



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

I. Welcome	Director Tom Betlach
II. Introductions of Members	ALL
III. Approval of May 9 th 2018 meeting summary	ALL

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 yisel.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.

<p>Members in attendance: Tara McCollum Plese Kevin Earle Amanda Aguirre Peggy Stemmler Leonard Kirschner</p>	<p>Vernice Sampson Greg Ensell Gina Judy Frank Scarpati Phil Pangrazio David Voepel Joyce Millard-Hoie</p>
<p>Members Absent: Cara Christ; Tom Betlach; Kathy Waite; Kim VanPelt; Daniel Haley; Steven Jennings; Marcus Johnson</p>	
<p>Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Jeff Mussack, OTSUKA Elena Rodriguez, RCFBH Paula Blunhensizs 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</p>	<p>Simon Qaasim, CAA Yesenia Dnott, SPA Sr. Liz McKenna, AzAAP Shanna Gropp, JNJ Deb Gullet, AzAHP Dignity Health Jennifer Carusetta, HSAA Jason Bezoz, Banner Health Sheila Sjolander, ADHS Dana Hearn, AHCCCS</p>

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 recommended changes
 - Amanda seconds motion, all members voted in favor
 -

- V. **ACC Forum** **Dana Hearn**
- **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** **Jami Snyder**
- **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** **Jami Snyder**
- **Deb Gullet HB2324- Engage movement**
- X. **Adjourn at 2:27 p.m.** **All**

AHCCCS Update



AHCCCS Update

SMAC

August 8, 2018



when?

who?

what?

where?

AHCCCS Complete Care (ACC)

What, Who and When?



Who Is Affected and When?

Starting on October 1, 2018!

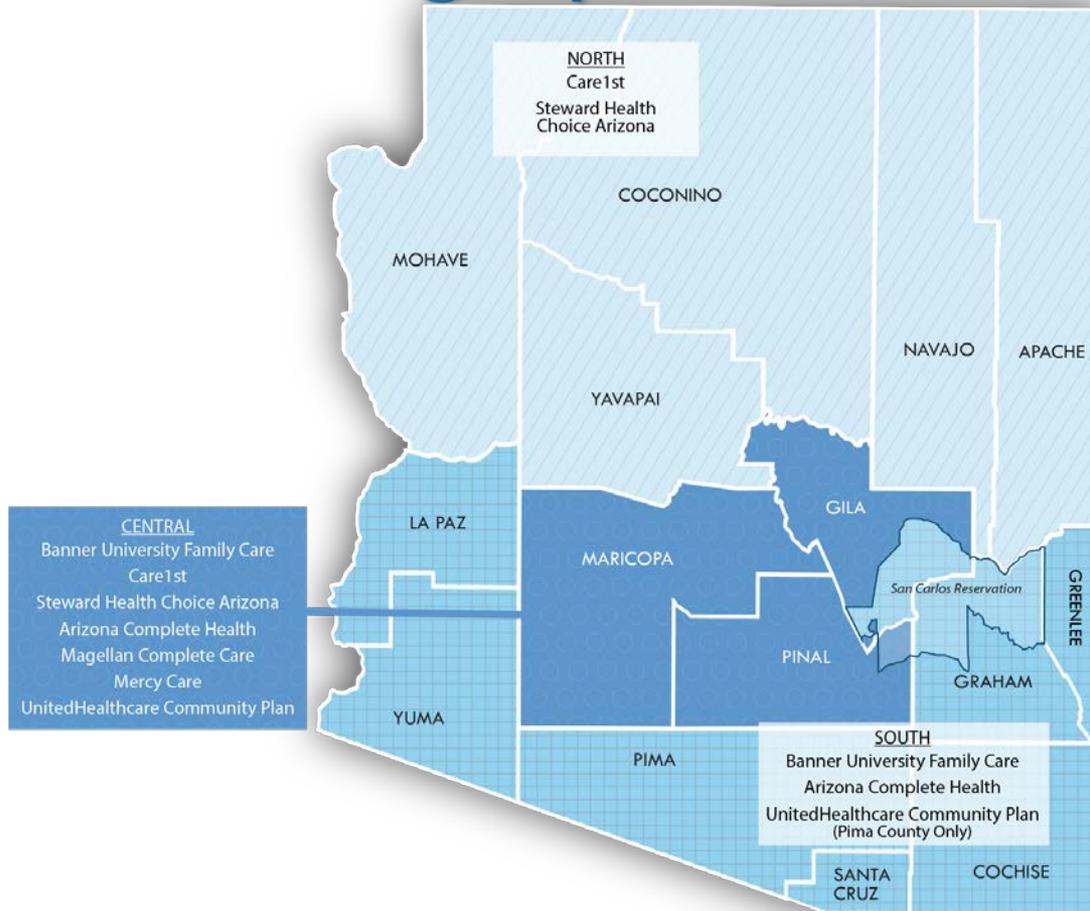
- Affects most adults and children on AHCCCS through integration and choice
- Members enrolled in Children's Rehabilitative Services (CRS)

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

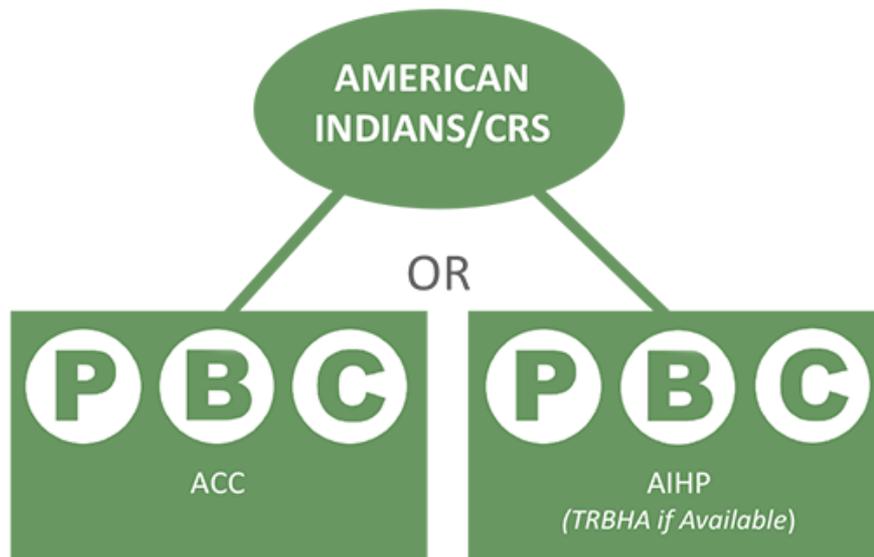


Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Transition Efforts

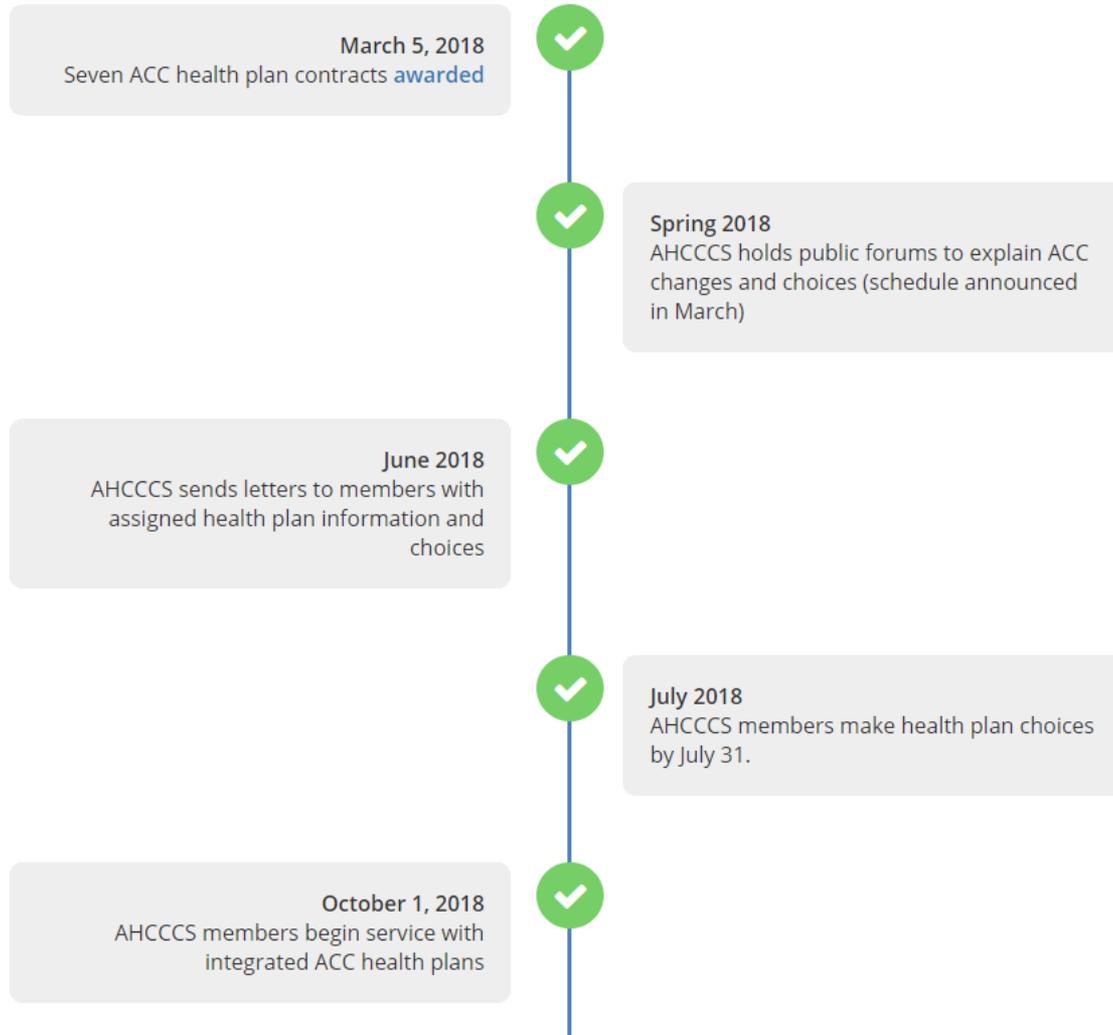
- Videos
- FAQs
- Public Meetings
- Regular Plan Meetings
 - Staffing
 - Data/Systems
 - Care Management
 - Network
- Passive Enrollment Duals

Members who are American Indians with CRS conditions

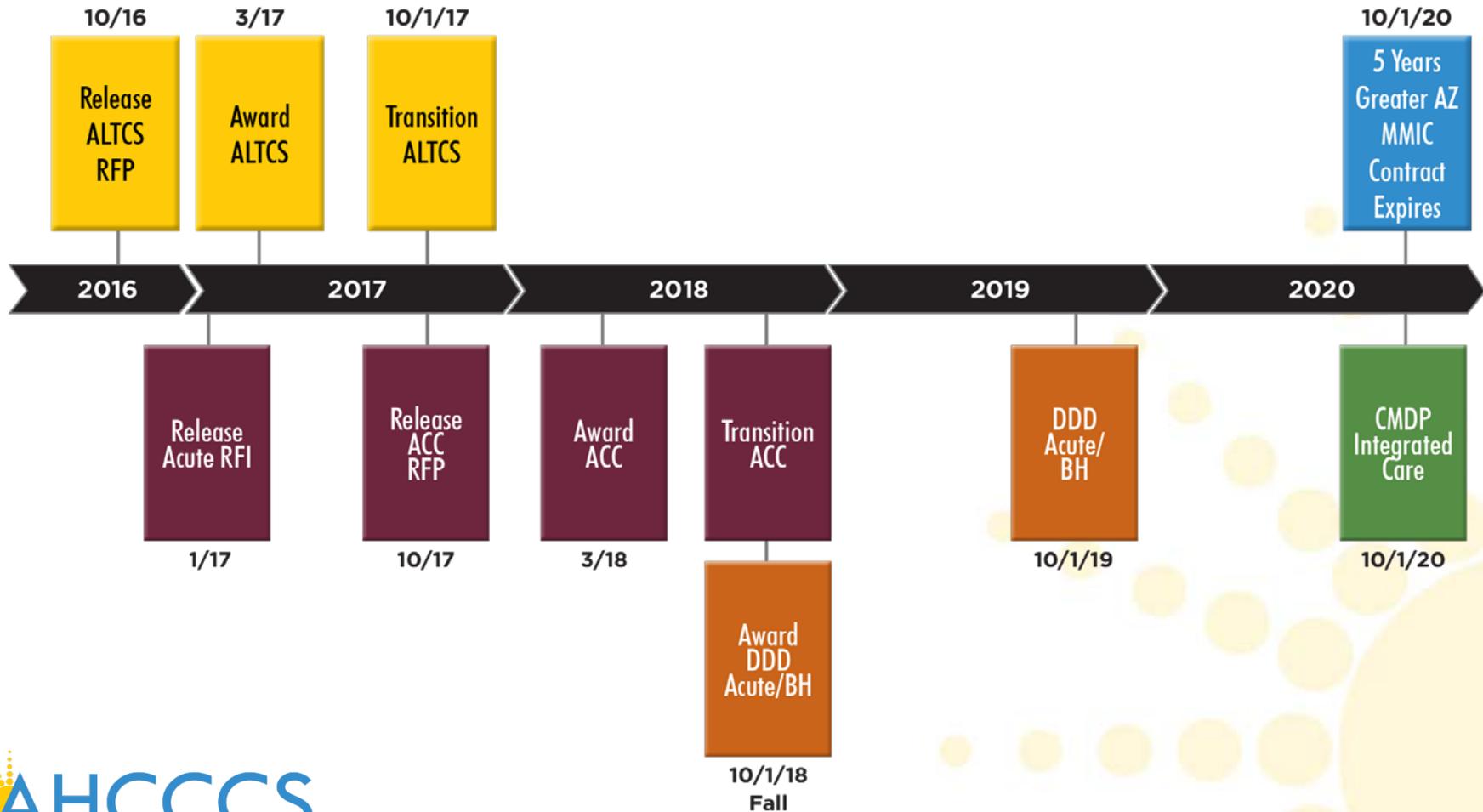


AHCCCS Complete Care Timeline

What Happens Next?



