# State Medicaid Advisory Committee (SMAC)

**Wednesday, August 8, 2018**  
**AHCCCS**  
**GOLD ROOM 3rd Floor**  
**801 E. Jefferson Street**  
**1 p.m. – 3 p.m.**

## Agenda

<table>
<thead>
<tr>
<th>I.</th>
<th>Welcome</th>
<th>Director Tom Betlach</th>
</tr>
</thead>
<tbody>
<tr>
<td>II.</td>
<td>Introductions of Members</td>
<td>ALL</td>
</tr>
<tr>
<td>III.</td>
<td>Approval of May 9th 2018 meeting summary</td>
<td>ALL</td>
</tr>
</tbody>
</table>

### Agency Updates

| IV. | AHCCCS Update- Waiver, ACC, Budget Enrollment | Tom Betlach |
| V. | SDOH Employment, Housing and Work Force Development | Bill Kennard  
Adam Robson  
Josh Crites |
| VI. | HIE/HIT | Lorie Mayer |
| VII. | Opioid Grants (STR, GO SUDS, SOR) | Matthew Fallico |
| VIII. | Call to the public | Tom Betlach |
| IX. | Adjourn at 3:00 p.m. | ALL |

## *2018 SMAC Meetings*

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. **Unfortunately due to scheduling conflicts the meeting dates have changed**

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:

- **February 7, 2018**  
- **May 9, 2018**  
- **August 8, 2018**  
- **October 17, 2018**

For more information or assistance, please contact Yisel Sanchez at (602) 364-4577 or visel.sanchez@azahcccs.gov
May 2018 Meeting Summary
State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, May 9, 2018, AHCCCS, 801 E. Jefferson, Arizona Room
1:00 p.m. – 3:00 p.m.

Members in attendance:
Tara McColllum Plese
Kevin Earle
Amanda Aguirre
Peggy Stemmler
Leonard Kirschner

Members Absent: Cara Christ; Tom Betlach; Kathy Waite; Kim VanPelt; Daniel Haley; Steven Jennings; Marcus Johnson

Staff and public in attendance:
Yisel Sanchez, HRC Coordinator, AHCCCS
Jeff Mussack, OTSUKA
Elena Rodriguez, RCFBH
Paula Blunhensiz
Susan Kelly, Spark Therapeutics
Amy Rodenburg, Allergan
Beth Kohler, Beth Kohler Consulting
Matt Jewett, Mountain Park
Vern Smith, HMA
Stephanie Innes, Arizona Daily Star
Jeff Smith, HMA
Arci Velazquez, AHCCCS

Simon Qaasim, CAA
Yesenia Dnott, SPA
Sr. Liz McKenna, AzAAP
Shanna Gropp, JNJ
Deb Gullet, AzAHP
Dignity Health
Jennifer Carusetta, HSAA
Jason Be佐, Banner Health
Sheila Sjolander, ADHS
Dana Hearn, AHCCCS

AGENDA

I. Welcome & Introductions
   Tom Betlach

II. Introductions of Members
   All

III. Approval of February 7, 2018 Meeting Summary/Minutes
   Unanimous
   • Leonard Kirschner motions to approve

AGENCY UPDATES

IV. SMAC Roster
   Yisel Sanchez
   • Committee bylaws review
   • Revision to member term limits, remove 2 year term limit
   • Gina Judy to head subcommittee group to review bylaws, Tara and Amanda will assist
   • Leonard Kirschner moves to accept bylaws with recommded changes
   • Amanda seconds motion, all members voted in favor

V. ACC Forum  
- AHCCCS Complete Care (What, Who and When)  
- CRS Changes  
- ACC Health Plans (Who and Where)  
- Next steps (What and When)  
- Changes to all other populations and programs  
- Web information and FAQ’s  
- Benefits of integration  
- Integration progress to date  
- ACC Plan geographical service area  
- Projected membership  
- Current care delivery system  
- ACC timeline  
- Member assignment and choice  
- AIHP Changes  
- Changes with RBHA  
- AHCCCS contract time line  

VI. AHCCCS Update  
- Enrollment data  
- Current and future waiver requests  
- Flexibility overview  
- AHCCCS works  
- Prior quarter coverage  
- Non-emergency medical transportation  
- Prescription drug flexibilities  
- 2018 Legislative Session Update  
- SFY 2019 budget highlights  
- 2018 session legislation highlights  
- Arizona opioid epidemic act  
- Opioid use disorder grant parameters  
- Opioid use disorder grant steps to date  
- Targeted investment program  

VII. Call to the Public  
- Deb Gullet HB2324- Engage movement  

X. Adjourn at 2:27 p.m.  

All
AHCCCS Update
AHCCCS Complete Care (ACC)

What, Who and When?
Who Is Affected and When?

Starting on October 1, 2018!

- Affects most adults and children on AHCCCS through integration and choice
- Members enrolled in Children’s Rehabilitative Services (CRS)

It does not affect:

- Members on ALTCS (EPD and DES/DD);
- Adult members with a serious mental illness (SMI); and
- Most CMDP
ACC Plan Geographic Service Areas

Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Transition Efforts

• Videos
• FAQs
• Public Meetings
• Regular Plan Meetings
  o Staffing
  o Data/Systems
  o Care Management
  o Network
• Passive Enrollment Duals

Reaching across Arizona to provide comprehensive quality health care for those in need
Members who are American Indians with CRS conditions

AMERICAN INDIANS/CRS

OR

P B C

ACC

P B C

AIHP (TRBHA if Available)

KEY

P
PHYSICAL SERVICES

B
BEHAVIORAL SERVICES

C
CHILDREN’S REHABILITATIVE SERVICES (if applicable)

Population Group

Plan
AHCCCS Complete Care Care Timeline

**What Happens Next?**

- **March 5, 2018**
  Seven ACC health plan contracts awarded

- **Spring 2018**
  AHCCCS holds public forums to explain ACC changes and choices (schedule announced in March)

- **June 2018**
  AHCCCS sends letters to members with assigned health plan information and choices

- **July 2018**
  AHCCCS members make health plan choices by July 31.

