



State Medicaid Advisory Committee (SMAC)

Wednesday, October 17, 2018

AHCCCS
GOLD ROOM 3rd Floor
701 E. Jefferson Street
1 p.m. – 3 p.m.

Agenda

I. Welcome	Director Tom Betlach
II. Introductions of Members	ALL
III. Approval of August 8 th 2018 meeting summary	ALL

Agency Updates

IV. SMAC Revised Bylaws	ALL
V. AHCCCS Updates	Jami Snyder
VI. Demo ACC Update	Laurie Petre/ Angela Aguayo
VII. Housing Update	Josh Crites
VIII. Call to the public	Jami Snyder
IX. Adjourn at 3:00 p.m.	ALL

*2019 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:

January 10, 2019

April 11, 2019

July 11, 2019

October 18, 2019

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

August 2018 Meeting Summary

State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, August 8, 2018, AHCCCS, 701 E. Jefferson, Gold Room
1:00 p.m. – 3:00 p.m.

Members in attendance: Tom Betlach Cara Christ (phone) Tara McCollum Plese Kevin Earle Amanda Aguirre Peggy Stemmler Greg Ensell	Daniel Haley (phone) Leonard Kirschner Gina Judy (phone) Frank Scarpati Phil Pangrazio David Voepel Marcus Johnson
Members Absent: Kathy Waite; Kim VanPelt; Steve Jennings; Vernice Sampson; Kathleen Collins Pagels	
Staff and public in attendance: Yisel Sanchez, HRC Coordinator, AHCCCS Dana Hearn, AHCCCS Alex Bejarano, RCBH Tammy Winebrenner, Conduent Susan Kelly, Spark Therapeutic Jeff Mussack, OTSUKA Lorena Zendejas, RCBH Elena Rodriguez, RCFBH Jason Bezoz, Banner Health Liz McKenna, AZAAP John Zabukovec, Conduent Camille Kerr, Hanger Stan Siptis, Veyo Brian Hummell, ACSCAN Michel Sucher, CBI Karita Bernstein, FFF	Edgardo Rodriguez, RCFBH Krysten Dobson, AHCA Matthew Fallico, AHCCCS Eddie Sissions, RAS Adam Robson, AHCCCS John Crites, AHCCCS Bill Kennard, AHCCCS Terry Magden, AHCCCS Lori Mayer, AHCCCS Dara Johnson, AHCCCS Lori Howarth, Bayer Brandy Petrone, GSPA Beth Kohler, BCC Jeff Smith, HM Jennifer Carusetta, HSAA Pete Fisher, AZMA Jim Hammond, The Hertel Report

AGENDA

- | | | |
|-------------|--|--------------------|
| I. | Welcome & Introductions | Tom Betlach |
| II. | Introductions of Members | All |
| III. | Approval of May 9, 2017 Meeting Summary/Minutes | Unanimous |

AGENCY UPDATES

- | | | |
|------------|--|--------------------|
| IV. | AHCCCS Waiver and Legislative Update | Tom Betlach |
| | <ul style="list-style-type: none"> • AHCCCS Complete Care <ul style="list-style-type: none"> ○ Who is affected and when ○ Geographic service area ○ Transitions efforts | |

- American Indian members
- Timeline
- Contract timeline
- Waiver update
 - AHCCCS works
 - American Indian medical home
 - AIMH service tier levels
 - AIMH payments
 - Arizona PMPY spending vs. US
 - Cap rate history
 - GME funding and slots
 - AHCCCS value based purchasing goals
 - \$132M payments form HI
 - ALTCS applications
 - Performance
 - Member experience in HEAplus1/2018-7/2018

V. SDOH Employment, Housing, and Workforce Development Update

John Crites

- **Affordable Housing and Healthcare**
 - AHCCCS housing programs
 - Arizona Medicaid and affordable housing
 - Housing and Healthcare
 - Permanent supportive housing services
 - Housing is Healthcare
 - Upcoming initiatives
- **Employment**
 - Guiding philosophy
 - Employment services
 - AHCCCS covered BH services
 - Interagency service agreement
 - Number of mutually-enrolled SMI members
 - Number of successful closures for mutually-enrolled SMI members
 - Examples of VR services
 - Employment rates, actual data FY2018 Q2
 - Utilization rates (H2025/Post and Pre Voc)
 - Current initiatives
- **Workforce Development**
 - Developing the contracted healthcare workforce
 - AHCCCS WFD mission
 - AHCCCS WFD priorities
 - Workforce specific WFD goals and 5C plans
 - Ensuring sustainable capacity
 - Increasing competency
 - Establishing IHC culture

VI. Health Information Technology/Health Information Exchange Update

Lori Mayer

- Steps for MU implementation for health information technology
- A Provider EHR Adoption DATA
- Transition to health information exchange
- The CMS road to interoperability