AHCCCS Contract Timeline



Waiver Updates



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

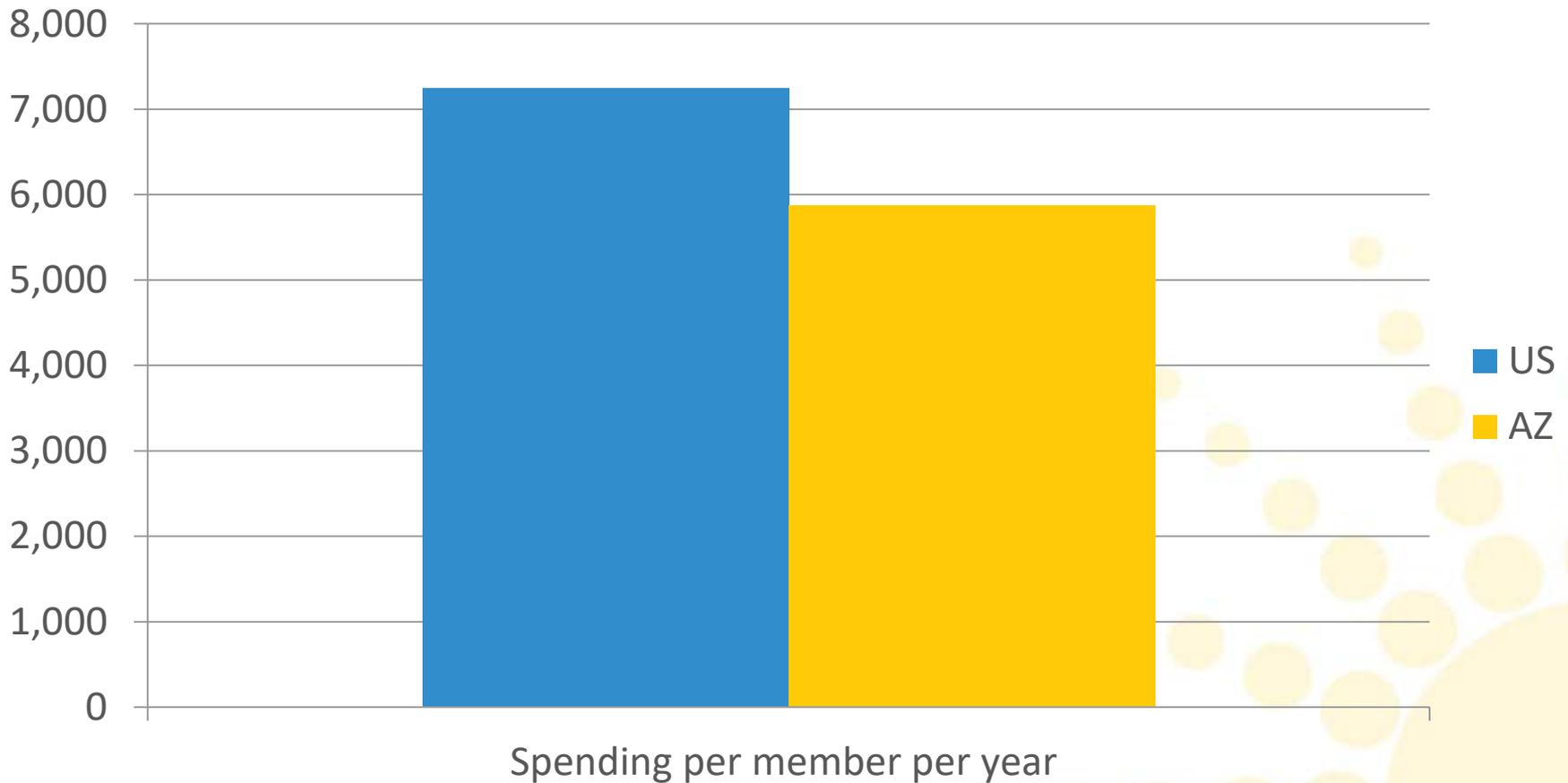
Fourth Tier Level AIMH

- Tier 2 plus Participates in State HIE
- PMPM \$23.81

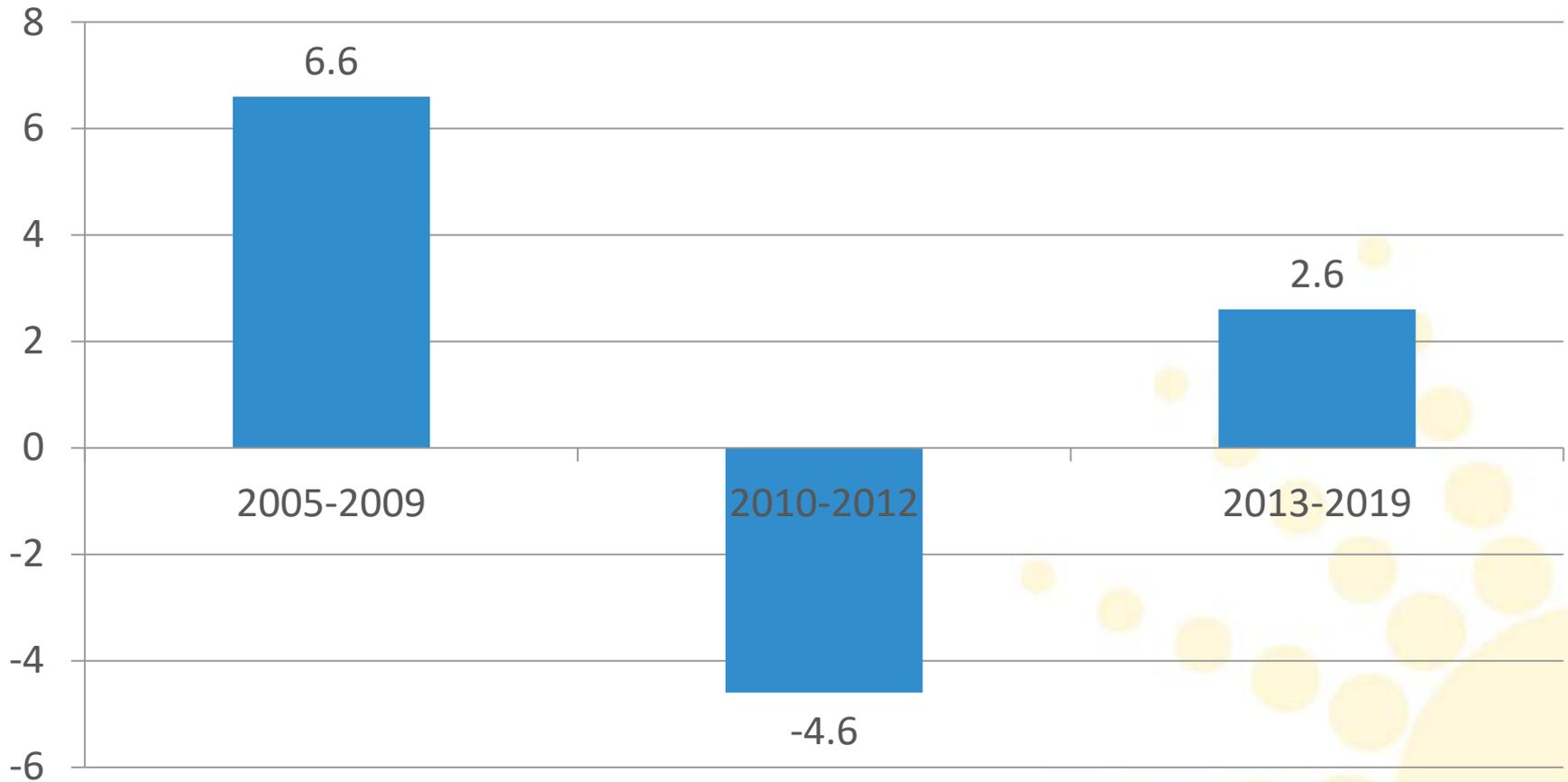
AIMH Payments

- 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

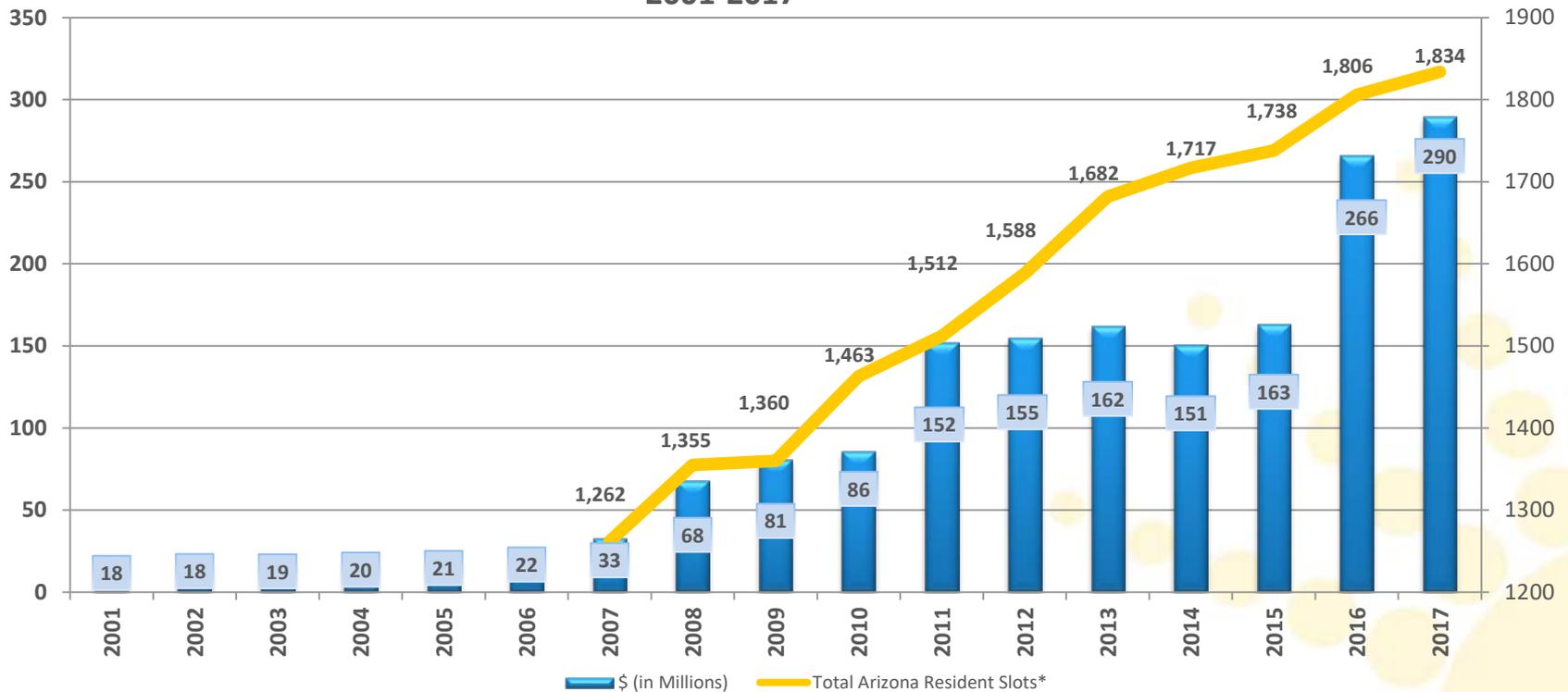


AHCCCS Cap Rate History



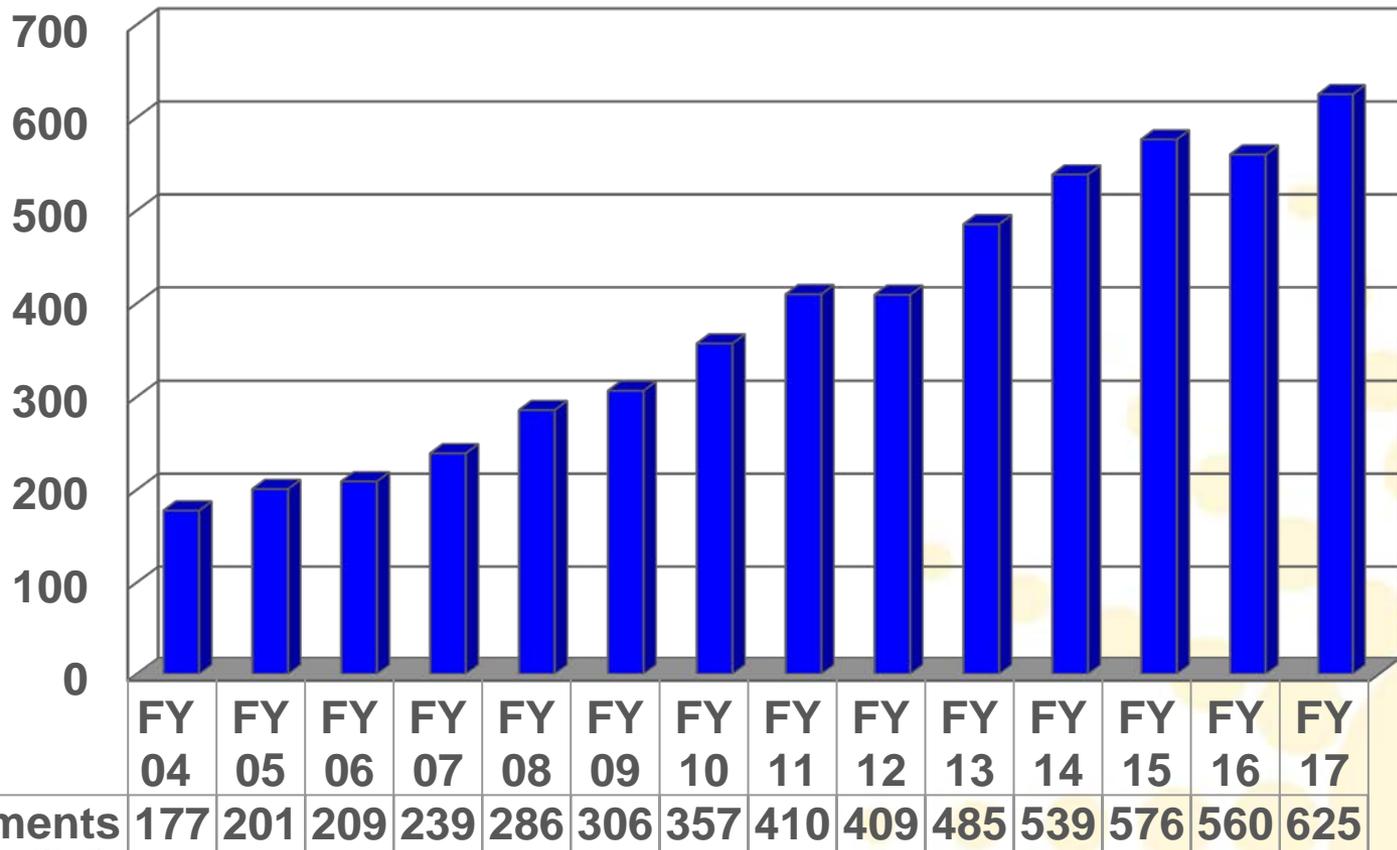
GME Funding and Slots

AHCCCS GME Funding
2001-2017



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

100% Federal Indian Health Services & Tribal Facility Payments (In Millions)



AHCCCS Value Based Purchasing Goals

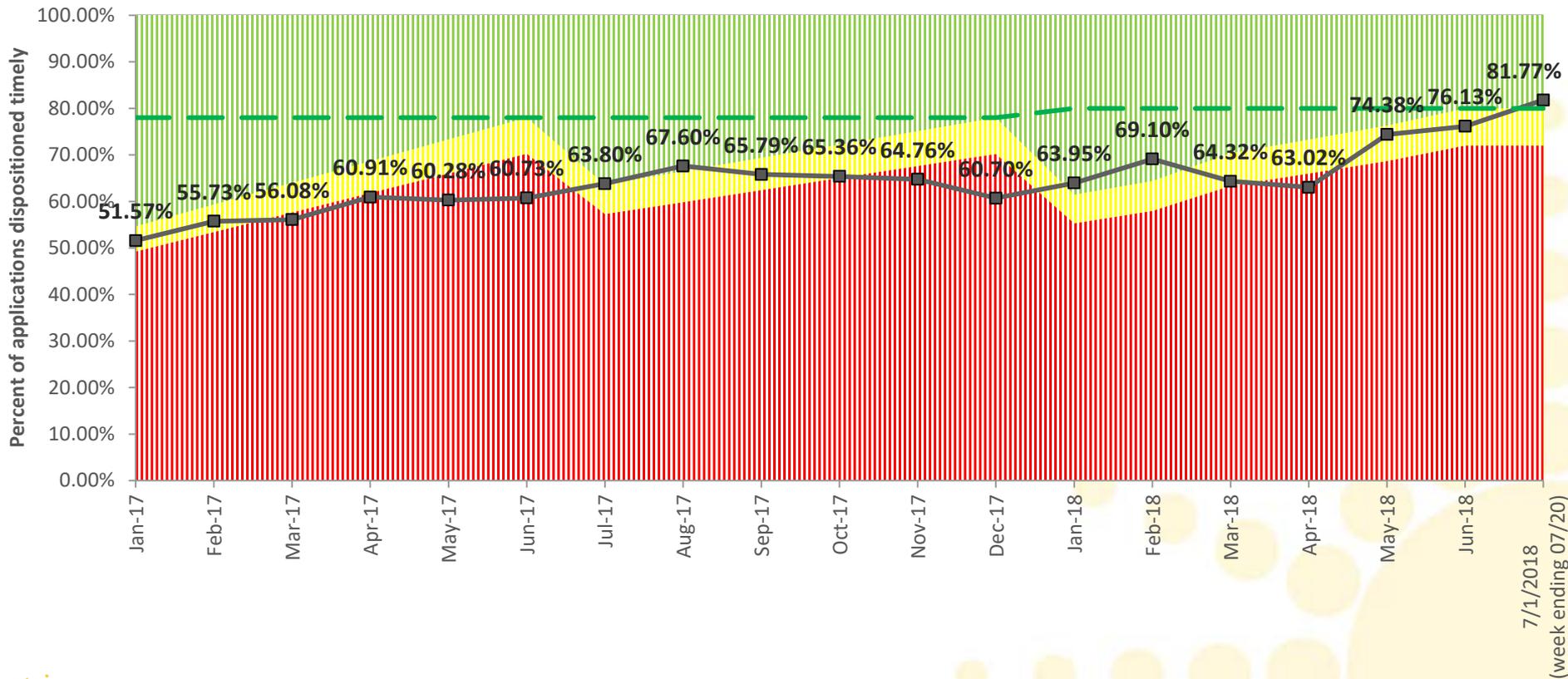
Plan	CYE 15	CYE 16	CYE 17	CYE 18	CYE 19	CYE 20	CYE 21
ACC	10%	20%	35%	50%	50%	60%	70%
LAN 3 & 4				30%	40%	50%	60%
ALTCS Medicare	5%	15%	25%	35%	50%	60%	70%

\$132 M Payments from HI



AMS Success! ALTCS Applications

Percent of ALTCS Applications Dispositioned in 45 Calendar Days or Less



Performance (cont.)

- Renewal Processing
 - 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
 - 2016 – 75% Renewed Automatically
 - 2017 – 76% Renewed Automatically
- Arizona is one of 12 states where:
 - Consumers can start/stop an application and return later to complete
 - Consumers can scan and upload documents
 - Online portal available for application assistors
 - Can be used for seniors and individuals with disabilities
 - 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

