

Good afternoon!

We will begin shortly. All lines have been automatically muted.

Please mute your phone AND computer microphone to avoid feedback.

Please do not put us on hold during today's meeting.

Please hold questions until the Q & A portion of the meeting.

If you are joining via web, there are two ways to ask questions:

1. Utilizing the chat feature
2. Raise your hand to be unmuted



Quarterly Tribal Consultation Meeting

May 07, 2020

Silent Invocation



Quarterly Tribal Consultation Meeting

May 07, 2020



AHCCCS COVID-19 Response

Jami Snyder, AHCCCS Director




Where do I find the latest information about COVID-19?

- AHCCCS updates the FAQ document daily to reflect the latest guidance for providers, members and plans.
- Please find guidance at: <https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- These are in English and Spanish.



COVID-19 Information

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a [Declaration of Emergency](#)  and an [Executive Order](#)  regarding the COVID-19 outbreak in Arizona, and subsequent [Executive Orders](#)  with further administrative actions.

On March 17, 2020, AHCCCS [submitted a request](#) to the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements in order to ensure ongoing access to care over the course of the COVID-19 outbreak. As of March 23, AHCCCS has received federal approval to implement programmatic changes to help ensure access to health care for vulnerable Arizonans.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

[COVID-19 FAQs](#)

Learn how to protect yourself and stop the spread of COVID-19. Visit azdhs.gov/COVID19  and cdc.gov/COVID19 .

If you are an AHCCCS member who is experiencing flu-like symptoms, please call the 24-hour Nurse Line for your health plan (listed below):

24-Hour Nurse Line Numbers by Health Plan

Health Plan

Nurse Line Number

Sections of the Frequently Asked Questions (FAQs) include:

Billing & Claims

Clinical Delivery

General COVID-19 Questions

Health Plan & AHCCCS Fee-For-Service Programs Guidance

Health Plan Requirements and Deliverables

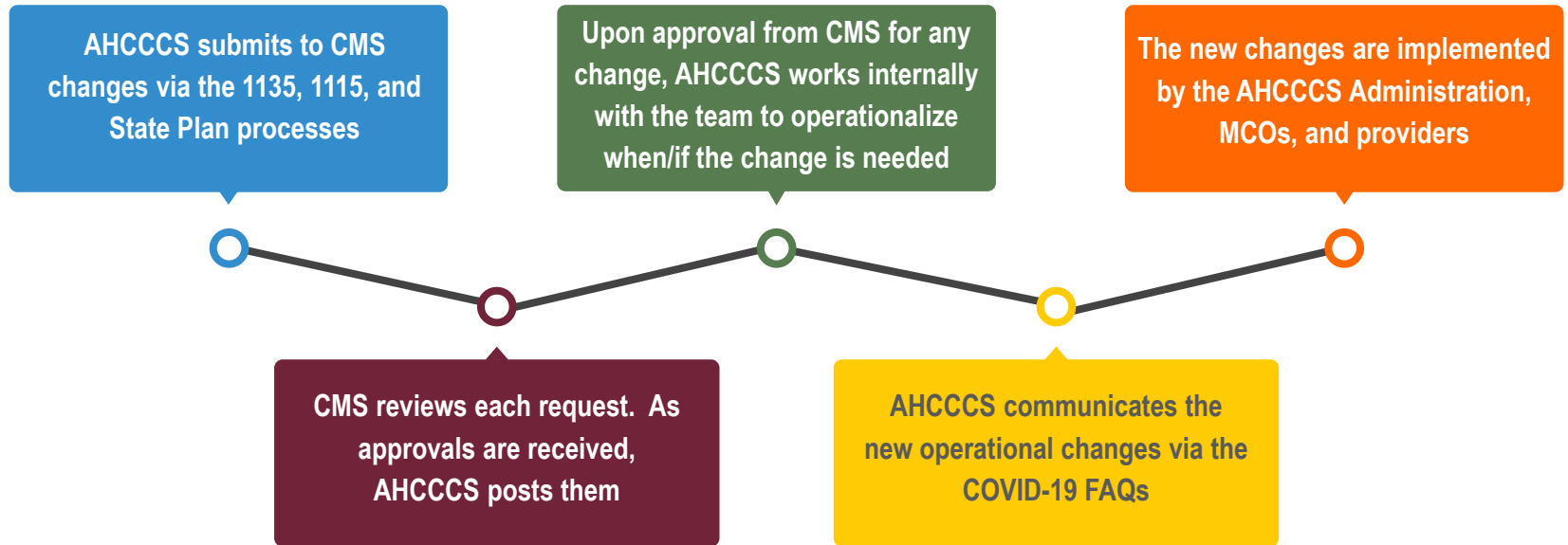
Pharmacy & Supplies

Provider Enrollment and Requirements

Rates

Telehealth Delivery and Billing

How does the state pursue flexibilities to address COVID-19?



COVID-19 Federal Emergency Authorities Request

- **On March 17, 2020**, AHCCCS was one of the first states to submit a formal request to CMS to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of COVID-19, including mitigating any disruption in care for AHCCCS members
- A second request for flexibilities was sent to CMS on **March 24, 2020**, requesting additional authority for the duration of the emergency period

Requests Submitted April 17, 2020

1135 Waiver

- Waive requirements for written member consent and member signature for person-centered service planning and plans of care (allow for telephonic verification)
 - Examples of the affected populations include members who are living on reservations, rural settings, or other locations where written consent/confirmation cannot be obtained due to unreliable or lack of internet access, imposition of curfew, or lack of reasonable means to comply with the written requirement.
- Waive the face-to-face requirements applicable to Home Health services including medical supplies, equipment, and appliances.

Requests Submitted April 17, 2020

1115 Waiver

- Expenditure authority for the costs of services provided to any eligible individuals aged 21-64 receiving inpatient treatment in an Institution for Mental Disease (IMD)
- Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21



▼ Oversight of Health Plans

▲ Governmental Oversight

Federal and State Requirements

Legislative Sessions

Waiver

PCH SNCP Technical Amendment

COVID-19 Federal Emergency Authorities Request

IMD Waiver Amendment

SB 1092 Legislative Directive Waiver Proposal

American Indian Initiatives

Mental Health Parity

County Acute Care Contributions

Grants

COVID-19 Federal Emergency Authorities Request

On March 17 and March 24, 2020, the Arizona Health Care Cost Containment System (AHCCCS) submitted requests to the Administrator for the Centers for Medicare and Medicaid Services (CMS) to waive certain Medicaid and KidsCare requirements to enable the State to combat the continued spread of 2019 novel coronavirus (COVID-19). AHCCCS is seeking a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period
- Remove cost sharing and other administrative requirements to support continued access to services

Arizona's request to CMS is posted below:

- Letter To CMS Administrator on COVID-19 Flexibilities (submitted March 17, 2020)
- Summary of Additional COVID-19 Flexibility Requests (submitted March 24, 2020)
- Status of AHCCCS Emergency Authority Requests (updated April 13, 2020)



CMS approved components of Arizona's request under the 1135 Waiver and State Plan:

- CMS 1135 Waiver Approval Letter for COVID-19 Flexibilities (received March 23, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval (received April 1, 2020)
- CMS 1115 Waiver Appendix K Approval Letter (received April 6, 2020)
- CMS 1115 Waiver Approved Appendix K Document (received April 6, 2020)
- CMS Medicaid Disaster Relief State Plan Amendment (SPA) Approval, #2 (received April 9, 2020)

The allowances from CMS grant broad authority to Arizona to tailor changes to best serve its citizens. AHCCCS will make decisions about how and when these changes will be implemented in the coming days. The agency awaits direction from CMS regarding additional requested flexibilities.

