COVID-19 Behavioral Health Task Force

March 26, 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

ADHS Update: Teresa Ehnert

AHCCCS Update: Dr. Sara Salek

Grant Updates: Alisa Randall

CMDP (soon to be CHP) Update: Dr. Sala Webb

Questions, Open Discussion & Wrap-Up: All

AHCCCS
Arizona Health Care Cost Containment System

ADHS Update

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

AHCCCS Update

Dr. Sara Salek, MD
Chief Medical Officer
AHCCCS

Telehealth Updates

AHCCCS Telehealth Coverage Summary

WHAT	TECHNOLOGY	TELEHEALTH MODIFIER[1] OR APPLICABLE DENTAL CODE	PLACE OF SERVICE (POS)	CODE SET AVAILABLE	CODE SET AVAILABLE AFTER COVID 19 EMERGENCY
Telemedicine (Synchronous)	Interactive Audio + Video	GT	Originating Site[2]	Telehealth Code Set	YES
Asynchronous (Store+Forward)	Transmission of recorded health history through a secure electronic communications system	GQ	Originating Site[2]	Telehealth Code Set	YES
Remote Patient Monitoring	Synchronous (real-time) or asynchronous (store and forward)	GT-Synchronous GQ-Asynchronous	Originating Site[2]	Telehealth Code Set	YES
Teledentistry	Synchronous (real-time) or asynchronous (store and forward)	D9995-Synchronous D9996-Asynchronous	Originating Site[2]	Teledentistry Code Set[3]	YES
Telephonic	Audio	None	02-Telehealth	Permanent Telephonic Code Set[3,4]	YES
Telephonic (Temporary)	Audio	UD	Originating Site[2]	Temporary Telephonic Code Set[3,4]	UNDER EVALUATION

1 All other applicable modifiers apply.

2 Location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates

3 Adding to master Telehealth Code Set

4 Adding audio-only to Telehealth definition; evaluating modifier and POS coding standards

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- AHCCCS telehealth policy flexibilities for COVID-19 have been extended through 9/30/21

- AHCCCS intends to finalize post-COVID-19 telehealth coverage decisions by ~7/1/21

Arizona Medicaid Telehealth Coverage: Post-Pandemic Planning

- Updating AHCCCS medical policy [320-I, Telehealth](#)

- Crosswalking CMS Core Set HEDIS measures NCQA telehealth allowances and Arizona's telehealth code set

- Consumer Assessment of Healthcare Providers and Systems (CAHPS) for ACC, CMDP, SMI, and KidsCare starting in April 2021

  o Adopted Oregon's telehealth supplemental questions for potential cross State analysis