Question	↑ (very easy, easy)	↓ (very difficult, difficult)	Total Responses
Setting up your account?	85.36%	14.64%	12228
Selecting a health plan?	79.61%	20.39%	12016
Entering information about your expenses?	82.75%	17.25%	12054
Entering your income?	81.67%	18.32%	12082
Deciding which programs to apply for?	87.42%	12.58%	12096
Adding all the members of the household?	91.55%	8.45%	12140
Entering the household's home and mailing addresses?	90.53%	9.47%	12172

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



Housing and Healthcare

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.
 - DDD has an 811 grant that has opened up 40 housing subsidies.
 - 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

~~UNEMPLOYED~~



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.



Employment Services

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)

The logo for the Rehabilitation Services Administration (RSA) features the letters "RSA" in a large, orange, serif font. A stylized orange arrow points to the right from the end of the letter "A".

REHABILITATION SERVICES ADMINISTRATION

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.)

Interagency Service Agreement (ISA)

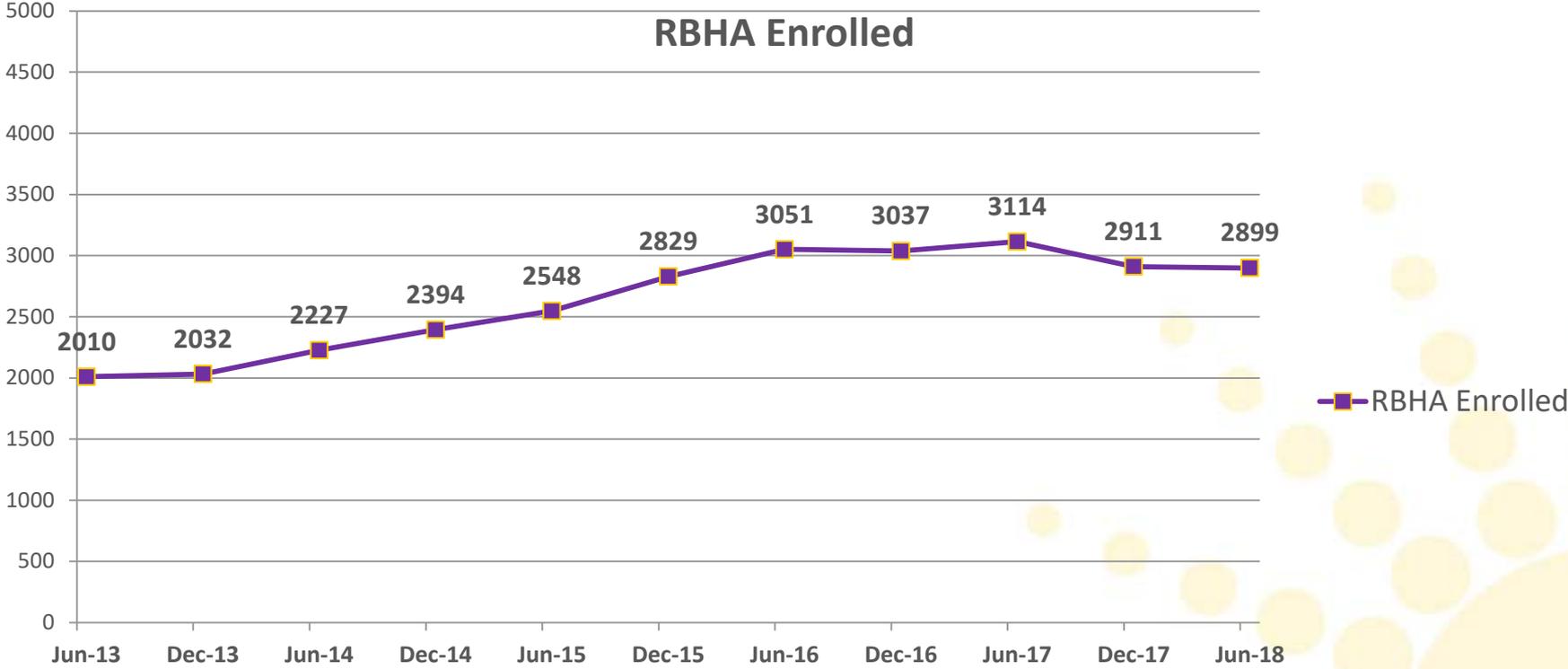
AHCCCS has an ISA with RSA/VR to provide specialty employment supports for members determined SMI. Through this ISA, the RBHAs and RSA/VR work together for the purpose of members gaining employment. Some of the specialty employment supports include:

- 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.



