



State Medicaid Advisory Committee (SMAC)

Wednesday, April 5th, 2017

AHCCCS

Gold Room - 3rd Floor

701 E. Jefferson Street

1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Thomas Betlach
II. Introductions of Members	ALL
III. Approval of February 15, 2016 meeting summary	ALL

Agency Updates

IV. Vitalyst	Marcus Johnson
V. Intergovernmental Relations Update	Liz Lorenz
VI. Arizona Perinatal Trust	Leonard Kirschner
VII. Justice System Efforts	Michal Rudrick
VIII. AHCCCS Update	Director Tom Betlach
IX. Integrated Contractor RFP Update	Paul Galdys
X. Call to the Public	Director Tom Betlach
XI. Adjourn at 3:00 p.m.	ALL

*2017 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. 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 11, 2017~~ – Rescheduled to February 15, 2017

~~April 12, 2017~~ – Rescheduled to April 5, 2017

July 12, 2017

October 11, 2017

For more information or assistance, please contact Yisel Sanchez at (602) 364-4577 or yisel.sanchez@azahcccs.gov

February 2017 Meeting Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, February 15, 2017, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

<p>Members in attendance: Tom Betlach Cara Christ (via telephone) Tara McCollum Plese (via telephone) Amanda Aguirre Peggy Stemmler Leonard Kirschner</p>	<p>Dana Kennedy Vernice Sampson Gina Judy Phil Pangrazio Joyce Millard Hoie Timothy Leffler Daniel Haley (via telephone) Joyce Millard Hoie</p>
<p>Members Absent: Kathy Waite, Kevin Earle, Kathleen Collins Pagels, Kim VanPelt, Marcus Johnson, Steve Jennings, Greg Ensell, Frank Scarpati, Nic Danger, Deborah Gullett</p>	
<p>Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Beth Kohler, Deputy Director, AHCCCS Paul Galdys, Assistant Director, AHCCCS Timarie Thomas, Haven Senior Horizons Jason Bezozo Elena Rodriguez, RCBH, Inc. Ilian Marquez, RCBH, Inc.</p>	<p>Matt Jewett, Mountain Park Julia Drake, AZ Council of Human Service Providers Chase Boles, Ballard Spahr Yesenia Pinales, Goodman Schuartz Vicki Staples, MIHS Brian Beutin, Banner Behavior Ryan Oimetk, AzAHP Jim Hammond, The Hertel Report Linda Fleming, Haven Senior Horizons</p>

AGENDA

- | | |
|-------------------------------------------------------------------|------------|
| I. Welcome & Introductions | Tom |
| Betlach | |
| II. Introductions of Members | All |
| III. Approval of November 16, 2017 Meeting Summary/Minutes | |
| Unanimous | |

AGENCY UPDATES

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| IV. AHCCCS Updates | Tom |
| Betlach | |
| <ul style="list-style-type: none"> • AHCCCS Care Delivery System • Historical GF Spend vs Population • Arizona Marketplace Enrollment • 2014-2017 Marketplace Insurers • Ohio Medicaid Expansion data/summary | |

- Speaker Ryan- A Better Way
- Risk Transfer Challenges
- How Arizona Will Manage Risks
- Flexibility Examples
- Arizona Management System
- ASM Results
- Targeted Investment
- Gawande- The Heroism of Incremental Care

**V. Intergraded Contractors
Galdys**

Paul

- Public Comment Process
 - <https://www.azahcccs.gov/Shared/News.html>
 - Questions by February 7th
 - February Community Forums
 - February 27th Public Comment Submissions
- Integrated Contractor Anticipated Procurement Timeline
 - November 1 2017- Issue Request for Proposal
 - November 8 2017- Prospective Offerors' Conference And Technical Interface Meeting
 - January 25 2018- Proposal Due
 - By March 8 2018- Contracts Awarded
 - March 9 2018- Transition Activities Begin
 - October 1 2018- Contract Start
- Current AHCCCS Program Overview
- Care Delivery System
- AHCCCS Population and Who It Serves
- Integration at All 3 Level and Efforts
- AHCCCS Contract Timeline
- Current Contract Terms (RBHA, CRS, Acute)
- Current Program Highlights
- Current Acute/CRS Program
- Request for Information and Program Proposals
- Composition of Geographical Service Area
- RBHA GSA's
- ALTCS-EPD Geographic Service Areas
- Further Integration of Care Delivery
- Affiliated Organizations Proposals
- Northern, Central, Southern Affiliated Organization
- RFI Solicited Feedback
- Acute RFP Contract Information

**VI. AHCCCS Waiver Update SB 1092 Directive and
Kohler**

Beth

IMD Waiver Amendments

- SB 1092 Overview
- SB 1098 Requirements
- SB 1092 Work Requirement- Exemptions
- SB 1092 Lifetime Limits

- Estimated Impact
- Waiver Amendment Webpage
 - <https://azahcccs.gov/Resources/Federal/sb1092legislativedirectivewaiverproposal.html>
- Institutions for Mental Disease Overview and Exclusion
- What an IMD is, and Examples
- CMS's New managed Care Rule
- Effects of CMS's Managed Care Rule
- Waiver Application and Amendment Webpage
 - <https://azahcccs.gov/Resources/Federal/PendingWaivers/imdwaiveramendment.html>

- Public Comments
 - E-mail to: PublicInput@azahcccs.gov
 - Mail to: AHCCCS c/o Office of Intergovernmental Relations; 801 E. Jefferson Street, MD 4200, Phoenix AZ 85034
 - IMD Waiver Comments by: March 20, 2017

VII. Regional Center for Border Health, Inc.
Aguirre

Amanda

San Luis Walk-in Clinic, Inc.

- Committed to Improving Residents' Along the U.S.-Mexico Borders' Quality of Life
- Interprofessional Clinical Rotations (FYE 2015-2016)
- Accrediting Bureau of Health Education Schools
- Vocational Job Training Center
- Main Street Café
- Binational Health and Environment Council
- Special Initiatives
- Healthy Communities Initiative/ Antibullying Initiative
- Yuma County Anti-Bullying Task Force
- Medical Services
- Affordable Care Act/Market Place
- Partners
- South Yuma County
- SLWIC Patient-Centered Medical Home
- Licensed Medical Mobile Unit
- Community-Based Patient Integrated Centered Patient Care Model
- Affiliated Practice Dental Hygiene
- RCBH Family Behavioral Integrated Services
- Community Integrated Paramedic and Preventive Care Coordination
- Addressing Social Determinants
- San Luis Urgent Care
- Somerton Medical Complex Coming Summer 2017

**AARP- A National Organization with State and Local Offices
Kennedy**

Dana

- AARP Facts
- Vision, Mission, Motto
- AARP Family
 - AARP
 - AARP Foundation
 - AARP Services
- With Purpose Events
- Advocacy
- Volunteers
- Roles of Advocacy Volunteers
- Engaging Volunteers as Leader
- Grassroots Advocacy
- Building a Community