Status of AZ's Federal Emergency Authorities Requests as of April 28, 2020

- CMS has approved components of Arizona's request:
 - 1135 Waiver - **March 23rd**
 - Expansion of ALTCS Respite Hours - **March 25th**
 - Medicaid Disaster Relief SPA - **April 1st**
 - 1115 Waiver Appendix K Request - **April 6th**
 - Medicaid Disaster Relief SPA (changes to home health authorization and bed-hold days) - **April 9th**
 - CHIP Disaster Relief SPA - **April 24th**
 - 1135 Request from April 17th – **May 6th (Partial)**
- Items still pending with CMS:
 - 1115 Waiver Request
 - April 17th Submissions for 1115 & 1135

Status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 emergency)

As of 5/7/2020

	AHCCCS Requested Flexibilities	CMS Approval Status	Implementation Status
	1135 Waiver		
1	Permit providers located out-of-state to offer both emergency and non-emergency care to Arizona Medicaid and CHIP enrollees	Approved	Implemented
2	Streamline provider enrollment requirements for out of state providers	Approved	Implemented
3	Suspend revalidation of providers who are located in-state or otherwise directly impacted by the emergency.	Approved	Implemented
4	Waive the requirement that physicians and other healthcare professionals be licensed in Arizona, to the extent consistent with state law.	Approved	Implemented
5	Waive payment of the provider enrollment application fee	Approved	Implemented
6	Waive requirements for site visits to enroll a provider	Approved	Implemented
7	Suspend Medicaid Fee-for-Service prior authorization requirements.	Approved	Implemented
8	Require Fee-for-Service providers to extend existing prior authorizations for the duration of the emergency.	Approved	Implemented
9	Suspend pre-admission screening and annual resident review (PASRR) Level I and Level II assessments.	Approved	Implemented
10	Waive requirements for written member consents and member signatures on plans of care. Verbal consents will be obtained telephonically, where identity will be reliably established, and will be documented in the member's record.	Approved	
11	Waive the face to face requirements applicable to Home Health Services including Medical supplies, equipment & appliances	Submitted	

Disaster Relief SPAs (Medicaid & CHIP)			
12	CHIP: Under section 1135, modify the tribal consultation process by shortening the number of days before submission of the SPA and/or conducting consultation after submission of the SPA.	Approved	Implemented
13	CHIP: At State discretion, requirements related to timely processing of applications may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Approved	Implemented
14	CHIP: At State discretion, it may temporarily provide continuous eligibility to CHIP enrollees who reside and/or work in a State or Federally declared disaster area	Approved	Implemented
15	CHIP: At State discretion, the State may temporarily delay acting on certain changes in circumstances affecting CHIP eligibility for CHIP beneficiaries who reside and/or work in a State or Federally declared disaster area. The state will continue to act on changes in circumstance related to residency, death, voluntary termination of coverage, erroneous eligibility determinations, and becoming eligible for Medicaid.	Approved	Implemented
16	CHIP: At State discretion, the requirement that a child is ineligible for CHIP for a period of three months from the date of the voluntary discontinuance of employer-sponsored group health insurance or individual insurance coverage may be temporarily waived for CHIP applicants who reside and/or work in a State or Federally declared disaster area.	Approved	Not Implemented; will continue to assess need
17	CHIP: At State discretion, premiums or enrollment fees and co-payments may be temporarily waived for CHIP applicants and/or existing beneficiaries who reside and/or work in a State or Federally declared disaster area.	Approved	Implemented
18	CHIP: At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time.	Approved	Implemented
19	CHIP: Exception to Disenrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.	Approved	Implemented

Disaster Relief SPAs (Medicaid & CHIP)			
20	Medicaid: Waiver from Tribal Consultation and public notice requirements	Approved	Implemented
21	Medicaid: The state will cover the new optional group pursuant to 1902(a)(10)(A)(ii)(XXIII). <i>(100% FMAP for uninsured)</i>	Approved	In Progress
22	Medicaid: 12 months of continuous eligibility for children up to 19 regardless of changes in circumstance.	Approved	Implemented
23	Medicaid: Suspend deductibles, copayments, coinsurance, and other cost sharing charges for all beneficiaries for the duration of the emergency.	Approved	Implemented
24	Medicaid: Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions	Approved	Implemented
25	Medicaid: The agency may make exceptions to published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.	Approved	Implemented
26	Medicaid: Flexibility allowing for other provider types to order Home Health services throughout the duration of the declared emergency.	Approved	In progress
27	Medicaid: Extending state plan paid “bed hold” days to a max of 30 days.	Approved	In progress

1115 Waiver & Appendix K			
1115 Waiver			
28	Expand the current limit for respite hours to 720 hours per benefit year (current limit: 600 hours per benefit year)	Approved	Implemented
29	Expand the provision of home delivered meals to all eligible populations	Submitted, not yet approved	
39	Provide temporary housing, not to exceed six months, if a beneficiary is homeless or is at imminent risk of homelessness and has tested positive for COVID-19.	Submitted, not yet approved	
31	Authority to make retainer payments to all providers types as appropriate, including but not limited to HCBS providers.	Submitted, not yet approved	
32	Allow Arizona to provide continuous coverage for CHIP beneficiaries, for the duration of the emergency period, regardless of any changes in circumstances or redeterminations at scheduled renewals that otherwise would result in termination.	Submitted, not yet approved	
33	Expenditure authority to pay for EPSDT covered services that were previously approved but postponed due to COVID-19 after a member turns 21.	Submitted, not yet approved	
34	Waiver of the IMD exclusion to cover inpatient services provided in IMDs regardless of the length of stay.	Submitted, not yet approved	

Appendix K			
35	Permit payment for home and community based services (HCBS) rendered by parents of minor children.	Approved	In Progress (MCO)
36	Remove the current hourly service limitation for the Spouse as Paid Caregiver Program for duration for the emergency period (currently, spouses can render no more than 40 hours of services in a 7-day period).	Approved	In Progress (MCO)
37	Authority to make retainer payments to habilitation and personal care providers	Approved	In Progress
38	Authority for long-term care services and supports for impacted individuals even if services are not timely updated in the plan of care, or are delivered in alternative settings	Approved	In Progress
39	<p>Add an electronic method of service delivery (e.g., telephonic) allowing services to continue to be provided remotely in the home setting for:</p> <ul style="list-style-type: none"> ○ Case managers ○ Personal care services that only require verbal cueing ○ In-home habilitation 	Approved	Implemented (MCO); In Progress (FFS)
40	Authority to expand the provision of home delivered meals to long term care members enrolled in the Arizona Long Term Care System (ALTCS) Department of Economic Security/Division of Developmental Disabilities (DES/DDD)	Approved	In Progress
41	Authority to modify service providers for home-delivered meals to allow for additional providers, including non-traditional providers	Approved	In Progress
42	Allow case management entities to provide direct services in response to COVID-19	Approved	Not Implemented; will continue to assess need

Appendix K continued			
43	Extend reassessments and reevaluations for up to one year past the due date, if needed	Approved	In Progress
44	Allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings	Approved	Implemented (MCO); In Progress (FFS)
45	Adjust prior approval/authorization elements approved in waiver	Approved	Implemented
46	Adjust assessment requirements	Approved	Not Implemented; will continue to assess need

AHCCCS Receives \$2 Million for Mental Health Services

- Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a \$2 million grant to AHCCCS on April 16, 2020
 - Increase mental health services infrastructure in response to the COVID-19 national emergency
 - Add treatment services and/or infrastructure to address the increased need for services
 - Assess the adequacy of telehealth/teleconference software to address the needs of the target populations
 - Deliver recovery support services, including rapid re-housing
 - Improve access to and retention in services
- Will be used to serve individuals with co-occurring living with a Serious Mental Illness (SMI) designations and a Substance Use Disorder (SUD), healthcare workers and others with behavioral health needs

Grant Requirements

The grant requirements have identified specific direct service funding requirements:

- 70% must be used to provide direct services to those with co-occurring SMI and SUD needs
- 10% must be used for healthcare workers with mental health needs (less severe than SMI) requiring mental health care as a result of COVID-19
- 20% must be used for all other individuals with mental health needs less severe than SMI.

Our Division of Grants Administration will outreach RBHAs and TRBHAs this week to begin implementation discussions.

Questions can be directed to GrantsManagement@azahcccs.gov

AHCCCS COVID-19

- AHCCCS COVID-19 Information:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19.html>
- AHCCCS FAQs Regarding COVID-19:
<https://azahcccs.gov/AHCCCS/AboutUs/covid19FAQ.html>
- AHCCCS Federal Authorities Request:
<https://www.azahcccs.gov/Resources/Federal/PendingWaivers/1135.html>



FEMA Crisis Counseling Assistance and Training Program Grant

Jill Rowland, Chief Clinical Officer

Evaluate and Enhance Support Services for First Responders and Health Care Providers

- The FEMA Crisis Counseling Assistance and Training Program Grant-AHCCCS/ADHS Grant Response: The mission of the Crisis Counseling Assistance and Training Program (CCP) is to assist individuals and communities in recovering from the challenging effects of natural and human-caused disasters through the provision of community-based outreach and psychoeducational service
- Short term disaster relief Grant to support community based outreach and individual needs assessment that includes the identification of serious emotional distress:
 - Individual Counseling
 - Group Counseling
 - Brief Educational Supportive Contacts
 - Public Education Meetings
 - Assessment, Referral and Resource Linkage
 - Community Networking and Support
- AHCCCS and ADHS will be submitting a response by May 14th with AHCCCS as the lead agency for the CCP Grant

Division of Fee for Service Management Updates



Utilization of Services Pre & Post 10/1/2018 Integration – AHCCCS AIHP Population