- AHCCCS had 3 different financial programs to encourage HER adoption and HIE use
- AZ EHR Incentive payment totals
- AHCCCS HIE onboarding program
- Descriptions of AHCCCS HIE onboarding program milestones
- HEI onboarding milestone status of Medicaid providers
- American Indian medical home
- AIMH service tier levels
- Other ways AHCCCS is encouraging HIE connectivity
- Connecting the Healthcare Community- The State of HIR in AZ
- Strategy for building out HIE
- Health Current Governance
- HIE Stats, Services and Programs
- Participation Statistics-Monthly HIE Growth
- HIE Participants
- Core HIE Services Currently Operating
- Upcoming

IX. Arizona's Response to the Opioid Epidemic

- Total U.S. Deaths
- Drugs Involved in U.S. Overdose Deaths
- High Risk Populations
- ADHS Dashboard
- Hot Spots in Arizona
- What is Arizona Doing to Solve the Opioid Crisis
- Arizona Strategies
- Arizona Opioid Epidemic Act
- Substance Use Disorder Services Fund
- Number of Individuals Served through GO SUDS
- Top 5 Services- GO SUDS Fund
- Opioid State Targeted Response (STR)
- Total Number of Persons Served
- MAT- PDOA Criminal Justice Program
- MAT- PDOA Outcomes
- Additional Outcomes
- State Opioid Response (SOR) Grant

X. Call to the Public

Tom Betlach

XI. Adjourn at 3:07 p.m.

All

Bylaws

**BYLAWS FOR THE
A.H.C.C.S
STATE MEDICAID ADVISORY COMMITTEE (SMAC)**

MISSION

The committee SMAC will participate in the consideration of the development of policy and program administration for the Arizona Health Care Cost Containment System (AHCCCS). Participation will include review of AHCCCS policy and programs by reviewing policy, rules and administrative issues for applicable AHCCCS programs. . The committee SMAC will advise the Director of AHCCCS on policy and administrative issues of concern to the committee SMAC member's constituency.

To facilitate accomplishing this its mission, the committee SMAC will, whenever practicable, recommend issues and/or policies for to be included inclusion on the SMAC agenda to allow in order to allow for deliberation consideration of major policy issues prior to their implementation, as much as practicable. SMAC membership may also request ; receive background information and/or policy papers prior to in advance of SMAC meetings, allowing for a deliberative s, if available; and have the opportunity to discuss discussion of the issues with AHCCCS Senior Management during the SMAC meeting. .

AUTHORITY

The SMAC committee operates in accordance with 42 CFR 431.12 and the State Medicaid Plan.

DEFINITIONS

“AHCCCS” or “Administration” means the Arizona Health Care Cost Containment System the Arizona Health Care Cost Containment System (AHCCCS) as defined in Arizona Revised Statutes (A.R.S.) §§ 36-2901, 36-2931, 36-2971 and 36-2981.

“Committee SMAC” means the State Medicaid Advisory Committee, as appointed by the Director.

“Director” means the Director of AHCCCS as specified in A.R.S. §§ 36-2901, 36-2931, 36-2971 and 36-2981.

SMAC COMMITTEE COMPOSITION

The authorized number of committee member shall be at least seventeen (17). The committee SMAC shall include the AHCCCS Director or designee, the DHS Director of the Arizona Department of Health Services (ADHS) or a designee, and the Director of the Department of Economic Security (DES)DES Director or a designee. The remaining authorized members shall be no less than seventeen (17), as follows:; eight (8) health care providers or professionals with a direct interest in the AHCCCS program; and nine (9) members of the public (e.g. such as a Medicaid recipient, a consumer advocate, a representative of a tribal community, or a representative of the educational community, etc.).

APPOINTMENT PROCESS AND LENGTH OF TERM

The AHCCCS Director or a designee, the ADHS Director or a designee, and the DES Director or a designee positions are ex-officio (i.e. permanent position by virtue of the position with their respective State agency). The remaining seventeen (17) committee members shall be appointed by the AHCCCS Director. A term shall last for two years from the date of appointment and no member shall serve more than three terms. for 2, 3 year terms. Committee members appointed in accordance with these Bylaws shall serve three-year terms and cannot serve for more than two consecutive three year terms. After serving as a member for three consecutive terms, any six consecutive years, a member is notmay be appointed again after a waiting period of 24 months. eligible for selection under these bylaws for a period of 24 months.

The AHCCCS Director or a designee is the committee's SMAC chairperson and is responsible for setting meeting agendas. The chairperson can call special meetingsSpecial meetings of the committeeSMAC may be called by the chairperson. Written nNotice of a special meeting shall be given at least five (5) days before the meeting, by written notice specifying the date, time and purpose of the meeting. The chairperson shall preside at all meetings, and shall facilitate discussion by the members.

