

Welcome to AHCCCS Community Forum

- While you are waiting TEST YOUR AUDIO. LISTEN FOR MUSIC.
- You were automatically muted upon entry.
- Please only join by phone or computer.



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

Thank you.



Do you know that anyone in Arizona can access crisis services?





How to access the crisis line in your area

North GSA

Counties: Coconino, Gila, Mohave, Navajo, Yavapai: Health Choice Arizona: 1-877-756-4090

Central GSA

• Maricopa County: Mercy Care 1-800-631-1314

South GSA

 Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Pinal, Santa Cruz, Yuma: Arizona Complete Health - Complete Care Plan 1-866-495-6735

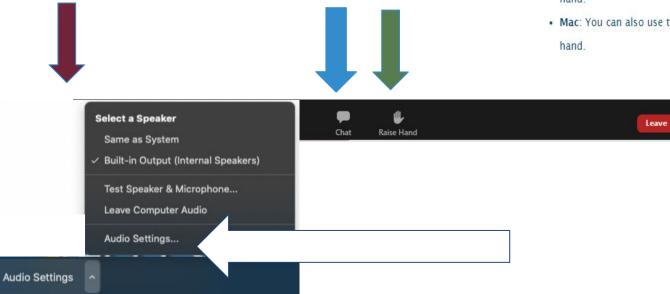
Tribal

- Ak-Chin Indian Indian Community: 1-800-259-3449
- Gila River Indian Community: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Tohono O'odham Nation: 1-844-423-8759



Zoom Webinar Controls

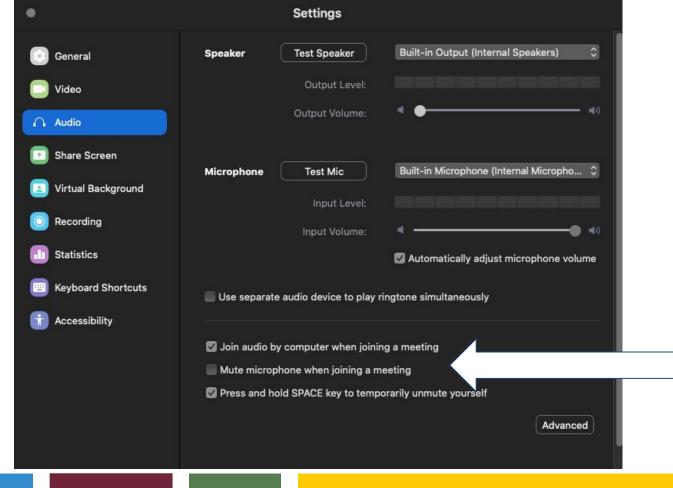
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- Windows: You can also use the Alt+Y keyboard shortcut to raise or lower your hand.
- Mac: You can also use the Option+Y keyboard shortcut to raise or lower your hand.



Audio Settings











Returning to Normal: The End of the Public Health Emergency Julie Swenson, Policy and Research Administrator, Division of Member and Provider Service



What Is A Public Health Emergency

What is the public health emergency and how does it affect members?

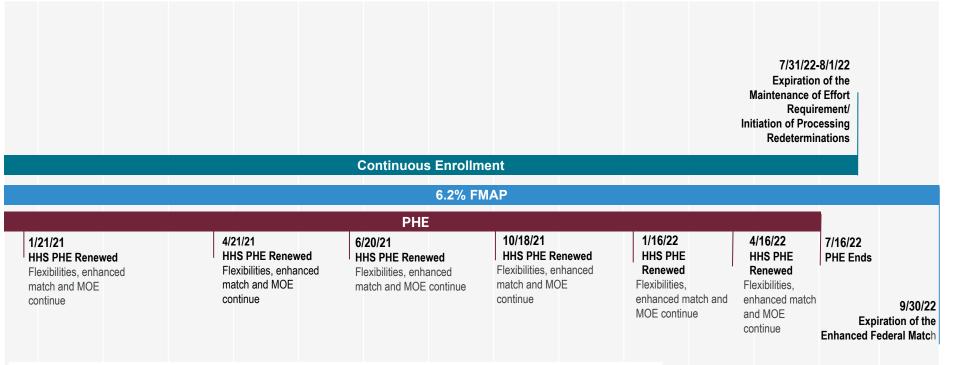
At the beginning of the COVID-19 pandemic, the federal government declared a **public health emergency (PHE).** During the PHE, Medicaid agencies are required to continue health care coverage for members, even if someone's eligibility changes..

How long will the PHE last?

The end date of the PHE is uncertain at this time. The federal government can extend the PHE 90 days at a time, and has done so multiple times since March, 2020.



PHE Renewed - Effective April 16, 2022



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



What Happens When the PHE Ends?