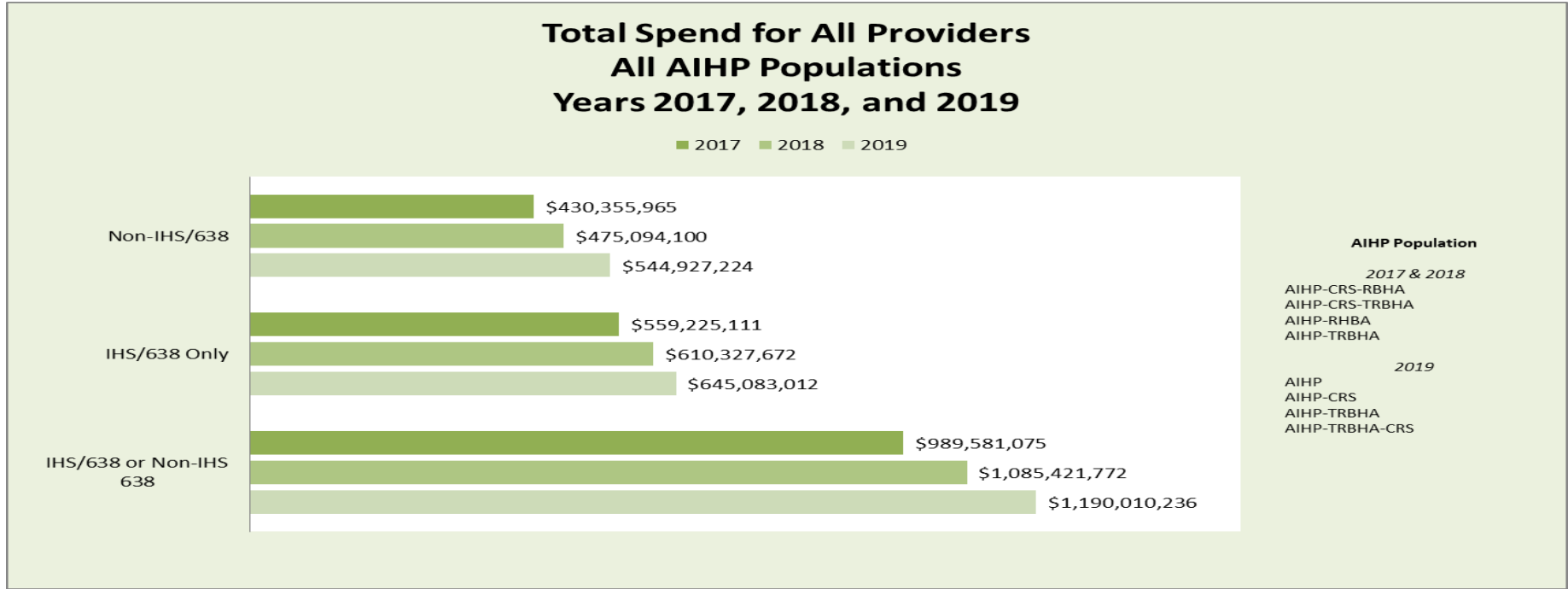
Karen Grady, DFSM Deputy Assistant Director
Denise Walsh, Medical Management Specialist
Grand Canyon University Graduate Student Project

Purpose

- Identify trends in the utilization of behavioral health, physical health, and Children's Rehabilitative Services (CRS) pre and post the 10/1/18 integration of behavioral health and CRS services for the AHCCCS AIHP population.

Total Utilization by Federal Fiscal Year (FFY) 2017-2019

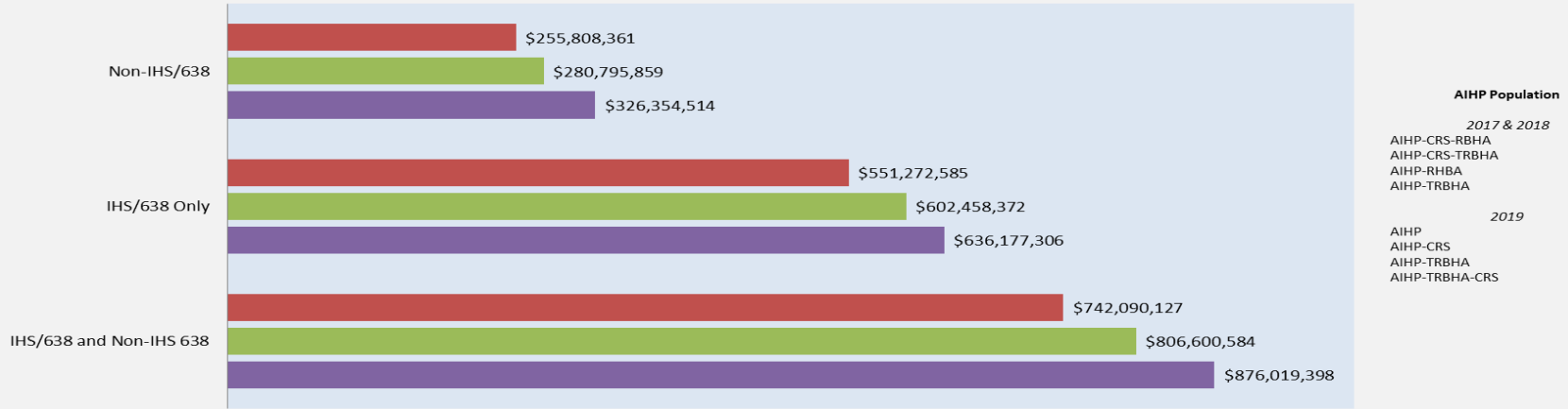
All FFS Providers/All AIHP Populations



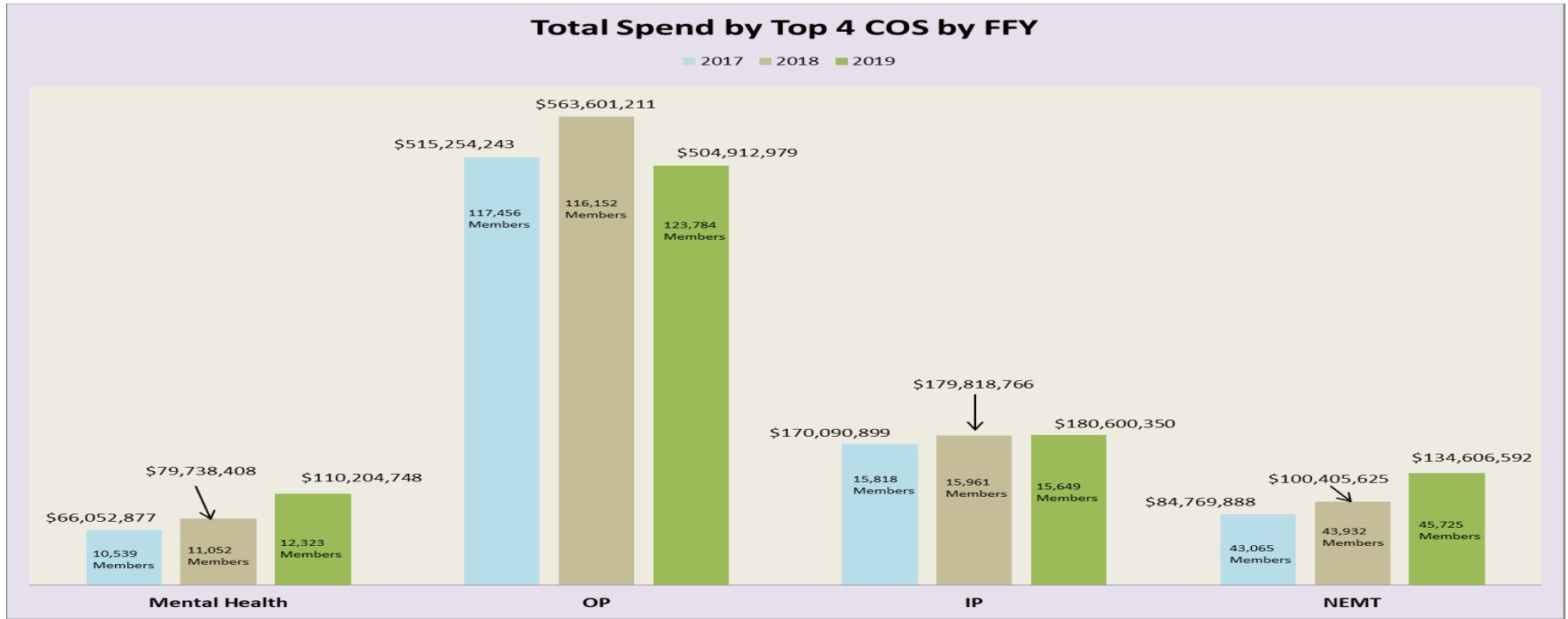
Top 100 Provider Utilization FFY 2017-2019