Any vacancy shall be filled by the AHCCCS Director. The committee mSMAC ay shall submit to the Director a list of nominees for expiring terms. The Director may solicit or receive nominations from other sources. The appointment is process will occur yearlyannually in October. At that time, new appointments will be made for seats for members who have served the maximum of three, two-year terms. according to the term schedule to fill open seats on the committee. Any vacancy occurring on the committee may be filled by the AHCCCS Director. Any appointed member of the committeeSMAC may can resign by giving written notice to the committeeSMAC, SMAC

chairperson or staff assistant **SMAC Liaison**. Any such resignation shall take effect at the time specified therein, or, if not specified therein, upon its receipt.

Any committee **SMAC** member appointed by the Director may be removed by the committee **SMAC** or the Director whenever it is deemed to be in , in its judgement, the best interests of the committee **SMAC** and **AHCCCS**.

STAFF ASSISTANCE

Staff assistance from the Administration shall be available to the **SMAC committee** at the request of the chairperson or the **full committee as a whole**. The designated **SMAC Liaison Manager** shall provide staff assistance. Independent technical assistance shall be available at the request of the **full committee SMAC**, if determined necessary by the Director and **appropriate** funds are available.

MEETINGS

SMAC meetings are open to the public. The **m**Meetings shall be held quarterly on the 2nd Wednesday of January, April, July and October, or **otherwise as the upon the call of the Director deems appropriate**.

A committee member may participate in a meeting by means of a **tele-** conference telephone or online, **so long as that method does not detract from other participants' ability to communicate with one another**. by means of which all persons participating in the meeting can hear each other at the same time. Participating **in this manner** such means shall constitute **presence in person attendance**. in person at a meeting. If a committee **SMAC** member is unable to attend a meeting, **that** member is requested to notify the **SMAC Liaison Manager** of their absence prior to the date of the meeting. Members are encouraged to send a representative to meetings they are unable to attend. Members are requested to notify the **SMAC Liaison Manager** with the name of the individual who will be attending on their behalf. **The SMAC meetings are open to the public**.

MEETING MATERIALS

When available, handouts for the current agenda will be mailed two weeks in advance of the meeting. Members shall bring all mailed handouts to the meeting to facilitate discussion.

If a member is unable to attend the meeting and is sending a representative, please forward the handouts to the representative to bring to the meeting.

FEDERAL FINANCIAL PARTICIPATION

Medicaid recipient members shall be reimbursed for necessary costs, such as transportation and childcare, to facilitate their attendance at committee meetings.

If determined necessary and available by the AHCCCS Director, Federal financial participation at 50 percent shall be secured for expenditures for the participation of the Medicaid recipient members and for committee activities, including independent technical assistance costs.

AMENDMENT

These Bylaws may be altered, amended or repealed and new or revised bylaws may be adopted by a majority of the entire committee **SMAC** at any regular meeting or special meeting, provided that at least ten (10) days written notice is given of intention to alter, amend, or repeal or to adopt new Bylaws at such meeting.

42 Code of Federal Regulations (CFR)

Part 431-State Administration

Subpart A-Single State Medicaid Agency

42 CFR 431.12 § 431.12 Medical care advisory committee.

(a) Basis and purpose. This section, based on section 1902(a)(4) of the Act, prescribes State plan requirements for establishment of a committee to advise the Medicaid agency about health and medical care services.

(b) State plan requirement. A State plan must provide for a medical care advisory committee meeting the requirements of this section to advise the Medicaid agency director about health and medical care services.

(c) Appointment of members. The agency director, or a higher State authority, must appoint members to the advisory committee on a rotating and continuous basis.

(d) Committee membership. The committee must include –

(1) Board-certified physicians and other representatives of the health professions who are familiar with the medical needs of low-income population groups and with the resources available and required for their care;

(2) Members of consumers' groups, including Medicaid recipients, and consumer organizations such as labor unions, cooperatives, consumer-sponsored prepaid group practice plans, and others; and

(3) The director of the public welfare department or the public health department, whichever does not head the Medicaid agency.

(e) Committee participation. The committee must have opportunity for participation in policy development and program administration, including furthering the participation of recipient members in the agency program.

(f) Committee staff assistance and financial help. The agency must provide the committee with –

(1) Staff assistance from the agency and independent technical assistance as needed to enable it to make effective recommendations; and

(2) Financial arrangements, if necessary, to make possible the participation of recipient members.

(g) Federal financial participation. FFP is available at 50 percent in expenditures for the committee's activities.

*Excerpts from SMAC Bylaws Rev. 5/2018



**State Medicaid Advisory Committee
(SMAC)**

I _____ (please print name) affirm to commit to attending all quarterly State Medicaid Advisory Committee meetings during the 2018 – 2019 calendar years. When I am unable to attend a meeting(s), I will send a delegate who can represent the views of the constituency I represent.

If I am unable to meet this commitment as a member of the SMAC, I will notify the AHCCCS Director's Office immediately to allow a new committee individual to be appointed to my committee slot.