- **October 1, 2018**
  AHCCCS members begin service with integrated ACC health plans
AHCCCS Contract Timeline

2016
- Release ALTCS RFP
- Release Acute RFI

2017
- Award ALTCS
- Release ACC RFP
- 10/17

2018
- Transition ALTCS
- Award ACC
- 3/18
- Transition ACC

2019
- 10/1/18 Fall
- Award DDD Acute/BH
- 10/1/19
- DDD Acute/BH

2020
- 10/1/20
- CMDP Integrated Care
- 5 Years Greater AZ MMIC Contract Expires
Waiver Updates

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Works

- AHCCCS Works submitted Dec. 2017
- Waiver included exemption for all American Indian members (approx. 44,000 members)
- Legislature enacted HB 2228 passed legislature – annual waiver – applicability – exempt tribal members
- CMS issued guidance stating they would not approve exemption for tribal members
- Kentucky works waiver currently on hold after court ruling – CMS has open for 30 day public comment
- AHCCCS still discussing issue with CMS
American Indian Medical Home

- AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)
AIMH Service Tier Levels

First Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
PMPM $13.87

Second Tier Level AIMH
- Tier 1 Plus Diabetes Education
PMPM $15.96

Third Tier Level AIMH
- Tier 1 Plus Participates in State HIE
PMPM $ 21.71

Fourth Tier Level AIMH
- Tier 2 plus Participates in State HIE
PMPM $23.81

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.
AIMH Payments

- Chinle and PIMC are level 2 AIMH
- Chinle has 2,116 members enrolled
- Chinle monthly payment $33,771
- Chinle annual payment based on that membership is $405,000
Arizona PMPY spending verse US

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Cap Rate History

- 2005-2009: 6.6
- 2010-2012: -4.6
- 2013-2019: 2.6

Reaching across Arizona to provide comprehensive quality health care for those in need
GME Funding and Slots

AHCCCS GME Funding
2001-2017

Prior to 2007, this information was not reported to AHCCCS

* Prior to 2007, this information was not reported to AHCCCS

Reaching across Arizona to provide comprehensive quality health care for those in need
100% Federal Indian Health Services & Tribal Facility Payments (In Millions)

<table>
<thead>
<tr>
<th>Year</th>
<th>Payments</th>
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<tbody>
<tr>
<td>FY 04</td>
<td>177</td>
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<tr>
<td>FY 05</td>
<td>201</td>
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<tr>
<td>FY 06</td>
<td>209</td>
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<td>FY 07</td>
<td>239</td>
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<tr>
<td>FY 08</td>
<td>286</td>
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<tr>
<td>FY 09</td>
<td>306</td>
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<tr>
<td>FY 10</td>
<td>357</td>
</tr>
<tr>
<td>FY 11</td>
<td>410</td>
</tr>
<tr>
<td>FY 12</td>
<td>409</td>
</tr>
<tr>
<td>FY 13</td>
<td>485</td>
</tr>
<tr>
<td>FY 14</td>
<td>539</td>
</tr>
<tr>
<td>FY 15</td>
<td>576</td>
</tr>
<tr>
<td>FY 16</td>
<td>560</td>
</tr>
<tr>
<td>FY 17</td>
<td>625</td>
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</table>
### AHCCCS Value Based Purchasing Goals

<table>
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<tr>
<th>Plan</th>
<th>CYE 15</th>
<th>CYE 16</th>
<th>CYE 17</th>
<th>CYE 18</th>
<th>CYE 19</th>
<th>CYE 20</th>
<th>CYE 21</th>
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<tbody>
<tr>
<td>ACC</td>
<td>10%</td>
<td>20%</td>
<td>35%</td>
<td>50%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>LAN 3 &amp; 4</td>
<td></td>
<td></td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td>ALTCS Medicare</td>
<td>5%</td>
<td>15%</td>
<td>25%</td>
<td>35%</td>
<td>50%</td>
<td>60%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Reaching across Arizona to provide comprehensive quality health care for those in need.
$132 M Payments from HI

Reaching across Arizona to provide comprehensive quality health care for those in need
AMS Success! ALTCS Applications

Percent of ALTCS Applications Dispositioned in 45 Calendar Days or Less

Month of Disposition
Reaching across Arizona to provide comprehensive quality health care for those in need

7/1/2018
(week ending 07/20)
Performance (cont.)