**Top 100 Provider Spend
All AIHP Populations
Federal Fiscal Years 2017, 2018, and 2019**

■ 2017 ■ 2018 ■ 2019



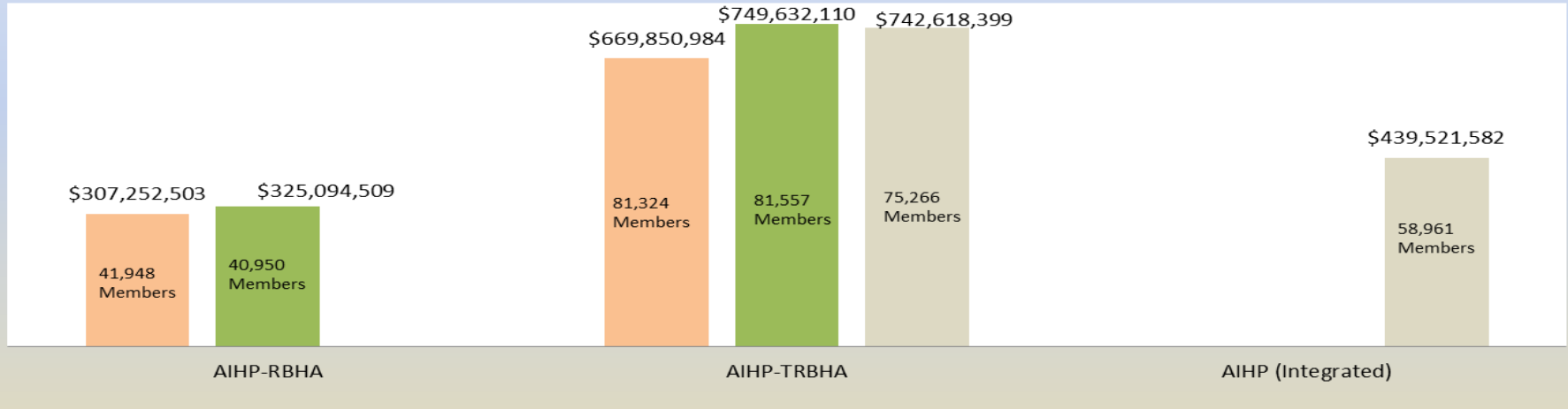
Total Utilization - Top 4 Categories of Service by FFY



Total Utilization – AIHP (Non CRS) Population

Total Spend by FFY by AIHP Population (AIHP-RHBA, AIHP-TRBHA, & AIHP Integrated)

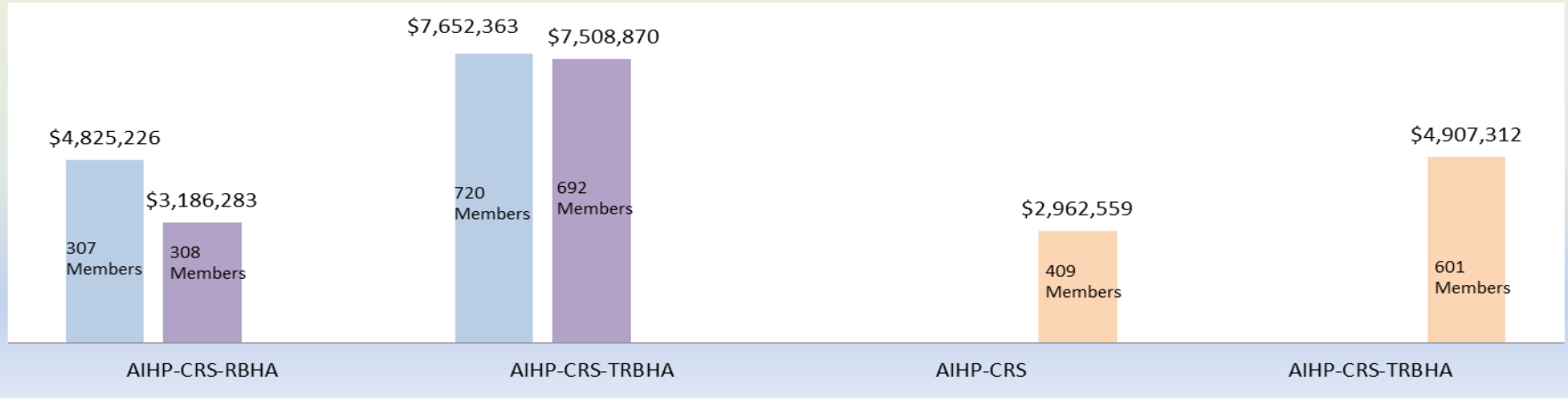
2017 2018 2019



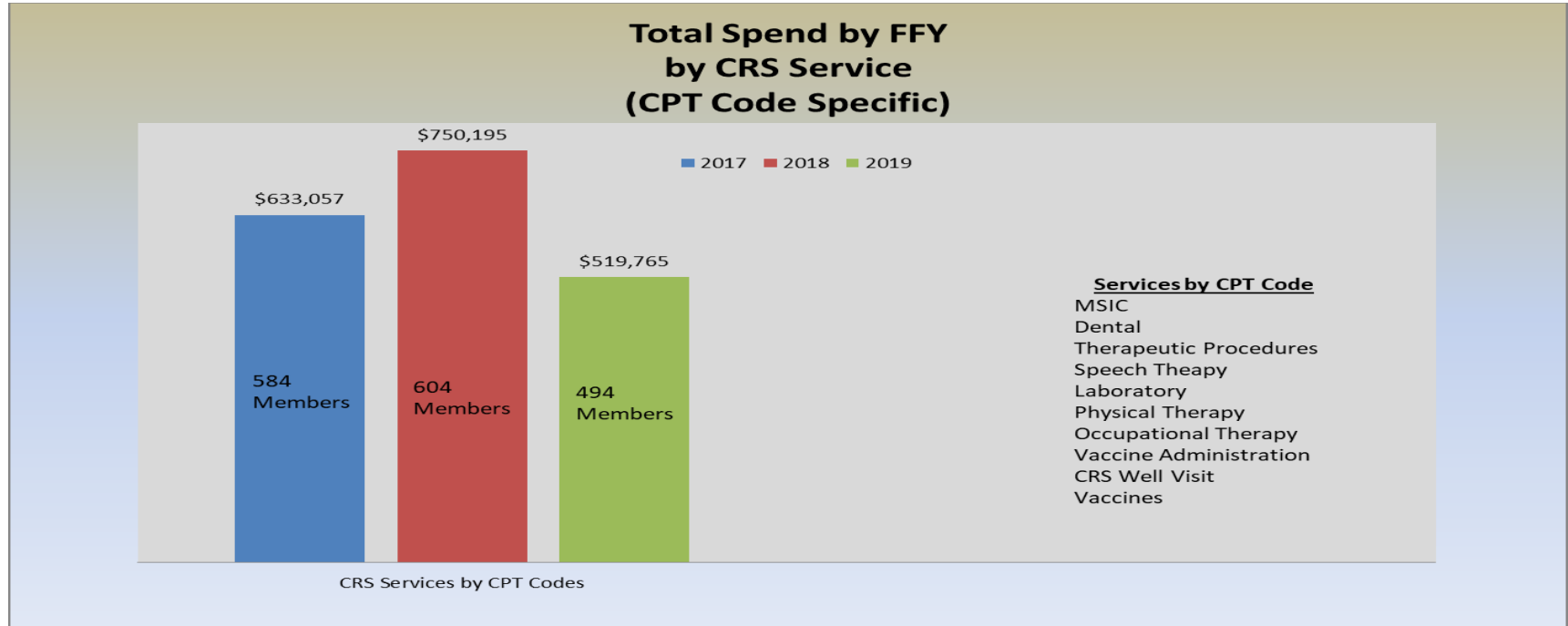
Total Utilization - AIHP CRS Population

Total Spend by FFY by CRS AIHP Population (AIHP-CRS-RBHA, AIHP-CRS-TRBHA, & AIHP-CRS)