(Signature)

(Date)

2018 SMAC Meetings

Per Bylaws, meetings are to be held 2nd Wednesday of February, April, July and October. Meeting dates and times are scheduled as follows:

**February 7, 2018 1 – 3 p.m.
May 9, 2018 1 – 3 p.m.
August 8, 2018 1 – 3 p.m.
October 17, 2018 1 – 3 p.m.**

AHCCCS Update



AHCCCS Update

State Medicaid Advisory Committee
October 17, 2018



Strategic Plan & Budget Update



AHCCCS Strategic Plan

Goals	Goal Performance Indicator(s)	Objectives FY 2019
1: AHCCCS must pursue and implement long term strategies that bend the cost curve while improving member health outcomes.	Percentage of Health Plan spend in alternative payment models	a) 47% of Health Plan spend in alternative payment models
	Number of regulatory flexibilities approved	b) 3 regulatory flexibilities approved
	Number of members receiving a Medicaid behavioral health service in schools	c) Increase the number of members receiving a Medicaid behavioral health service in a school by 10%
2: AHCCCS must pursue continuous quality improvement	Percent of measures which exceed the National Committee for Quality Assurance (NCQA) mean	a) 50% of measures exceed the NCQA mean
	Number of facilities achieving medical home status	b) 8 facilities achieve medical home status
	Overall number of prescribed opioids	c) 13% reduction in overall number of opioids prescribed
3: AHCCCS must reduce fragmentation driving towards an integrated sustainable healthcare system	Percent of AHCCCS enrollees served in a fully integrated health plan	a) 98% of AHCCCS enrollees served in a fully integrated health plan by October 1, 2018
	Percent of Targeted Investment (TI) participants retained	b) Retain 95% of TI participants
	Number of provider organizations participating in the Health Information Exchange (HIE)	c) Increase number of provider organizations participating in the HIE to 580
	Percent of members who receive at least one BH service per month during their first six months of CMDP enrollment	d) Increase percent of members who receive at least one service per month during their first six months of CMDP enrollment from 76% to 80%
	Percent of pre-release inmates who receive a service within 3 months of release from incarceration	e) Increase percent of pre-release inmates who receive a service within 3 months of release from 43% to 50%
4: AHCCCS must maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations	AHCCCS Overall Employee Engagement Score	a) Increase engagement score to 9
	ADOA system security evaluation score	b) Increase ranking on the ADOA system security evaluation score to 725

SFY20 Budget Request

- Hospital Assessment
 - Increase of \$21.5M over FY19 due to reduction in FMAP from 93% to 90% on 1/1/20
- KidsCare
 - \$7.9M GF due to reduction in FMAP from 100% to 90.14% on 10/1/19
- Capitation Rates
 - Projecting overall weighted capitation increase of 2.5%
- Other Considerations
 - Comp adjustments, Asset Verification System, Provider Management System upgrade, Electronic Visit Verification

when?

who?

what?

where?

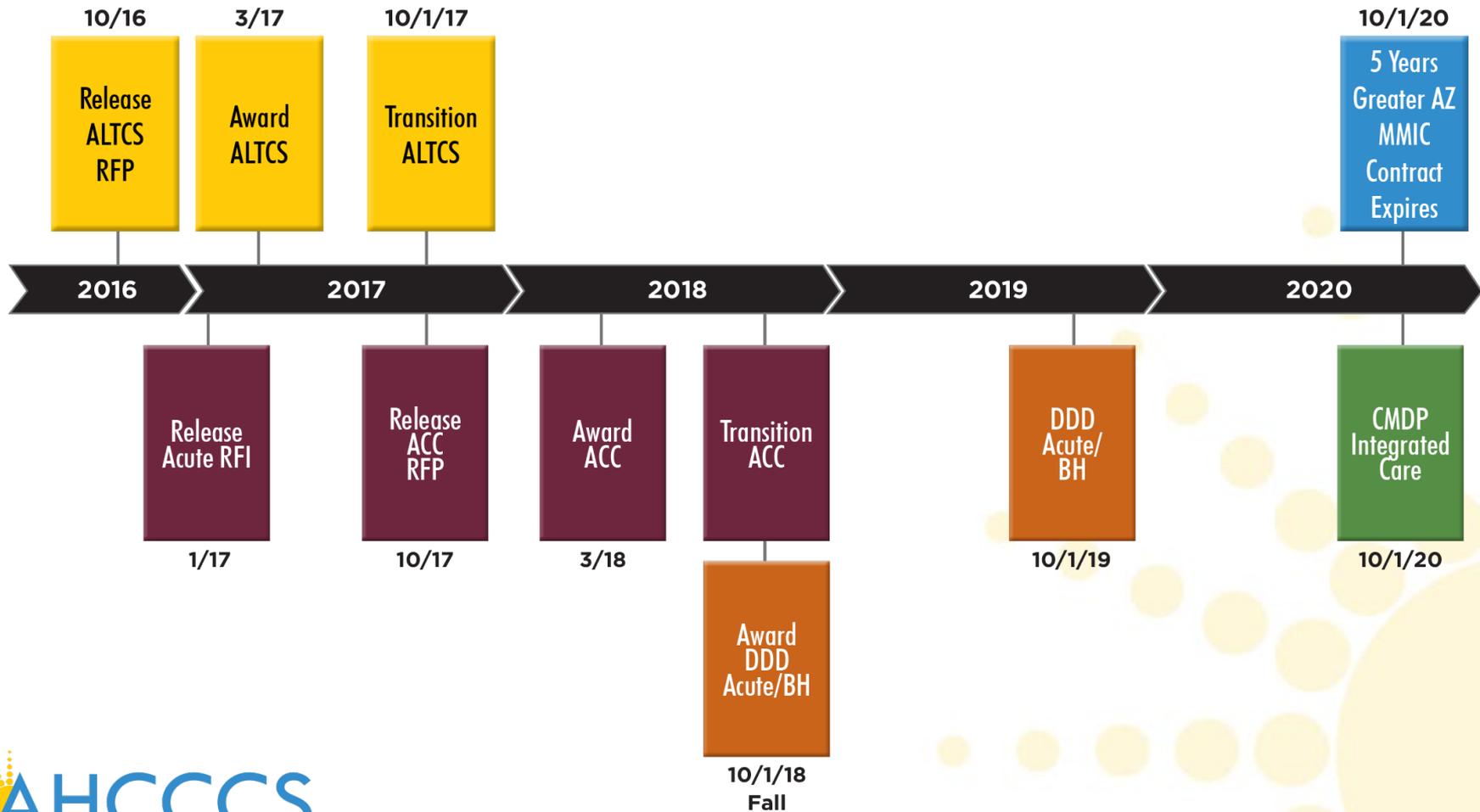
AHCCCS Complete Care (ACC)