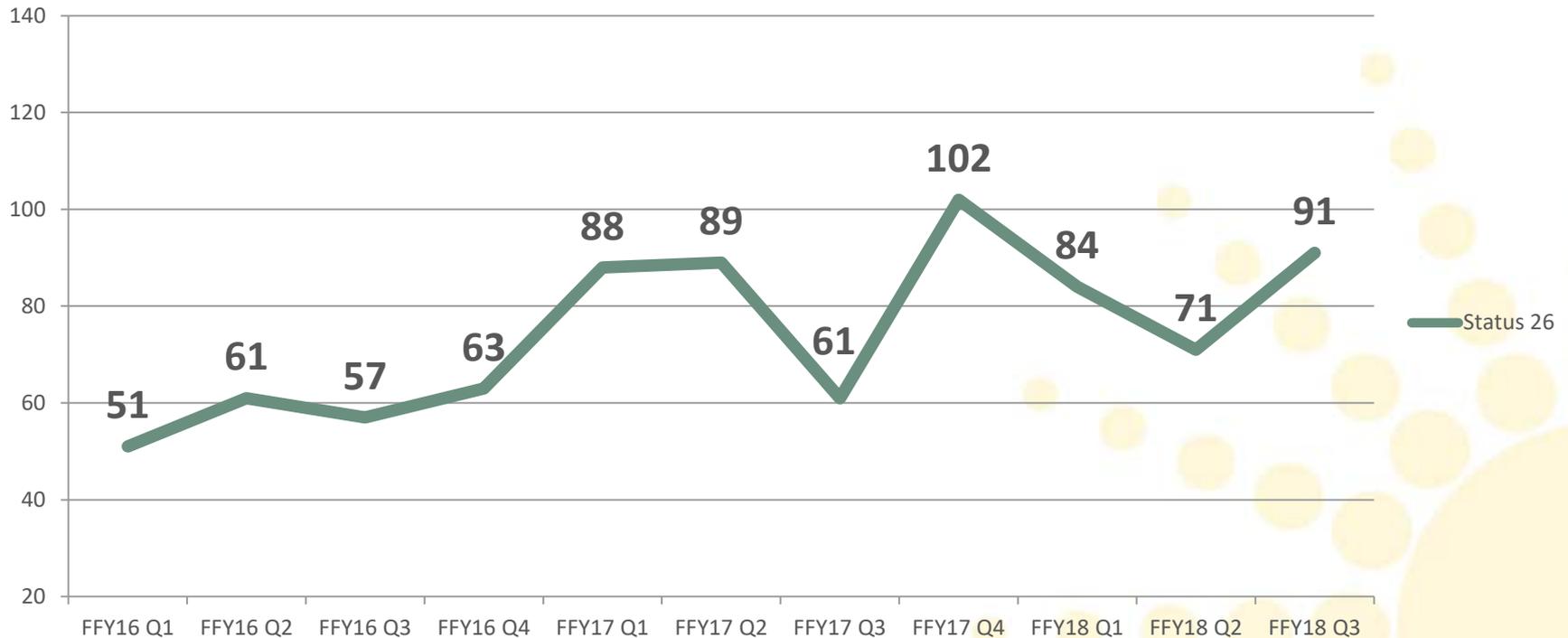
Number of Mutually-Enrolled SMI Members



Number of Successful Closures for Mutually-Enrolled SMI Members

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

Status 26



Examples of VR Services ***

Vocational
Guidance and
Counseling

Career
Exploration

Vocational and
Psychological
Evaluations

Work Adjustment
Training

Job Training/
Post Secondary
Education

Job Development
and Placement

Supported
Employment (Job
Coaching)

Benefits
Counseling

Work clothes,
supplies,
equipment, etc.,
in support of the
employment goal

*** Services may not be the same for everyone and are dependent on the specific needs of the individual ***

Employment Rates

Actual Data FY2018 Q2

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

Utilization Rates (**H2027**/Pre-Voc)

Actual Data FY2018 Q2

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

Utilization Rates (H2025/Post-Voc)

Actual Data FY2018 Q2

<u>RBHA</u>	Enrolled	Utilizers	%	<u>RBHA</u>	Enrolled	Utilizers	%
Combined (SMI, GMH, SU)				General Mental Health (Only)			
C-IC	10,036	567	5.65%	C-IC	4,365	154	3.53%
MMIC	13,768	568	4.13%	MMIC	7,650	32	0.42%
HCIC	3,609	218	6.04%	HCIC	1,755	28	1.60%
<u>RBHA</u>	Enrolled	Utilizers	%	<u>RBHA</u>	Enrolled	Utilizers	%
Serious Mental Illness (Only)				Substance Use (Only)			
C-IC	2,191	189	8.63%	C-IC	3,497	224	6.41%
MMIC	3,120	526	16.86%	MMIC	2,998	10	0.33%
HCIC	811	174	21.45%	HCIC	1,043	16	1.53%

Current Initiatives

- ❖ 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/>
 - ✓ 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

Developing The Contracted Healthcare Workforce



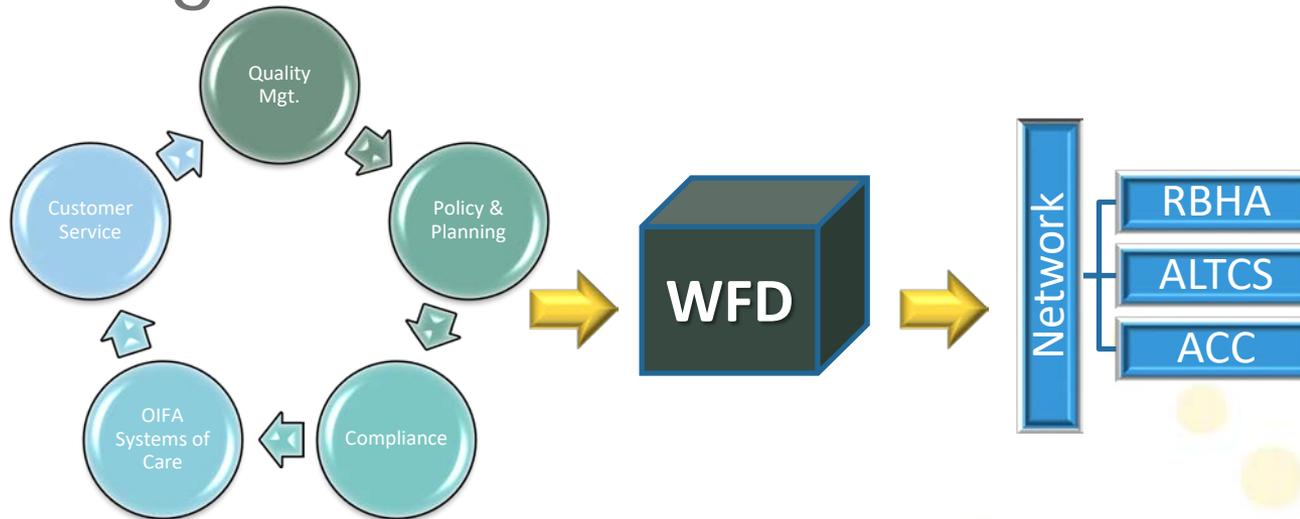
AHCCCS WFD Mission

- 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

Workforce Specific WFD Goals & 5C Plans



1. **Capacity** - Double the "N" of Direct Care Workers by 2030
2. **Capability** - Continue Transforming System – Training Evaluation & Development
3. **Connectivity** - Develop a shared vision of the Integrated Health Process from the Member perspective
4. **Culture** -
5. **Commitment** -

Ensuring Sustainable Capacity



**ALTCS
Workforce
Development**

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

Increasing Competency



**RBHA
Workforce
Development**

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

Establishing IHC Culture



**ACC
Workforce
Development**

- Developing WFD Teams
- Developing WF Scan
- Collaborative WFD Plan

HIE/HIT Update

Health Information Technology/Health Information Exchange Update

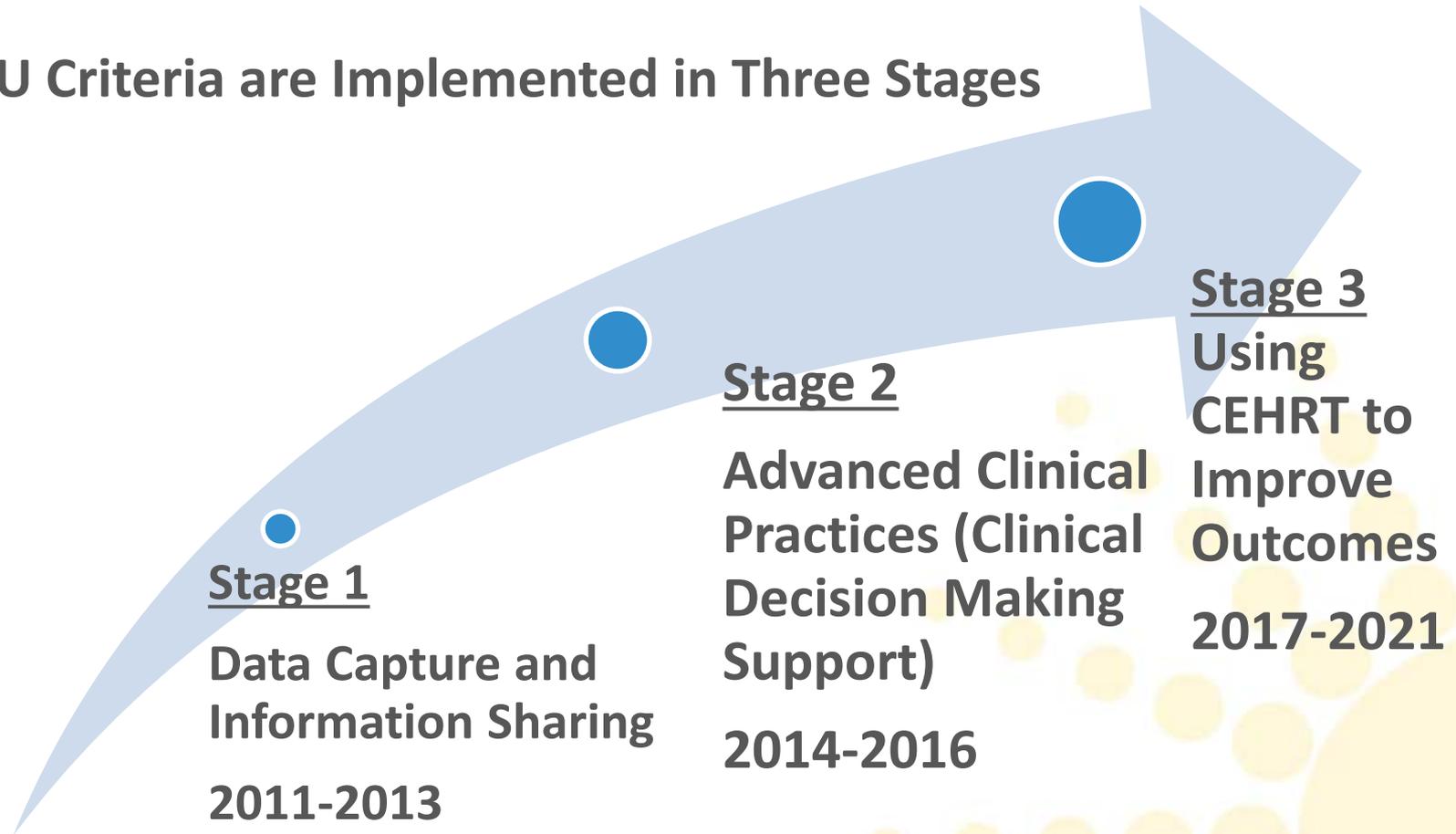
Lorie Mayer
AHCCCS HIT Coordinator
State Medicaid Advisory Committee

August 8, 2018



Steps for MU Implementation for Health Information Technology (HIT)

MU Criteria are Implemented in Three Stages



AZ Provider EHR Adoption Data

- 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.