X. Call to the Public

Tom Betlach

XI. Adjourn at 3:00 p.m.

All

Vitalyst



A CATALYST FOR COMMUNITY HEALTH

State Medicaid Advisory Committee

4/5/17

Marcus Johnson

Mjohnson@vitalysthealth.org

Mission and Vision



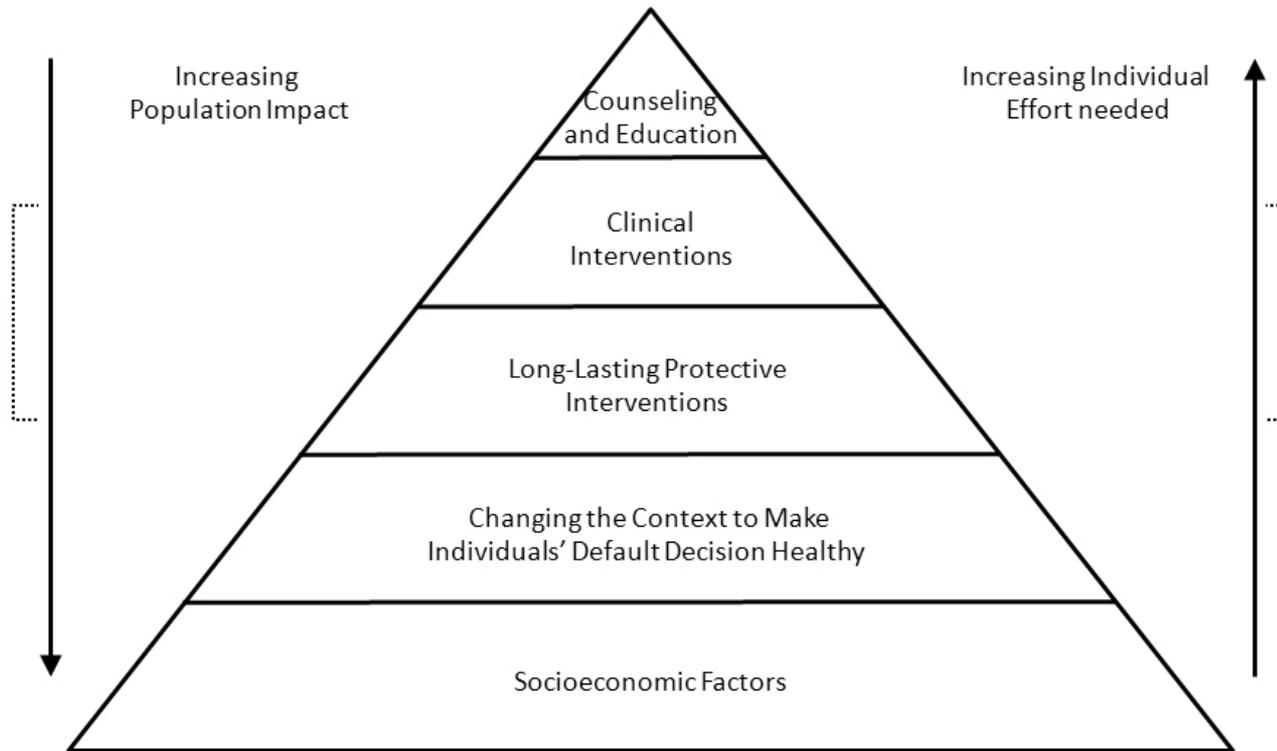
Mission: To inform, connect and support efforts to improve the health of individuals and communities in Arizona