Post Go-Live Monitoring

- Closely monitoring plan activity: member calls, provider calls, transportation, pharmacy, care coordination, claims payment, etc.
- No major concerns related to gaps in care or failure to coordinate care
- Issues addressed to date
 - Education of pharmacies on member enrollment lookup
 - Transport of minors
 - Specific plan call center challenges

AHCCCS Contract Timeline



State Opioid Response Grant



State Opioid Response (SOR)

- **Funding Period:** 9/30/18 – 9/29/20 (2 years)
- **Amount:** \$20M per year
- **Status:** Awarded
- **Area served:** All Regions *Funding will go through T/RBHAS; additional projects will go to RFP*
- **Population of Focus:** Individuals re-entering the community from correctional settings; individuals in rural and isolated areas; individuals experiencing homelessness; tribal populations; veterans, military service members and military families; pregnant women and parents with OUD; and individuals who have experienced trauma, toxic stress or adverse childhood experiences (ACEs).

SOR Program Activities

1. Sustaining and Enhancing Naloxone Distribution;
2. Increasing Localized Community Opioid Prevention Efforts;
3. Expanding Trauma-Informed Care Prevention, Treatment and Recovery Efforts;
4. Expanding Navigation and Access to MAT through 24/7 access points (Medication Units, New OTPs and extending operating hours for OTPs);
5. Expanding access to recovery support services (i.e. housing, peer supports, job assistance and supportive recovery programming) and
6. Increasing public access to real-time prevention, treatment and recovery resources “no-wrong door”

Behavioral Health Services in Schools



Strategies in CYE19

- \$3M appropriation legislative appropriation
- \$10.4M funding in cap rates in CYE19 to enhance access to BH services on campus
 - Required implementation plan and quarterly deliverable, documenting efforts to offer behavioral health services on campus
- \$1M for targeted training in schools through interagency services agreement with ADE
- Exploring opportunities to enhance Medicaid School-Based Claiming (MSBC) program

Pending Waiver Requests



AHCCCS Works

- AHCCCS submitted a request to CMS to implement AHCCCS Works on 12/19/17
- Requirement applies to able-bodied adults 19-49 who do not qualify for an exemption
- Must be employed or actively seeking employment, attending school or participating in an employment support and development activity for at least 80 hours per month
- Operational workgroups defining policy parameters and system requirements in preparation for waiver approval
- Four states' waivers approved to date: Kentucky, Indiana, Arkansas, New Hampshire
- Negotiations with CMS ongoing

Prior Quarter Coverage

- Currently, Arizona covers enrollees three months prior to the month of application if the enrollee would have been eligible at any point during those months
- Amendment submitted on April 6, 2018 proposes to limit retroactive coverage to the month of application, consistent with AHCCCS policy prior to 2014
- CMS requiring exemptions for pregnant women, women 60 days or less postpartum and children under age 19
- Anticipate approval in near future

On the Horizon

- Continued oversight of DDD's quality management/quality improvement function
- Governor's Goal Council on chronic homelessness
- Vitalyst convening on social determinants of health
- Active solicitations: Electronic Visit Verification, External Quality Review Organization

Questions



Demo ACC Update



Demographic Data (DUGless Portal) Overview

Lori Petre

Angela Aguayo

October 17, 2018



Demographic Data (DUGless) – Background

- Since 7/1/16 AHCCCS solicited stakeholder feedback in a variety of ways regarding provider reporting of Demographic and Outcome Data Set (commonly known as the DUG) data
- Consistent message was that there was an undue burden placed on providers for reporting this data, most of which is necessary for grant reporting

Demographic Data (DUGless) – Background, cont.