• Renewal Processing
  o Arizona is one of 7 states that currently process at least 75% of its Medicaid renewals automatically through the system with no action required by a State worker
  o 2016 – 75% Renewed Automatically
  o 2017 – 76% Renewed Automatically

• Arizona is one of 12 states where:
  o Consumers can start/stop an application and return later to complete
  o Consumers can scan and upload documents
  o Online portal available for application assistors
  o Can be used for seniors and individuals with disabilities
  o Can be used for at least one non-health program (such as SNAP or TANF)
## Member Experience in HEAplus
1-1-18 thru 7-1-18

<table>
<thead>
<tr>
<th>Question</th>
<th>↑ (very easy, easy)</th>
<th>↓ (very difficult, difficult)</th>
<th>Total Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting up your account?</td>
<td>85.36%</td>
<td>14.64%</td>
<td>12228</td>
</tr>
<tr>
<td>Selecting a health plan?</td>
<td>79.61%</td>
<td>20.39%</td>
<td>12016</td>
</tr>
<tr>
<td>Entering information about your expenses?</td>
<td>82.75%</td>
<td>17.25%</td>
<td>12054</td>
</tr>
<tr>
<td>Entering your income?</td>
<td>81.67%</td>
<td>18.32%</td>
<td>12082</td>
</tr>
<tr>
<td>Deciding which programs to apply for?</td>
<td>87.42%</td>
<td>12.58%</td>
<td>12096</td>
</tr>
<tr>
<td>Adding all the members of the household?</td>
<td>91.55%</td>
<td>8.45%</td>
<td>12140</td>
</tr>
<tr>
<td>Entering the household’s home and mailing addresses?</td>
<td>90.53%</td>
<td>9.47%</td>
<td>12172</td>
</tr>
</tbody>
</table>
SDOH Employment, Housing and Workforce Development Update
Housing

Josh Crites, Housing Administrator
Joshua.Crites@azahcccs.gov
602-417-4188
Affordable Housing and Healthcare - AHCCCS Housing Programs
Arizona Medicaid and Affordable Housing

• AHCCCS funds around $27 million in housing subsidies per year for those with SMI and or GMH/SU diagnosis
• AHCCCS provides $2 million in acquisition/rehab dollars per year
• All funds are non-federal state dollars
• Housing programs are operated by close partnership with 3 Regional Behavioral Health Agencies (RBHAs) throughout Arizona and 4 Tribal RBHAs
• If AHCCCS were a public housing authority, we would have the 3rd largest program in the state
1. Phoenix--**9500 units**
2. Tucson- **6300 total units**
3. **AHCCCS programs- 3143 units**
4. Mesa Housing Authority- **1700**
5. Maricopa County Housing Authority- **1700 units**
6. Yuma Housing Authority –**1200 units**
7. Glendale Housing Authority- **1100 units**
8. Tempe Housing Authority- **1052 units**
9. Pima County Housing Authority- **877 units**
10. Flagstaff Housing Authority -**734 units**
11. Cochise County Housing Authority- **524 units**
Housing and Healthcare

• ALTCS Contractors also have designated housing specialist who try to connect members to housing resources within their service areas.
  o DDD has an 811 grant that has opened up 40 housing subsidies.
  o Mercy Care is working with the Tucson Housing Authority to gain access to 17 subsidies for their ALTCS members
• All ACC contractors hired housing specialist to develop, network and create more housing opportunities for their members.
Permanent Supportive Housing Services

- AHCCCS through contractors and providers also ensure the supports to members who need help finding and retaining housing.
- Funding is federal in nature and is encountered.
- That includes transportation, lease negotiation, medicine management, dispute resolution, general life skills and assistance with annual housing paperwork.
- Supports ensure permanency of housing and help prevent eviction or loss of housing.
- SAMHSA adopted model of permanent supportive housing which means the member dictates where they live, what level of services they wish to partake in.
Housing is Healthcare!

- Members in Mercy Maricopa’s housing programs had a $20,000 health care cost per quarter per member prior to being housed.
- Their healthcare costs dropped by 24% after entering supported housing programs.
- That included a 46% reduction in behavioral health facility costs.
- Cenpatico saw an overall cost of Behavioral and Physical Healthcare decrease of $11,019,050 (six months per-housing) to $9,563,439, a decrease of $1,455,611 (13%).
Upcoming Initiatives

- Streamline and optimize housing programs, policy and procedures.
- Continued partnership with Arizona Department of Housing to increase access to new, high quality, integrated units for AHCCCS members.
- Standardize ways to determine social return on investment for housing members (high costs/high needs)
- Increase partnerships with Public Housing Authorities to ensure members with affordable housing stay housed.
- Partner with HMIS to ensure AHCCCS members who fall into homelessness are supported by health plans.
Employment

Adam Robson, Employment Administrator
Adam.Robson@azahcccs.gov
602-364-4622
Employment
Guiding Philosophy

- **Employment First** – All working age individuals with disabilities should be afforded the opportunity to gain employment with pay at or above minimum wage, benefits, and opportunities for integration with other workers (not sheltered), and they can be successful when the right kind of job/work environment is found and the right kind of supports are in place.

- Competitive work is the goal.
- Employment is viewed as a **path to recovery**.
- Follow along supports are continuous.

[Help Wanted]
In Arizona, employment services can be administered in different ways, including:

The Arizona Health Care Cost Containment System (AHCCCS)

Covered Services

- Psychoeducational Services (Pre-Employment Services)
- Ongoing Support to Maintain Employment (Post-Employment Services)

Rehabilitation Services Administration / Vocational Rehabilitation (RSA/VR)

- RSA is a federal agency that oversees the state VR agency, which provides employment services for individuals with disabilities
- Interagency Service Agreement (ISA)
AHCCCS Covered BH Services

Psychoeducational Services (Pre-Employment Services)

• Services that assist persons in obtaining employment (i.e. career/educational counseling; job training; resume prep; job interview skills; assistance in finding employment)

Ongoing Support to Maintain Employment (Post-Employment Services)

