State Medicaid Advisory Committee (SMAC)
Wednesday, January 8, 2020
AHCCCS
GOLD ROOM 3rd Floor
701 E. Jefferson Street
1 p.m. – 3 p.m.

<table>
<thead>
<tr>
<th>Agenda</th>
<th>Director Jami Snyder</th>
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</thead>
<tbody>
<tr>
<td>I. Welcome</td>
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<tr>
<td>II. Introductions of Members (Current/New)</td>
<td>ALL</td>
</tr>
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Agency Updates

| III. AHCCCS Targeted Investments (TI) Updates | George Jacobson |
| IV. Opioid Treatment Program (OTP) Updates   | Alisa Randall   |
| V. Behavioral Health in Schools - Panel     | Kelli Williams, Megan Woods, Markay Adams |
| VI. Valle Del Sol Behavioral Health in Schools - Presentation | Caitlin Gizler/Carmen Heredia |
| VII. AHCCCS Updates                         | Jami Snyder     |
| VIII. Call to the public                    | Jami Snyder     |
| IX. Adjourn at 3:00 p.m.                    | ALL             |

*2020 SMAC Meetings*

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October.

***Please note the change for the October meeting date, due to space conflicts.***

All meetings will be held from 1 p.m. - 3 p.m. unless otherwise announced at the AHCCCS Administration 701 E. Jefferson, Phoenix, AZ 85034, 3rd Floor in the Gold Room:

January 8, 2020

April 8, 2020

July 8, 2020

October 21, 2020

For information or assistance, please contact Fredreaka Graham at (602) 417-4496 or fredreaka.graham@azahcccs.gov
No Meeting Minutes

NO QUORUM
AHCCCS Targeted Investments Update
AHCCCS
Targeted Investments
Program
State Medicaid Advisory Committee
January 8, 2020
Targeted Investments Program

- $300 million authorized by CMS in January, 2017 as a part of the 1115 waiver
- A five year project providing resources to participating providers to support the integration of behavioral and physical health care.
- Incentive payments based on meeting milestones that support integration and whole person care
Provider Participation

• Providers eligible to participate include:
  o Adult and pediatric primary care practices
  o Adult and pediatric behavioral health organizations
  o Acute and psychiatric hospitals
  o Justice Co-located clinics

• Almost 500 sites participating across the state.
TI Program Years Two & Three

- Year Two: Over $66.5 million paid to TI participant providers

- Year Three: $85.5 million to be paid for achieved milestones

- Many milestone requirements support and complement the implementation of AHCCCS Complete Care (ACC)
Targeted Investments Program

- Milestone Examples:
  - Care Management in Primary Care
  - Integrated care planning
  - SDoH screening & intervention
  - MH screening & referral in PCP settings
  - Bi-directional data exchange through the HIE
  - Screening children for ACEs with referral to Trauma-Informed Care
  - Screening for ASD and with appropriate referral
TI Program Years Four & Five

- Participant Incentive Payments based on meeting performance measures
- The metrics align with other applications and uses, including required CMS measures, and AHCCCS MCO measures
- Many measures align across TI Program participating provider types-Ex: Identical Adult Primary Care and BH measures
Participant Support-Quality Improvement Collaborative (QIC)

- Provided through the ASU College of Health Solutions and Center for Health Information Research (CHiR)

- The QIC will offer:
  - Interim updates on Quality Measures performance
  - Assistance with quality improvement actions
  - Technical assistance
  - Peer learning opportunities
TI Program Impact

- AHCCCS focus on whole person care—Point of care integration
- Practice transformation
- Systems & protocols sustainability
- Lessons learned
TI Program Impact Transformation Accomplishments

- Transformation/Accomplishments
  - Primary care practice HIE participation
  - MH Screening for depression, suicide risk
  - Early childhood screening including for ASD
  - SDoH Screening and referral protocols
  - Provider education on ACEs and Trauma-informed care, ASD care
  - Provider & justice partner collaboration
Results & Opportunities

- Behavioral health co-location in primary care
- Payment for BH services in primary care
- Alignment with ACC transformation
- Behavioral health support in chronic disease management
What We Have Learned

- High Risk Registry use
- Cultural impact of colocated on provision
- SDOH challenges
- Bridging physical and behavioral health cultures
- Practice transformation: “How we operate now”
OTP Update
Opioid Treatment Program (OTP) Legislation Implementation Update