- Also included, however, are important elements regarding members' social determinants of health which could be leveraged by AHCCCS and its Contractors to improve member outcomes
- Under ACC, BH services for the majority of members are managed by a number MCOs in the same GSA, simplification at the provider level was a priority

Demographic Data (DUGless) Transition – 3-Pronged Strategy

- After extensive research, numerous workgroups, and a thorough review of critical stakeholder feedback, AHCCCS developed a 3-pronged strategy to transition the collection of demographic data
- The goal was to reduce the number of data points providers will be required to report in order to relieve administrative burden, and to ensure that the current burdensome process is not duplicated with the implementation of the AHCCCS Complete Care (ACC) Program

Demographic Data (DUGless) – 3-Pronged Strategy, cont.

- Strategy 1: The Use of Alternative Data Sources
 - AHCCCS, with the assistance of stakeholders, identified demographic elements that currently exist in other AHCCCS data systems, and/or are available through other data source agreements – examples:
 - Date of Birth (PMMIS)
 - Race (PMMIS)
 - Gender (PMMIS)
 - The use of alternative data sources was implemented October 1, 2018

Demographic Data (DUGless) – 3-Pronged Strategy, cont.

- Strategy 2: The Use of Social Determinants of Health ICD-10 Diagnosis Codes
 - AHCCCS began to use Social Determinants of Health diagnosis codes reported on applicable claims for all providers, to track member outcomes where possible
 - AHCCCS will require the usage of these codes began April 1, 2018
 - The communication , including a list of codes are located on the [AHCCCS Website](#) and have been distributed through a variety of channels

Demographic Data (DUGless)– 3-Pronged Strategy, cont.

- Strategy 3: AHCCCS Development of an Online Portal (DUGless) for Providers
 - For demographic elements with no alternative data source or Social Determinate identifier, AHCCCS created an online portal to be accessed directly by behavioral health providers for the collection of the data elements for members (DUGless Portal)
 - The DUGless Guide is on the [AHCCS Website](#)
 - Collected data will then be shared by AHCCCS with all involved ACC Contractors, RBHAs and TRBHAs.

Demographic Data (DUGless) – Online Portal

- The Portal went live to providers on October 1, 2018
- The previous DUG process was discontinued upon the implementation of the Portal.
- Providers can access the portal through AHCCCS Online website, under Member Supplemental Data
- Providers volunteered to test the portal in September, and extended the testing period to end of October

Demographic Data (DUGless) – Online Portal Data Elements

- Provider ID
- AHCCCS ID
- Date of Birth (DOB)
- Referral Date
- Referral Source
- Treatment Participation
- Number of Arrests
- Arizona Department of Corrections (ADC) or Parole
- Arizona Department of Juvenile Corrections (ADJC)
- Adult Probation
- Juvenile Probation
- DES/RSA Involvement
- School Special Education
- Employment Status
- Dependent Children
- Social Supports of Recovery
- Military Status
- CASII Intensity Level
- CASII Intensity Date
- Substance Use Primary Type
- Substance Use Primary Frequency
- Substance Use Primary Route
- Substance Use Primary Age
- Substance Use Secondary Type
- Substance Use Secondary Frequency
- Substance Use Secondary Route
- Substance Use Secondary Age
- Substance Use Tertiary Type
- Substance Use Tertiary Frequency
- Substance Use Tertiary Route
- Substance Use Tertiary Age
- [DUGless Guide Online](#)

Demographic Data (DUGless) – Online Portal Reporting

- Provider Reporting Expectations
 - The suggestion from AHCCCS on the scope of Member data to be submitted is for those Members for whom the data applies to and is collected by the Provider. AHCCCS Complete Care Contracts, MCOs, RBHAs, and TRBHAs may provide additional support and recommendations on information submitted.
 - Data is to be submitted for all new Members and when the Member's data changes and/or is updated (i.e. a Member's employment status changed from full-time to part-time employment).

Demographic Data (DUGless) – Online Portal Reporting, cont.

- AHCCCS Internal Reporting
 - DUGLess data is located in Cognos under Unique Member Characteristics.

Questions?



Thank You.



Housing Update



Affordable Housing and Healthcare- AHCCCS Housing Programs



Housing and Homeless in Arizona- What's the Need?