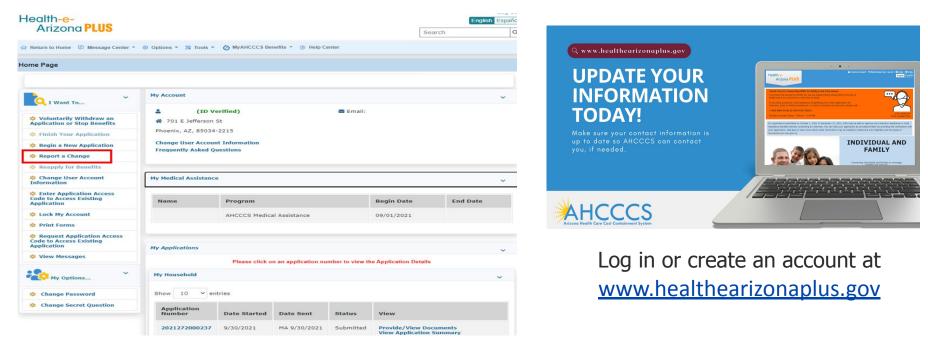
Standard business operations will be reinstated, including:

- Normal Medicaid disenrollment process for ineligible members.
- Provider enrollment requirements are reinstated.
- Premiums for KidsCare and Freedom to Work members will be reinstated (date to be determined)
- Other temporary changes will be ended and normal processes reinstated



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





Public Outreach

- Public information on website & in stakeholder presentations
- Media coverage
- Member and community information, fliers, and MCO support www.azahcccs.gov/ReturnToNormal



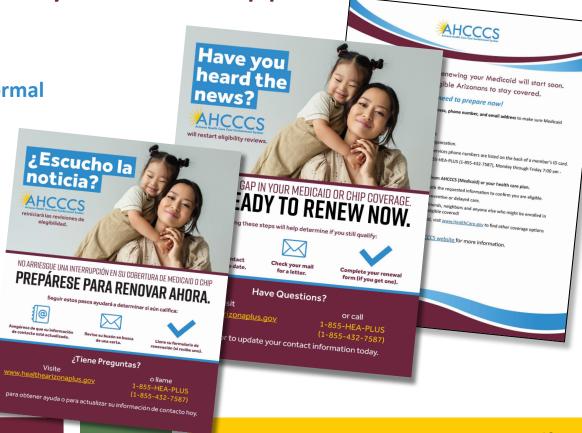


Community Partner Support

Resources for you

www.azahcccs.gov/ReturntoNormal

- Fliers (English and Spanish) to promote member awareness
- Messaging toolkits





Direct Member Outreach

AHCCCS and the MCOs 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 to receive generic reminder letter in April
- Renewal requests from AHCCCS via US mail for information to confirm eligibility
- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.



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.
- AHCCCS and DES preparation and planning.
- Work with Federal partners and other States on best practices.





Returning to Normal Operations

- Full redetermination when eligibility was extended
- Customers will receive advance notice and appeal rights
- Align redetermination and renewal actions at household level
- Spread "COVID override" redeterminations over 9 months
- Distribute all member renewals evenly over 12-month unwinding period





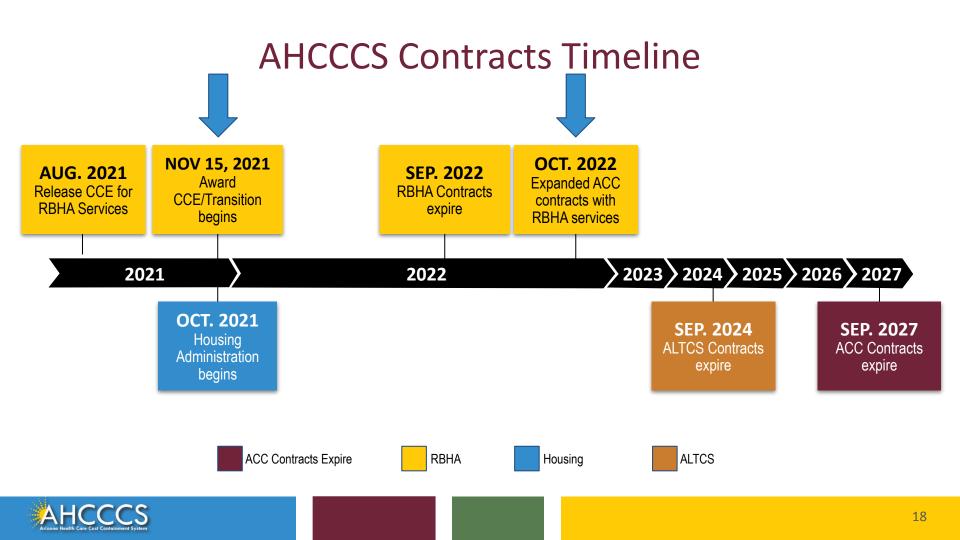
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Preparing for ACC-RBHA Changes -Readiness

Dana Flannery, Senior Policy Advisor & Assistant Director, Division of Community Advocacy and Intergovernmental Relations (DCAIR)





Transitions for Members

- Central GSA ACC-RBHA will be Mercy Care effective 10/1/2022.
 - Members in Maricopa County will *continue* to receive services from Mercy Care.
 - Members in Gila County will *transition* from Health Choice to Mercy Care.
 - Members in Pinal County will *transition* from Arizona Complete Health-Complete Care Plan to Mercy Care.