Alisa Randall
Assistant Director, DGA

AHCCCS
Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need
I. OTP Reporting

II. 24/7 Access Points

III. Arizona Opioid Council
# Reporting Requirements

## Opioid Treatment Program – Reporting Requirements

### Security Plan

<table>
<thead>
<tr>
<th>Plan Element</th>
<th>OTP's Security Plan Addresses the Identified Plan Element (Yes or No; to be completed by the OTP)</th>
<th>Relevant Documentation to Demonstrate OTP Compliance (list of relevant documentation and any attachments to be supplied by the OTP)</th>
<th>AHCCCS Determination of Sufficiency (Sufficient or Insufficient)</th>
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<tr>
<td>Evidence that plan is based on SAMHSA or DEA Standards</td>
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<tr>
<td>Contains patient management strategies designed to ensure security policies that will:</td>
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<tr>
<td>✓ Reduce potential harm to patients and the neighborhood.</td>
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<tr>
<td>✓ Lower the risk of exposure to illicit transactions and other consequences of overcrowding and poor patient management</td>
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# Reporting Requirements

## Opioid Treatment Program – Reporting Requirements

### Neighborhood Engagement Plan

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| Outlines engagement strategies with key stakeholders in the neighborhood, including:  
  ✓ Homeowner’s Associations  
  ✓ Neighborhood Associations  
  ✓ School administrators  
  ✓ Neighboring businesses  
  ✓ Community organizations  
  ✓ The city or town council  
  ✓ Law enforcement  
  ✓ Block Watch organizations  
  ✓ Any other key stakeholders |                                                                                                              |                                                                                                                          |                                                              |
| Includes information about but not limited to ensuring consideration of and response to:  
  ✓ Reasonable safety, security and trash removal concerns  
  ✓ Concerns regarding adequate parking for patients and staff  
  ✓ Patient drop-off/pick-up  
  ✓ Other matters of concern to the key stakeholders |                                                                                                              |                                                                                                                          |                                                              |
# Reporting Requirements

## Comprehensive Patient Care Plan

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| Outlines standards of care for Medication Assisted Treatment and how those standards will be implemented, including:  
  ✓ Standards for dosing  
  ✓ Standards for the provision or referral to appropriate counseling, Behavioral therapy services, and peer support services | | | |
| Denotes whether or not the provider provides therapy services directly or refers patients to another provider for the service | | | |
# Reporting Requirements

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<td>✓ If a referral, the plan must include strategies to ensure patients can access referred services in a timely manner</td>
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Arizona Health Care Cost Containment System

Reaching across Arizona to provide comprehensive quality health care for those in need
# Reporting Requirements

## Community Relations and Education Plan

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<td>Documents policies and procedures to measure and minimize the negative impact the opioid treatment program may have on the community, to promote peaceful coexistence and to plan for change in the program and program growth, including: ✓ Policies and procedures which consider community needs and impacts when selecting a site for</td>
<td></td>
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<td>✓ Policies and procedures for maintaining a clean and orderly facility that does not impede pedestrian or traffic flow, which includes disclosure demonstrating the expected census and daily traffic count for the clinic (see disclosure template)</td>
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<tr>
<td>✓ Policies and procedures for considering community input on the potential impact the program may have on the community</td>
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<tr>
<td>✓ Policies and procedures for communicating with community leaders to foster good community relations</td>
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<tr>
<td>Establishes a liaison with community representatives to share information about the program, the community and mutual concerns and issues</td>
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<td>Identifies program personnel who will function as community relations coordinators and define the goals and procedures of the community relations plan</td>
<td></td>
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<tr>
<td>Documents policies and procedures for serving as a community resource on substance use and related health and social issues as well as promoting the benefit of medication-assisted treatment in preserving the public health</td>
<td></td>
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<tr>
<td>Documents policies and procedures for soliciting community input about medication-assisted treatment and the program's presence in the community</td>
<td></td>
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<tr>
<td>Documents policies and procedures to effectively address or resolve community problems, including patient lottering and medication diversion, and ensuring enforcement of these policies so that</td>
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<td>program operations do not affect community life adversely</td>
<td></td>
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<tr>
<td>Documents community contacts and community relations efforts, including the evaluation of the effectiveness of activities over time in addressing outstanding problems or deficiencies, and supplies any relevant meeting minutes demonstrating community relations efforts.</td>
<td></td>
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</tr>
<tr>
<td>Documents policies and procedures for disclosing the process for community contacts to notify the administration's clinical resolution unit of any unresolved problems or deficiencies that includes, if appropriate, coordination with the state opioid treatment authority</td>
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<tr>
<td>Develops communication mechanisms that provide interested parties and potential patients with general information about the program outside of regular operating</td>
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# Reporting Requirements