Vision: All individuals and communities in Arizona are healthy and resilient

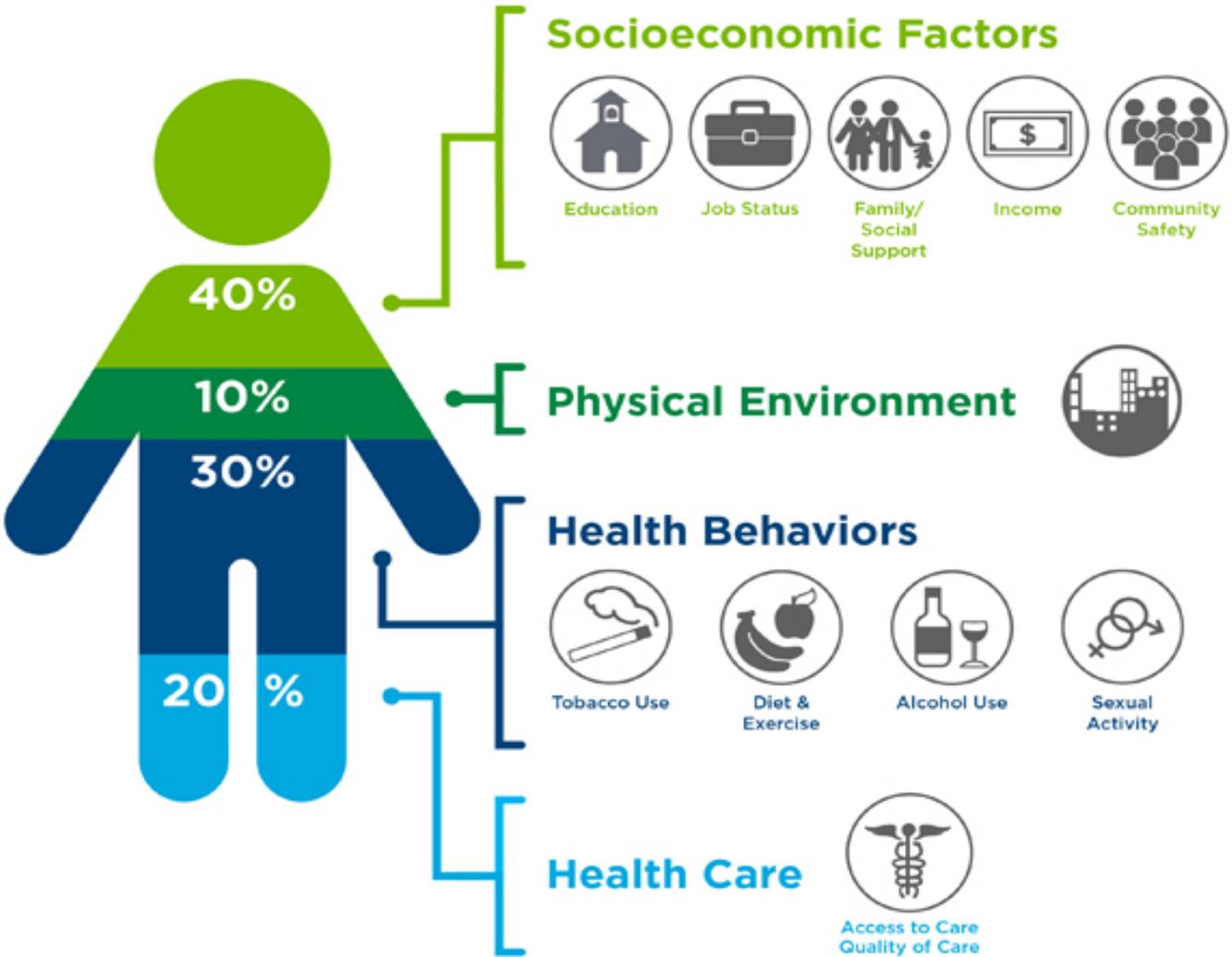


Health Impact Pyramid



Frieden TR. Am J Public Health 2010;100(4):590-5

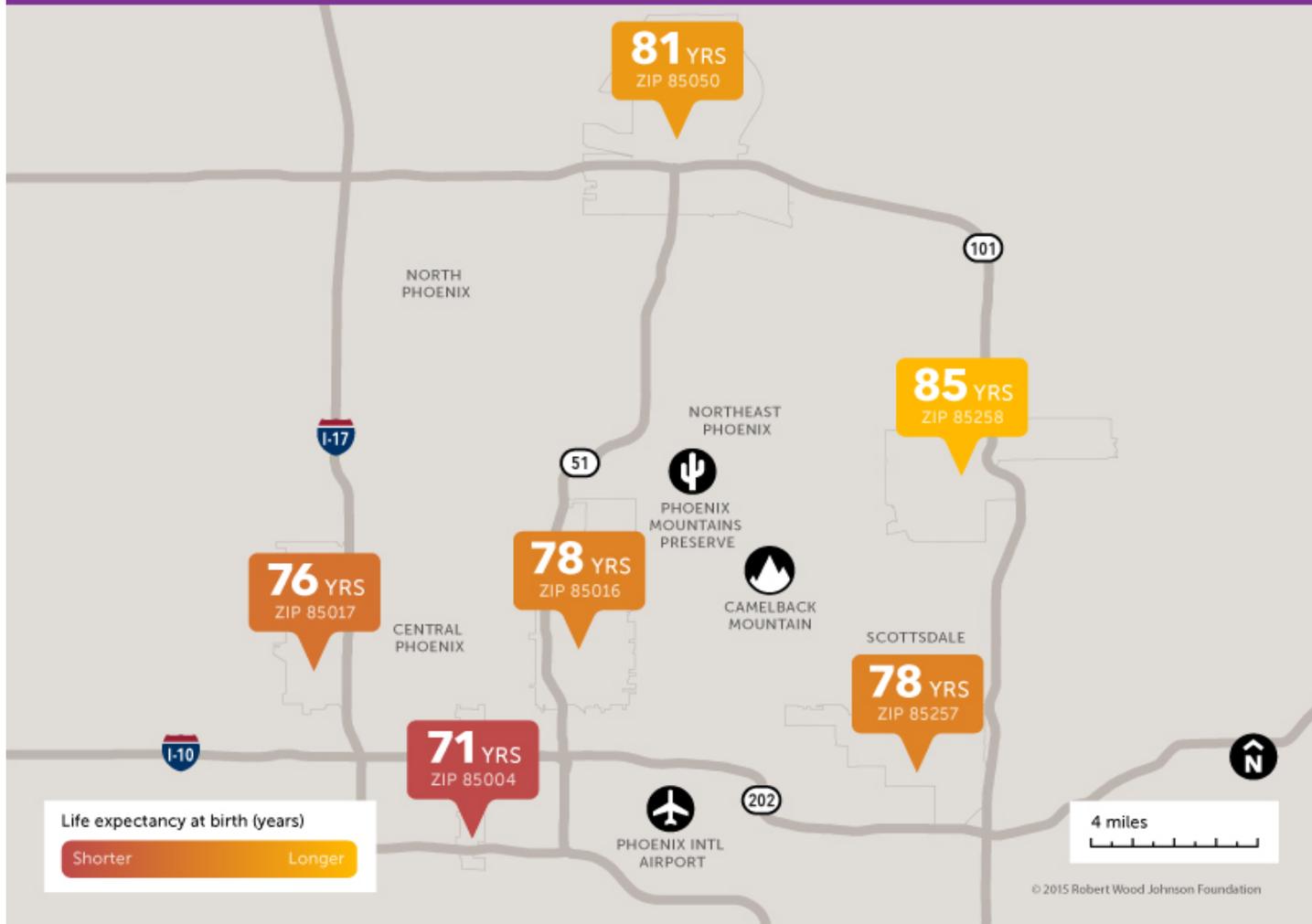
What Goes Into Your Health?



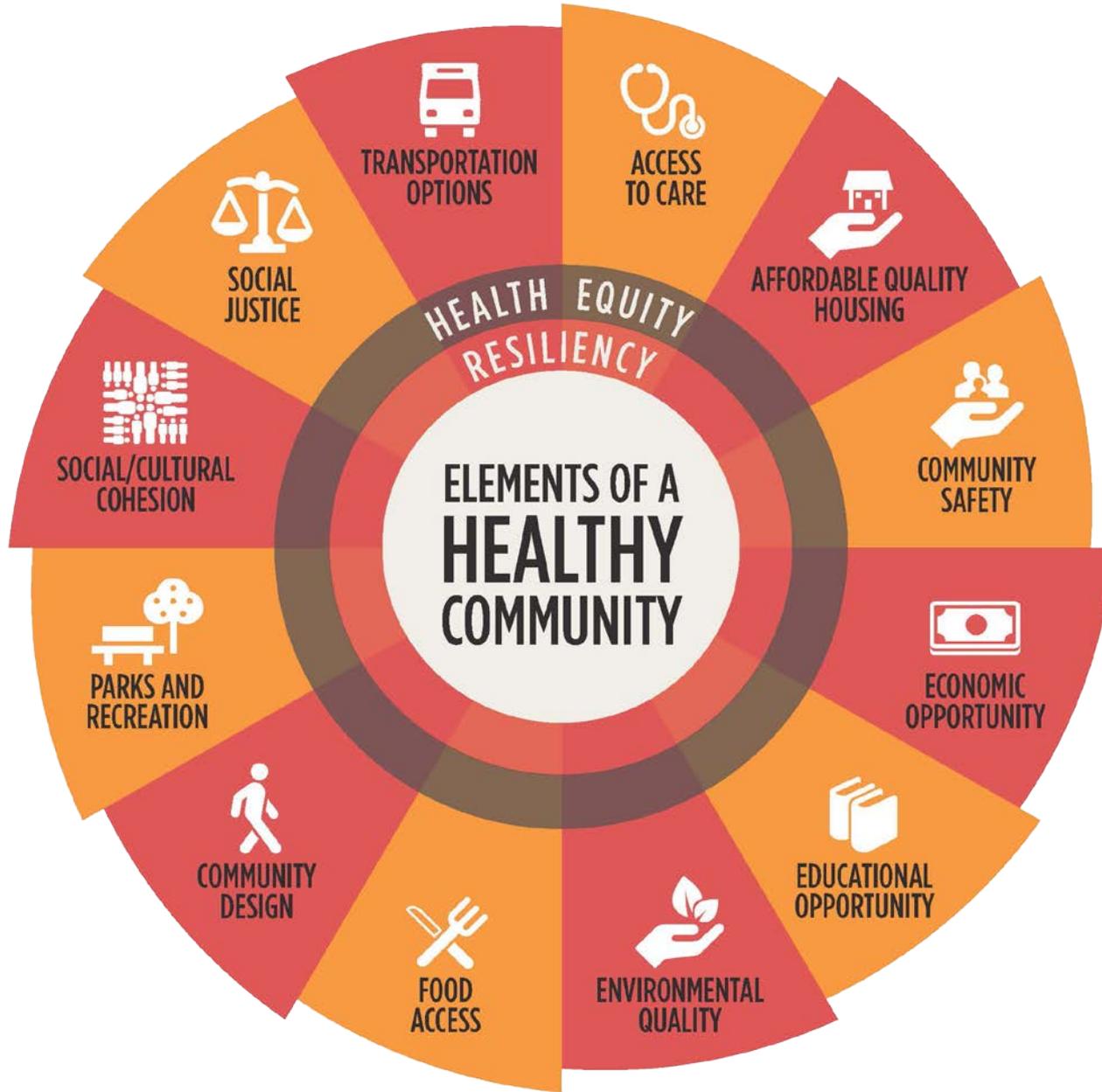
About 80% of our health outcomes are driven by non-medical factors. We focus too much on “sick care” and not prevention

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Short Distances to Large Gaps in Health



© 2015 Robert Wood Johnson Foundation



Year of Healthy Communities: Goals

- **Identify, lift up and celebrate** efforts to help Arizonans be healthier and live well
- **Facilitate connections** between groups and sectors
- **Shift the “health” paradigm** – health is more than health care.
- **Influence** policies and systems for change

Workshops

Yuma Workshop



INCREASE COMMUNICATION
Between agencies to
reduce duplication
etc.

ORGANIZATION
- Improve the deployment
of community resources
& associations practices

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Strong nonprofit
community
YC

WACOG Community
Needs & Assets
Assessments
YC

City Manager

Town
Halls
YC

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**TRANSPORTATION
OPTIONS**
Acercares mas a
LA COMUNIDAD
Y BANDAS MAS
ORIENTACION SOBRE
SALUD.