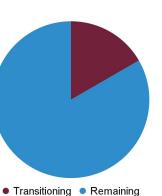




Member Transitions

8,046 members transitioning to new health plans

County	Members*	New Plan		
Apache	229	Care1st		
Coconino	794	Care1st		
Mohave	2,220	Care1st		
Navajo	963	Care1st		
Yavapai	1,940	Care1st		
Gila	452	Mercy Care		
Pinal	1,448	Mercy Care		



40,226 members remaining on current health plans

	County	Members*	Current Plan		
	Maricopa	27,210	Mercy Care		
	Cochise	869	AzCH-CCP		
	Graham/ Greenlee	223	AzCH-CCP		
	La Paz	71	AzCH-CCP		
	Pima	10,591	AzCH-CCP		
	Santa Cruz	232	AzCH-CCP		
	Yuma	1,030	AzCH-CCP		

*Enrollment as of December 1, 2021



Member Transitions (cont.)



- AHCCCS will send out enrollment notices to all members transitioning to a new health plan.
- Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.
- AHCCCS will work with all involved health plans to transition important member information.



Members: Make Sure Your Contact Info Is Current In Health-e-Arizona PLUS

Need to report a change?

Health-e- Arizona PLUS					Se	Eng	lish Españo	Q www.healthearizonaplus.gov
🔉 Return to Home 🛛 😨 Message Center 👻	Options - X Tools -	MyAHCCCS Be	enefits 👻 🅑 Help C	Center				
łome Page								TODAY!
Voluntarily Withdraw an Application or Stop Benefits Finish Your Application Begin a New Application Report a Change Reapply for Benefits Change User Account Information	My Account (ID V 701 E Jefferson Phoenix, AZ, 8503- Change User Accou Frequently Asked C	i-2215 Int Information Questions		S Email:			~	Make sure your contact information is up to date so AHCCCS can contact you, if needed. MACCCCS
Enter Application Access Code to Access Existing Application	Name	Program			Begin Date	End Date		Arizona Health Care Cast Containment System
🍪 Lock My Account		AHCCCS Medic	al Assistance		09/01/2021			Log in or croate an account today a
🌼 Print Forms								Log in or create an account today at
Request Application Access Code to Access Existing Application	My Applications						~	www.healthearizonaplus.gov
🌼 View Messages	Please click on an application number to view the Application Details							
My Options								
🌣 Change Password	Show 10 ~ entries							
🎄 Change Secret Question	Application Number	Date Started	Date Sent	Status	View			
	2021272000237	9/30/2021	MA 9/30/2021	Submitted	Provide/View Do View Application			



Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.

Report a Change						
New Contact Information						
Update Address Confidentiality Program (ACP) Enrollment						
Add Person(s) - Someone Moved in or Had a Baby						
Remove Person(s) - Someone Moved Out or is Deceased						
Household Moved or Will Move						
Moved Within Arizona						
Moved Out of Arizona						
Update Information About a Person(s)						
Update Tax Filing Information						
Income Changed						
Expenses Changed						
Apply for another program						
Disability Changed						
Update Alternative Format						
You can tell us the change here, but there will be a delay to process the potential change in benefits.						
Other Change						
← Previous Next →						



Preparing for Transition

- From award to go-live, AHCCCS works with the plans to make sure they are ready before launching
- Ready for:
 - Operations
 - Service Delivery
 - Finance
 - Systems

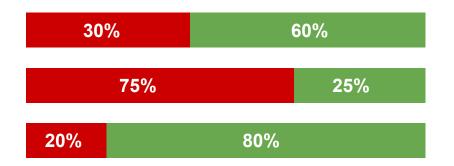






How Do We Measure "Ready"?

- We have a tool that has over 300 elements over 12 areas
- This tool requires health plans submit updates monthly:
 - progress in addressing each identified element,
 - including identified risks,
 - \circ gaps in network, and
 - strategies for remediation.





Readiness Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- Behavioral Health
- Quality Management and Quality Improvement
- Financial Reporting
- Non-Title XIX/XXI

- EPSDT and Maternal and Child Health
- Claims Processing and Provider
 Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- Member Services



Additional Readiness Activities

- Notices to members who will be changing plans are planned to be sent out mid/late August.
- Readiness Update Meetings (Next 5/9)
 - Health plans provide updates to AHCCCS Leadership on numerous topics, including:
 - Implementation activities, readiness progress, challenges that may arise, strategies for



resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities.

Member transition meetings with plans have already occurred.



What About The Network?

- Network Assessment
 - Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files.