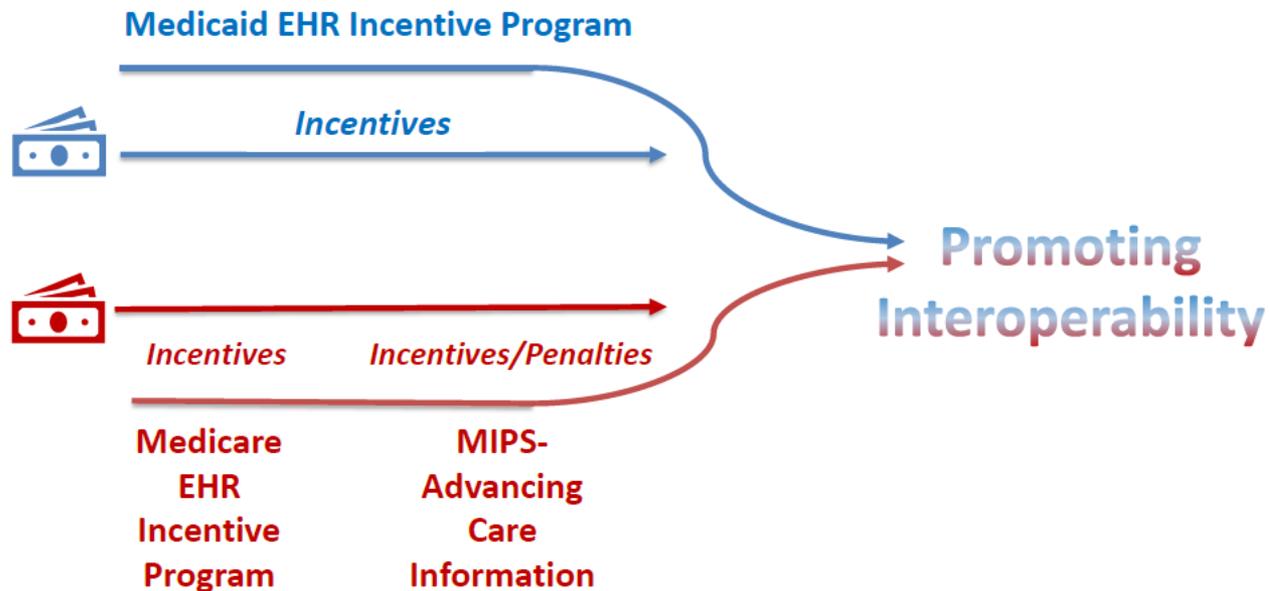
*ASU Center for Health Information and Research (CHIR)

Transition to Health Information Exchange



The CMS Road to Interoperability

Evolution to Promoting Interoperability



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

Milestones	M1 –Number of organizational agreements signed	M2- Data from Participant to HIE	M3 - Data from HIE to Participant	M4 -Bi - Directional Achieved; Administrative payment to the provider	M5- Custom interfaces for Assorted Specialized Registries
Health System/Hospital Count	30	23	17	16	0
FQHC/RHC Count	18	14	9	7	0
Community Providers <ul style="list-style-type: none"> • Rehab Facilities • Long Term Care • Primary Care Providers • Specialty Clinics <p>* BH Providers are tracked separately & not included in totals at this time</p>	211	12	87	12	1
Total	259	49	113	35	1

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)
https://www.azahcccs.gov/AHCCCS/Downloads/PublicNotices/rates/DifferentialAdjustedPayment_DAP_20181001_FinalNotice.pdf
- 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

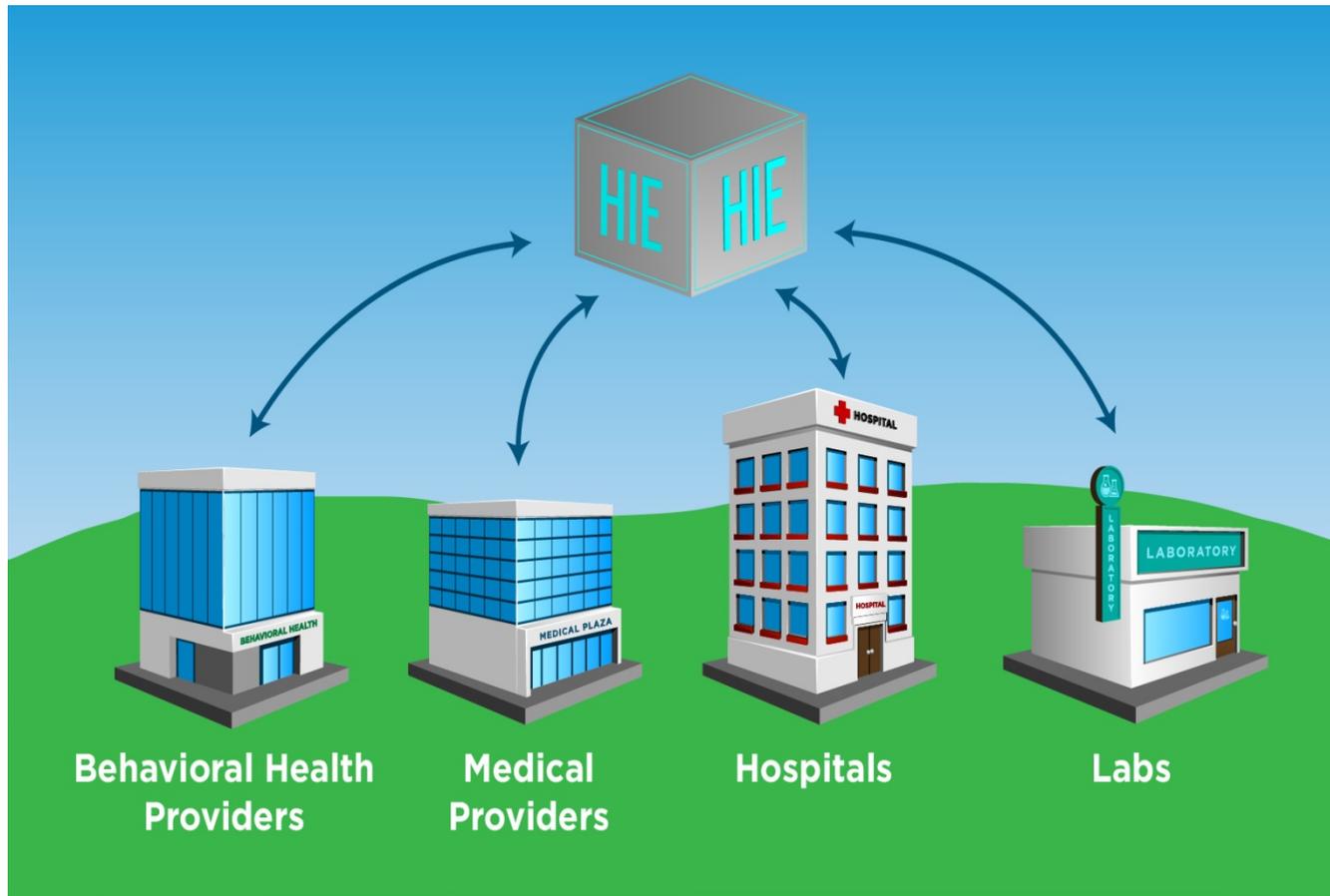
10+ Years:

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

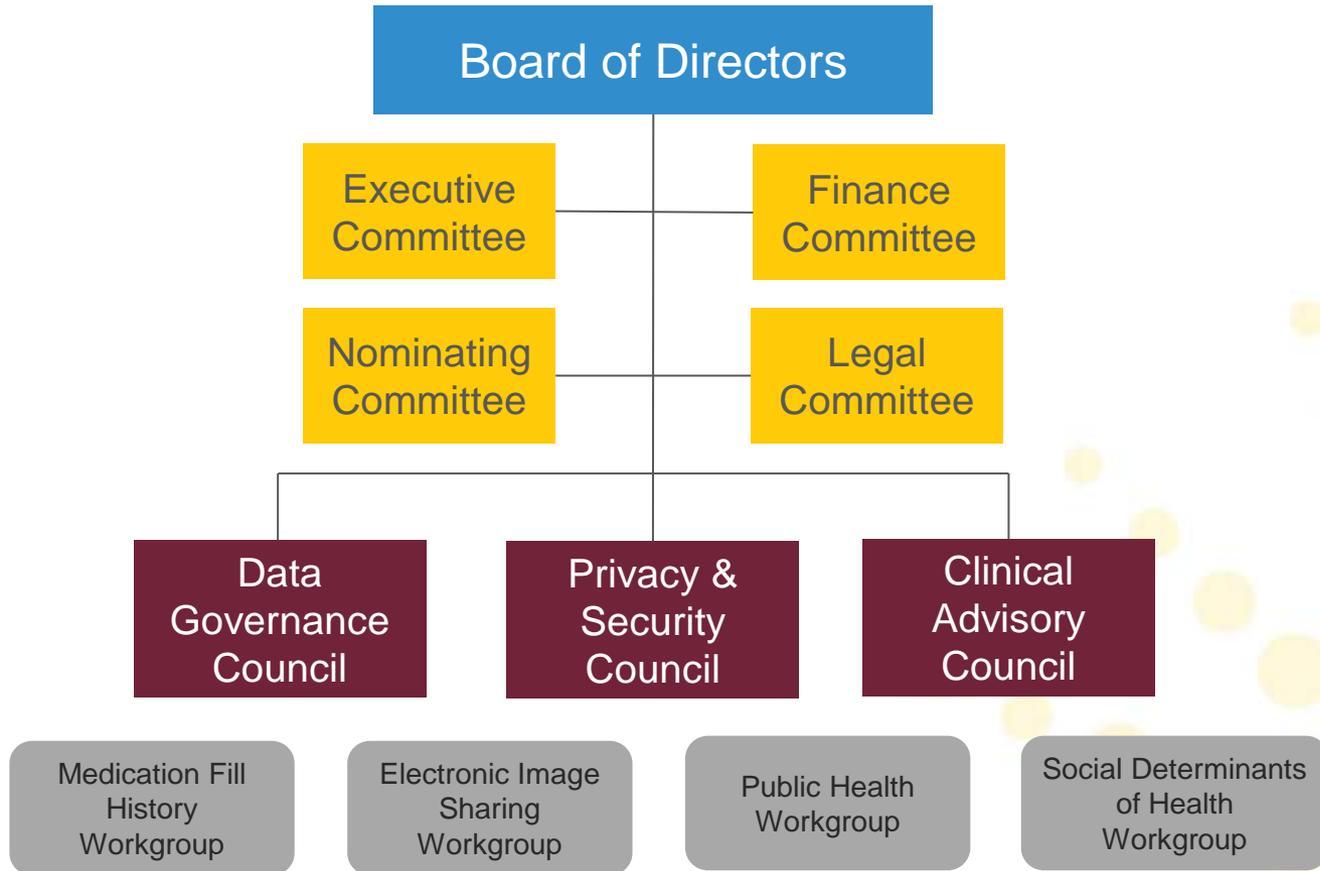
- Hospital information
- Laboratory Results and
- Medication History and Use and *now*
- Value Based Care Payment Arrangements