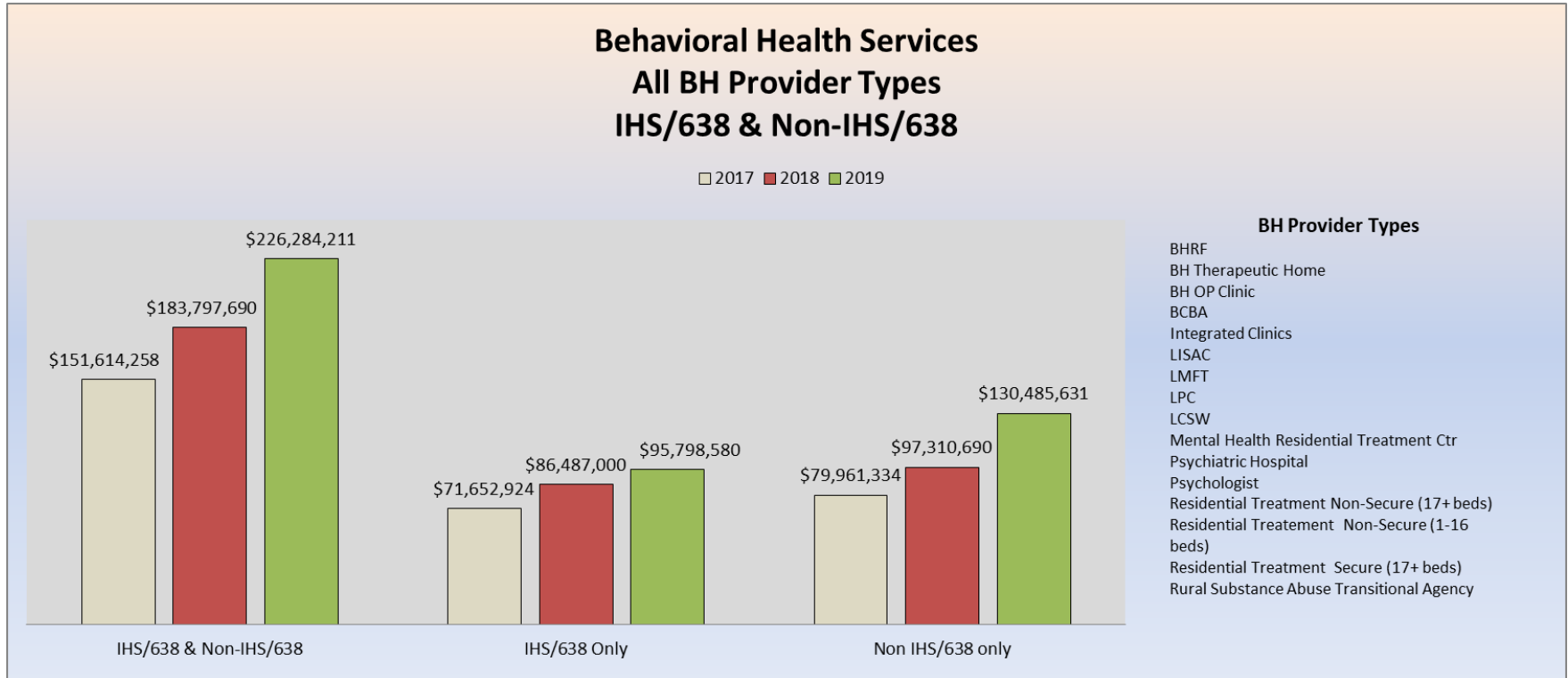
■ 2017 ■ 2018 ■ 2019



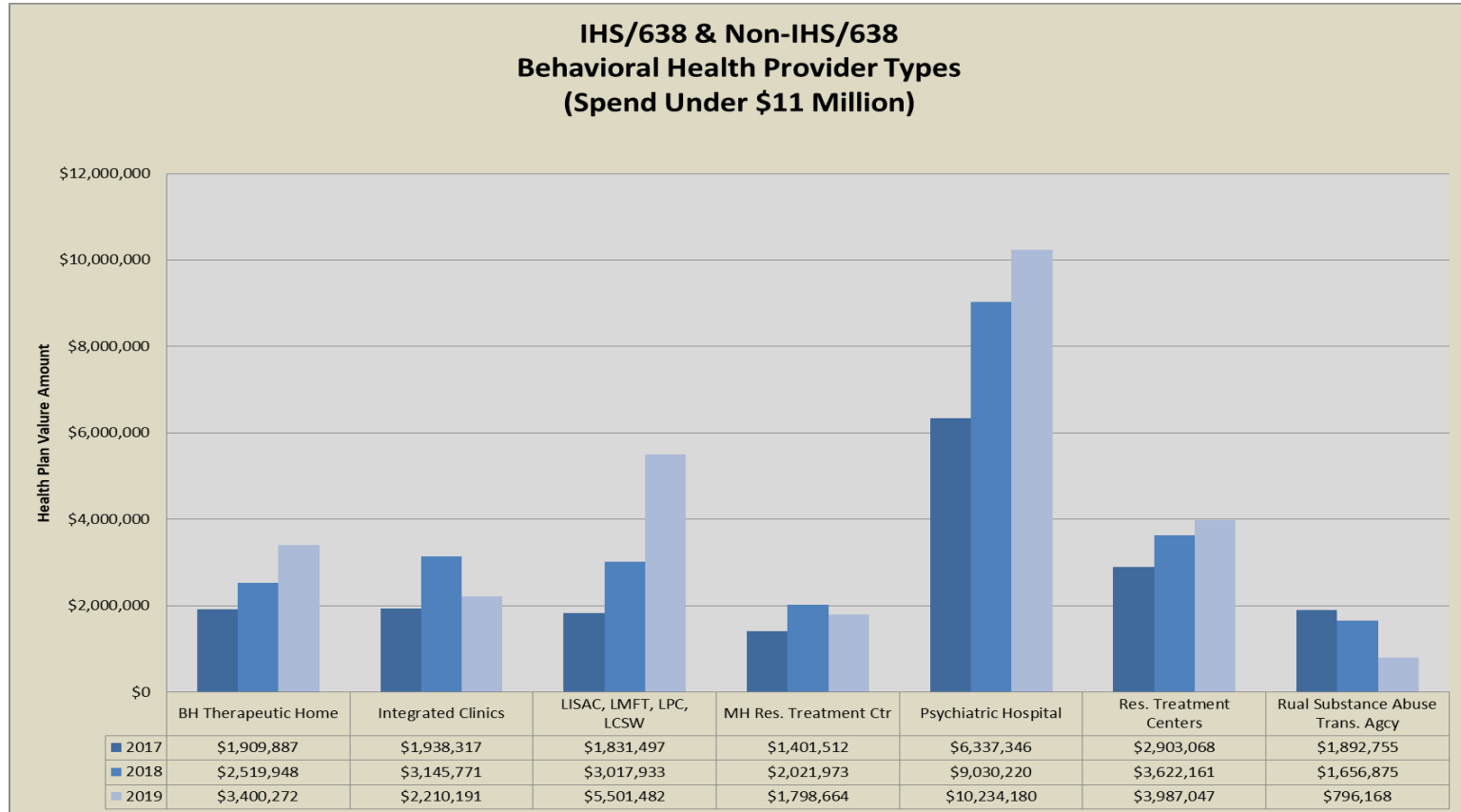
Utilization - CRS by Service (CPT/HCPCS Specific)



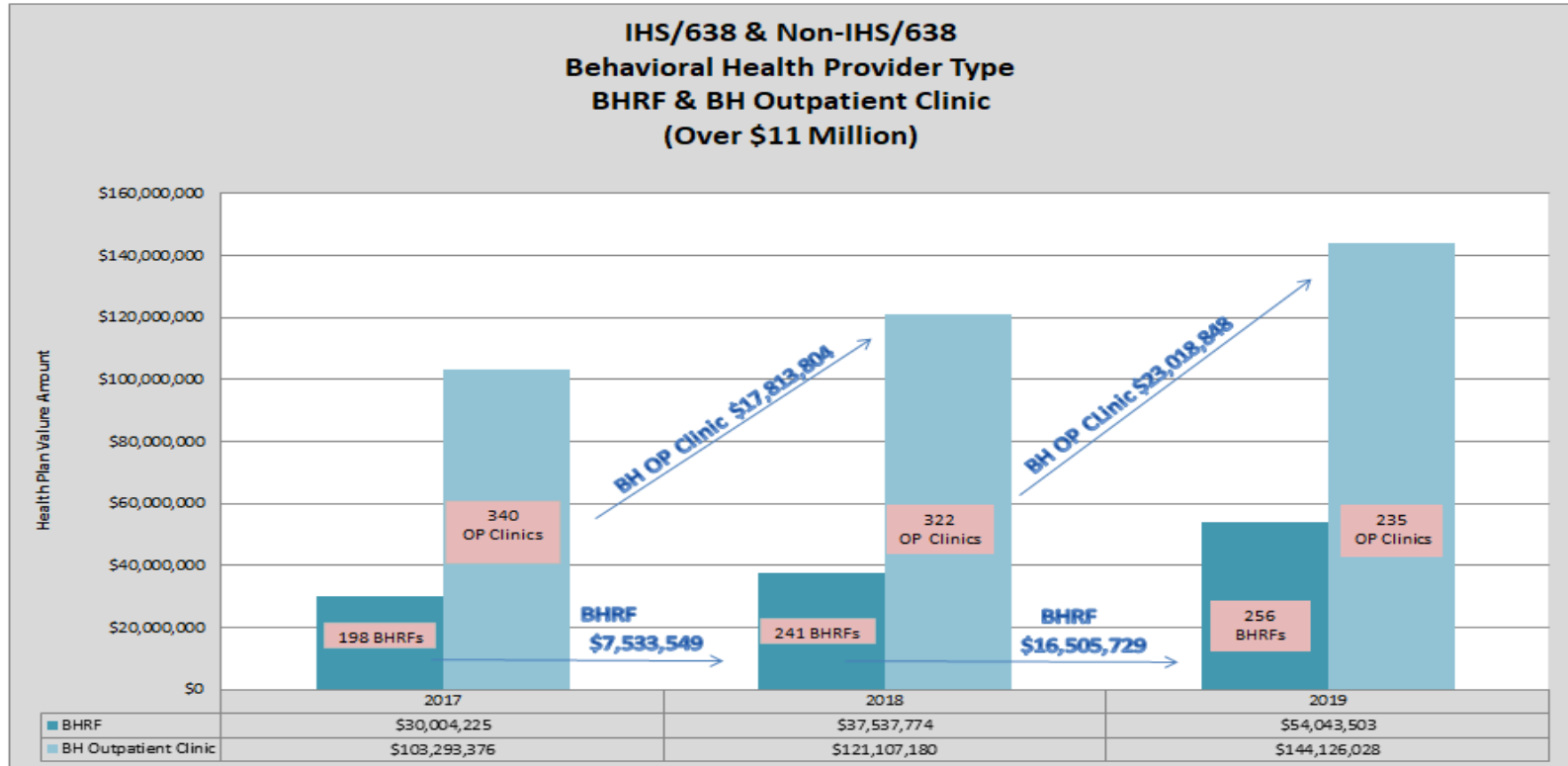
Behavioral Health Utilization by Provider Type