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<td>hours</td>
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# Reporting Requirements

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<tr>
<td>Documents measures to reduce the possibility of diversion of controlled substances from legitimate treatment use</td>
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</table>
A.R.S 36-2907.14 – OTP Reporting Requirements – Established Locations

- Plans are directly submitted to AHCCCS from OTP Providers
- Require a period of 30 days for Community Feedback
- Community and Stakeholder feedback reviewed during development
- Technical Assistance
  - Providers
  - Health Plans
A.R.S 36-2907.14 – OTP Reporting Requirements – Established Locations

- First annual submission date was November 15th
- AHCCCS website link established for OTP requirements and public comment page
- Subscribe to the page for all updates

https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/OTP_Requirements.html
A.R.S 36-2907.14 – OTP Reporting Requirements – New Locations

- New OTP Providers and/locations
  - Provider will contact ADHS for licensure
    - This activity will trigger AHCCCS that provider will be submitting completed report for review
  - Reports submitted to AHCCCS will be reviewed after contact to ADHS has been completed
  - Indicate what has been completed not what will be completed
24/7 Access Points

- Previously known as Centers of Excellence
- Development of standards in partnership with ADHS
  - Two public forums held
  - Standards to be published on AHCCCS website
- Metrics and outcomes
Arizona Opioid Council

- Chaired by Health and Human Services Committees of the Senate and the House of Representatives
- Members are appointed
- Regular presentation of data and outcomes measures
BH in Schools Panel
Valle Del Sol Presentation
VALLE DEL SOL'S
INTEGRATED
SCHOOL BASED SERVICES

CAITLIN GIZLER, LMFT, BHP
DIRECTOR OF INTEGRATED SCHOOL BASED SERVICES

Valle del Sol
COMMUNITY HEALTH
Valle del Sol inspires positive change by investing in human services to strengthen families with tools and skills for self-sufficiency and by building the next generation of leaders.
VDS INTEGRATED SCHOOL BASED SERVICES

- Access to All of Valle's Integrated Healthcare Services
- Value & Commitment to Creating Trust and Systemic Change
- 3 Levels of Partnership Available to Each School
- Hands-On Experience with Classroom Management
- Professional Development & Direct Support on Campus
Parents are not as intimidated by mental health services out of their child’s school and comfortable receiving services or takes at the school.

- Fabiola Marquez, School Psychologist, Clarendon Elementary School

Navigating Healthcare & Resources
Trust and Relationship Building with Staff and Families
Clinical Screenings & Assessments
1:1 Coaching for Students
Parenting Support Workshops
Clinical Observations in the Classroom
Individual and Family Therapy
CFT's Connecting Families and Teachers Back Together
De-Escalation Support for Students and Staff
Professional Development for Teachers
Intensive Groups During School Breaks
Warm Hand Offs to Office Based Providers
Higher Show Rates for Medical & BH Appts
Supporting Teachers & Families with accessible workshops and professional development
CONQUERING BARRIERS AND CELEBRATING SUCCESSES

In the school, staff can quickly identify families that need extra support and then with a swift response from Valle Del Sol, we are able to address concerns from an academic and social emotional standpoint effectively – Fabiola Marquez, School Psychologist, Clarendon Elementary School

- Navigating space & schedules
- Supporting children with a variety of insurance coverage, (or lack thereof)
- Engaging families who may not be as present
- Providing support in crisis events
- Establishing consistent communication
Combat the school to prison pipeline experience

---

To keep kids on campus in safe and recovery-focused environments that are sometimes absent in school discipline issues.

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Bring awareness and innovation to the health and SDOH related needs.

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To learn campaign.