- The entire state of Arizona has 6,000 units of public housing which is less than ¼ of the units the city of Philadelphia has.
- The state of Arizona has 20,471 housing choice vouchers which is less than half of what the City of Los Angeles has
- The 2018 Maricopa County Point-In-Time homeless Count identified 6,298 people experiencing homelessness in the region on the night of January 22, 2018.
- 903 of the persons self identified as having a serious mental illness.
- In the balance of the state Point-In-Time count, 1,264 persons were counted as being homeless with 18% of those reporting serious mental illness.
- The State of Arizona has a rising homeless population and a severely underfunded affordable housing program



Quick Memory Jog

- AHCCCS play critical role in the affordable housing sphere throughout the state.
- Over 3,000 units of affordable housing for members.
- Fund supported housing services to those searching out and or trying to stabilize in their housing
- Housing programs for SMI
- Housing programs for GMH/SU
- Housing requirements by ALTCS contractors
- Housing requirements for ACC contractors



ACC and Housing- Who Has The Funds?

- RBHAs continue to receive and manage all housing funds
- All SMI housing programs are with RBHAs.
- GMH/SU funds are open to all ACC health plan members
- If a member receiving a GMH/SU housing subsidy from a RBHA transitions to an ACC plan, the subsidy transitions with them and the RBHA continues to pay
- GMH/SU members with a housing need who belong to an ACC plan, will be assisted by the designated housing resource at each ACC plan
- GMH/SU funds held by the RBHAs for housing are one of many resources that should be sought out



ACC and Housing-Human Services Campus

- AHCCCS requiring all ACC plans to work with providers on Human Services Campus.
- AHCCCS and ACC plans working with coordinated entry to identify all homeless members

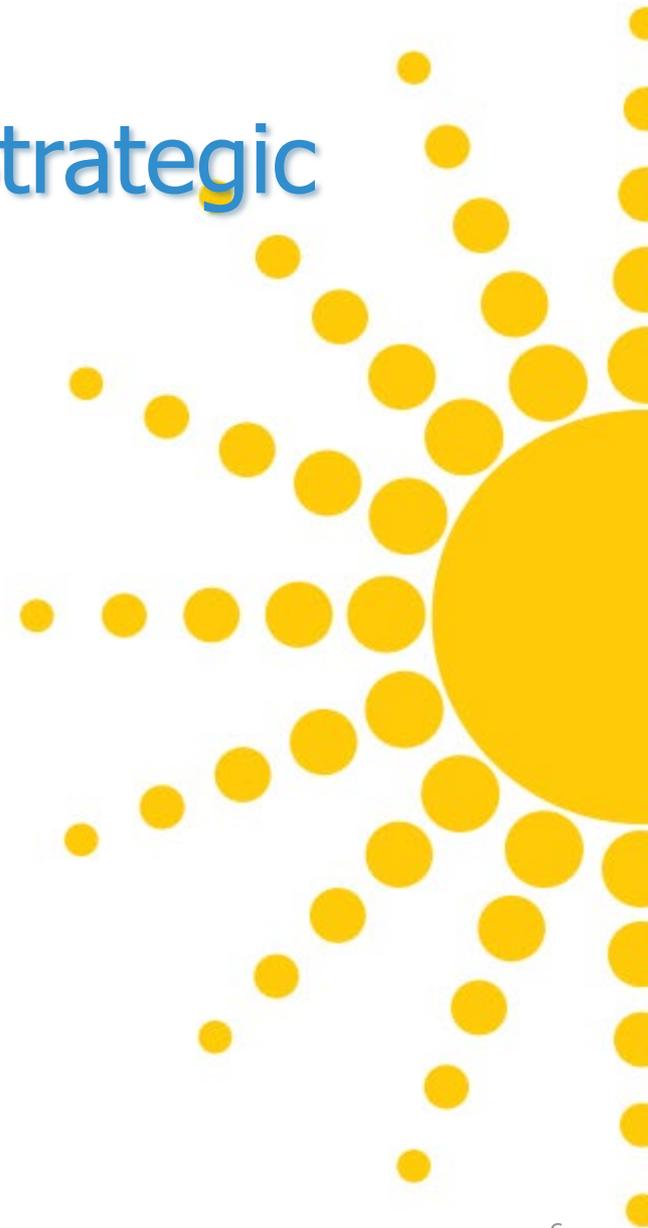


Driving Changes Through Strategic Initiatives and Partnerships

AHCCCS in partnership with its RBHAs, ALTCS contractors and ACC contractors are working in 5 strategic areas to improve housing outcomes throughout Arizona.

1. Targeted Capital Investment
2. Innovative Rental Subsidy Programs
3. Increase Homeless Systems Collaboration
4. Create Meaningful Public Housing Partnerships
5. Deliver Outstanding Supported Housing Services

Over the course of the upcoming months, we will work with AHCCCS leadership, health plans staff and other stake holders to determine a true north around these strategies in regards to goals, numbers and objectives to help us meet goals.