• Services that assist persons in keeping or maintaining employment (i.e. assistance in performing job tasks; supportive counseling, etc.)
AHCCCS has an ISA with RSA/VR to provide specialty employment supports for members determined SMI. Through this ISA, the RBHAs and RSA/VR work together for the purpose of members gaining employment. Some of the specialty employment supports include:

- VR counselors who have specialized caseloads consisting of individuals with psychiatric disabilities
- The federally mandated 60-day eligibility requirement for VR applicants is modified to 30-days
- VR conducts an Orientation of services at least 1x/month at the RBHA provider site
- RBHA employment staff and VR staff have weekly consultations to discuss mutual members

**Please Note:** The ISA is **ONLY** tied to members determined SMI.
Number of Mutually-Enrolled SMI Members

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2032</td>
</tr>
<tr>
<td>Jun-13</td>
<td>2227</td>
</tr>
<tr>
<td>Jun-14</td>
<td>2394</td>
</tr>
<tr>
<td>Dec-14</td>
<td>2548</td>
</tr>
<tr>
<td>Jun-15</td>
<td>2829</td>
</tr>
<tr>
<td>Dec-15</td>
<td>3051</td>
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<tr>
<td>Jun-16</td>
<td>3037</td>
</tr>
<tr>
<td>Dec-16</td>
<td>3114</td>
</tr>
<tr>
<td>Jun-17</td>
<td>2911</td>
</tr>
<tr>
<td>Dec-17</td>
<td>2899</td>
</tr>
<tr>
<td>Jun-18</td>
<td></td>
</tr>
</tbody>
</table>

RBHA Enrolled

AHCCCS
Arizona Health Care Cost Containment System
Number of Successful Closures for Mutually-Enrolled SMI Members

**Status 26 = Indicates that the client has been successfully rehabilitated in competitive employment**

![Graph showing the number of successful closures for mutually-enrolled SMI members from FY16 Q1 to FY18 Q3. The graph includes data points for each quarter, with the highest number of closures occurring in FY17 Q3, followed by a decrease in FY17 Q4 and an increase again in FY18 Q1.](image)
### Examples of VR Services ***

<table>
<thead>
<tr>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocational Guidance and Counseling</td>
</tr>
<tr>
<td>Career Exploration</td>
</tr>
<tr>
<td>Vocational and Psychological Evaluations</td>
</tr>
<tr>
<td>Work Adjustment Training</td>
</tr>
<tr>
<td>Job Training/Post Secondary Education</td>
</tr>
<tr>
<td>Job Development and Placement</td>
</tr>
<tr>
<td>Supported Employment (Job Coaching)</td>
</tr>
<tr>
<td>Benefits Counseling</td>
</tr>
<tr>
<td>Work clothes, supplies, equipment, etc., in support of the employment goal</td>
</tr>
</tbody>
</table>

*** Services may not be the same for everyone and are dependent on the specific needs of the individual ***
### Employment Rates
#### Actual Data FY2018 Q2

<table>
<thead>
<tr>
<th>RBHA</th>
<th>Enrolled</th>
<th>Employed</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combined (SMI, GMH, SU)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>38,345</td>
<td>10,036</td>
<td>26.17%</td>
</tr>
<tr>
<td>MMIC</td>
<td>54,314</td>
<td>13,768</td>
<td>25.35%</td>
</tr>
<tr>
<td>HCIC</td>
<td>15,147</td>
<td>3,609</td>
<td>23.83%</td>
</tr>
<tr>
<td><strong>Serious Mental Illness (Only)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>14,112</td>
<td>2,191</td>
<td>15.53%</td>
</tr>
<tr>
<td>MMIC</td>
<td>19,700</td>
<td>3,120</td>
<td>15.84%</td>
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<tr>
<td>HCIC</td>
<td>5,898</td>
<td>811</td>
<td>13.75%</td>
</tr>
<tr>
<td><strong>General Mental Health (Only)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>13,489</td>
<td>4,365</td>
<td>32.36%</td>
</tr>
<tr>
<td>MMIC</td>
<td>25,074</td>
<td>7,650</td>
<td>30.51%</td>
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<tr>
<td>HCIC</td>
<td>6,133</td>
<td>1,755</td>
<td>28.62%</td>
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<tr>
<td><strong>Substance Use (Only)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>10,771</td>
<td>3,497</td>
<td>32.47%</td>
</tr>
<tr>
<td>MMIC</td>
<td>9,540</td>
<td>2,998</td>
<td>31.43%</td>
</tr>
<tr>
<td>HCIC</td>
<td>3,116</td>
<td>1,043</td>
<td>33.47%</td>
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Utilization Rates (H2027/Pre-Voc)  
Actual Data FY2018 Q2