9-8-8 and Crisis Update

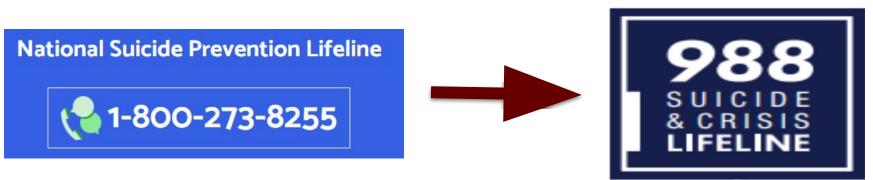
CJ Loiselle, Crisis Administrator, Division of Grant Administration



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 Fast Facts

- Like 1-800-273-Talk, 988 will be confidential, free, and available 24/7/365, connecting those experiencing a mental health, substance use, or suicidal crisis with trained crisis counselors.
- Access is available through every landline, cell phone, and voice-over internet device in the United States.
- The 988 dialing code will be available for call, text, and chat 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: <u>https://www.samhsa.gov/find-help/988/faqs#about-988</u>



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 <u>Veterans Crisis Line</u> (VCL) can be accessed by dialing 988 then pressing 1. Chat and text options can be accessed by visiting <u>https://www.veteranscrisisline.net/get-help-now/chat/</u> or by texting 838255.
- The 988 transition will not replace or change the current Arizona RBHA operated crisis call centers, numbers or services.



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.



988 and 911

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

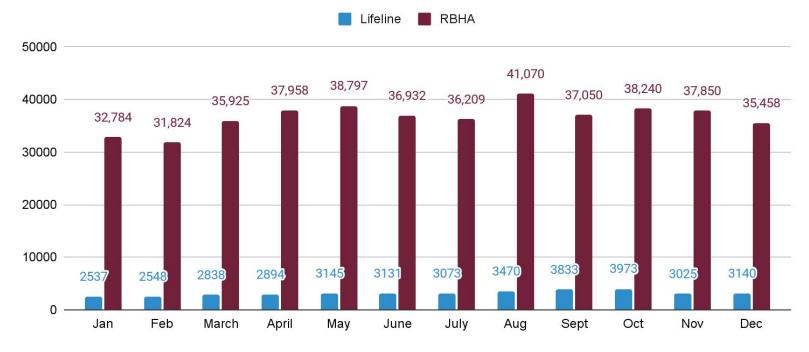


Current NSPL (9-8-8) and RBHA System Structure





2021 Lifeline Center Calls vs. RBHA Call Center Calls





Crisis Phone Line Vendor

- Currently each RBHA is responsible for operating a Crisis Phone Line in their assigned GSA.
- The awarded ACC-RBHA Contractors are responsible for selecting a single statewide crisis phone line vendor.
- The ACC-RBHA Contractors have announced that Solari has been selected as the Statewide crisis phone line vendor.
- The new statewide phone line vendor will be in place for services beginning 10/1/2022.
- Existing statewide crisis telephone numbers will remain for at least one year post transition.



Calling...

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:
 - 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;
 - 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.



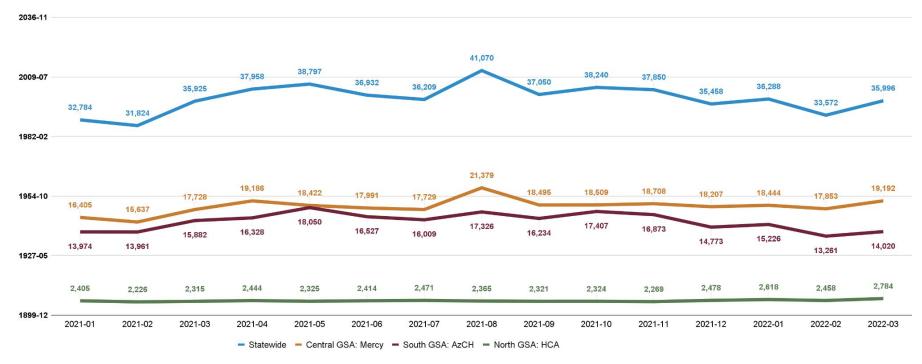
AHCCCS Crisis Policy Language

- AMPM 590, Behavioral Health Crisis Services and Care Coordination is currently out for public comment. Please review and comment by 5/30/2022: <u>https://ahcccs.commentinput.com/comment/search</u>
- 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.



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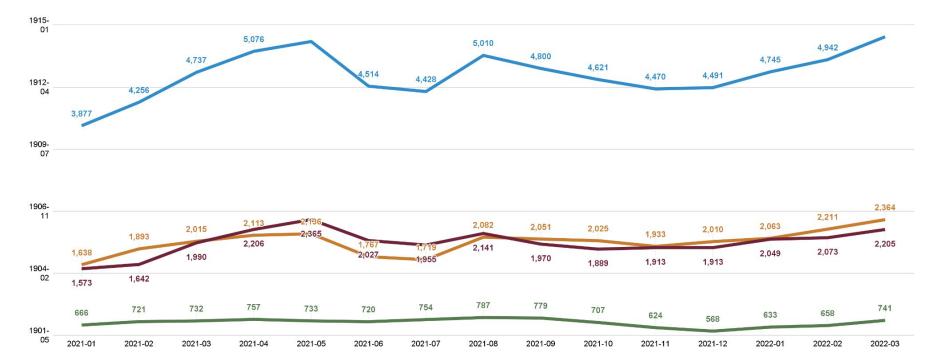
Crisis Call Volume