Goal 1: Capital Investment- SMI Housing Trust Fund

1. AHCCCS through state funds, spends around \$2 million dollars a year on acquisition, rehab and development of affordable housing for our SMI members.
2. For a capital investment, AHCCCS receives use restrictions for affordable housing units up to 25 years depending on the investment amount.
3. Through this program, hundreds of beds/units of affordable housing for SMI members have been created.
4. Between Arnold dollars, SMI Housing Trust Fund dollars and other similar programs aimed at creating affordable housing for SMI, AHCCCS has a portfolio of nearly 800 units with use restrictions
5. Laurel Tree as an example

Goal 1: Laurel Tree and Surprise

- AHCCCS partnered with the Arizona Department of Housing, Catholic Charities, developers and other entities on Laurel Tree tax credit development.
- AHCCCS contributed \$2 million dollars in capital funds for the construction of the building.
- AHCCCS is also project basing 18 of its subsidies for 30 years for ongoing rental assistance
- For the investment, AHCCCS SMI members will receive 18 units for the next 30 years.
- Investment in these types of projects create leverage that AHCCCS and its health plans cannot create on their own.



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

Goal 1: Laurel Tree and Surprise

- Surprise project could bring 30 more units for \$1 million dollar investment
- Total project is 100 units of housing
- Located in the original town site redevelopment district in the city of Surprise
- Project will include transportation money for AHCCCS members to commute to clinics and other appointments
- In partnership with the Maricopa County Housing Authority



Goal 2: Innovative Rental Subsidy Programs

- AHCCCS through its affiliated RBHAs subsidize nearly 2,200 scattered sites affordable units throughout Arizona.
- AHCCCS also provides ongoing operational supports in the form of subsidies for projects where capital dollars were invested.
- Project basing subsidies might be future in upcoming years.
- Learning how to best target housing subsidies throughout the community and where targeted investment makes sense

Goal 2: HCIC- Emerald Program-Prescott Valley and Flagstaff- Child and Family Support Services

- Provides rental subsidy for youths 18-25 years of age.
- Intense array of services, supports and assistance
- 100% of residents in program are employed or in school
- 100% of young adults that transitioned from hospitalizations have had zero readmissions
- One young lady who struggled with heroin addiction has now been sober for over a year, has her own apartment, works part time and re-connected to family



Goal 2: Mercy Care and Arizona Complete Health Driving Social Determinants of Health

- Mercy Care runs a scattered sites voucher program of around 1,477 units.
- AzCH operates a scattered sites voucher program of around 307 units.
- 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
- AzCH saw an overall cost of Behavioral and Physical Healthcare decrease of \$11,019,050 (six months pre-housing) to \$9,563,439, a decrease of \$1,455,611 (13%).
- Stable housing can lead to reductions in healthcare costs

Goal 3: Meaningful Public Housing Partnerships

- Bridge Programs
- Several public housing authorities administered the program.
- Good Example of Public Housing-Health Plan Partnership
- Mercy Care started new Bridge program with Maricopa and Temple Housing Authorities.
- Members already being bridged.



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Goal 3: Public Housing Mainstream Vouchers

- HUD Mainstream Vouchers and AHCCCS Support
- Maricopa County, Tempe, City of Phoenix, ABC Housing and the Mesa Housing Authorities all received vouchers with the total being 255.
- AHCCCS with a collection of other state, county and city departments is leading the way in ensuring vouchers serve those in our programs.
- Vouchers will go to a mixture of persons in ALTCS, SMI, GMH/SU and other related programs in need of housing.
- Services will come with those who receive housing voucher

Goal 3: Public Housing Partnerships

- AHCCCS and its affiliated health plans asking the question, “What can we do to assist AHCCCS members living in public housing?”
- Members already housed within public housing programs are stable.
- What happens if that housing becomes jeopardized because of member behavior?
- How can we ensure that services aimed at preventing eviction, termination or lease enforcement are offered when needed?
- Working with Tucson, Maricopa and Flagstaff Housing Authorities on ideals for partnerships as test cases.

Goal 4: Homeless Systems Collaboration

- AHCCCS and its affiliated health plans are working to assist members who fall into homelessness.
- ACC and Housing Specialist
- Human Services Campus-Circle the City and Community Bridges
- Coordinated Entry



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Goal 4: Mercy Care's Phoenix Rise Program

- Mercy Care partnered with CBI to allocate resources in order to provide a comprehensive array of services to treat the whole person. Services are available 24 hours a day, 7 days a week.
- Services being offered include:
 - Mental health counseling
 - Substance use counseling
 - Independent living skills
 - Medication management
 - Housing support services
 - Employment support services
 - Peer and Family services
 - Benefit registration and SOAR
 - Diversion
 - Comprehensive care coordination (including communication with CES in reference to By-Name List)



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Goal 5: Deliver Outstanding 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.



Upcoming Initiatives

- Governor's Goal Council and Discussions around Housing Projects to assist homeless
- 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.

