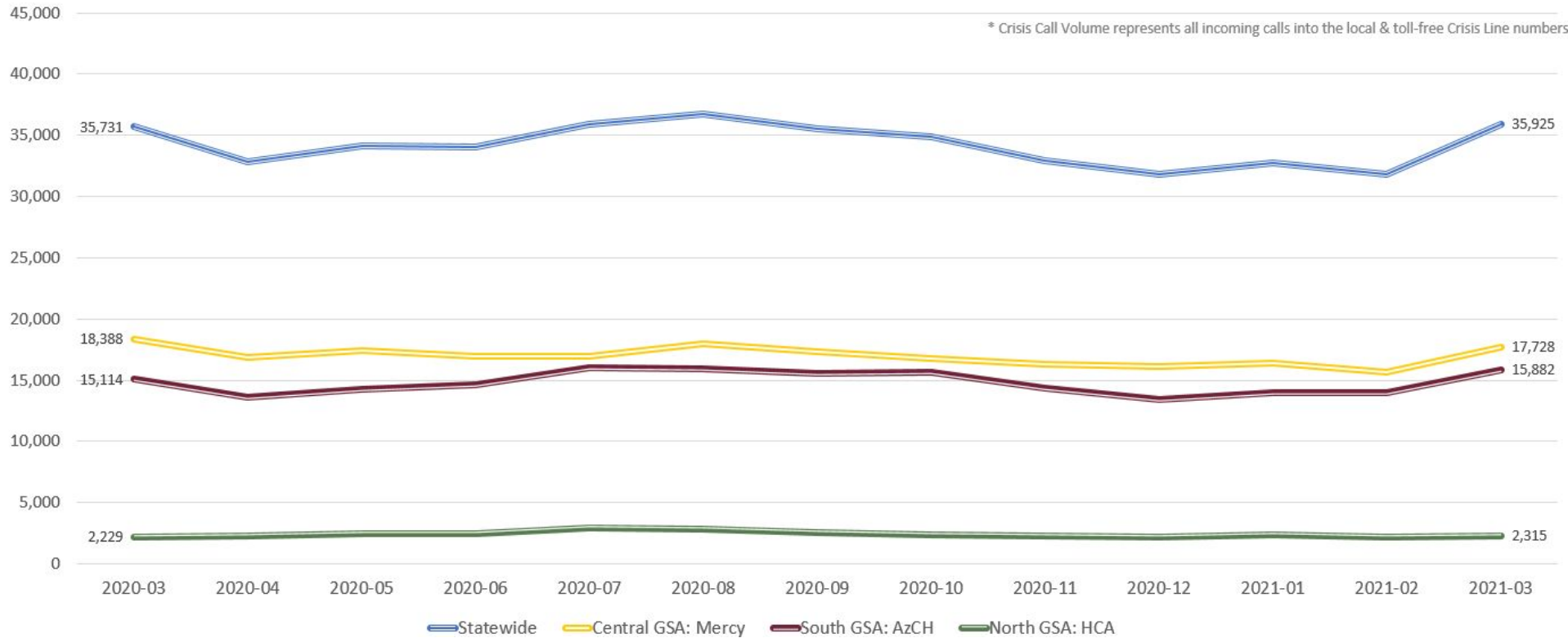
# Crisis Data Update

Will Buckley

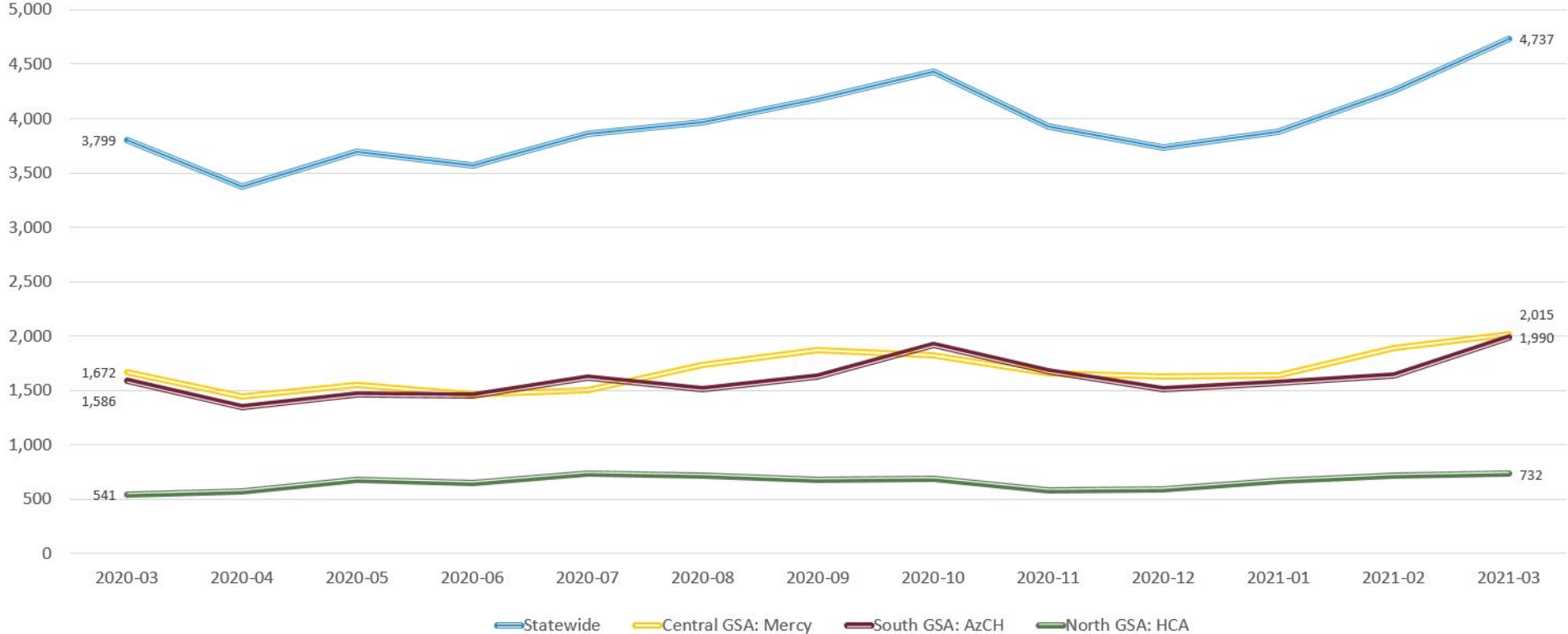
Business Intelligence Manager  