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...
Regional
Center for Border
Health


**AFFORDABLE QUALITY
HOUSING**

Resources are
lacking - Specialists
in our communities.
example: autistic therapy


**SOCIAL
JUSTICE**

**HEALTH EQUITY
RESILIENCY**

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**COMMUNITY
SAFETY**

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**ELEMENTS OF A
HEALTHY
COMMUNITY**


**SOCIAL/CULTURAL
COHESION**

What will need to change?
- More collaboration & communication
among organizations
- More communication / feedback, needs
to meet
- Who is prepared to do this work?
- involved in process trying to meet
a difference in the community
- who is doing the work? RCHD.

The community understood
that they are empowered to
make change.

Social
media info

Willingness to
collaborate
YC

Economic Develop
Director


**ECONOMIC
OPPORTUNITY**

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gardens
at schools
(vegetable gardens)

Club 33

Para & per Director

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Subestructura Urbana

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- Events - for example
- see run, wellington games
Healthy habits & physical
activity to citizens
- Parks - with exercise equipment

**PARKS &
RECREATION**

Activities

Centennial
K

Side walks

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...
Access to healthy food.
- in walk

ACF Yuma
(Arizona Community
Foundation)

New's
Somerton
High School

OPPORTUNITY

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Webinars

Affordable Housing: Native American Connections





Federal and State Collaboration to Improve Health Through Housing

Amy Clary

Source: <http://nashp.org/federal-and-state-collaboration-to-improve-health-through-housing/>

Community Food Bank of Southern Arizona



Arevalos Farm

Arevalos Farms is a 3rd generation Mexican-American family farm in Double Adobe, AZ run by Aaron Cardona. The vegetables are naturally grown using organic methods and irrigated by a combination of drip and dry-land farming techniques, cover cropping and a minimal-till system. The farm offers a wide variety of vegetables varying by season and implores native, desert-adapted seed varieties, as well as traditional Mexican food products.

Fair pay: Garnering a fair wage for the food they grow keeps farmers like Aaron in business and builds the strength of our regional food economy.

Environmental Stewardship: Native crop varieties use less water, eco-farming prevents pollution, and going local reduces fossil fuels.

Nutrition: Fewer food miles and rich, healthy soils lead to higher nutrient density in local fruits and vegetables.



Tohono O'odham Yellow Watermelon

Size: Oval fruit between 20-35 lbs

Color: Yellow to orange

Taste: Sweet and crisp with a rich bouquet

Shelf-life: 14 days

History: The Tohono O'odham people originally cultivated this yellow-meated fruit, also known as "*Gepi*" in the O'odham language. When Father Eusebio Kino arrived among the Piman peoples of Southern Arizona in the late 1680s, he was startled to find watermelons being grown throughout the region.

Watermelons were among the most important crops to the Piman and Hopi peoples, who ate them for six months of the year. This stunningly delicious watermelon has been adopted by many chefs in the Arizona area.





SAFE ROUTES to SCHOOL

WALK. BIKE. EXPLORE. LEARN.



Website

www.livewellaz.org

Dedicated to identifying, celebrating and connecting efforts to improving well-being in Arizona.

What is the Year of Healthy Communities?

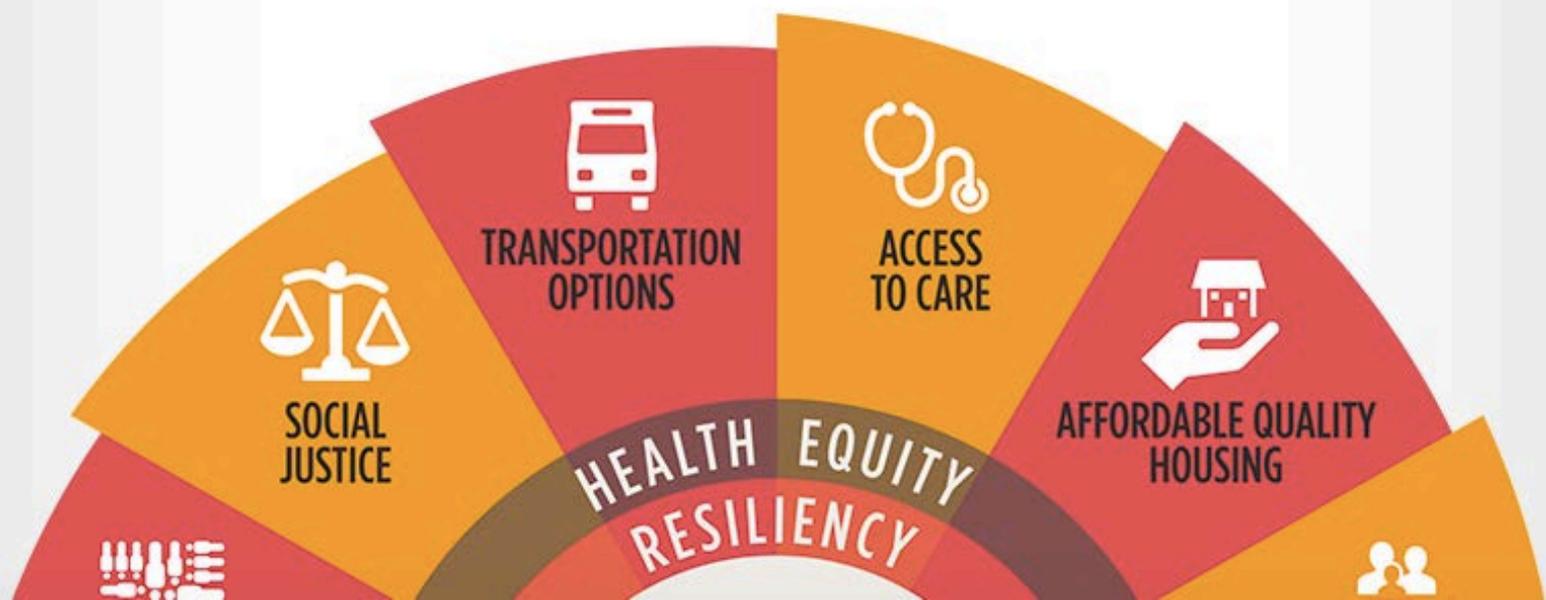
The 2017 Year of Healthy Communities is a mutually-beneficial collaborative year starting with the notion that building individual and collective momentum can enable everyone involved to reach a ... [Read More...]

Learn More: Replay our January 26 Webinar

Get to know the "Elements of a Health Community" wheel through the eyes and ears of front-line practitioners. This one-hour roundtable provides a brief overview of the year, takes a trip around the ... [Read More...]



Elements of a Healthy Community



Vitalyst's Priority Areas



Access to Care



Healthy Community Design



Community Capacity Building



Community Innovation and Collaboration



Communications





ACCESS TO CARE & COVERAGE



Goal: Support statewide health policy initiatives to increase access to care and insurance coverage, as well as better prepare the health workforce of tomorrow.



Strategies:

1. Insurance Outreach & Enrollment
2. Delivery System Reform
3. Building the Healthcare Workforce





ACCESS TO CARE & COVERAGE



Goal: Support statewide health policy initiatives to increase access to care and insurance coverage, as well as better prepare the health workforce of tomorrow.



Coverage Outreach & Enrollment

- Cover Arizona
 - Coalition of ~600 organizations & partners statewide
 - Support for Medicaid, KidsCare and Marketplace outreach/enrollment
 - Committees: Steering, Policy, Enrollment, Consumer Literacy
- Report
 - Network Adequacy in AZ's Marketplace





ACCESS TO CARE & COVERAGE



Goal: Support statewide health policy initiatives to increase access to care and insurance coverage, as well as better prepare the health workforce of tomorrow.