<table>
<thead>
<tr>
<th>RBHA</th>
<th>Enrolled</th>
<th>Utilizers</th>
<th>%</th>
<th>RBHA</th>
<th>Enrolled</th>
<th>Utilizers</th>
<th>%</th>
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<td>Combined (SMI, GMH, SU)</td>
<td></td>
<td></td>
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<td>General Mental Health (Only)</td>
<td></td>
<td></td>
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<tr>
<td>C-IC</td>
<td>38,345</td>
<td>2,002</td>
<td>5.22%</td>
<td>C-IC</td>
<td>13,489</td>
<td>509</td>
<td>3.77%</td>
</tr>
<tr>
<td>MMIC</td>
<td>54,314</td>
<td>3,136</td>
<td>5.77%</td>
<td>MMIC</td>
<td>25,074</td>
<td>177</td>
<td>0.71%</td>
</tr>
<tr>
<td>HCIC</td>
<td>15,147</td>
<td>839</td>
<td>5.54%</td>
<td>HCIC</td>
<td>6,133</td>
<td>239</td>
<td>3.90%</td>
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<tr>
<td></td>
<td>Serious Mental Illness (Only)</td>
<td></td>
<td></td>
<td></td>
<td>Substance Use (Only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>14,112</td>
<td>857</td>
<td>6.07%</td>
<td>C-IC</td>
<td>10,771</td>
<td>636</td>
<td>5.90%</td>
</tr>
<tr>
<td>MMIC</td>
<td>19,700</td>
<td>2,924</td>
<td>14.84%</td>
<td>MMIC</td>
<td>9,540</td>
<td>35</td>
<td>0.37%</td>
</tr>
<tr>
<td>HCIC</td>
<td>5,898</td>
<td>506</td>
<td>8.58%</td>
<td>HCIC</td>
<td>3,116</td>
<td>94</td>
<td>3.02%</td>
</tr>
</tbody>
</table>
# Utilization Rates (H2025/Post-Voc)
## Actual Data FY2018 Q2

<table>
<thead>
<tr>
<th>RBHA</th>
<th>Enrolled</th>
<th>Utilizers</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Combined (SMI, GMH, SU)</strong></td>
<td><strong>General Mental Health (Only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>10,036</td>
<td>567</td>
<td>5.65%</td>
</tr>
<tr>
<td>MMIC</td>
<td>13,768</td>
<td>568</td>
<td>4.13%</td>
</tr>
<tr>
<td>HCIC</td>
<td>3,609</td>
<td>218</td>
<td>6.04%</td>
</tr>
<tr>
<td>C-IC</td>
<td>4,365</td>
<td>154</td>
<td>3.53%</td>
</tr>
<tr>
<td>MMIC</td>
<td>7,650</td>
<td>32</td>
<td>0.42%</td>
</tr>
<tr>
<td>HCIC</td>
<td>1,755</td>
<td>28</td>
<td>1.60%</td>
</tr>
<tr>
<td><strong>Serious Mental Illness (Only)</strong></td>
<td><strong>Substance Use (Only)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C-IC</td>
<td>2,191</td>
<td>189</td>
<td>8.63%</td>
</tr>
<tr>
<td>MMIC</td>
<td>3,120</td>
<td>526</td>
<td>16.86%</td>
</tr>
<tr>
<td>HCIC</td>
<td>811</td>
<td>174</td>
<td>21.45%</td>
</tr>
<tr>
<td>C-IC</td>
<td>3,497</td>
<td>224</td>
<td>6.41%</td>
</tr>
<tr>
<td>MMIC</td>
<td>2,998</td>
<td>10</td>
<td>0.33%</td>
</tr>
<tr>
<td>HCIC</td>
<td>1,043</td>
<td>16</td>
<td>1.53%</td>
</tr>
</tbody>
</table>
Concentration on increasing referrals to RSA/VR for all Health Plans, especially those providing services to members determined SMI.

**Home & Community-Based Services (HCBS) Rules**
- Employment services are to be provided in the most integrated setting and to the same degree of access as individuals not receiving HCBS. Basically, this means that traditionally sheltered employment services need to be integrated in the community and viewed as a stepping-stone to employment.
- AHCCCS has developed a transition plan to come into compliance and are awaiting CMS approval. The transition plan is available on the AHCCCS website. [https://www.azahcccs.gov/shared/HCBS/](https://www.azahcccs.gov/shared/HCBS/)
- Arizona has until March, 2022 to become compliance with the rules.
- AHCCCS HCBS Workgroup around employment.

**AHCCCS Works**
- AHCCCS Works Workforce Development Workgroup.
- Working on what and how we are going to connect affected members to community resources to be able to comply with the community engagement requirements.
- Developing relationships with ARIZONA@WORK & Arizona 211.
Workforce Development

Bill Kennard, Workforce Development Administrator
Bill.Kennard@azahcccs.gov
602-364-4641

Reaching across Arizona to provide comprehensive quality health care for those in need
Developing The Contracted Healthcare Workforce

- Capable Committed Workers
- Culturally Aligned Workplaces
- Sustainable Resilient Workforces

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS WFD Mission

- To *coordinate* Contractor planning of *population centric* workforce development strategies for specific AZ regions, communities and provider networks and

- To *ensure* the plans are implemented and benefitting targeted healthcare occupations.
AHCCCS WFD Priorities

• Building the intra-AHCCCS WFD Team

• Standing Up the ACC WFD Team

• Implementing ACOM 407
5. Commitment
4. Culture
3. Connectivity
2. Capability
1. Capacity

- Develop a shared vision of the Integrated Health Process from the Member perspective
- Continue Transforming System – Training to Competency Evaluation & Development
- Double the “N” of Direct Care Workers by 2030

Reaching across Arizona to provide comprehensive quality health care for those in need
Ensuring Sustainable Capacity

- Standard Workforce Metrics
- WF Planning & Investment
- Universal Worker
- High School DCW Program
- DCW Curricula
- DD DCW Demonstration

Reaching across Arizona to provide comprehensive quality health care for those in need
Increasing Competency

- Competency System
- Training Model
- Standardizing Orientation and Basic Training
- Providing WFD - TA

Reaching across Arizona to provide comprehensive quality health care for those in need
Establishing IHC Culture

- Developing WFD Teams
- Developing WF Scan
- Collaborative WFD Plan
HIE/HIT Update
Health Information Technology/Health Information Exchange Update

Lorie Mayer
AHCCCS HIT Coordinator
State Medicaid Advisory Committee

August 8, 2018
Steps for MU Implementation for Health Information Technology (HIT)

MU Criteria are Implemented in Three Stages

Stage 1
Data Capture and Information Sharing
2011-2013

Stage 2
Advanced Clinical Practices (Clinical Decision Making Support)
2014-2016

Stage 3
Using CEHRT to Improve Outcomes
2017-2021
The percentage of Arizona physicians using EMRs increased from 45% in 2007-2009 to 91% in 2016-2018.