AHCCCS Office of Data Analytics



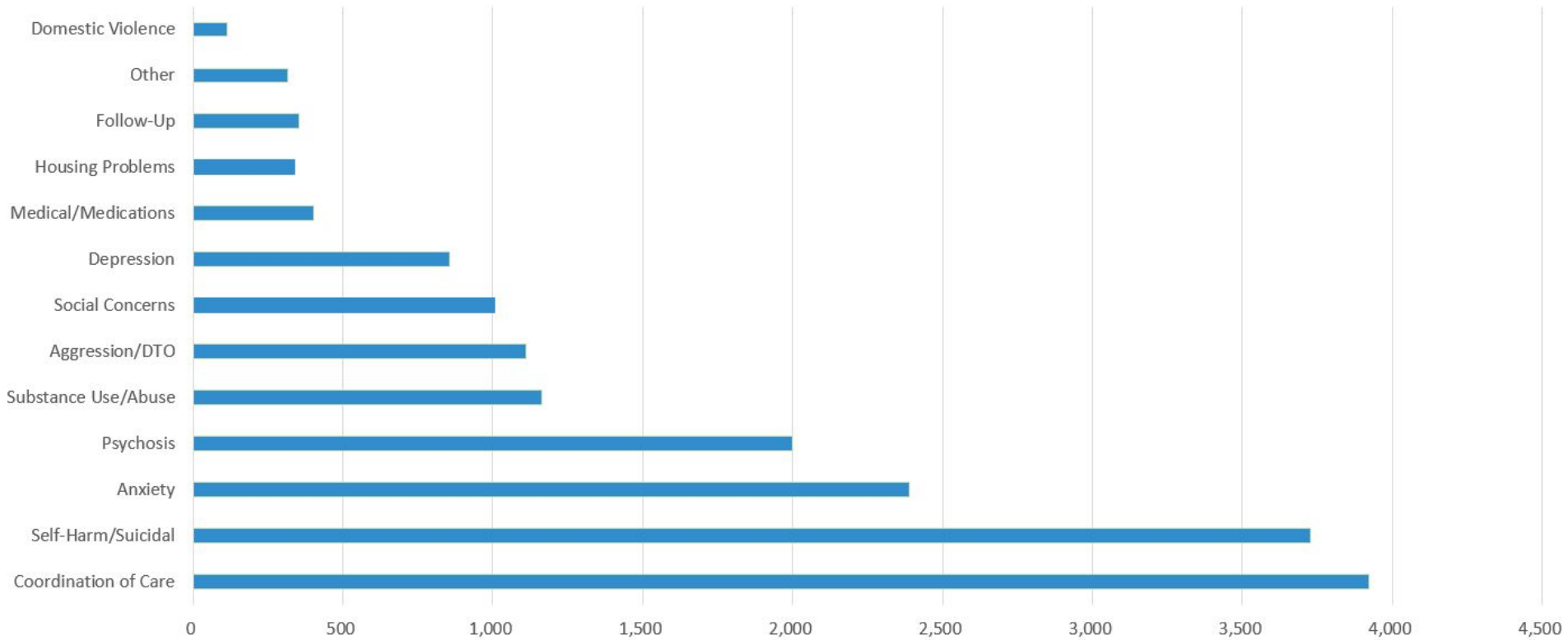
## Crisis Call Volume March 2020 - March 2021