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



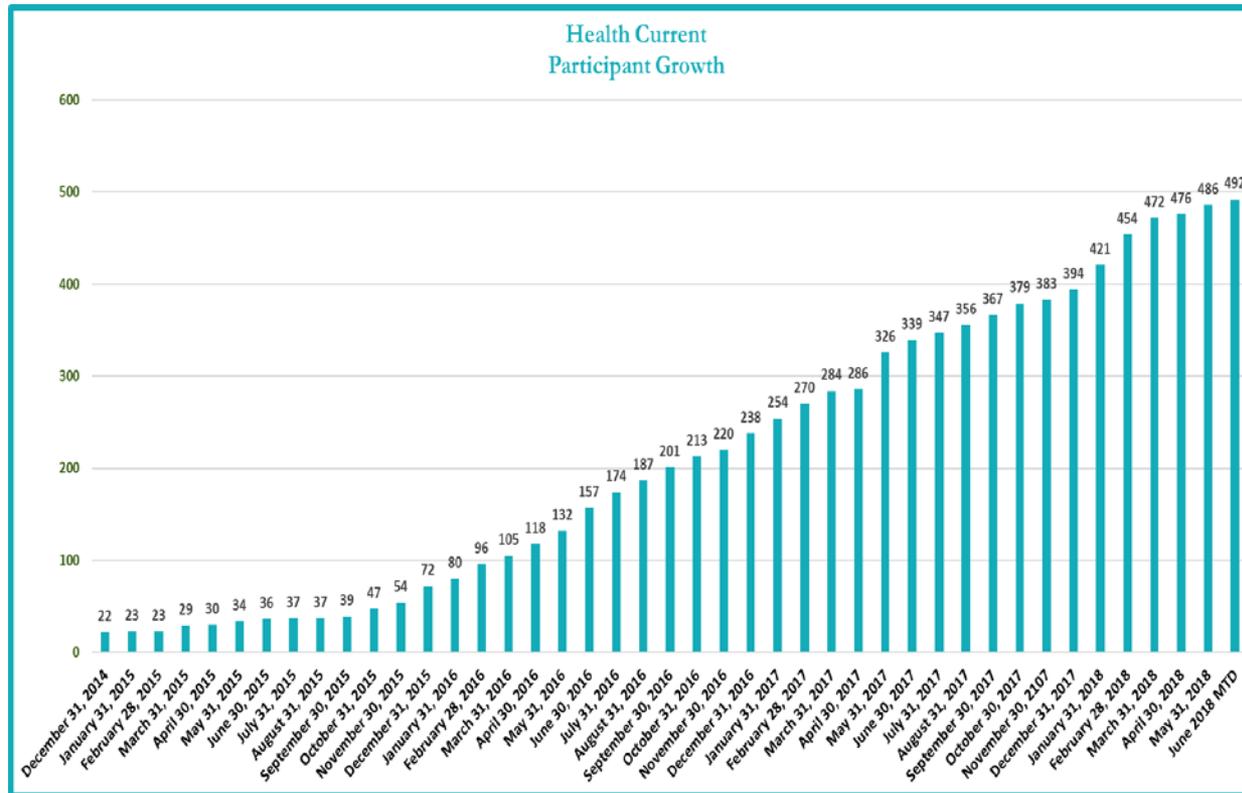
Health Current Governance



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

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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

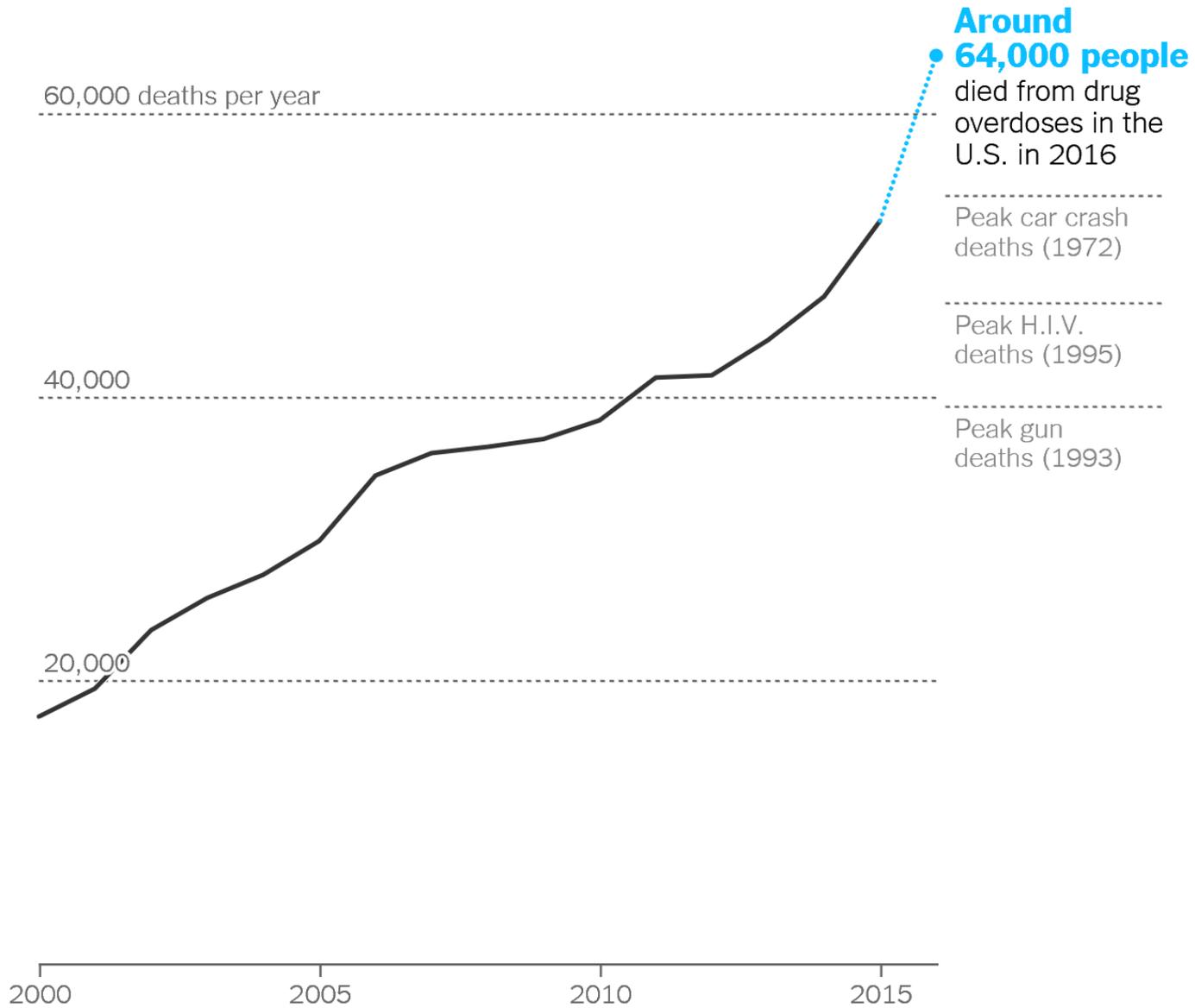


Arizona's Response to the Opioid Epidemic

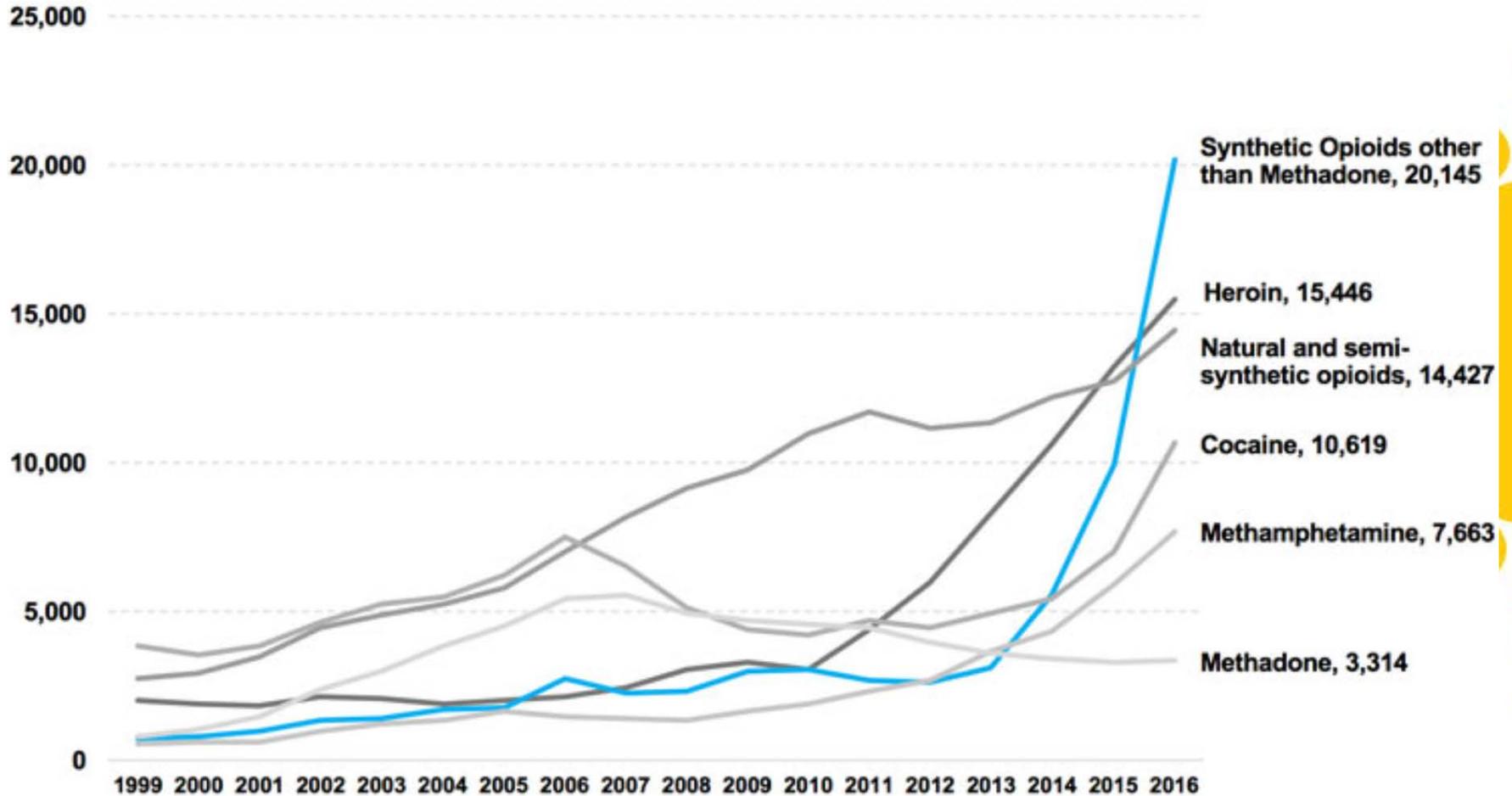


Total U.S. drug deaths

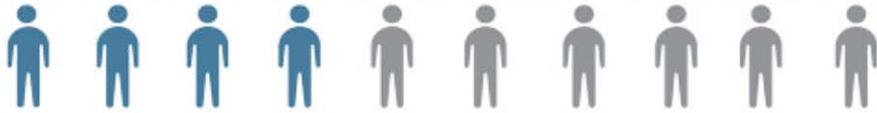
22% increase just since 2015



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



More than 2 Arizonans die each day from an opioid overdose



4 out of 10

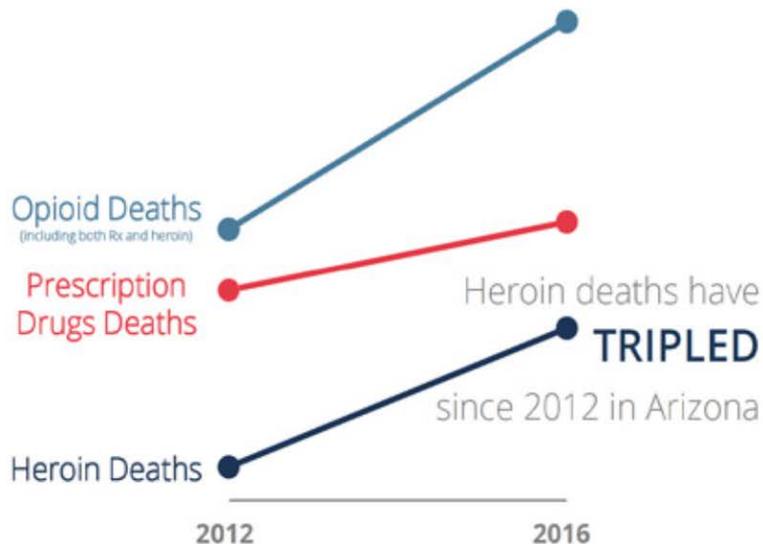
Arizona adults know someone addicted to **prescription painkillers**

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**

High Risk Populations

- Criminal Justice population
 - 1 in 10 opioid overdose deaths – most within 24 hours of release
- American Indians
 - 3x more likely for drug related overdoses
- Veterans
 - 55% spike in OUD in the past 5 years
- High MEDDs and Polypharm
 - Risk doubles at 50MEDDs, 10x at 90MEDDs
 - 4 in 10 Arizona deaths involve combo of opioids and benzos
- Trauma, depression, anxiety