Delivery System Reform

- Accountable Care Organizations
 - Report: Statewide Qualitative Analysis
- Mobile-Integrated Health/Community Paramedicine
- Integrating social & economic determinants
 - Coordinated Needs Assessments, Community Benefit, VBP



ACCESS TO CARE & COVERAGE



Goal: Support statewide health policy initiatives to increase access to care and insurance coverage, as well as better prepare the health workforce of tomorrow.



Healthcare Workforce

- Phoenix Healthcare Sector Partnership
 - Loan Repayment Program, Entry level providers, Provider Database, Telehealth
- Report: HR surveys of workforce needs
 - Webinar and numerous presentations
 - Healthcare Workforce Solutions Conference



HEALTHY COMMUNITY DESIGN

Goal: Influence municipal/regional leaders to implement healthy community policies and practices.



- City of Phoenix Complete Streets Advisory Committee and shaping implementation
- Implementing Reinvent Phx action plans for all 5 districts



- Support for Health Impact Assessments
- Healthfields—promoting the reuse of land for health-promoting activities



- Community-use of school facilities for community-building and recreation



COMMUNITY CAPACITY BUILDING

Goal: Improve the effectiveness (capacity building) of community-based organizations.



- Consultants Community of Practice exploring socially relevant topics to inform practice
- Coalition partners applying outcomes-focused skills
- ACT Fellows becoming advocates who can connect Elements of a Healthy Community
- Emerging nonprofits excelling in Nonprofit Impact Accelerator (NIA)
- Transportation organizing pilot increasing civic participation

COMMUNITY INNOVATION & COLLABORATION



Goal: Promote innovation and collaborations among community organizations to achieve improved healthcare and/or understanding of health in the state.



Innovation Grants:

- Completing the 4rd Innovation Grants process
- Quarterly Innovation Grants learning sessions

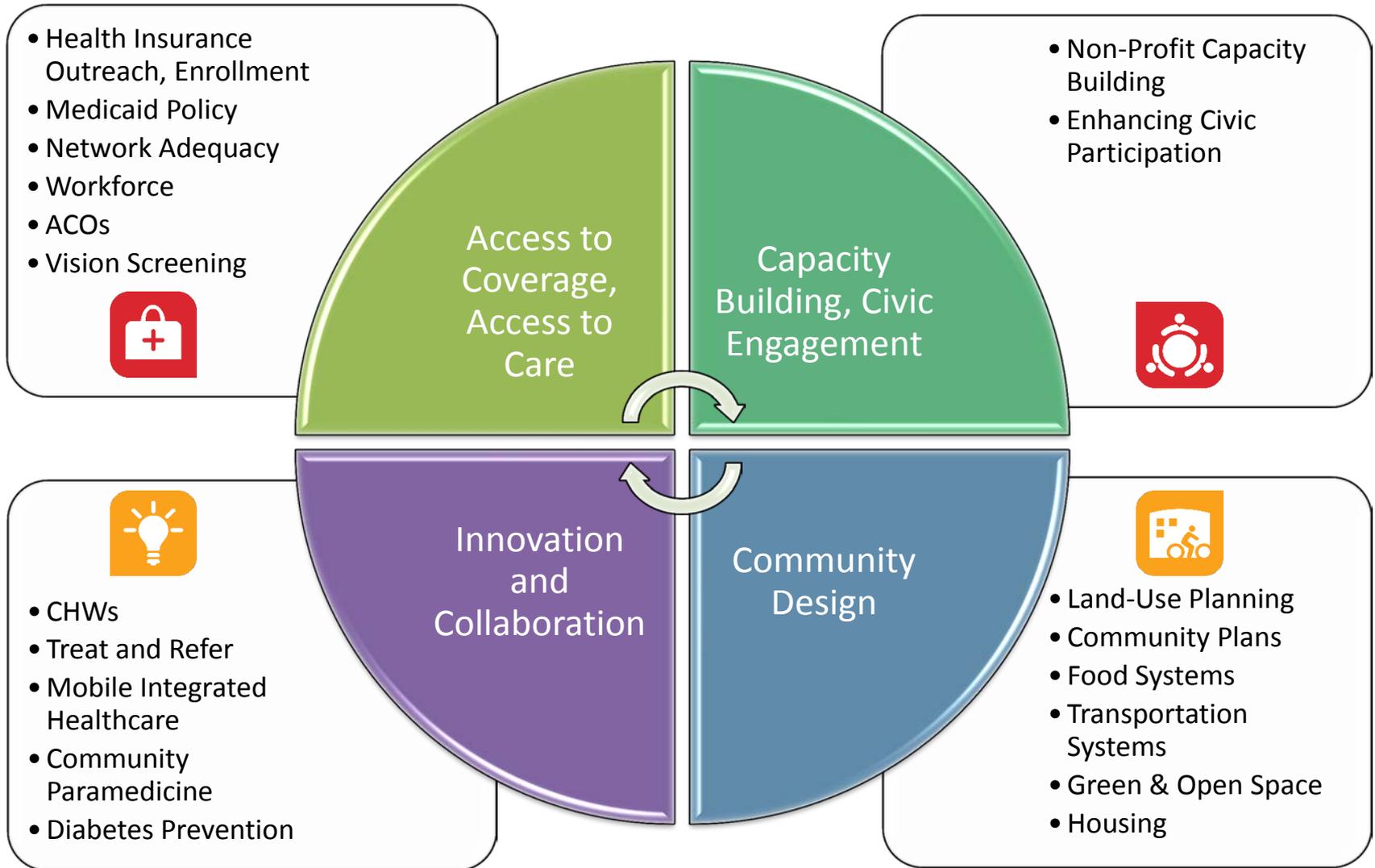


Community Paramedicine:

- Partnerships with ADHS, AHCCCS, & Fire Departments/Districts
- Supported Treat and Refer policy changes at AHCCCS



Vitalyst's Policy Priorities Framework



Vitalyst

HEALTH FOUNDATION



A CATALYST FOR COMMUNITY HEALTH

602.385.6500 www.vitalysthealth.org

Intergovernmental Relations Update



SMAC Presentation

April 5, 2017

- Repeal and Replace
- Flexibilities
- State Legislative Update



Repeal and Replace Update

- House GOP did not have enough votes for American Health Care Act
- White House in talks with both conservatives and Freedom Caucus to revive bill.
 - Allow waivers from ACA insurance regulations
 - Weaken ACA subsidies – no new subsidies
- Any proposal needs 60 Senate votes or all provisions must be related to budget

Secretary Tom Price & Administrator Seema Verma's Letter to Governors

"We commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population."

<https://www.hhs.gov/sites/default/files/sec-price-admin-verma-ltr.pdf>

Flexibilities from Price/Verma Letter

- Streamline State Plan & Waiver processes
 - “Fast track” waiver extensions
 - More consistent approvals across states
- Encouragement for Work requirements
 - “It is our intent to...approve meritorious innovations that build on the human dignity that comes with training, employment and independence.”