* Crisis Call Volume represents all incoming calls into the local & toll-free RBHA Crisis Line numbers



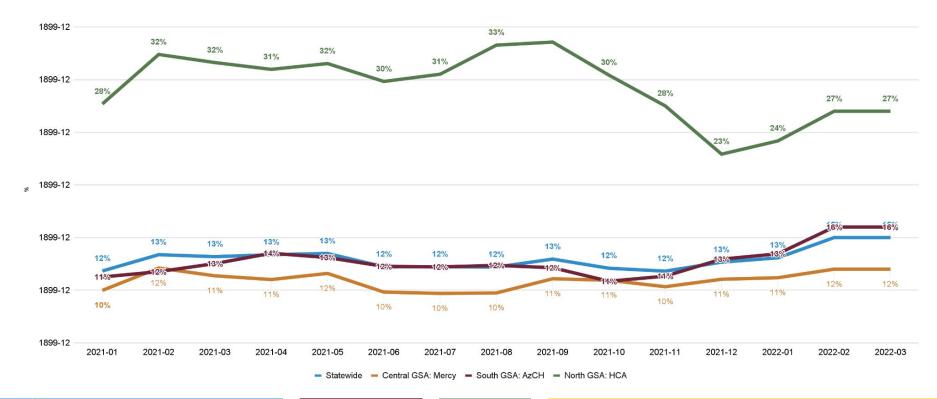
Crisis Mobile Team Dispatch Distribution