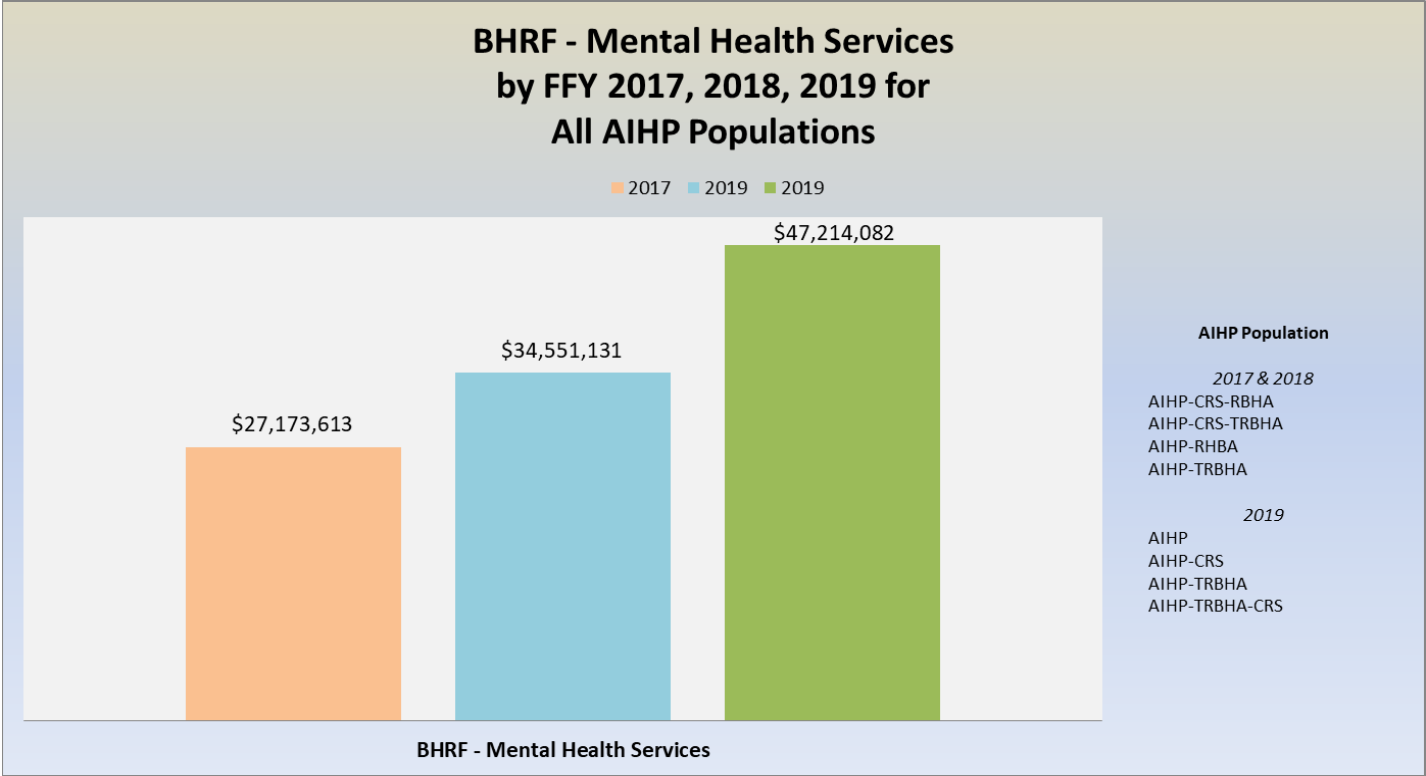
Behavioral Health Utilization by Provider Type – Under



Behavioral Health Utilization by Provider Type – over \$11 Million



Behavioral Health Residential Facilities (BHRF)



Behavioral Health Outpatient Clinic

BH Outpatient Clinic - Mental Health Services by FFY 2017, 2018, 2019 for All AIHP Populations