Flexibilities from Price/Verma Letter

- Reasonable, enforceable premiums or co-payments
 - “Protections” for high-risk populations
- Waivers of NEMT benefit requirements
- Waivers of presumptive eligibility and retroactive coverage

Other Flexibility Examples

1. Freeze or cap certain eligibility groups
2. Ability to eliminate Transitional Medicaid Assistance
3. States should not have to cover all FDA approved drugs
4. Ability to modify FQHC reimbursements
5. Eliminate comparability and state-wideness requirements
6. Eliminate Essential Health Benefits requirement
7. Allow more frequent eligibility redeterminations
8. Section 1115 path to permanency

State Legislative Update



AHCCCS Legislation – HB 2084

- Allows a mental health treatment facility to admit a tribal member pending recognition of the tribal court order.
 - Current law requires the tribal member to be held on tribal lands without treatment until order is recognized
- Court Ordered Treatment order must be filed with clerk of the superior court by COB the next day the court is open (tribal holidays don't count)

AHCCCS Legislation – HB 2084

- HB 2084 does **not** affect COE, and is **not** a mandate on any Tribe, Provider, or the Courts.
- The new law will:
 - reduce unnecessary incarceration of tribal members
 - ensure timely delivery of behavioral health services
 - improve processes and efficiencies

AHCCCS Legislation – HB 2084

- Sponsored by Rep. Eddie Farnsworth (Judiciary)
- Passed unanimously through the House (60-0) and Senate (30-0)
- Governor signed on March 29, 2017
- Effective 90 days following the end of the legislative session (Sine Die)

Adult Emergency Dental

- Executive Budget Recommendation includes restoring adult emergency dental up to \$1,000 annually
- Cost:
 - \$1.6 million State General Fund
 - \$14.5 million Total Funds (federal match, hospital assessment, counties)

State Budget

- Session Began 1/9/17
- 100th Day of Session 4/18/17
- No agreement has been reached...yet
- Preliminary documents indicate Adult Dental is funded
- Budget deal should be reached very soon

Questions?

Thank you!



Arizona Perinatal Trust

ARIZONA PERINATAL TRUST (APT)



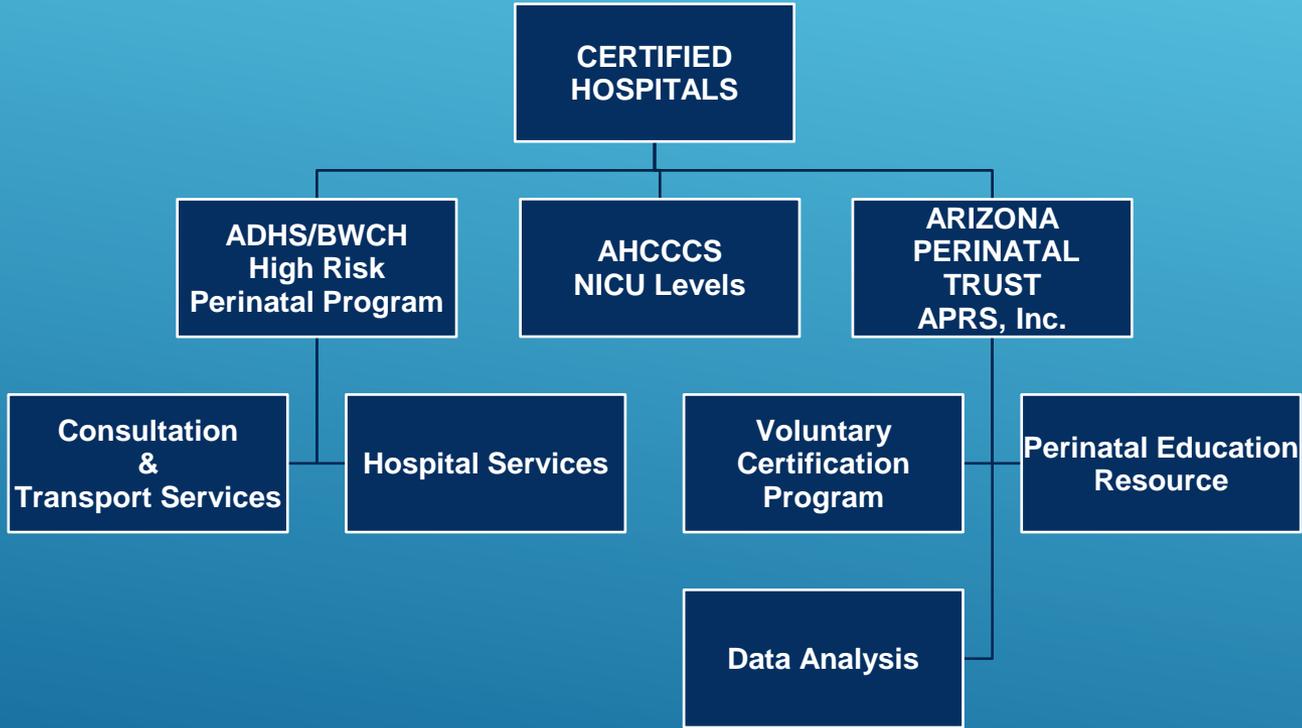
“Working together to improve the health of Arizona’s mothers and babies since 1980”

Len Kirschner, MD, MPH
APT Board of Trustees Emeritus

APT EXECUTIVE SUMMARY

- Dedicated to improving the quality of care for Arizona's mothers and babies
 - Established in 1980
 - 501(c) (3) non profit organization
 - Volunteer Board of Trustees
 - Funded through VCP certification and membership fees, annual fundraiser and private donations
 - Arizona Perinatal Regional System, Inc. (APRS)
 - Performing corporation of APT
 - Volunteer Board of Directors
 - Oversees the Voluntary Certification Program and site visits, Recommendations and Guidelines, perinatal outcome data review and related activities
- 

ARIZONA'S REGIONALIZED PERINATAL SYSTEM



VOLUNTARY CERTIFICATION PROGRAM

- Quality improvement process conducted under Arizona quality review statutes (ARS§§ 36-2401, ARS§§ 36-441 and 36-445)
 - **Not** a regulatory process – voluntary participation
 - Any licensed hospital providing perinatal care services to Arizona residents is eligible
 - Recommendations & Guidelines (R&G's)
 - The assessment tool for the certification process
 - 41 Arizona hospitals are certified – representing **96.6%** of Arizona hospital births (ADHS Vital Statistics)
- 

CERTIFIED HOSPITALS

- Abrazo Arrowhead Campus
- Abrazo Central Campus
- Abrazo Scottsdale Campus
- Abrazo West Campus
- Banner Baywood Medical Center
- Banner Casa Grande Medical Center
- Banner Del E. Webb Medical Center
- Banner Desert/Cardon Children's Medical Center
- Banner Estrella Medical Center
- Banner Gateway Medical Center
- Banner Ironwood Medical Center
- Banner Payson Medical Center
- Banner Thunderbird Medical Center
- Banner University Medical Center – Phoenix
- Banner University Medical Center – Tucson
- Canyon Vista Medical Center
- Chandler Regional Medical Center
- Cobre Valley Regional Medical Center
- Flagstaff Medical Center
- Havasu Regional Medical Center
- Holy Cross Hospital
- HonorHealth Scottsdale Osborn Medical Center
- HonorHealth Scottsdale Shea Medical Center
- Kingman Regional Medical Center
- Maricopa Integrated Health System
- Mercy Gilbert Medical Center
- Mountain Vista Medical Center
- Northwest Medical Center
- Phoenix Children's Hospital
- Phoenix Indian Medical Center
- St. Joseph's Hospital - Tucson
- St. Joseph's Hospital & Medical Center
- Summit Healthcare Regional Med Center
- Tuba City Regional Health Care Corp
- Tucson Medical Center
- University Medical Center
- Verde Valley Medical Center
- Western Arizona Regional Medical Center
- Whiteriver USPHS Indian Hospital
- Yavapai Regional Medical Center
- Yuma Regional Medical Center
- Sunrise Children's Hospital-Las Vegas