---

We partner with districts and organizations like Arizona ACLU's Demand.

---

Educational Equity

Where to: School based services supporting
WHERE TO: CREATING A STANDARD OF EXCELLENCE IN ACCESSIBLE QUALITY HEALTHCARE

- Each month we are outreached by new schools and districts asking for our support.
  - With increasing requests from schools in more rural locations and farther from all agency brick and mortar clinics
- As a FQHC, we have a unique opportunity to provide wrap around services to children, families, and school staff.
  - Now imagine what we can do if we were to take more of our services directly to them as a compliment to our on-campus school based behavioral health supports.
    - Creating more touchpoints to empower more patients
    - Improved health outcomes with accessible screenings and follow up
    - Increased collaboration of integrated healthcare providers
    - Resource connection & support for SDOH
    - Work with a wide scope of the community, giving accessibility to everyone
- MHC and Telehealth combined with School Based Services could create the woven layer of support needed to treat more people with a program model that is efficacious and affordable
THANK YOU!

Any Questions Regarding Valle's School Based Services:
Contact Caitlin Gizler, MAS, LMFT
Director of Integrated School Based Services
CaitlinG@valledelsol.com
602-258-6797
AHCCCS Update
2019 Accomplishments

- 34,000 members with intellectual and developmental disabilities were transitioned to an integrated health plan for physical and behavioral health services
- Transportation advances
  - Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit
  - Rideshare companies became eligible to provide NEMT
- 3 new American Indian Medical Homes were added, bringing the total to 6
- 14,000+ students received behavioral health services on school campuses
- 41,000 underinsured and uninsured individuals with Opioid Use Disorder received critical recovery and support services
2019 Accomplishments

- Increased the number of providers participating in Arizona’s Health Information Exchange to 656
- Expanded the telehealth benefit
- 4,727 fraud investigations were completed (Office of Inspector General)
- 86% of Arizona Long Term Care System applications are now processed within 45 days
- 90% of eligibility renewals are processed automatically
- Reduced provider enrollment inventory from over 7500 records to 155 records, resulting in an average processing time of 13 days for new and reactivating applications
2020 Priorities

- Finalize and submit 1115 waiver to CMS
- Launch Arizona Provider Enrollment Portal
- Release RFP and award eligibility system vendor contract
- Release RFP and award contract to vendor to develop AHCCCS’ MMIS system roadmap
- Release RFP and award RBHA competitive contract expansion agreements
- In partnership with DCS, transition members served by the CMDP program into an integrated product
- Implement an enhanced school based claiming program
- Implement a statewide electronic visit verification system
- Continue to explore opportunities to improve employee engagement
1115 Waiver Renewal Timeline

**PHASE 1:**
Waiver Conceptualization
September 2019 – January 2020

**PHASE 2:**
Developing Waiver Renewal Proposal
February 2020 – May 14, 2020

**PHASE 3:**
Public Input Process
May 15, 2020 – July 31, 2020

**PHASE 4:**
Finalize & Submit Waiver Proposal
August 2020 – October 2020

AHCCCS
Arizona Health Care Cost Containment System
Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
  - Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
  - Non-medical transportation with a focus on access to healthy food and employment navigation services
  - Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCS) services in their own homes including, but not limited to, peer support programs
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources
RBHA Services - Post 10/1/21

Competitive Contract Expansion

- Naming convention: AHCCCS Complete Care Plan with a Regional Behavioral Health Agreement (ACC-RBHA)
- Will expand the provision of services for one ACC plan in each GSA (only ACC Plans currently serving in a given GSA eligible to compete)
- Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan
- Effective 7/1/21, AHCCCS will directly administer SABG funding used for prevention services
- ACC-RBHAs will provide the full continuum of crisis services to all individuals within their awarded GSA, including mobile crisis teams and crisis stabilization services
- ACC-RBHAs will be required to jointly select, contract with, and oversee a single, statewide crisis phone vendor
- Members currently served by AIHP and RBHA will be transitioned to AIHP and will continue to have ongoing choice

AHCCCS
2020 Legislative Session

- 1st day of the legislative session/State of the State: 1/13
- 1st Senate Health Committee: 1/15
- 1st House Health Committee: 1/16
- Executive Budget Release: 1/17
- AHCCCS Budget Hearings: 1/28 & 1/29