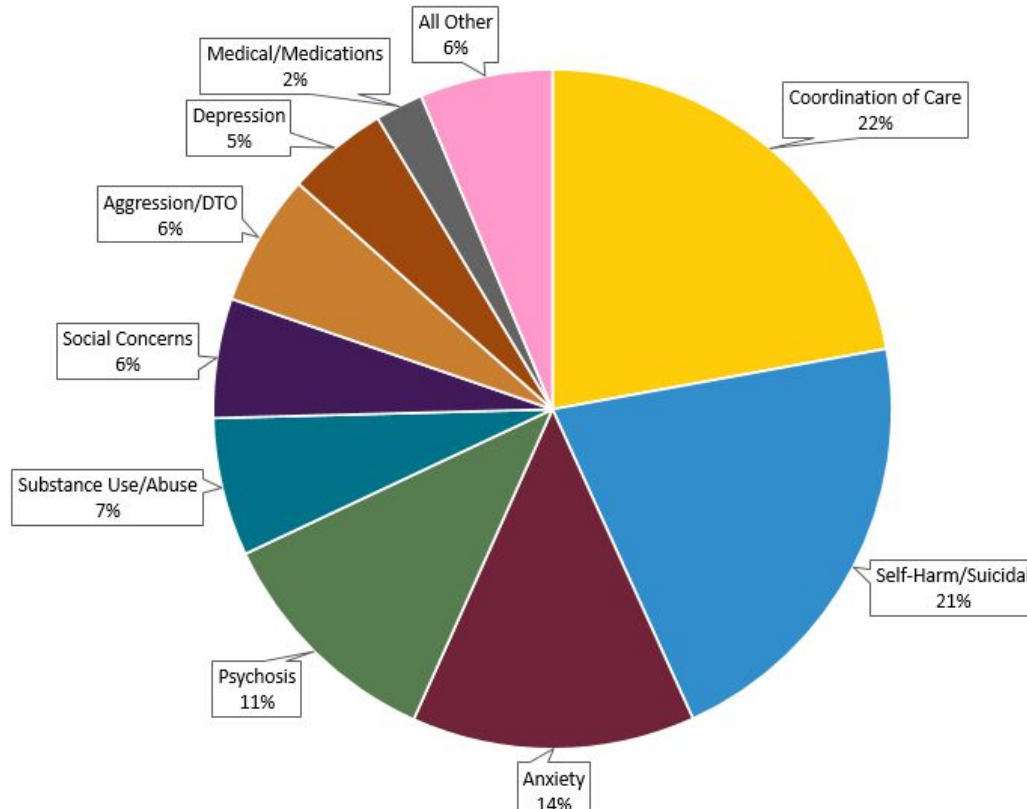
### Mobile Team Dispatch Volume March 2020 - March 2021