- Statewide - Central GSA: Mercy - South GSA: AzCH - North GSA: HCA

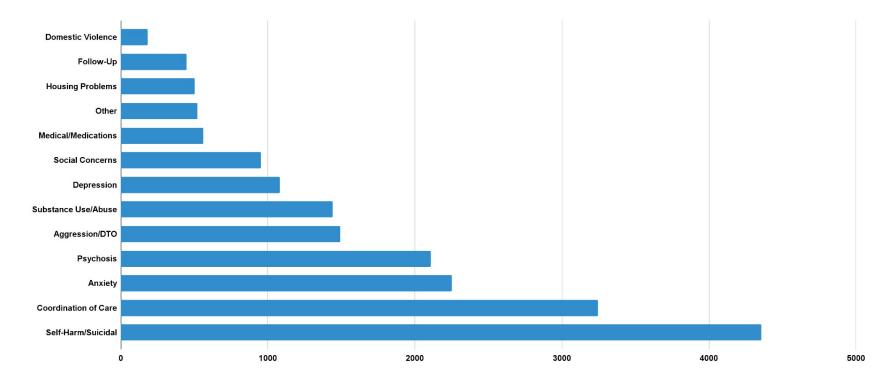


Mobile Team Dispatch Distribution



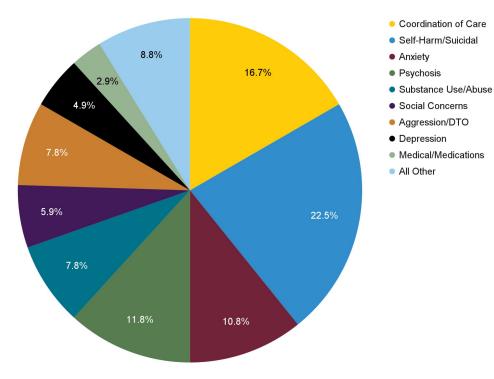


Crisis Call Center - Top Reasons for Calls March 2022 Statewide



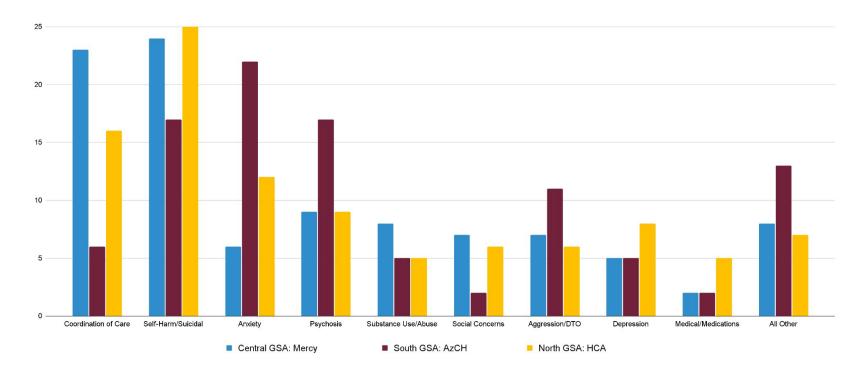


Crisis Call Center - Top Reasons for Calls March 2022 Statewide



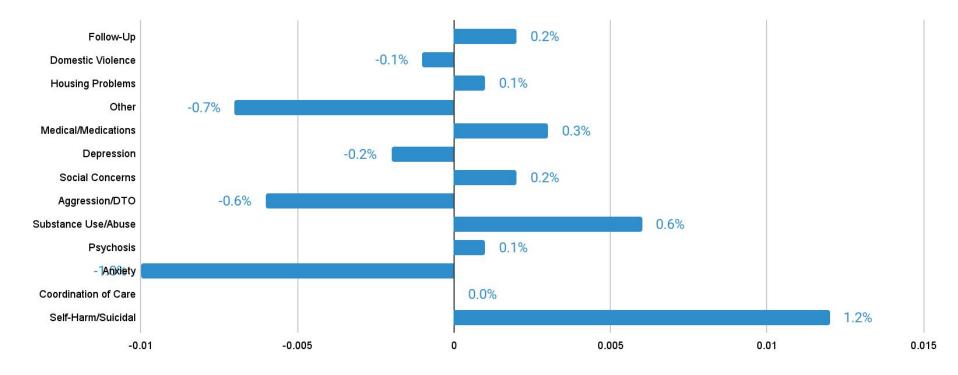


Crisis Call Center - Top Reasons for Calls March 2022 (By RBHA/GSA, Rate Per 100 Calls)





Top Reasons- Change from 2/2022 to 3/2022







AHCCCS Request for Proposal (RFP) for Serious Mental Illness (SMI) Eligibility Determination Contractor Alex Demyan- Deputy Assistant Director, Division of Community Advocacy and Intergovernmental Relations (DCAIR)



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
 - <u>AMPM Policy 320-P Serious Mental Illness Eligibility Determination</u>
 - 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
 - o 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



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

SMI Eligibility Determination Process

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 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.

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

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



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: <u>YH23-0001 SMI Eligibility</u> <u>Determination RFP - BIDDERS' LIBRARY (azahcccs.gov)</u>
- Email notifications
 - Sign up to receive updates: <u>SMI Eligibility Determination RFP</u>





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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?





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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 <u>MHBG FAQ document</u>



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: <u>SMIRFP-Feedback@azahcccs.gov</u>
- Feedback will be accepted until June 30, 2022, 5:00 p.m. MST



Questions?



Thank You.





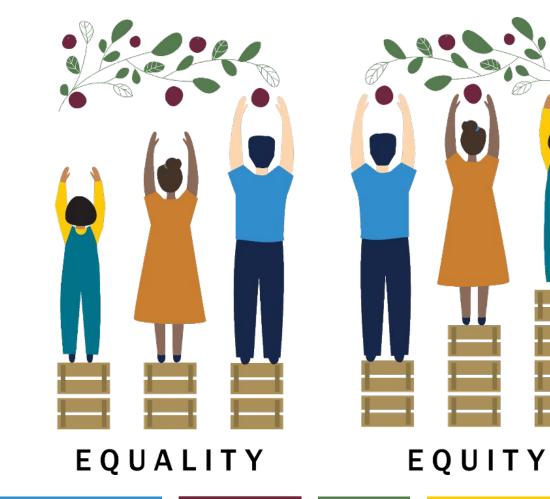
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Health Equity Committee

Leslie Short - Integrated Services Administrator, Division of Fee-for-Service Management (DFSM)







What is Health Equity?

HEALTH EQUITY IS

"attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

-Healthy People 2030



What does the AHCCCS Health Equity Committee do?

The **HEALTH EQUITY COMMITTEE**

works to identify and understand health disparities that AHCCCS members experience.

Using evidence-based policy and innovative strategies, we foster equitable access to health care and improve health outcomes for all populations.



About the AHCCCS Health Equity Committee

- Established in July 2020
- Tasked with understanding health disparities and developing strategies to ensure health equity for all AHCCCS members
- Responsible for overseeing and managing recommendations as they relate to policy, data, health plan oversight, and emerging health care innovation strategies for over 2 millions Arizonans



Structure of the Health Equity Committee

- Two subcommittees:
 - Communications subcommittee strategizes information dissemination to increase understanding of the committee's work and impact.
 - Data subcommittee explores AHCCCS utilization and quality improvement data to inform the overall work of the HEC.
- 16 Committee members representing every AHCCCS division



HEC Resources

- HEC web page and charter: <u>www.azahcccs.gov/HealthEquity</u>
- Contact us: <u>healthequity@azahcccs.gov</u>



About Us

Initiatives Home Accessing Behavioral Health Services in Schools

AHCCCS Whole Person Care H

American Rescue Plan Allocations (ARPA)

Provider Payment Information

Health Equity Committee

Formally established in July 2020, the Health Equity Committee is tasked with understanding health disparities strategies to ensure health equity for all AHCCCS members. The committee is responsible for overseeing and r considerations as they relate to policy, data, health plan oversight and emerging health care innovation strateg Arizonans.

Healthy People 2030 ^[2] defines health equity as the "attainment of the highest level of health for all people. Ac requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, contemporary injustices, and the elimination of health and health care disparities."