ADHS Dashboard

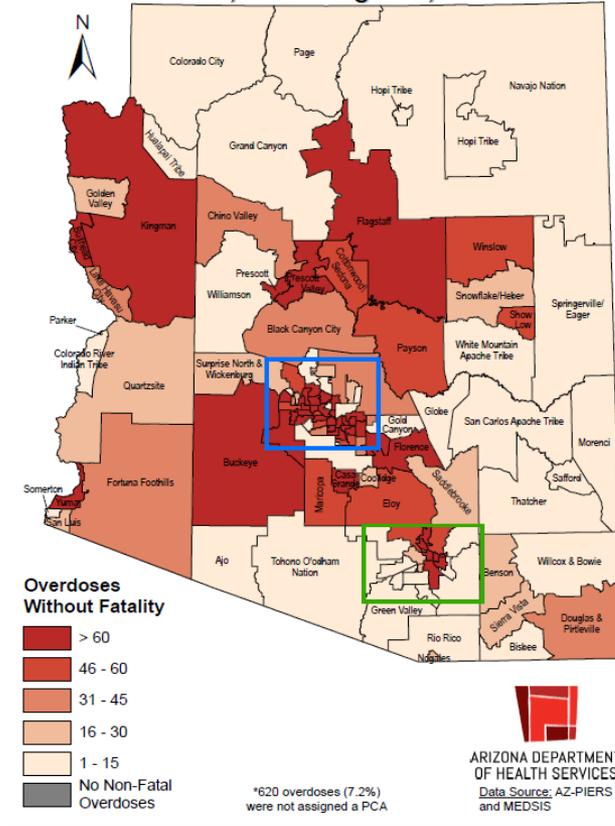
Data range: June 15, 2017 – August 2, 2018



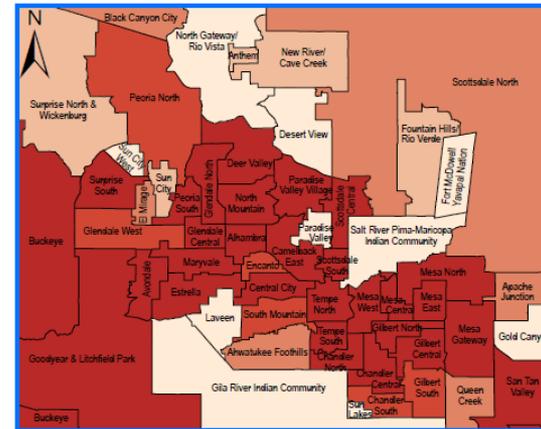
Figures from 6/5 10:49am

Hotspots in Arizona

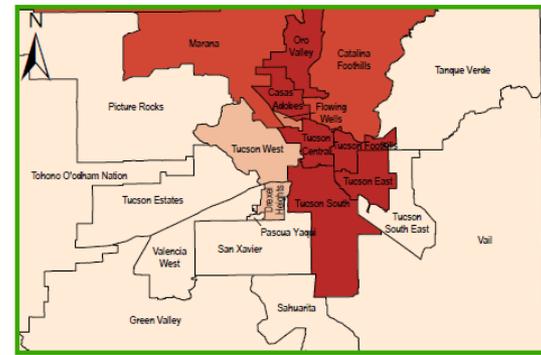
Number of Suspected Opioid Overdose Related Events Without Fatality by Primary Care Area (PCA), June 15, 2017 - August 2, 2018*



Metro Phoenix



Metro Tucson



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?



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

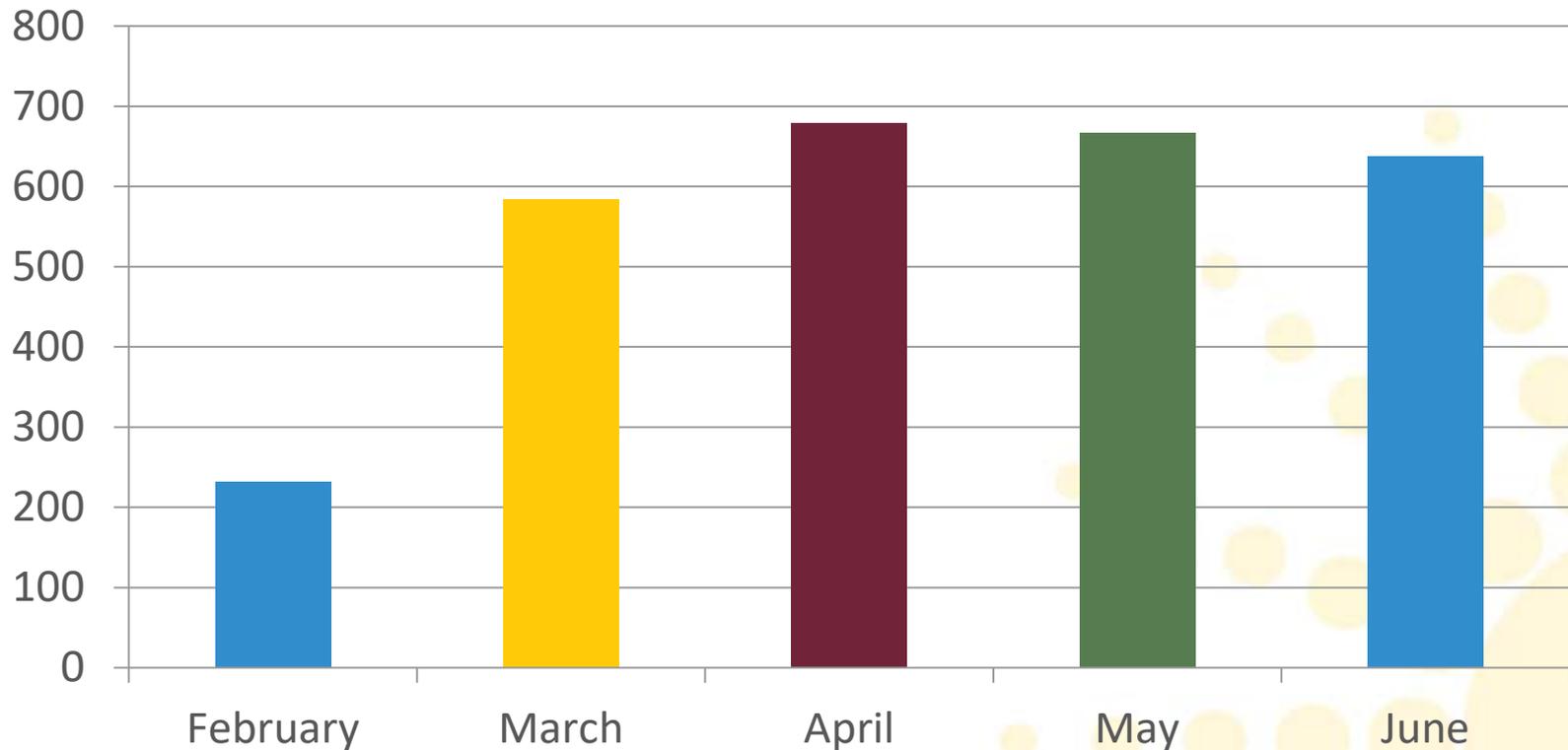
Substance Use Disorder Services Fund

Funds are to be used for direct services

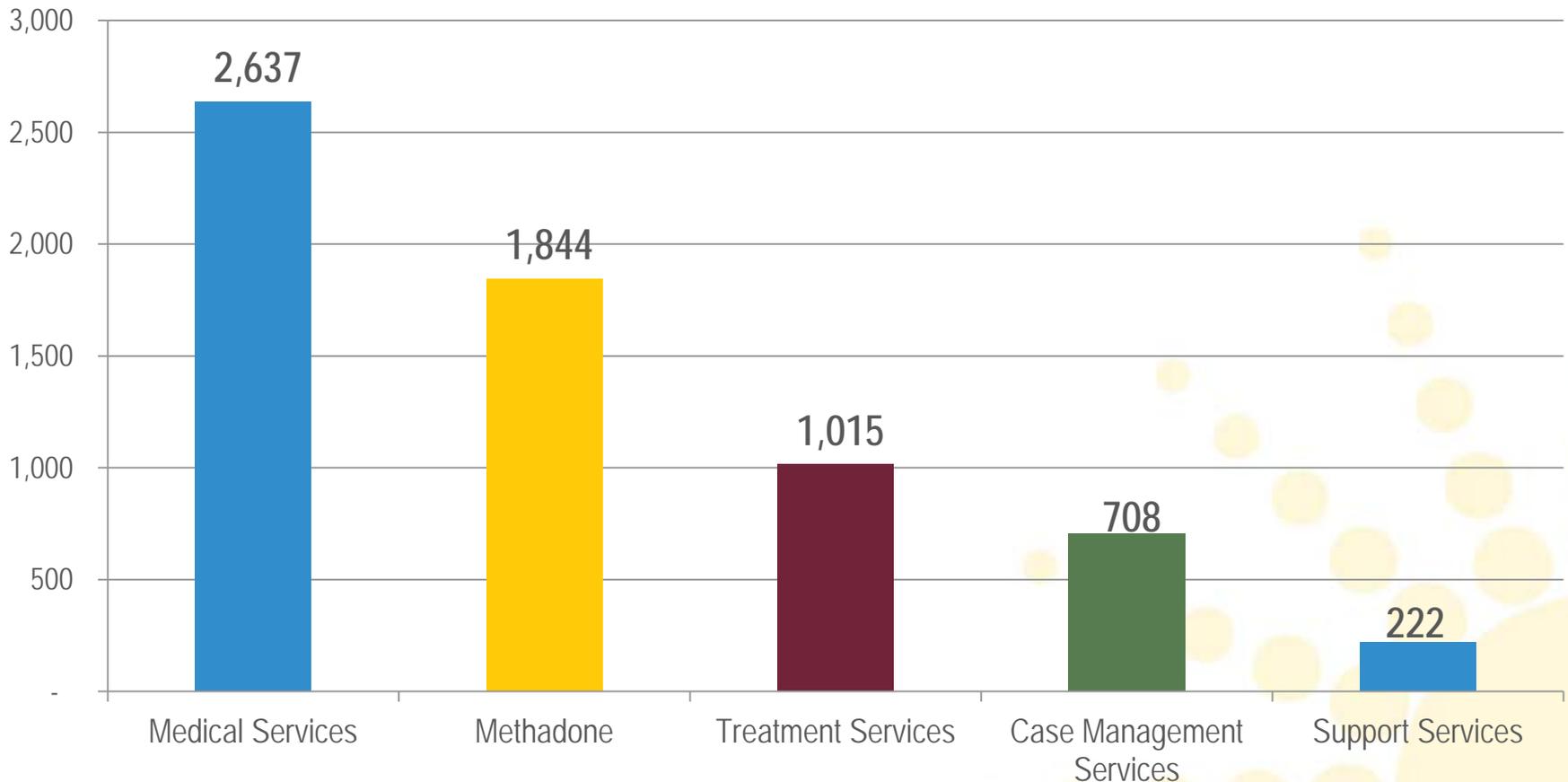
1. Increase outreach and identification of under and uninsured individuals with OUD
2. Increase navigation to OUD treatment
3. Increase utilization of OUD treatment services

Number of Individuals Served, Governor's Substance Use Disorder Services (GO SUDS) Fund, February 1, 2018 – June 31, 2018