2017 2018 2019

AIHP Population

2017 & 2018

AIHP-CRS-RBHA
AIHP-CRS-TRBHA
AIHP-RHBA
AIHP-TRBHA

2019

AIHP
AIHP-CRS
AIHP-TRBHA
AIHP-TRBHA-CRS

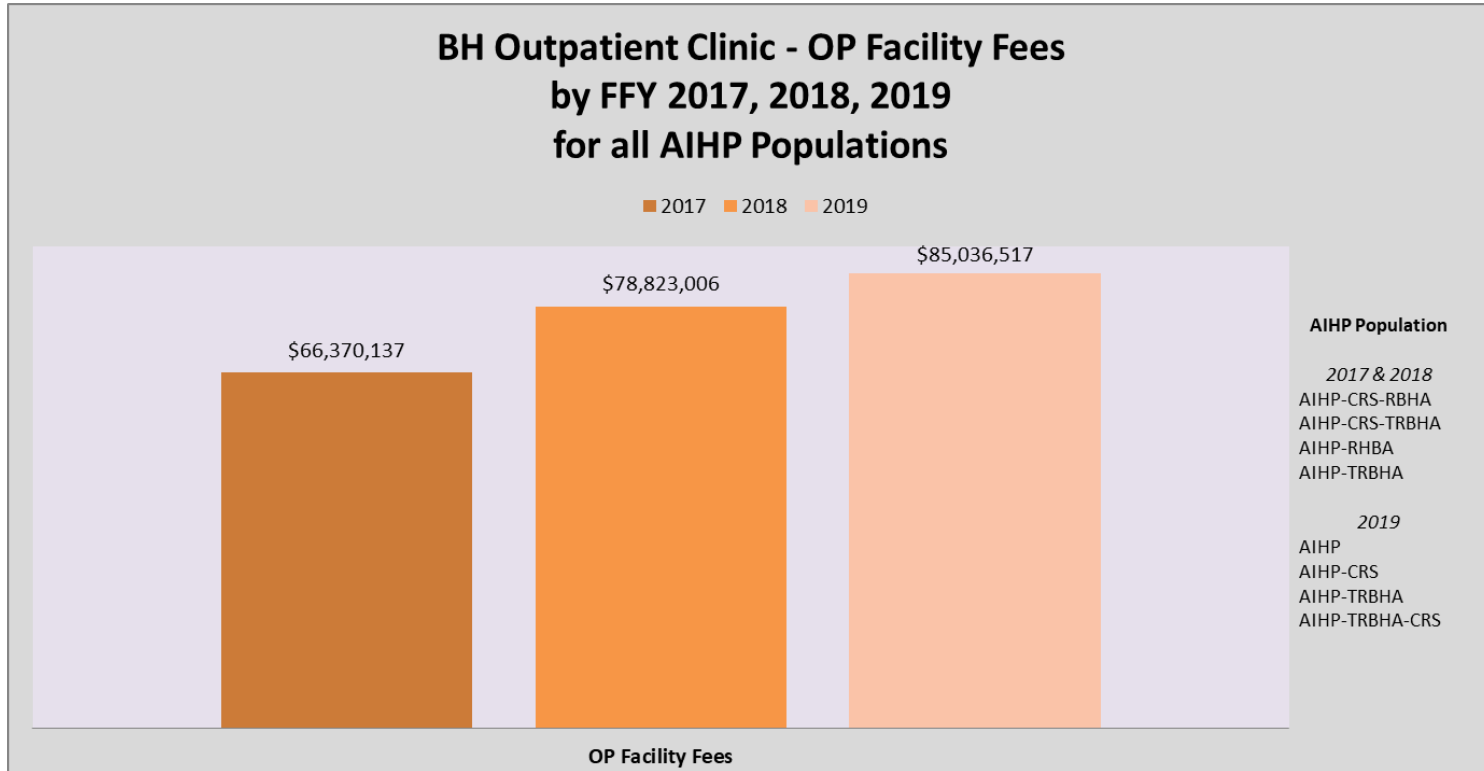
\$27,904,475

\$33,406,759

\$50,925,928

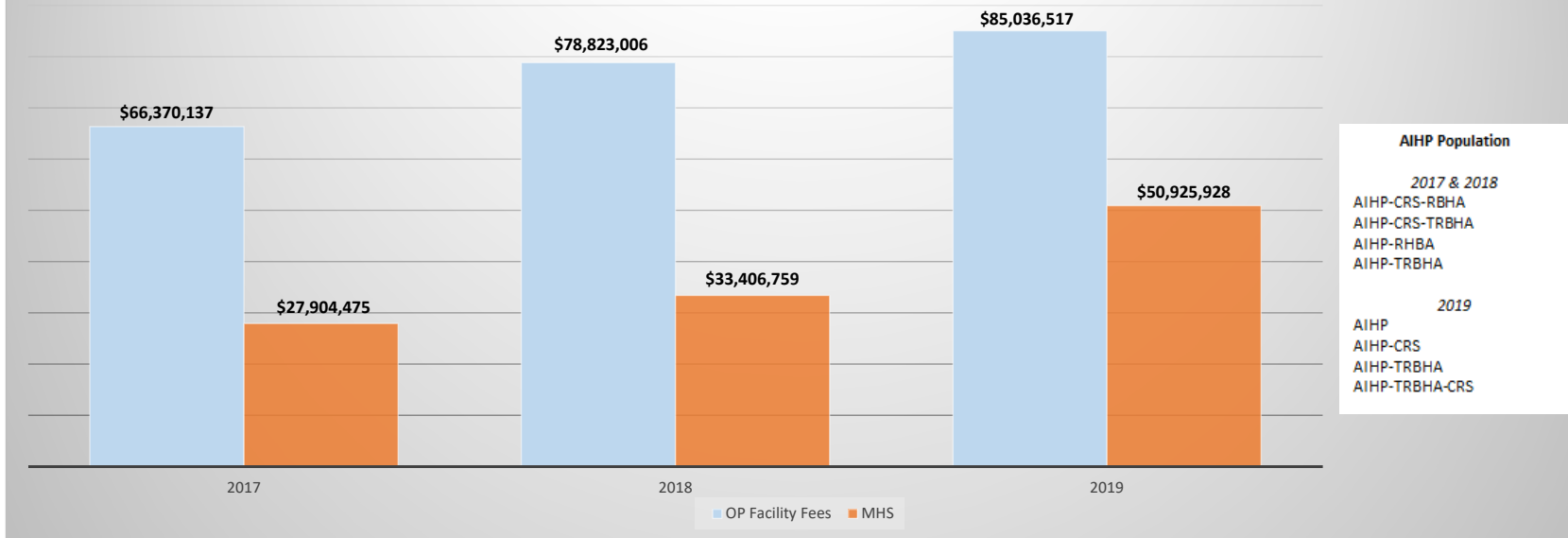
Mental Health Services

BH Outpatient Clinic Outpatient Facility Fees

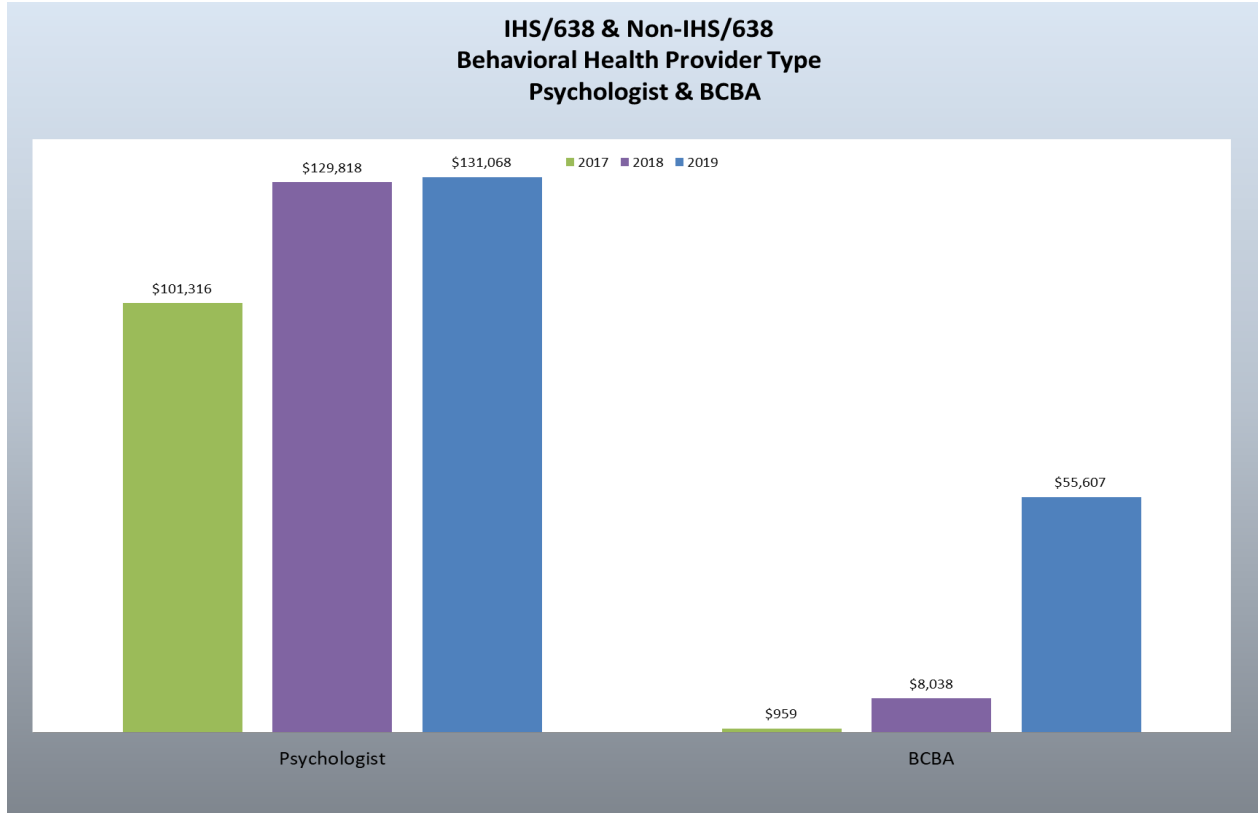


BH Outpatient Clinic Mental Health Services & OP Facility Fees

Behavioral Health OP Clinic Comparison of
Mental Health Services & OP Facility Fees by
FFY 2017, 2018, 2019 in All AIHP Populations



Behavioral Health Provider Types



Questions?

Federal Relations Update



State Plan Amendments

Alex Demyan, State Plan Manager

Overview of State Plan/State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

SPAs Submitted Last Quarter

- 2 COVID-19 Disaster Relief SPAs
 - SPA 20-001
 - SPA 20-004
- CHIP COVID Disaster Relief SPA
 - SPA 20-002
- January NF Rate Updates
 - SPA 20-003

SPAs to be Submitted This Quarter

Third COVID-19 Disaster Relief SPA

- AHCCCS will be submitting a third disaster relief SPA in response to the COVID-19 pandemic.
- This SPA will provide AHCCCS the authority to make Graduate Medical Expenditure (GME) payments to hospitals early.
 - ✦ AHCCCS will immediately allocate 80% of what each hospital received for the 2019 GME payment.

IHS/638 Dental Limit

- AHCCCS will be submitting a SPA to lift the dental benefit limit for IHS/Tribal facilities as passed in House Bill 2244.
 - HB 2244 details that (subject to CMS approval) for persons treated at an IHS or Tribal facility, adult dental services that are eligible for a federal medical assistance percentage of 100% and that are in excess of the \$1000 adult emergency dental limit may be covered.
- The projected implementation date of this change is October 1, 2020.

EPSDT- Naturopaths

- AHCCCS will be submitting a SPA to clarify the coverage of Naturopathic Physicians under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.
 - Section 1905 of the Social Security Act (SSA) states that as part of the EPSDT benefit, Medicaid programs must cover all “other licensed practitioners” licensed by the state.
 - NPs are currently regulated by the state of Arizona, and are thus covered under the EPSDT benefit in Arizona.
 - While NPs have been covered as part of the EPSDT benefit since the state began to regulate them, this change serves to add additional clarity.

CHIP (KidsCare)- SUPPORT Act BH Services

- AHCCCS will be submitting a SPA to bring the CHIP state plan into compliance with provisions of the SUPPORT Act that require Behavioral Health services to be explicitly detailed in the CHIP State Plan document.
 - Section 5022 of the SUPPORT Act expanded access to BH services under CHIP programs by making them a mandatory benefit.
 - The services described in section 5022 have been implemented and available for CHIP (KidsCare) members in AZ for years.
 - These changes are administrative in nature, and simply serve to bring the CHIP state plan document into compliance with federal law.