This committee is responsible for identifying health disparities among AHCCCS-eligible individuals and membe utilization and quality improvement data to advance policy and/or contracting strategies to improve the health populations and programs. This committee will communicate existing health equity strategies currently being agency, identify needed improvements to existing strategies (if appropriate), develop and/or evaluate key met interventions aimed at eliminating health disparities.

Questions? Please email: healthequity@azahcccs.gov



Questions?



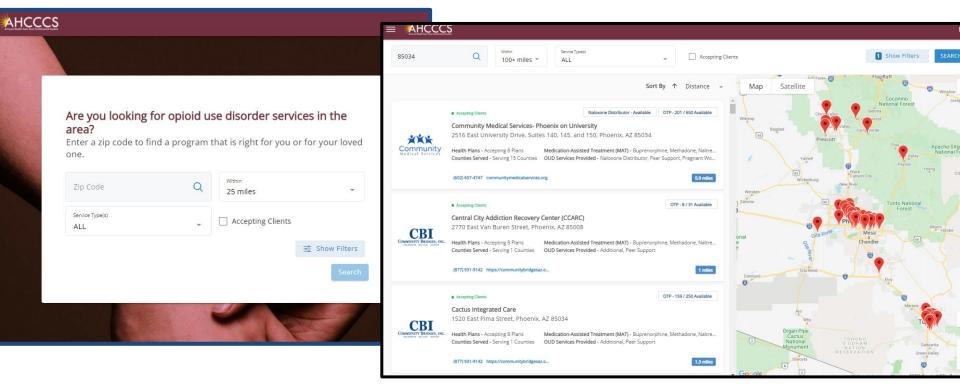


Opioid Service Locator

Hazel Alvarenga, Deputy Assistant Director, Division of Grant Administration



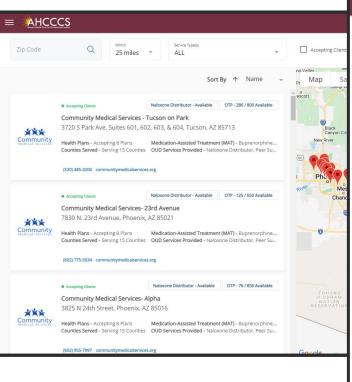
Opioid Use Disorder Services Locator



https://opioidservicelocator.azahcccs.gov/



Opioid Use Disorder Services Locator



■ AHCCCS

< Back to search results

Community Medical Services - Tucson on Park • Accepting Clients

 Opioid Treatment Program (OTP) SAMHSA-certified Opioid Treatment Program (OTP)

Accepting Clients
 Client Treatment: 286 / 800 Available

Medical Assisted Treatments (MAT) Services

- Buprenorphine
 Works similar to methadone and can be prescribed to take at home.
- Methadone
 Controls withdrawal symptoms and blocks cravings. Given in-person at a clinic, usually every day.
- Naltrexone
 Blocks the effects of opioids and alcohol completely.

OUD Services

✓ Peer Support

Peer Support Specialists at CMS are individuals with lived experience who have the ability to understand the challenges of substance use and recovery. They bring their unique perspective for overcoming challenges and navigating the treatment system.

✓ Pregnant Women

CMS offers a variety of services to help women who are pregnant. Our goal is to empower you as a leader in your recovery, with benefits to you and your baby. Methadone during pregnancy is considered the gold standard of care. For most women with OUD, experts agree that the benefits of medications for OUD outweigh the potential risks. MAT is not harmful to the developing baby, and mothers are encouraged to continue with MAT throughout their pregnancy.

Psychosocial

At CMS, we provide both individual and group counseling services to our patients. Through the use of evidence-based practices, counselors help clients to develop healthy coping strategies, individualized to their needs. Together, clients and counselors work on problem solving skills to address substance use. Contact Details 3720 S Park Ave Suites 601, 602, 603, & 604, Tucson, AZ 85713 Get directions

S (520) 485-3200

communitymedicalservices....

Services: Naloxone Distributor
 Opioid Treatment Program (OTP)

Agency: Community Medical Services





AHCCCS Provider Requirement

Opioid Use Disorder Real-Time Service Availability Locator: The Real-Time Service Availability Locator is a service locator built to assist the public and others in locating real-time information about the availability of opioid use disorder services throughout the State.

Opioid Treatment Programs (OTPs), Office-Based Opioid Treatment (OBOTs), and Opioid Residential Treatment Program providers shall report the following data elements for initial reporting and update as frequently as the data field value changes.

1. Agency and location specific	2. Populations served:
information:	a. Gender, and

- Agency name, а.
- Address, b.
- Phone, С.
- Website, d.
- Hours of operation, e.
- f. Logo,
- Counties served, and g.
- Contracted health plans. h.

- Age.

b.

- ender, and
- 3. Services provided:
- Residential, a.
- b. Methadone maintenance,
- Buprenorphine С. maintenance,
- d. Naltrexone maintenance,
- Peer support, and e.
- Psychosocial. f.