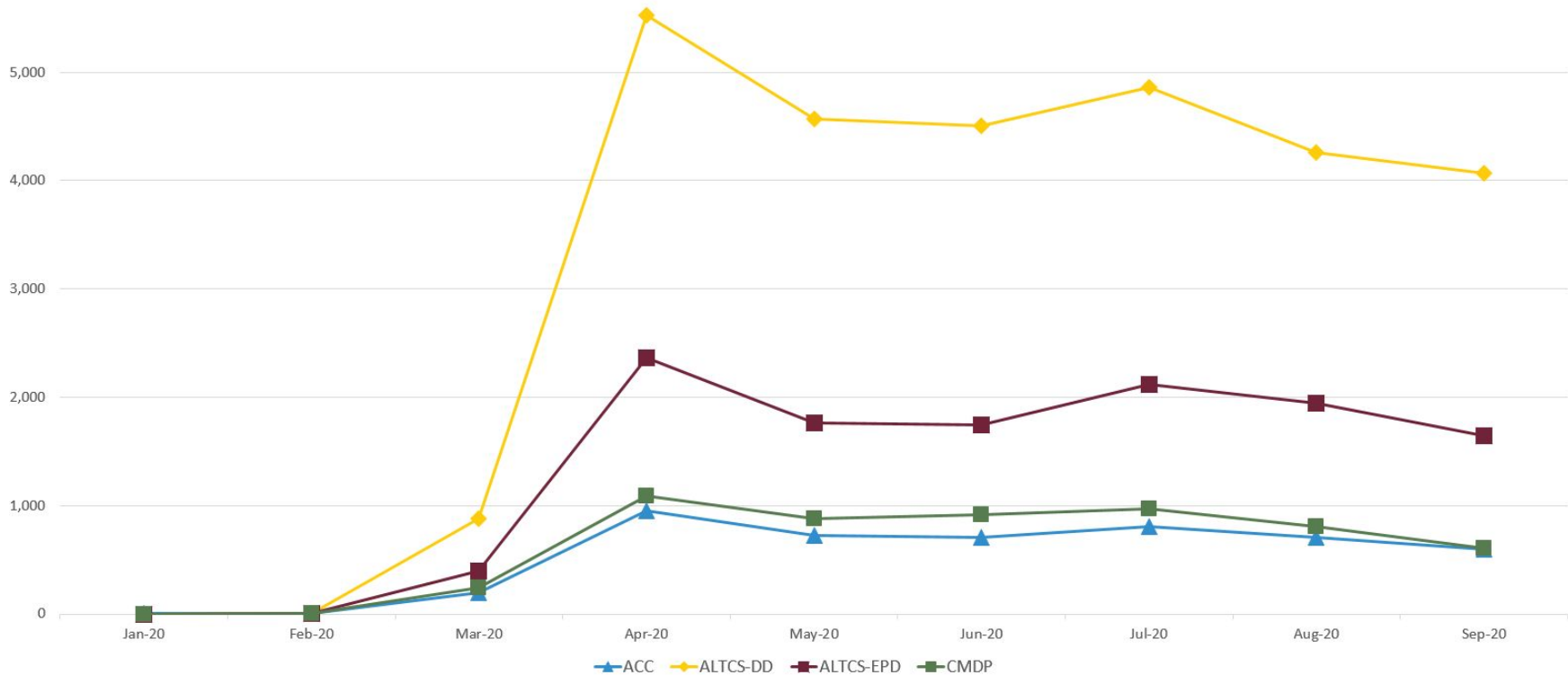# Telehealth Utilization - All AHCCCS Programs
January - September 2020
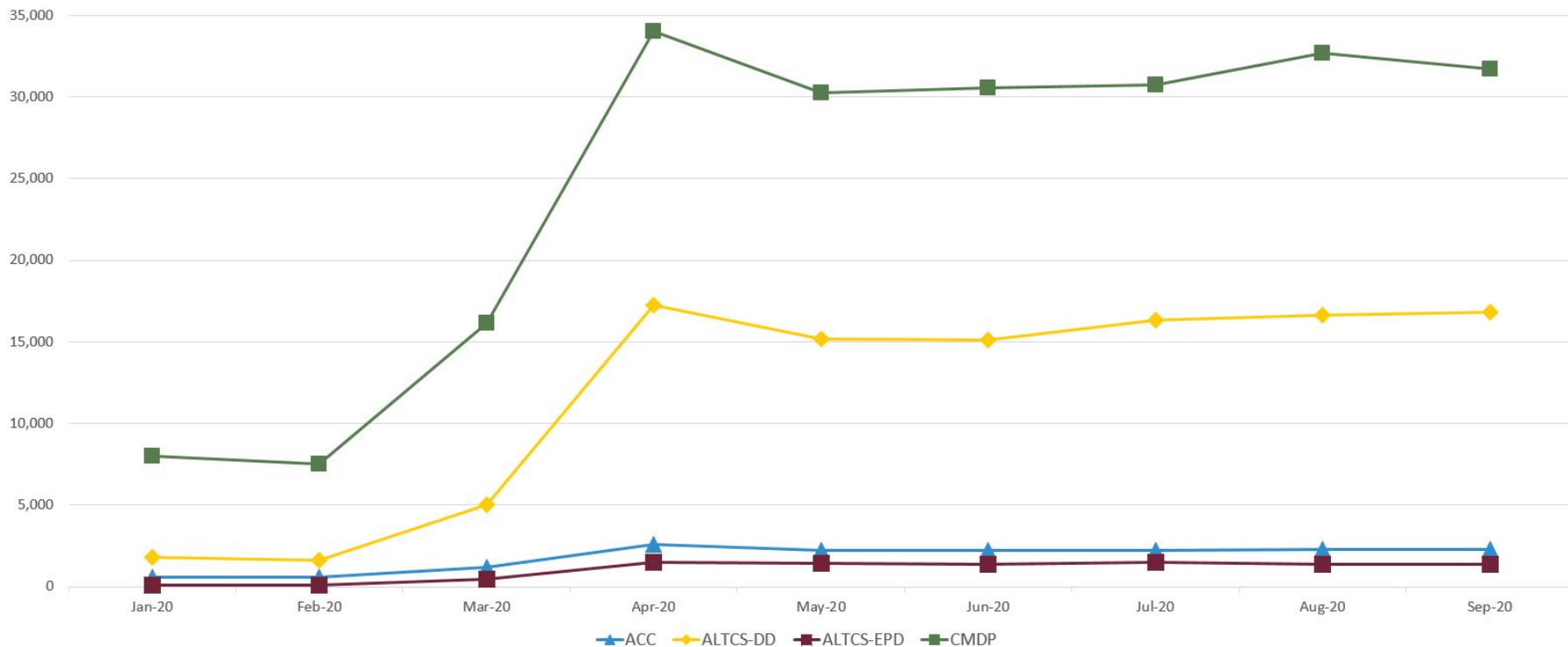Number of Services Rendered Per 10,000 Enrolled Members by Month

