State Medicaid Advisory Committee (SMAC) Meeting Summary
Wednesday, January 8, 2020, AHCCCS
Gold Room 3rd Floor
701 E Jefferson St
1pm-3pm

Members in attendance:
Jami Snyder
Tara McCollum Plese
Liz McKenna
Vince Torres
Argie Gomez
Peggy Stemmner
John Hogeboom
David Vopel

Siman Qaasim
Phil Pangrazio
Sheila Sjoland for Cara Christ
Steven Jennings
Daniel Haley
Joyce Millard-Hoie
Leonard Kirschner
Marcus Johnson

Members Absent: Greg Ensell, Gina Judy

Staff and public in attendance:
Fredreka Graham, SMAC Liaison AHCCCS
Yisel Sanchez, AHCCCS
Dana Flannery, AD AHCCCS
CJ Loiselle, AHCCCS

AGENDA
I. Welcome CAL
II. Introductions of Members All
III. AHCCCS (Targeted Investments) George Jacobson

See slides for information on presentation.

Provider participation is almost 500 people across the state. Many milestone requirements support and complement AHCCCS Complete Care (ACC).

Question: What do you do after the program is over?
Answer: AHCCCS is looking at that right now including options for value based payments to carry forward the progress. We are engaging our Managed Care Organizations (MCOs) in those conversations that may support ongoing work.

Comment: We used to have a care coordinator. Through TI we gained a care manager for high risk AHCCCS members. We will need to ensure these measures are paid for as care coordinator charges are denied.

Question: Have you done a return on investment (ROI) analysis for cost savings?
Answer: Health Services Advisory Group (HSAG) will do a program evaluation (we recently reviewed the design plan including cost estimate) and it is a requirement of the 1115 waiver.
IV. Opioid Treatment Program Updates

See slides for information on presentation.

Review of Opioid Treatment Program (OTP) reporting, 24/7 access points
Each provider is required to submit by each provider location.
Reviewed: Security plan, neighborhood engagement plan, comprehensive patient care plan, community relations and education, diversion control plan.
Community and stakeholder feedback is in development
Technical assistance was provided by AHCCCS
The first report due 11/15
Additional technical assistance occurred thereafter
As of today, 44 reports have been updated to AHCCCS website
Public comment closes 2/7/20
New OTPs go through the same process inclusive of the 30 days for community feedback

V. Behavioral Health in Schools Panel

There is a $9 million dollar increase for BH in schools. AHCCCS has worked to ensure appropriate coding for school settings. There were efforts to ensure appropriate place of service (POS) was used when billing. There are 568 now participating with agencies.
School based claims will allow providers or schools to bill for Individualized Education Plans (IEP). The number of Local Education Agencies (LEA) may change year to year. Barriers are being identified and data is compiled to show the Department of Education outcomes. Electronic Visit Verification (EVV) school based programs are exempted.

Question: Argie - Other appropriation anticipated and outcomes?
Answer: We are a week out of the legislative session. AHCCCS will produce data and we have produced many for the funding received to date.

Question: Siman - Of the schools that have erected good billing systems for Individualized Education Plans (IEPs), are there plans for a State Plan Amendment?
Answer: AHCCCS is exploring to expand Medicaid services beyond students with an IEP. We are going through that process right now and anticipate 10/2020. Other states are going before us and don’t want to introduce additional risks and have been thoughtful to take lessons learned in other states.

Question: For sites that do co-location, how does that pay?
Answer: The school is donating space to the provider. School is providing private dedicated space with a closed door and billing the payor.

Question: What about professionals at the schools?
Answer: There was an appropriation for that and the Arizona Department of Education is addressing this issue.

VI. Valle Del Sol (BH in schools)

See slides for information on presentation.

Q: Working with families and teachers; I assume that parents and teachers come from being “those kids” as well.
A: Full grown humans have experienced things. While we provide treatment to kids on campus, we also provide feedback to teachers in conjunction. We work through grant and ASU to make free on-line tip databases for free resources for teachers.
VII. AHCCCS Updates

See Slides for information on presentation.

Question: Siman - Will we look at AHCCCS Works and AHCCCS Care in the waiver?
Answer: Both are addressed in the current approved waiver and we intend to evaluate all components of our waiver.

Question: Len - Navajo Nation is developing its own Medicaid program. Do you have anything to share?
Answer: We are aware of interest, no available detail at this time.

Comment: Happy to see the decision to have AHCCCS grants team manage prevention grant money.
Response: AHCCCS is hopefully that centralized oversight will maximize use of funding

VIII. Call to Public

NO PUBLIC COMMENT