4. Capacity (as applicable to provider type):

- Available beds, a.
- Methadone h. maintenance,
- Buprenorphine C. maintenance, and
- Naltrexone d. maintenance.

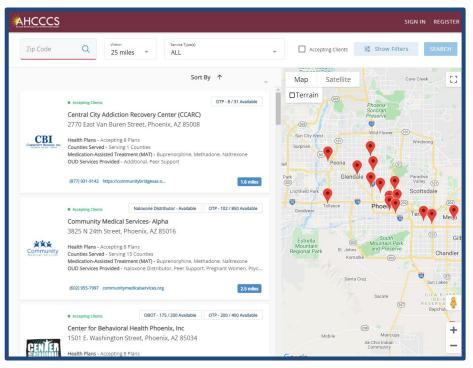


Opioid Use Disorder Services Locator

See the <u>How To Guides</u> posted on the Grants Administration <u>web page</u> under the Opioid Services Locator section.

Please contact

opioidservicelocator-support@azahcccs.gov with any questions.







Free, confidential hotline:

1-888-688-4222

Local medical experts offer patients, providers, and family members opioid information, resources and referral 24/7. Translation services available.

Any question. Any concern. Any time.

https://www.azdhs.gov/oarline/

Patient

Need Help With Opioids?

We Are Always Here.

Free, confidential hotline:

1-888-688-4222





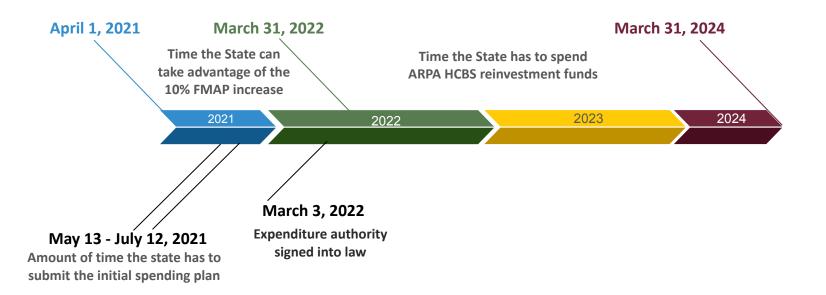


ARPA Updates

Alex Demyan, Deputy Director, Division of Community Advocacy and Intergovernmental Relations (DCAIR)



ARPA HCBS Funding Timeline





ARPA HCBS Spending Plan - Approval

- Arizona received conditional approval of the spending plan January 19, 2022:
 - Verification that Arizona qualifies for temporary 10 percentage point increase in FMAP for certain expenditures through March 31, 2022
 - Approval to claim increased FMAP for qualifying expenditures between April 1, 2021, and March 31, 2022
 - Approval to spend funding on activities detailed in the Spending Plan
- Find the <u>Spending Plan</u> on the AHCCCS Website

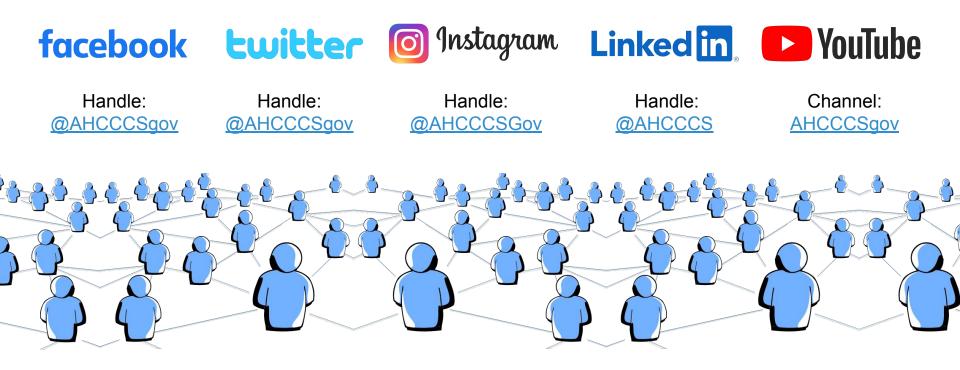


ARPA HCBS Provider Directed Payment

- The 2016 Medicaid managed care rule created a new option for states to require managed care plans to pay providers according to specific rates or methods, referred to as directed payments.
- AHCCCS received federal approval to allocate ARPA funds toward provider payments to recruit and retain a knowledgeable and well-trained workforce. These time-limited payments will be made in State Fiscal Years (SFY) 2022, 2023, and 2024.
- Total amount across State Fiscal Years (SFY) 2022, 2023, and 2024 estimated to be almost \$900M between all lines of business
- Directed payments are subject to change if other ARPA spending plan initiatives impact funding available
- For more information, please visit the **Provider Payment Information website**.



Follow & Support AHCCCS on Social Media





Other Resources - Quick Links

- AHCCCS <u>Waiver</u>
- AHCCCS <u>State Plan</u>
- AHCCCS Grants
- AHCCCS <u>Whole Person Care Initiative (WPCI)</u>
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs
- <u>Future RBHA Competitive Contract Expansion</u>



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