Legend: Mental Health, Physical Health, Substance Use
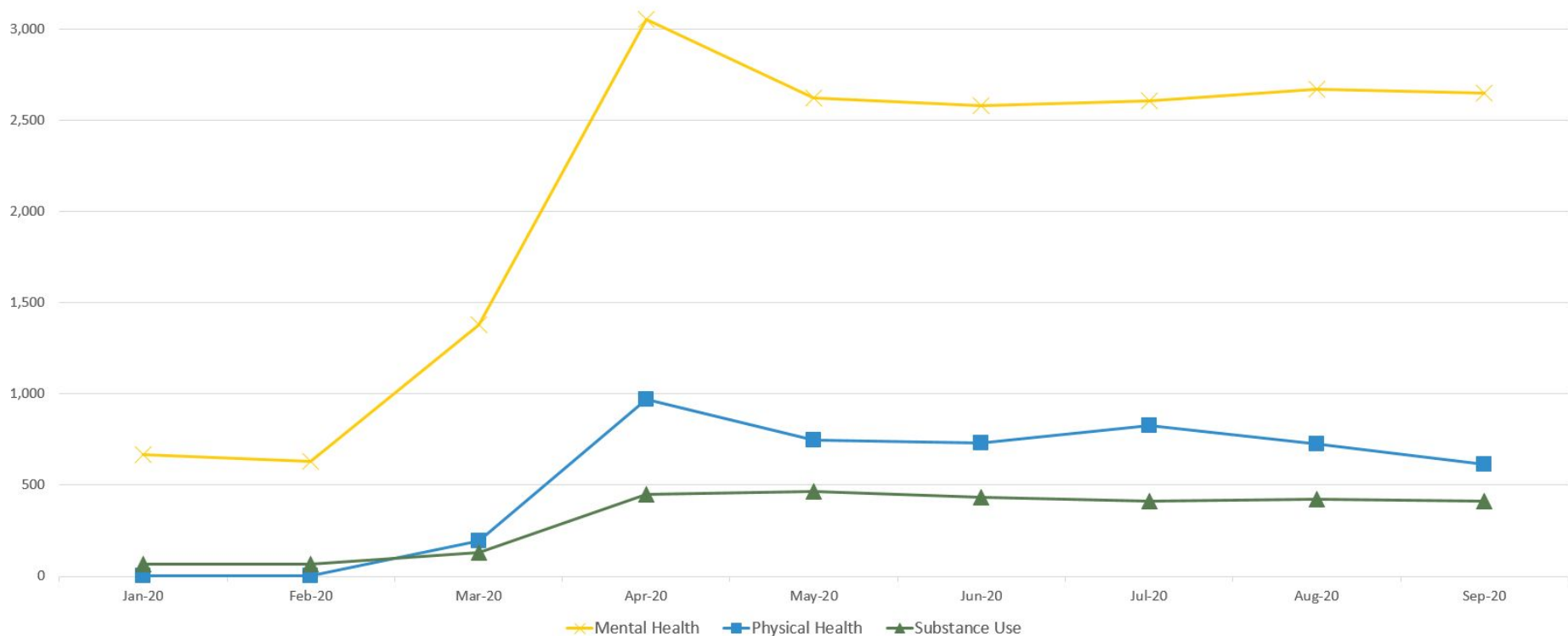
Telehealth Utilization - Physical Health
January - September 2020
Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB

Legend: ACC, ALTCS-DD, ALTCS-EPD, CMDP

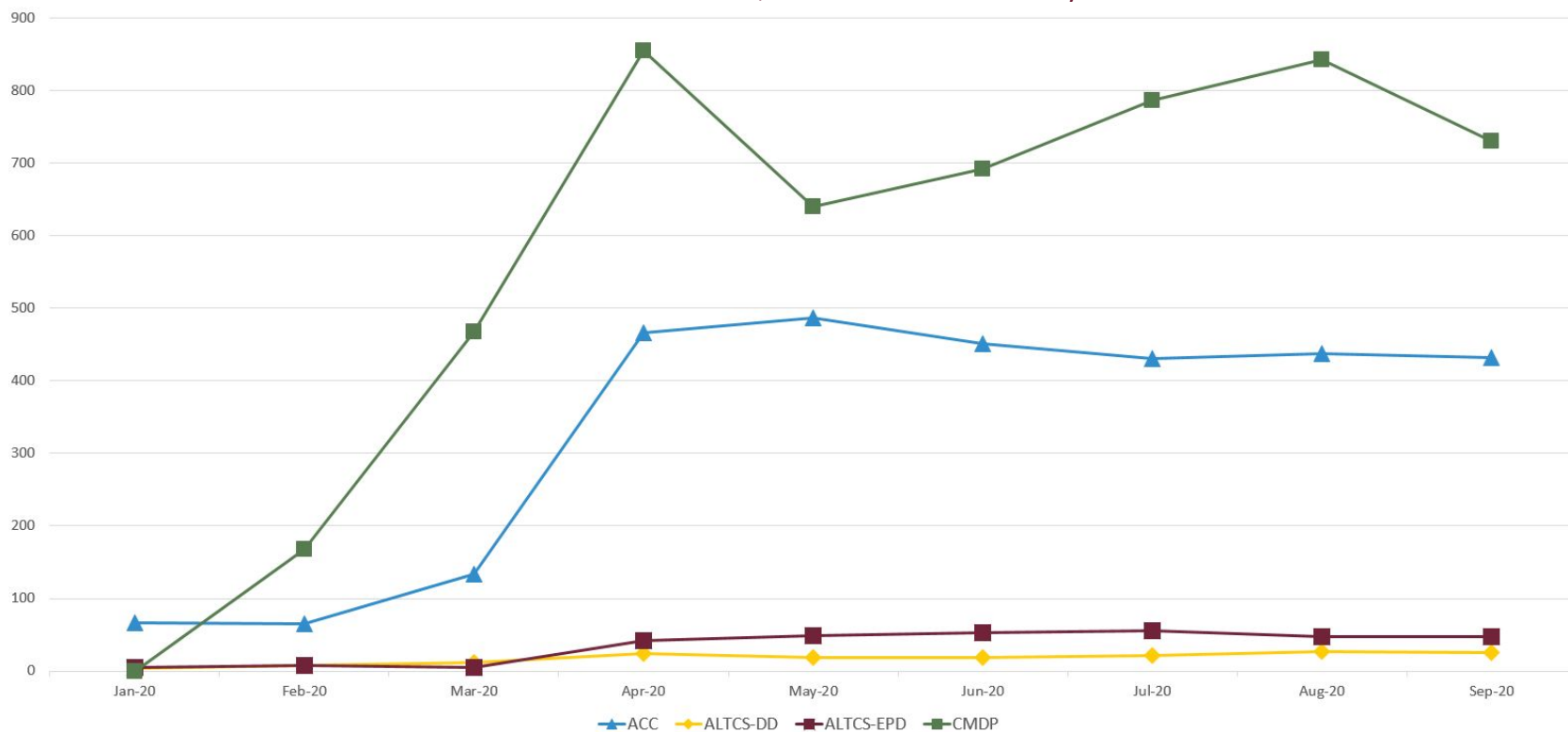# Telehealth Utilization - Mental Health
January - September 2020
Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB

Telehealth Utilization - Substance Use
January - September 2020
Number of Services Rendered Per 10,000 Enrolled Members by Month and LOB