CERTIFIED HOSPITALS - CONTINUED

1 – In Hospital Birthing Centers

9 – Level I Perinatal Care Centers

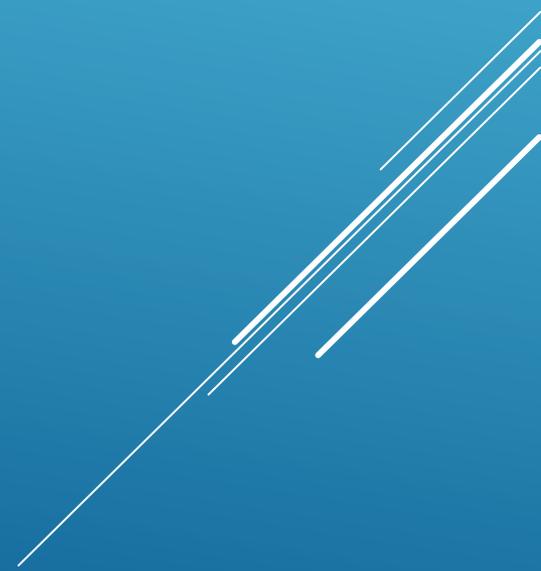
14 – Level II Perinatal Care Centers

7 – Level IIE Perinatal Care Centers

8 – Level III Perinatal Care Centers

1 – Level III Perinatal Care Center – Nevada

1 – Level III Freestanding Neonatal Care Center



VALUE OF CERTIFICATION

- Certification demonstrates a center's:
 - Recognition and participation in Arizona's regionalized perinatal care system.
 - Commitment to the provision of high quality patient care
 - Certification provides:
 - An external review process
 - Networking, resources and support for program development
 - Certification is:
 - Based on APT/APRS Recommendations & Guidelines for Perinatal & Freestanding Neonatal Care Centers in Arizona
 - An integrated community based approach to quality improvement
- 

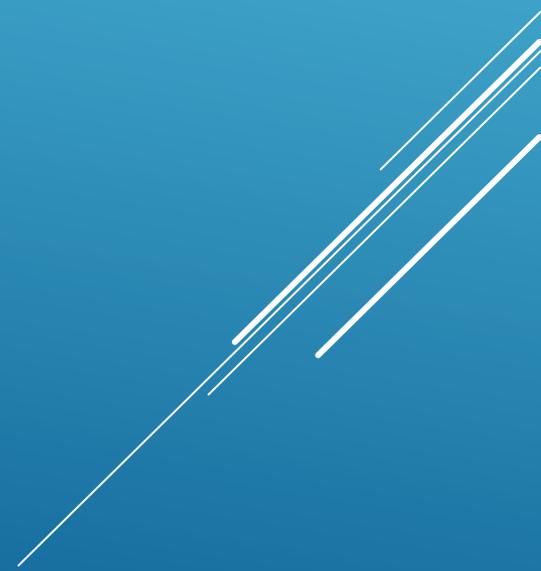
RECOMMENDATIONS & GUIDELINES FOR PERINATAL CARE CENTERS (R & G'S)

- Encourages the cooperation and collaboration of all perinatal health care team members
 - Recognizes regulatory agency rules
 - Reflects national standards
 - Joint Commission, AAP, ACOG, AWHONN, NANN
 - Considers unique characteristics of Arizona's regional perinatal healthcare system
 - Developed by hospital and providers
 - Considers community needs and resources
 - Designed to meet the needs of Arizona's mom's and babies
 - Recommendations and Guidelines are being revised to reflect ACOG/SMFM and AAP four levels of care
- 

R&G'S CONTENT

- Levels of Care
 - Personnel
 - Services, Equipment & Environment
 - Quality Management
 - Perinatal Committee Process
 - QA, CQI, risk assessment
 - Education and Research
 - Community Outreach
 - References, glossary
- 

LEVELS OF CARE

- In Hospital Birthing Center (IHBC)
 - Indian Health Service Units only
 - Uncomplicated obstetrical patients
 - No cesarean delivery capabilities
 - Basic and transitional newborn care
 - ◆ 37 weeks gestation
 - Level I Perinatal Care Center (PCC)
 - Low-risk obstetrical patients
 - Cesarean delivery capabilities
 - Basic and transitional newborn care
 - ◆ 36 weeks gestation
- 

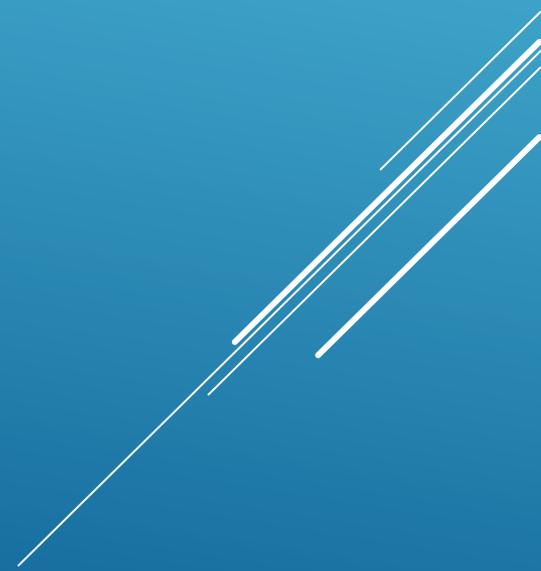
LEVELS OF CARE - CONTINUED

- Level II Perinatal Care Center (PCC)
 - Low risk and selected high-risk obstetrical patients
 - Basic and selective newborn continuing care
 - ◆ 32 weeks gestation
 - Average of 1000 deliveries per year
 - ◆ If less than average 1000 deliveries/year
 - Outcomes consistent with other Level II centers
 - Annually validate staff competency
 - Be in geographic area that necessitates moderate risk services
 - CCN Beds
- Level IIE Perinatal Care Center (PCC)
 - Low and high risk obstetrical patients
 - Basic and selective newborn continuing care
 - ◆ 28 weeks gestation
 - Average of 1500 deliveries per year or geographic/community need
 - CCN and/or NICU beds

LEVELS OF CARE - CONTINUED

- Level III Perinatal Care Center (PCC)
 - Services for all obstetrical patients including subspecialty and intensive care
 - Services for all newborn patients including subspecialty and intensive care
 - ◆ All gestational ages
 - Average of 2000 deliveries per year or unique role in perinatal care system NICU Beds
 - Level III Freestanding Neonatal Care Center (FNCC)
 - Services for all newborns requiring subspecialty and intensive care
 - ◆ All gestational ages
 - NICU Beds
- 

CERTIFICATION PERIODS

- 6 month certification - for new perinatal care centers
 - One year certification
 - Advance to higher level of care
 - Site Visit team recommendation
 - Three-year certification with annual review 2nd & 3rd year
 - Provisional certification - significant deviation from R&G's – correctible
 - Withdrawal of certification
- 

ANNUAL REVIEW

- Progress on previous recommendations
 - Material changes since last site visit
 - Annual perinatal data
 - New recommendations may be added based on findings
- 

ANNUAL PERINATAL DATA

- APT Annual Data Summary
 - Deliveries, c-sections, inductions, birth weights, APGARs, anesthesia, admits to CCN or NICU, etc
 - Perinatal and neonatal death summary
 - Maternal transports sent/received logs
 - Neonatal transports sent/received logs
 - ADHS Community Profile Data
- 

THANK YOU!