2,800
TOTAL PERSONS SERVED



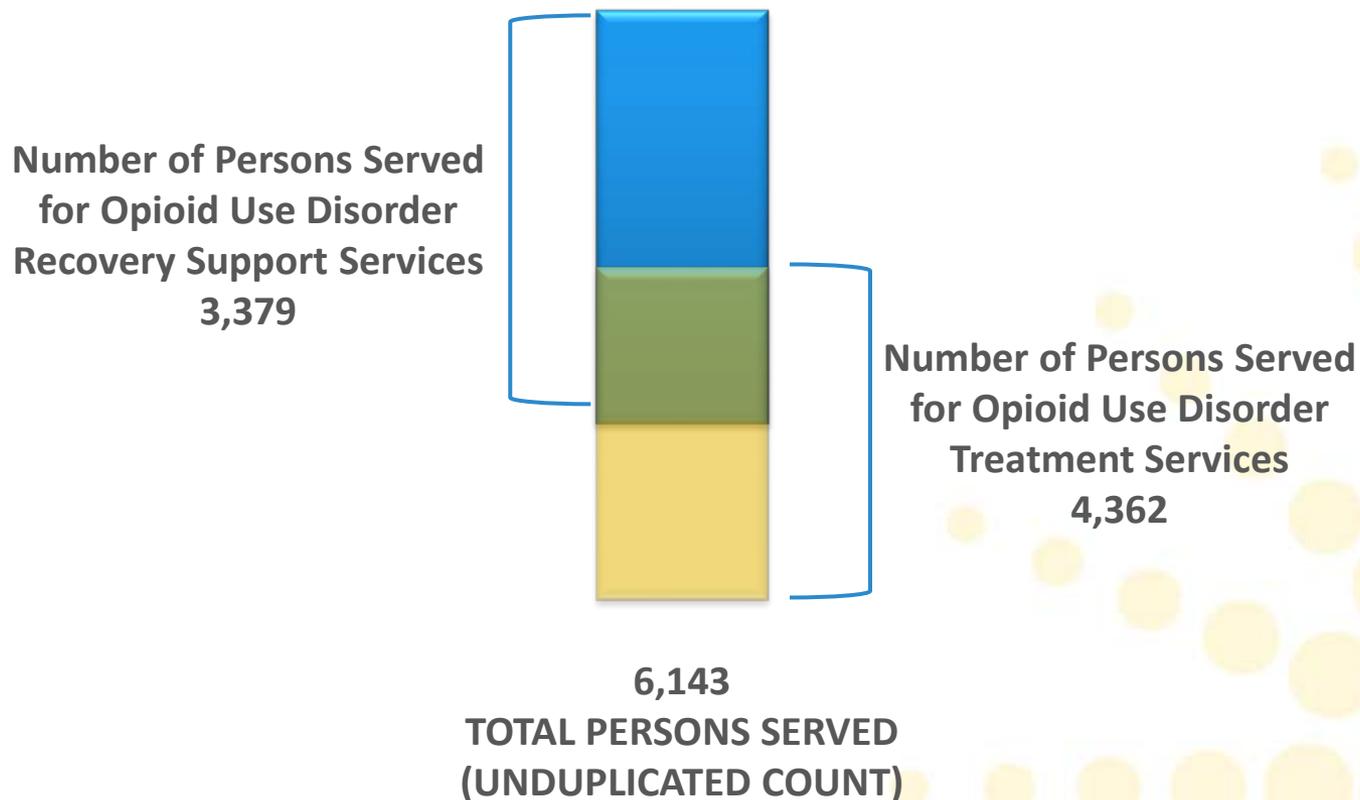
Top 5 Services, GO SUDS Fund, February 1, 2018 – June 31, 2018



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



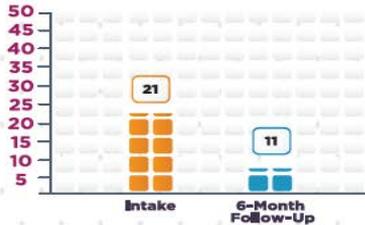
MAT – PDOA Criminal Justice Program

- **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

IN THE PAST 30 DAYS

NUMBER OF ARRESTS



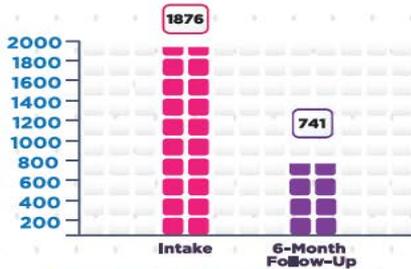
48% REDUCTION IN ARRESTS

NUMBER OF DRUG ARRESTS



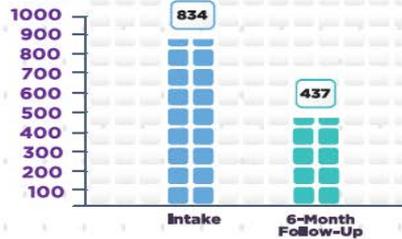
60% REDUCTION IN DRUG ARRESTS

NUMBER OF CRIMES COMMITTED



61% REDUCTION IN CRIMES COMMITTED

NIGHTS IN JAIL

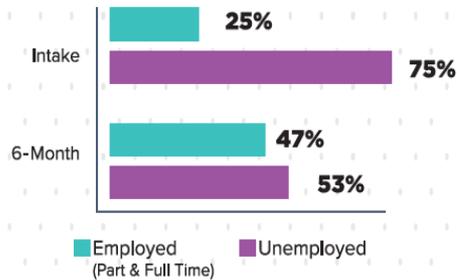


48% REDUCTION IN NIGHTS SPENT IN JAIL

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

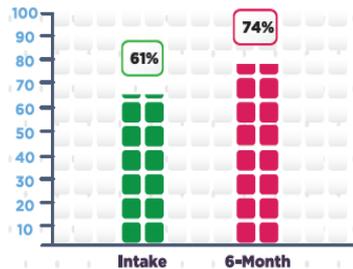


29% REDUCTION IN UNEMPLOYMENT
89% INCREASE IN EMPLOYMENT

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



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, 6-months, and at discharge. The program's follow-up rate includes the number of individuals providing data at intake and again at 6-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.

State Opioid Response (SOR) Grant

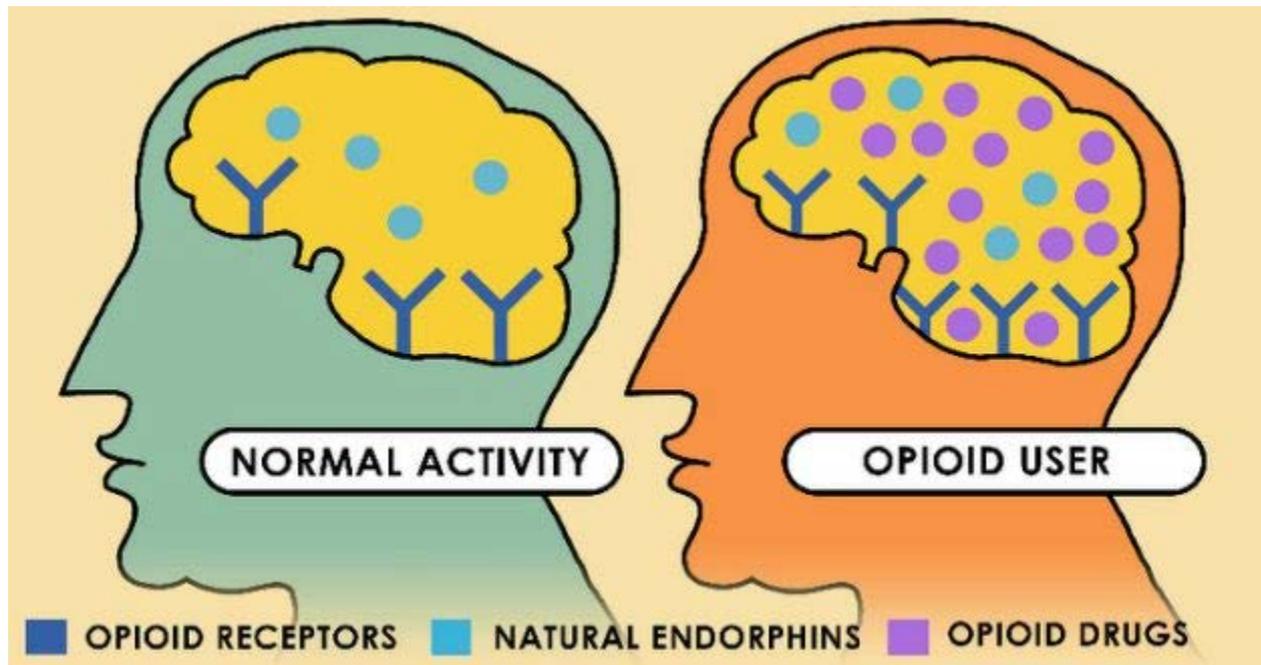
- \$19 million per year (2 years) Project Period 9/30/18 to 9/30/20
- Sustaining impactful STR programs
- Emphasis on prevention and recovery supports
- Centralized focus on high-risk populations (i.e. pregnant population, tribal communities, transient population, etc)
- Multi-sector collaboration with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



So, Now What?



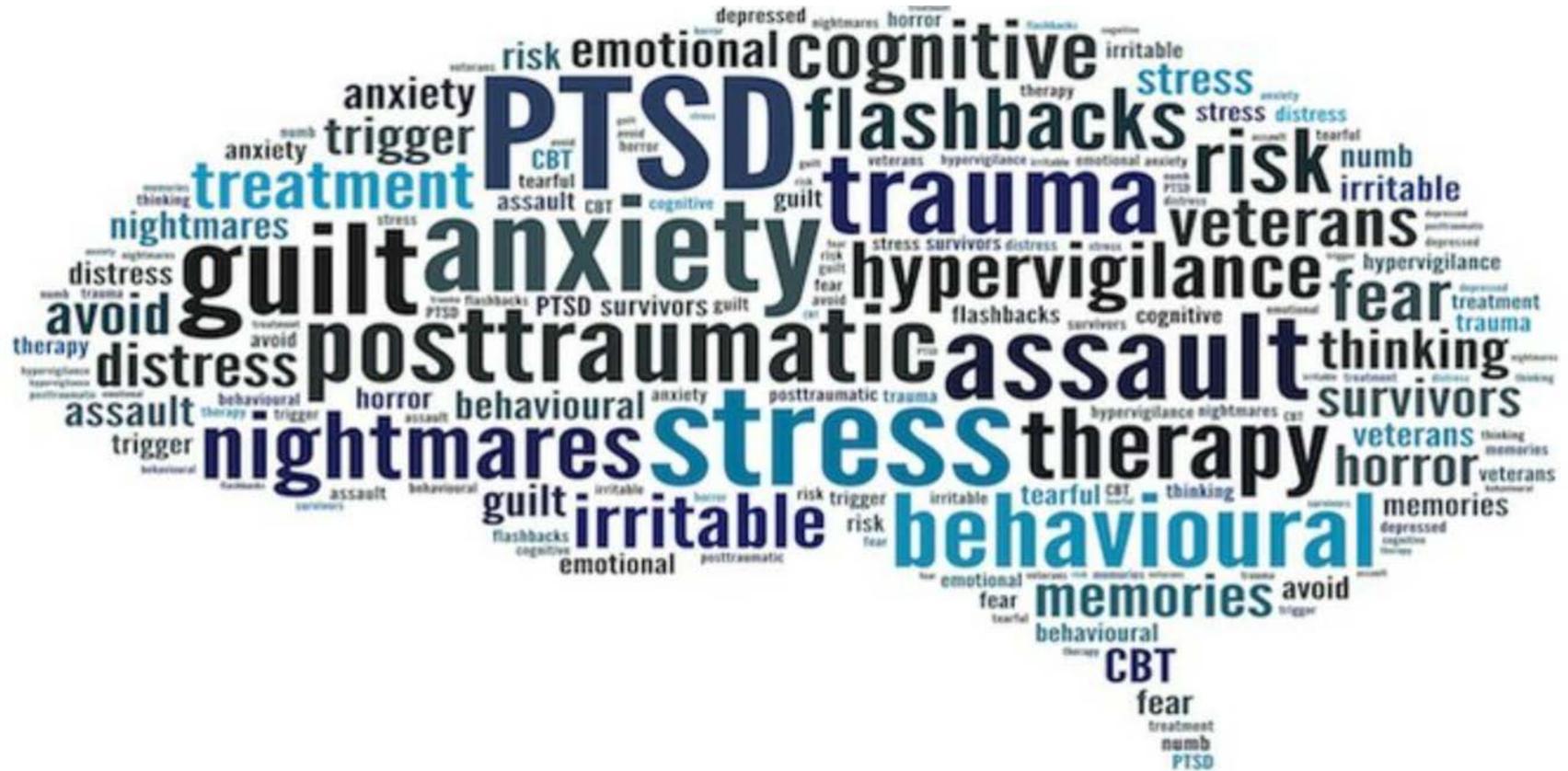
Use What Works!



The Voice of the Community



Understand and Educate: Trauma





WHAT YOU SEE

PISSED
INTIMIDATING
Dad
Tired
PISSED
Dad
UPSET
PISSED
Dad
UPSET
Daddy
Angry
Intimidating
Dad
PISSED
Daddy
Angry

WHAT I FEEL

nothing
tired
anti-social
judged
alone
empty
bored
angry
tired
scared
nothing
cold
empty
judged



Thank you

Matthew.Fallico@azahcccs.gov