Legend: ACC, ALTCS-DD, ALTCS-EPD, CMDP

Grants Update

Alisa Randall
Assistant Director
Division of Grants Management
AHCCCS

Substance Abuse Block Grant and Mental Health Block Grant

AHCCCS
Arizona Health Care Cost Containment System

Additional Funding to States

As a part of the American Rescue Plan Act, States have received additional block grant funding requiring application submission by 4/5/2021. This funding is in addition to our regularly allocated block grant funding and is one time only. AHCCCS is required to allocate

- 5% to support Crisis
- 20% to support Primary Prevention

AHCCCS Block Grant Funding

10/1/20-9/30/22

SABG $40,591,646	MHBG $19,762,210

10/1/19-9/30/21

10/1/21-9/30/23*

SABG $40,428,835	MHBG $18,674,883

SABG $40,591,646	MHBG $19,762,210

SABG COVID $37,892,228	MHBG COVID $22,711,565

3/15/21-3/14/23

*Level funding was used for the model. No award has been made.

Purpose of SABG

- Support substance abuse treatment and prevention programs and services that promote long-term recovery

- Promote primary prevention

- Emphasize treatment for priority populations

- Used to plan, implement, and evaluate activities to prevent and treat substance abuse, and provide certain interventions for high-risk substance abusers (persons with HIV and Tuberculosis).

Who is Eligible for SABG?

Funding is Prioritized for:

- Pregnant women/teenagers who use drugs by injection
- Pregnant women/teenagers who use substances
- Others persons who use drugs by injection;
- Substance using women and teenagers with dependent children, including women who are attempting to regain custody of their children; and
- All other Non-Title XIX eligible clients with a substance use disorder, regardless of gender (as funding is available)

Who is Eligible for SABG?

Minimum Qualifications:

- Client must be Non-Title 19 XIX, **and**

- Client must indicate active substance use in the past 12 months

- Exception of services available to Non-Title XIX clients (i.e. room and board, acupuncture, traditional healing)

Purpose of MHBG

The MHBG is allocated by SAMHSA for:

- Providing community mental health services for adults with a serious mental illness (SMI) and children with a serious emotional disturbance (SED)

- Providing crisis services to eligible populations

- Carrying out the plan submitted under section 300x–1(a) of U.S.C 42 by the State for the fiscal year involved,

- Evaluating programs and services carried out under the plan

- Planning, administration, and educational activities related to providing services under the plan.

MHBG Eligibility

MHBG funds are to be used solely for services for adults determined to have a SMI and children determined to have a SED, and evidence-based practices for first episode psychosis.

State Opioid Response

State Opioid Response II

- **Funding Period:** 9/30/20 – 9/29/22 (2 years)

- **Amount:** $31,606,462 per year

- **Area served:** All Regions

- **Population of Focus:** individuals with active opioid use; individuals with Opioid Use Disorder (OUD); individuals at risk for opioid overdose; individuals with stimulant use disorder; individuals in recovery; and youth, parents, community members and health consumers unaware of the potential risks of opioid/stimulant misuse and abuse.

Treatment Activities

- Increase navigation and access to medications-assisted treatment in metropolitan and rural areas in Arizona
  - Sustain Opioid Treatment on Demand - 24/7 access point to receive immediate connection to treatment

- Increase street-based outreach to identify high-risk individuals, get them into treatment, and provide them with resource options in a timelier manner

Recovery Support

- Expand peer support network and employment assistance
- Increase recovery and supportive housing options
  - Recovery housing, transitional housing units, bridge shelter, rental assistance
- Enhance support for opioid-exposed newborns and pregnant women who have opioid and stimulant use disorder

Prevention Program Activities

- Sustaining and enhancing Naloxone distribution
- Expanding Trauma-Informed Care prevention efforts
- Increasing localized community opioid and stimulant prevention efforts
- Addressing critical prevention deserts
- PAX Good Behavior Game

Central Locator

- Real time locator for Opioid Use Disorder services
  - Residential
  - OTP
  - OBOT
  - Naloxone Distribution Sites
- RFP awarded to Carahsoft - Solution provided by Syntasa and Google
- Go live tentatively set for May

Mercy Care DCS CHP Update

Dr. Sala Webb

Medical Director of Behavioral Health

CMDP

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 <u>all</u> 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?

Care Management Approach

- 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 to4/1/2021

- 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

Questions, Open Discussion & Wrap Up

Meeting Frequency?

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