Arizona Perinatal Trust

(520) 421-9880

www.azperinatal.org

Justice System Efforts



Partnerships for Criminal Justice Transitions

April 5, 2017



History of AHCCCS & Justice Partnerships

- 2005 – Pima County first to establish enrollment suspense
- 2014 – Restoration and expansion of Medicaid enables increased pre-release applications & coverage
- 2015 – AHCCCS begins offering care coordination for people with complex needs leaving incarceration
- 2016 – Over 95% of AZ also using enrollment suspense, including: Apache County, Cochise County*, Coconino County*, Maricopa County*, Mohave County*, Pima County*, Pinal County*, Yavapai County*, Yuma County*, Navajo County, ADOC*, ADJC and Juvenile Detention*

*These entities also have an agreement in place for coverage of inmate inpatient hospitalization coverage

History of AHCCCS & Justice Partnerships, continued

- 2016 – HB2701 passed
 - Provides an opportunity for all ADOC inmates to apply for Medicaid pre-release
 - Over 1000 individuals made eligible to date
- 2016 - AHCCCS sharing incarceration indicator on 834 file
- 2016 – AZ first to require “reach-in” in MCO contracts for persons exiting the criminal justice system
 - For members with a complex health need
 - To date – approximately 800 individuals served through this process

History of AHCCCS & Justice Partnerships, continued

- 2016 – Governor’s Goal Council focused on reducing recidivism for ADOC
 - Employment Centers opened in March, 2017
- 2017 – Governor releases Executive Order to offer Vivitrol to persons with OUD exiting prison
- 2017 – Targeted Investments Program Approved – Justice Transitions one of 3 focus areas to receive funding

Targeted Investments Program

- Approved by CMS on Jan 18, 2017, for investment in provider infrastructure that supports physical and behavioral health integration & care coordination
- \$300 million funding authority, FFY 2017-2021
- 3 Focus Areas
- Providers will apply directly to AHCCCS
- Funds will flow to providers via MCOs
 - Based on performance on milestones & clinical outcomes

TI Focus Areas

- Adults with behavioral health needs
- Adults transitioning from the justice system*
- Children with behavioral health needs, including care for children with ASD and care for children in the child welfare system

*In order for providers to receive approval to participate in this focus area, they must also receive approval to participate in the Adults with behavioral health needs focus area

Projects

- Integrated care at the ambulatory care site for adults and children with behavioral health needs
- Care coordination during and after hospital stay for a mental health diagnosis
- Integrated care delivered in settings co-located at select county probation & DOC parole offices

Co-located Justice Clinics

- Integrated, co-located clinics in or near to probation and parole offices
- Core components include:
 - Physical and Behavioral health services
 - Forensic peer supports
 - Social supports (e.g. employment, housing, food insecurity)
 - Aiding the homeless
 - Health and financial literacy
 - Criminogenic appropriate treatment
 - Medication Assisted Treatment
 - Care Management
 - Health Information Exchange participation

Timeline Overview (subject to change)

- June 2017
 - Release application for provider participation
- August – September 2017
 - Selection of providers
- December 2017
 - First disbursement of TI funds via MCOs to providers
 - Each year an additional disbursement released for demonstrated ability to meet the core components and performance measures
- September 2018
 - First Justice co-located clinics expected to open for probationers/parolees
- March 2019
 - Funding available for additional Justice co-located clinics to open

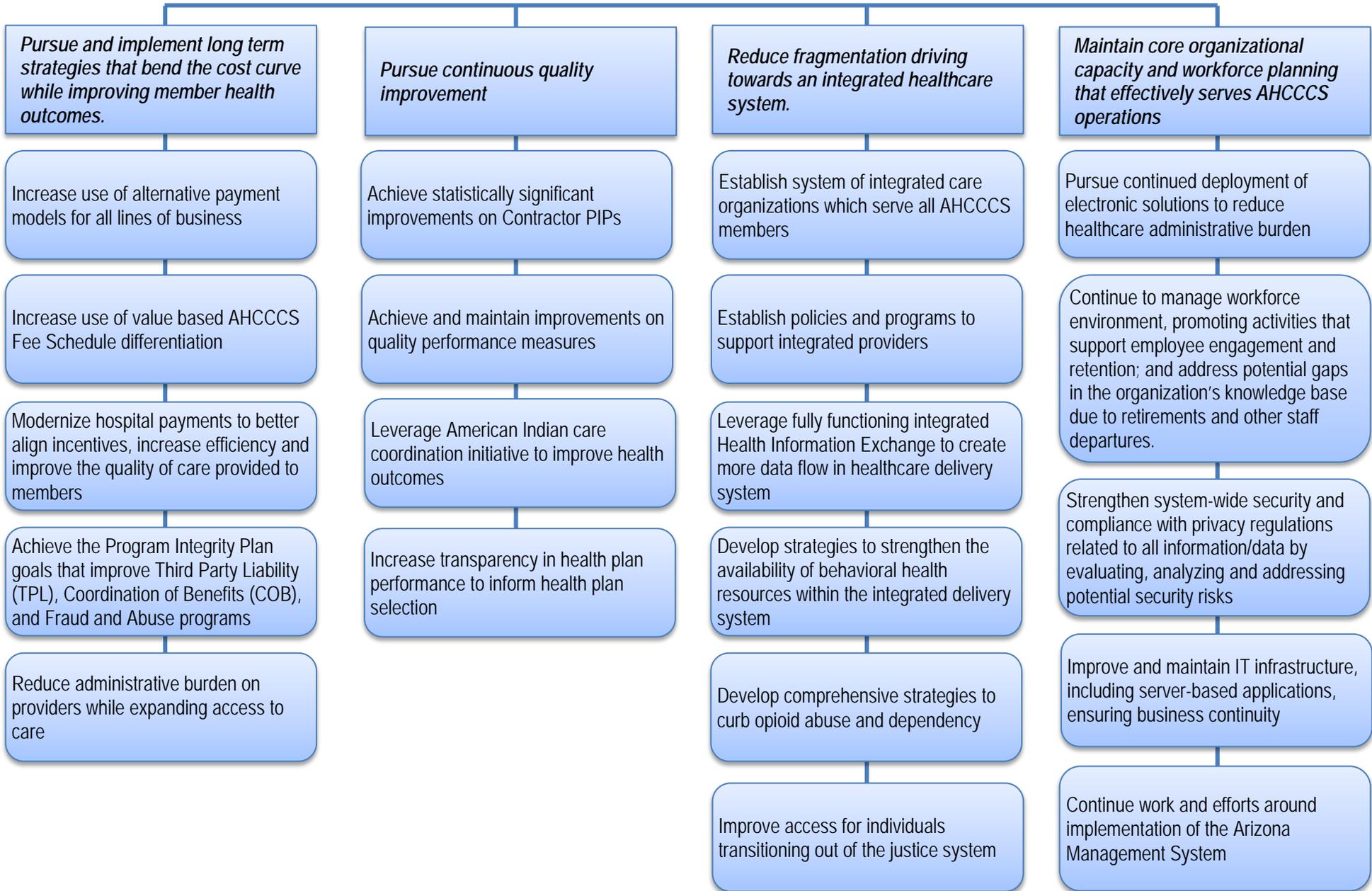
Thank You!

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AHCCCS Update

Reaching Across Arizona to Provide Comprehensive, Quality Health Care for Those in Need



Integrated Contractor RFP Update

Integrated Contractor RFP Update

Paul Galdys – Assistant Director



RFI Input Received In February

- Conducted Five Community Forums
- Received 21 Formal Responses
- Planning Ongoing Community Engagement Throughout the RFP and Implementation Process

RFP Community Involvement

- Creating a Communication Plan that...
 - Incorporates multiple approaches for bi-directional communication;
 - Targets AHCCCS-enrolled members, family members, local/regional government partners and justice system; *and*
 - Collaborates with key stakeholders connected to those who would be most impacted by the models included in the RFI.

Proposed Activities

- Meet with Targeted Partners
- Schedule Community Meetings in Collaboration with Key Stakeholders
- Release a User-Friendly Survey
- Post Resources Online
- Share Feedback with the RFP Team

Thank you!

- Questions?