Solo practice physicians are less likely to adopt EMRs than are physicians in other practice settings, but the prevalence of solo practice is declining.*

The growth in EHR adoption has been partially credited to CMS EHR Incentive Program (Medicare and Medicaid).

More than 90% of Arizona physicians treat AHCCCS enrollees. AHCCCS physicians are also more likely to use EMRs than non-AHCCCS physicians.

*ASU Center for Health Information and Research (CHIR)
Transition to Health Information Exchange
The CMS Road to Interoperability

Evolution to Promoting Interoperability

Medicaid EHR Incentive Program

Incentives

Promoting Interoperability

Incentives

Incentives/Penalties

Medicare EHR Incentive Program

MIPS-Advancing Care Information

AHCCCS
Arizona Health Care Cost Containment System

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

Data Source CMS Regional 2018
AHCCCS has 3 different financial programs to encourage EHR Adoption and HIE Use

- **Program 1**: Medicaid EHR Incentive Program (Promoting Interoperability Program) encouraging Electronic Health Record (EHR) Adoption for Eligible Hospitals and Eligible Professionals

- 75 Hospitals in Arizona are Participating and over 3,800 EPs

- Partial List of Hospitals that have received at least one Arizona Medicaid EHR Incentive Program Payment (Acute, CAH, and Children’s):
  - Abrazo Community Health Network
  - Banner Health
  - Dignity Health
  - Maricopa Integrated Health Care
  - Mt. Graham Medical Center
  - Northern Arizona Healthcare
  - Phoenix Children's Hospital
  - Phoenix Indian Medical Center
  - Tucson Medical Center
  - Yuma Regional Hospital
AZ EHR Incentive Payment Totals
May, 2018

- Medicaid EP Payments: $103,351,519
- Medicare EP Payments: $159,095,353
- Total AZ EP Payments: $262,446,872

- Dually Eligible EH Payments: $414,174,177
- Medicare EH Payments: $3,059,472
- Medicaid Only EH Payments: $12,063,347
- Total AZ EH Payments: $429,296,996

**Total AZ EHR Program Payments:** $691,743,868

**Total All States and Territories:** $37,745,739,692

Data Source: CMS January 2011 to May, 2018
AHCCCS HIE Onboarding Program

• **Program 2:** AHCCCS HIE Onboarding Program with Health Current

  • Open to any Medicaid Provider who has received an EHR Incentive Payment OR supports a Medicaid MU Participant to reach MU
    - AHCCCS funds an HIE onboarding infrastructure and team at Health Current to do outreach and educate providers about HIT/HIE,
    - Funds the creation of an organizational HIT plan that address needs or resources for problems you want to solve
    - Supports project managers and technical experts to assist you with meeting technical requirements and interface builds

• **Long Term Goal is Bi-directional Exchange of Clinical Patient Data**

  Federal Funds are available until 2021 to support this connectivity
Descriptions of AHCCCS HIE Onboarding Program Milestones

• M1- Organization signs a Health Current participation Agreement
• M2- or M3- Organization either sends or receives data from or to Health Current
• M4- Organization is sending and receiving health information; achieved Bi-Directional exchange; receives small administrative offset payment
  - Hospitals – $20,000
  - Community Providers/Ambulatory - $5,000 - $10,000
## HIE Onboarding Milestone Status of Medicaid Providers

<table>
<thead>
<tr>
<th>Milestones</th>
<th>M1 – Number of organizational agreements signed</th>
<th>M2 - Data from Participant to HIE</th>
<th>M3 - Data from HIE to Participant</th>
<th>M4 - Bi - Directional Achieved; Administrative payment to the provider</th>
<th>M5 - Custom interfaces for Assorted Specialized Registries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health System/Hospital Count</td>
<td>30</td>
<td>23</td>
<td>17</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>FQHC/RHC Count</td>
<td>18</td>
<td>14</td>
<td>9</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Community Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Rehab Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Long Term Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Primary Care Providers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Specialty Clinics</td>
<td>211</td>
<td>12</td>
<td>87</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>* BH Providers are tracked separately &amp; not included in totals at this time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>259</td>
<td>49</td>
<td>113</td>
<td>35</td>
<td>1</td>
</tr>
</tbody>
</table>
American Indian Medical Home

- **Program 3**: AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017

- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination

- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)

- American Indian Medical Home (Division of Fee for Service Management)
  - Tier 3 HIE Bi-directional exchange is required
  - Participants can receive $21.71 PMPM
AIMH Service Tier Levels

First Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team

Second Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

Third Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Participates in State HIE

Fourth Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Participates in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.
Other ways AHCCCS encouraging HIE connectivity

- Promoting Value Based Payment Program for Providers (Differential Adjusted Payment Rates)
- Requiring improvements in E-Prescribing Benchmarks for Plans
- Targeted Investments for Providers
  - https://www.azahcccs.gov/PlansProviders/TargetedInvestments/
- Partnering with ADHS for Immunizations and EMS Connectivity
- Expanding the number of ways the Agency is using the HIE to support agency operations and increase administrative efficiency
Connecting the Healthcare Community: The State of HIE in Arizona
Since 2006: Strategy for Building out HIE