### Crisis Call Center - Top Reasons for Calls March 2021 Statewide

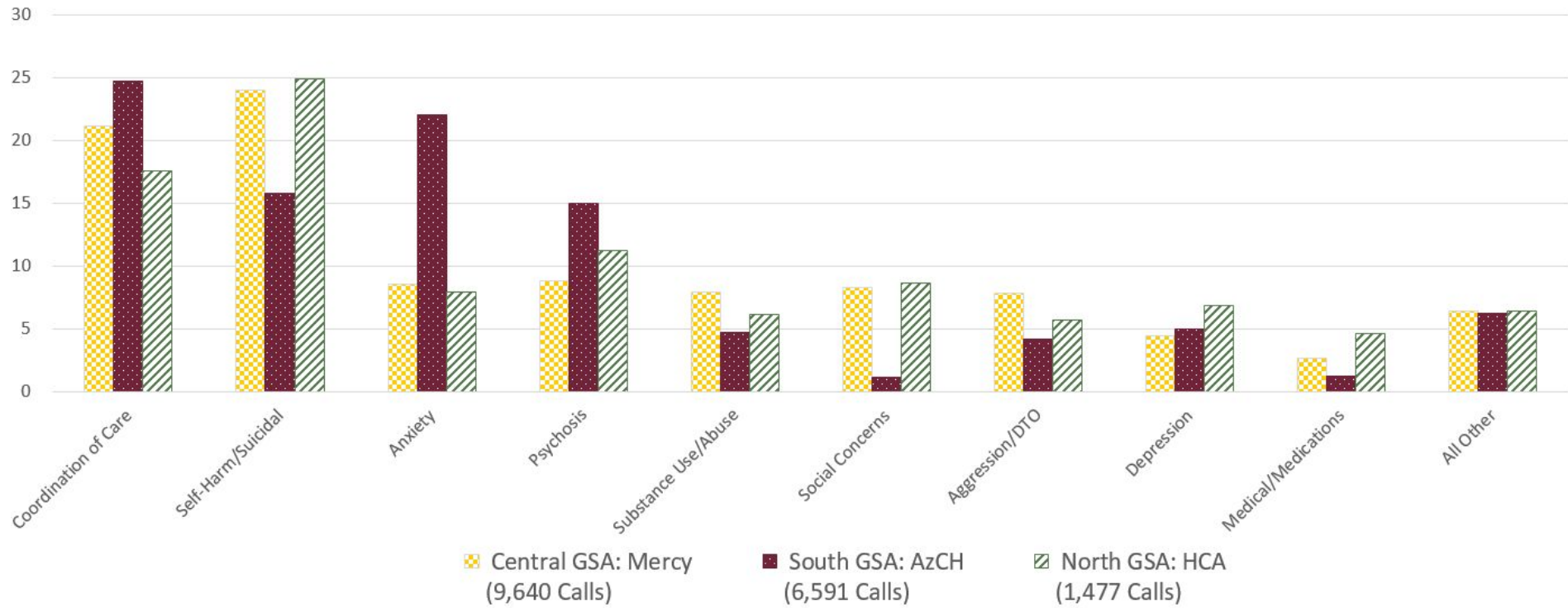


# Crisis Call Center - Top Reasons for Calls March 2021 Statewide



■ Coordination of Care ■ Self-Harm/Suicidal ■ Anxiety ■ Psychosis ■ Substance Use/Abuse ■ Social Concerns ■ Aggression/DTO ■ Depression ■ Medical/Medications ■ All Other

Crisis Call Center - Top Reasons for Calls  
 March 2021  
 (By RBHA/GSA, Rate Per 100 Calls)





# Questions, Open Discussion & Wrap Up

Next Meeting: May 28th

# Thank you!

- See the Behavioral Health Task Force web page for meeting past meeting presentations -  
<https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/BehavioralHealthTaskForce.html>
- Send future topics you want to discuss to [lauren.prole@azahcccs.gov](mailto:lauren.prole@azahcccs.gov)