10+ Years:

Providers want access to real time clinical data elements to improve care delivery

- Hospital information
- Laboratory Results and
- Medication History and Use and *now*
- Value Based Care Payment Arrangements

*A single non-governmental organizational entity was needed to ensure better policy coordination, a single set of operating rules, and an ability to have LOWER COSTS For ALL Participants*
Health Information Exchange

Behavioral Health Providers  Medical Providers  Hospitals  Labs
Health Current Governance

Board of Directors

- Executive Committee
- Finance Committee
- Nominating Committee
- Legal Committee

- Data Governance Council
  - Medication Fill History Workgroup
- Privacy & Security Council
  - Electronic Image Sharing Workgroup
- Clinical Advisory Council
  - Public Health Workgroup
  - Social Determinants of Health Workgroup
HIE Stats, Services & Programs
Participation Statistics – Monthly HIE Growth

As of June, 2018
HIE Participants (as of June 30, 2018)

List of Health Current Participants:

- ACOs & Clinically Integrated networks (14)
- Behavioral Health Providers (75)
- Community Providers (220)
- FQHCs & Rural Health Clinics (21)
- Health Plans (15)
- Hospitals & Health Systems (41)
- Labs, Imaging Centers & Pharmacies (5)
- Long-Term & Post Acute Care (83)
- State & Local Government (7)
- Emergency Medical Services (16)

https://healthcurrent.org/hie/the-network-participants/
Core HIE Services Currently Operating

Data Exchange
- Push/pull and query/response functionality

HIE Portal
- Secure online access to patient data, a summary view

Alerts
- ADT alerts and other clinical results notifications in human & machine readable formats
- Batch Reports

Direct Secure Email
- Secure email for clinical information exchange; DirectTrust certified and HIPAA compliant

Clinical Summary
- The delivery of a continuity of care document (CCD) based on an electronic request
What’s Next?

- Working with Health Current to address technical and policy challenges for integration of BH and PH data and Part 2 infrastructure
- Supporting providers to meet bi-directional exchange requirement (Year 3- 2019 Targeted Investments (TI))
- Ongoing support for MU Education and Promoting Interoperability
- CMS and ONC working to develop national connectivity strategy and solutions that takes into account:
  - Different governance models, costs to providers, stakeholders, financial models, security, and permitted uses by state or by HIE
- AHCCCS identifying top 100 providers with each plan by county to ensure recruiting the highest volume providers
- Public Health Connectivity Discussions ongoing
Contact Information

Lorie.Mayer@azahcccs.gov
602-417-4420
Melissa.Kotrys@healthcurrent.org

• Melissa Kotrys, MPH, Chief Executive Officer
• For information about joining Health Current, contact recruitment@healthcurrent.org or call 602-688-7200
• Or visit Health Current website at www.healthcurrent.org
Opioid Grants Update
Arizona’s Response to the Opioid Epidemic
Reaching across Arizona to provide comprehensive quality health care for those in need.

22% increase just since 2015

Total U.S. drug deaths

Around 64,000 people died from drug overdoses in the U.S. in 2016

- Peak car crash deaths (1972)
- Peak H.I.V. deaths (1995)
- Peak gun deaths (1993)

60,000 deaths per year

40,000

20,000
Drugs Involved in U.S. Overdose Deaths, 2000 to 2016

- Synthetic Opioids other than Methadone, 20,145
- Heroin, 15,446
- Natural and semi-synthetic opioids, 14,427
- Cocaine, 10,619
- Methamphetamine, 7,663
- Methadone, 3,314

Reaching across Arizona to provide comprehensive quality health care for those in need
More than 2 Arizonans die each day from an opioid overdose

4 out of 10 Arizona adults know someone addicted to prescription painkillers

431 MILLION opioid pills were prescribed in 2016 enough for every Arizonan to have a 2.5 week supply

Drug overdoses* take more lives than car crashes in Arizona

*Includes overdoses from opioids, cocaine, meth, marijuana, and other illicit drugs.

In the last 5 years, 86% of persons who died from an opioid related cause were using multiple substances.

Reaching across Arizona to provide comprehensive quality health care for those in need
High Risk Populations

• Criminal Justice population
  o 1 in 10 opioid overdose deaths – most within 24 hours of release

• American Indians
  o 3x more likely for drug related overdoses

• Veterans
  o 55% spike in OUD in the past 5 years

• High MEDDs and Polypharm
  o Risk doubles at 50MEDDs, 10x at 90MEDDs
  o 4 in 10 Arizona deaths involve combo of opioids and benzos

• Trauma, depression, anxiety
ADHS Dashboard

Data range: June 15, 2017 – August 2, 2018

1,544 suspect opioid deaths
10,141 suspect opioid overdoses
890 neonatal abstinence syndrome
23,639 naloxone doses dispensed
6,730 naloxone doses administered

Figures from 6/5 10:49am
Hotspots in Arizona

Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - August 2, 2018

Metro Phoenix

Metro Tucson

Overdoses Without Fatality

- > 60
- 46 - 60
- 31 - 45
- 16 - 30
- 1 - 10
- No Non-Fatal Overdoses (7.2%) were not assigned a PCA

ARIZONA DEPARTMENT OF HEALTH SERVICES
Data Source: AZ DPHS and MDCSSS

AHCCCS
Arizona Health Care Cost Containment System
What Have We Learned?

- Number of possible overdoses ranged from 103 to 270 *per week*.
- 49% of mothers of NAS cases were being medically supervised while taking opioids while pregnant.
- 53% of individuals with a possible opioid overdose used at least one prescription.
- Naloxone Administered in 14 of the 15 counties.
- 42% of fatal overdoses resulted in poly-substance use.
What is Arizona Doing to Solve the Opioid Crisis?

Reaching across Arizona to provide comprehensive quality health care for those in need
Arizona Strategies

• Expanding access to Naloxone
• Expanding access to effective OUD Tx (MAT)
• Prescribing Practices and Policy Change
• Chronic Pain Management
• Patient Education
• Community-based prevention
• Criminal Justice Involvement – Diversion / In-Reach
• Peer/Recovery Supports
Arizona Opioid Epidemic Act

- Goal Site Council Established in 2016
- State of Emergency in June, 2017

Emergency Rules
- Mandatory CSPMP effective 10/16/2017
- Executive Order to Limit Rx Opioid Quantities
- Develop guidelines to educate healthcare providers on responsible prescribing practices
- Good Samaritan
- $10 Million Substance Use Disorder Funds

Reaching across Arizona to provide comprehensive quality health care for those in need
Substance Use Disorder Services Fund

Funds are to be used for direct services

1. Increase outreach and identification of under and uninsured individuals with OUD
2. Increase navigation to OUD treatment
3. Increase utilization of OUD treatment services
Number of Individuals Served, Governor’s Substance Use Disorder Services (GO SUDS) Fund, February 1, 2018 – June 31, 2018

TOTAL PERSONS SERVED

February: 200
March: 600
April: 700
May: 650
June: 650

2,800

Reaching across Arizona to provide comprehensive quality health care for those in need
Top 5 Services, GO SUDS Fund, February 1, 2018 – June 31, 2018

- Medical Services: 2,637
- Methadone: 1,844
- Treatment Services: 1,015
- Case Management Services: 708
- Support Services: 222

Reaching across Arizona to provide comprehensive quality health care for those in need
Opioid State Targeted Response (STR)

- $12 million per year (2 year) 5/1/17 to 4/30/19
- Increase peer support services
- MAT COE for 24/7 access to care
- Hospital and ED discharge projects
- Opioid Monitoring Initiative
- Diversion and incarceration alternatives
- Early MAT ID for re-entry population
- Expand residential/recovery home services
Total Number of Persons Served (Unduplicated Count), Arizona Opioid State Targeted Response (STR) Grant
Year One

Number of Persons Served for Opioid Use Disorder
Treatment Services 4,362

Number of Persons Served for Opioid Use Disorder
Recovery Support Services 3,379

6,143
TOTAL PERSONS SERVED (UNDUPLICATED COUNT)
**MAT – PDOA Criminal Justice Program**

- **Overall Goal:** Create a bridge between criminal justice involved individuals with opioid use disorder (OUD) and access to Medication Assisted Treatment and outpatient services.
- Increase number of incarcerated individuals with an Opioid Use Disorder to enrolled into Medication Assisted Treatment Services
- Decrease illicit opioid use
- Decrease re-incarceration
- Decrease stigma of Medication Assisted Treatment use with those involved in the criminal justice population
MAT-PDOA Outcomes

NUMBER OF ARRESTS

48% REDUCTION IN ARRESTS

NUMBER OF DRUG ARRESTS

60% REDUCTION IN DRUG ARRESTS

NUMBER OF CRIMES COMMITTED

61% REDUCTION IN CRIMES COMMITTED

NIGHTS IN JAIL

48% REDUCTION IN NIGHTS SPENT IN JAIL

Total of 162 Clients Enrolled between January 1, 2017 and June 30, 2018
### Additional Outcomes

#### Percent of Individuals Employed at Intake Compared to 6-month Follow-up

- **Intake:**
  - Employed: 25%
  - Unemployed: 75%

- **6-Month:**
  - Employed: 47%
  - Unemployed: 53%

**29% Reduction in Unemployment, 89% Increase in Employment**

#### Housing Outcomes

- More clients were permanently housed at 6-months than at intake.

#### Percent of Individuals Housed at Intake Compared to 6-month Follow-up

- **Intake:** 61%
- **6-Month:** 74%

**21% Increase in Permanent Housing**

### Follow-up Rate

**77 Successful follow-ups completed out of 101 follow-ups due**

**76.2% Follow-up Rate as of June 30, 2018**

The MAT PDOA program is required to collect outcome data for clients at enrollment, six-months, and at discharge. The program's follow-up rate includes the number of individuals providing data at intake and again at six-months. As of June 30, 2018, Arizona's MAT PDOA program had a 76.2% follow-up rate, meaning the program successfully collected 77 six-month follow-ups out of 101 intakes. Arizona's follow-up rate is 14% higher than the nationwide follow-up rate of 62.2% for all MAT PDOA grantees.

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State Opioid Response (SOR) Grant

- $19 million per year (2 years) Project Period 9/30/18 to 9/30/20
- Sustaining impactful STR programs
- Emphasis on prevention and recovery supports
- Centralized focus on high-risk populations (i.e. pregnant population, tribal communities, transient population, etc)
- Multi-sector collaboration with community partners
So, Now What?
Use What Works!

Diagram showing normal activity vs. opioid user with labeled opioid receptors, natural endorphins, and opioid drugs.
The Voice of the Community

Reaching across Arizona to provide comprehensive quality health care for those in need
Understand and Educate: Trauma
Thank you

Matthew.Fallico@azahcccs.gov

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