Tribal Consultation and Public Comment Process

- The Tribal Consultation/Public Comment portal can be found at: <https://comments.azahcccs.gov>.
- Public Comments can be submitted through email or mail at the address below:
 - Email: publicinput@azahcccs.gov; or
 - Mail: AHCCCS Attn: Office of Intergovernmental Relations 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034



Waiver Update

Shreya Prakash, AHCCCS Waiver Manager

Section 1115 Waiver

- Section 1115 of the Social Security Acts gives states the authority to be waived from selected Medicaid requirements in federal law
- Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers
- States must obtain approval from CMS before implementing 1115 waivers

Examples of Arizona's 1115 Waiver Demonstrations

- Since the inception of its Medicaid program, Arizona has leveraged its 1115 waiver to implement numerous innovations including:
 - 1982–Statewide mandatory managed care program (with some exceptions)
 - 1989–Arizona Long Term Care System (ALTCS)
 - 2012–Safety Net Care Pool (SNCP)/Uncompensated Care Waiver for IHS and Tribal 638 facilities
 - 2013–Integrated CRS Health Plan
 - 2014–Integrated RBHA Health Plans
 - 2017–Targeted Investments (TI) Program

Tribal Authorities

- Authority to maintain IHS/638 Uncompensated Care Pool
- Authorities for direct payments made to IHS or Tribal 638 providers by the state, which are offset from the managed care capitation rate

1115 Waiver Evaluation

The Independent evaluator is evaluating Arizona's Section 1115 Waiver demonstrations by three main phases of work:

- **Phase I:** Develop the Evaluation Design Plans;
- **Phase II:** Conduct Interim Evaluations & Develop Interim Evaluation Reports; and
- **Phase III:** Conduct Summative Evaluations & Develop Summative Evaluation Reports.

Interim Evaluation

- The state must submit an Interim Evaluation Report for the completed years of the demonstration, and for each subsequent renewal or extension of the demonstration
- The report will discuss evaluation progress and present findings to date as per the approved Evaluation Design and will contain a description of the demonstrations and the demonstration goals, evaluation questions and hypotheses, current evaluation design summary, data collection and analytic activities

Interim Evaluation

- The draft interim evaluation report will also include:
 - Preliminary state/national baseline comparisons from national survey data, such as the NCI or IPUMS.
 - Preliminary baseline measure calculations for the appropriate populations.
- In total, the preliminary report includes performance measure rates for 15 hypotheses that encompass 46 research questions, and are operationalized using 116 performance measures.
- The findings of the Interim Evaluation will be presented as a part of the 1115 Waiver Renewal Public Forums

Questions?

May 7, 2020



ENHANCED FUNDING FOR MEDICAID ELIGIBLE RESIDENTS OF TRIBALLY-OPERATED SKILLED NURSING FACILITIES & ASSISTED LIVING FACILITIES IN ARIZONA

Goal

To obtain enhanced funding also known as an “all inclusive rate” for Medicaid eligible residents at the Archie Hendricks, Sr. Skilled Nursing Facility (“SNF”) and the Tohono O’odham Elder Assisted Living Residence (“ALR”) operated by the Tohono O’odham Nursing Care Authority (“TONCA”).

Objectives



- Provide compact between Tohono O’odham Nation and Indian Health Services (“IHS”) to the Arizona Health Care Cost Containment System (“AHCCCS”) administration in order to receive 100% FMAP because it has been listed as a location in which services are provided in the compact.
- Amend the Arizona State Plan for Medicaid to permit an enhanced rate for tribally operated IHS-identified skilled nursing facilities and assisted living facilities (“ALFs”).
- Negotiate an enhanced rate with the Centers for Medicare & Medicaid Services (“CMS”) for inclusion in the amendment.

The Current Situation- FMAP

- Medicaid is a state-managed federal program that covers long term services and support (“LTSS”), including services at a skilled nursing or assisted living facilities for eligible individuals with limited income and assets.
- Arizona’s Medicaid program is the Arizona Health Care Cost Containment System (“AHCCCS”) and includes the Arizona Long Term Care System (“ALTCS”).
- CMS pays each state a percentage of its total Medicaid expenditures.
- This percentage is referred to as the Federal Medical Assistance Percentage (“FMAP”).
- In Arizona, the FMAP Rate was 69.81% in 2019 and is 70.02% in 2020.
- An exception to the regular FMAP rate is an IHS facility for which the state receives 100% federal reimbursement for Medicaid services including LTSS.
- TONCA has been listed as a location in which services are provided in the Nation’s compact with IHS.
- TONCA has recently requested the tribal compact be submitted to AHCCCS in order to begin receiving 100% FMAP from CMS.

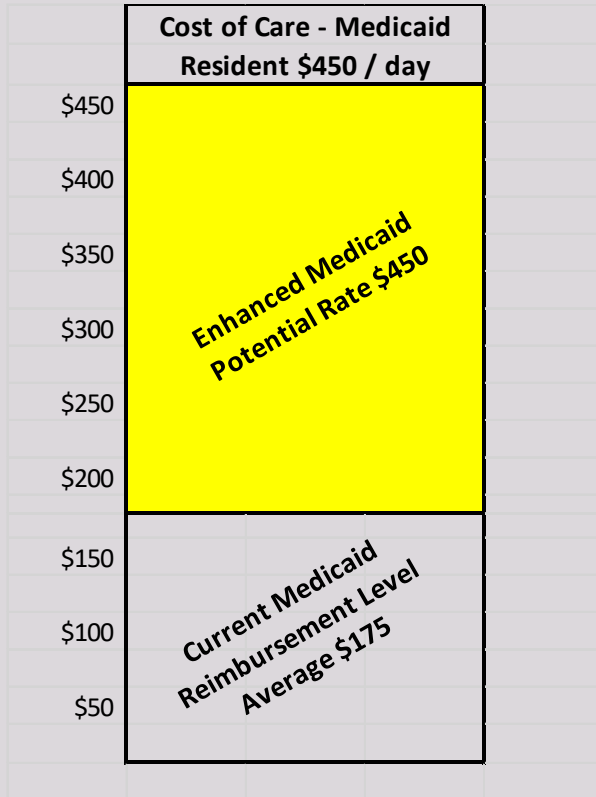
The Current Situation (cont.)

- Approximately 75% of TONCA's residents are Medicaid eligible.
- For Medicaid eligible residents, TONCA collects approximately \$62,000 per resident per year.
- Providers such as TONCA receive daily rates from AHCCCS based on level of care.
- The rates for TONCA's SNF are \$175, \$194, and \$227 per resident per day.
- If TONCA's facilities are qualified as IHS facilities, then CMS should be providing 100% reimbursement to AHCCCS, which in turn will save the State of Arizona thousands of dollars.
- For TONCA alone, the State could potentially save \$860,000 each year.
- The State's savings will continue to compound over the years. For example, over 10 years and with the current average TONCA census, Arizona will have saved more than \$8,600,000.
- The State could potentially save millions more when:
 - *Other tribes begin operating SNFs and ALFs; and*
 - *American Indian elders begin residing in tribal SNFs and ALFs instead of off-reservation/non-tribal SNFs and ALFs that cannot get the enhanced rate and the state must contribute the regular state FMAP rate.*

FMAP PLUS = ENHANCED FUNDING

- The amendment to the State Plan will incorporate the enhanced rate that is negotiated.
- The purpose of negotiating a rate with CMS is to obtain a rate that better reflects the true cost of care either through:
 - *Fixed rate; or*
 - *Cost-based rate.*
- A “**Medicare**-like” rate, would come much closer to reflecting the true cost of care.
- TONCA would only be asking for what CMS has already negotiated and determined to be an appropriate rate with other tribes in other states.
- Any increase in the reimbursement by CMS allows the tribe to reduce its subsidy of the cost of care, as evidenced by the following hypothetical example.

Skilled Nursing Facility



Actual Medicaid Reimbursements from Arizona
15,000 Medicaid Days = \$2,625,000

Based on Medicaid Days, if we can negotiate a reimbursement rates equal to our cost of \$450/day, the increased revenues are as follows:

\$450/day = \$4,125,000 annual revenue

This could reduce the current Tribal government support

**HOW DO WE GET
THERE?**

TONCA has been delegated the authority by the Tohono O'odham Nation to negotiate with the State, Indian Health Services, and other interested parties for an amendment to the Arizona State Plan for Medicaid permitting tribally-operated skilled nursing facilities and assisted living facilities identified as Indian Health Services facilities to obtain an enhanced rate.

State Plan Amendment

- Amending the Arizona Medicaid State Plan to provide enhanced Medicaid reimbursements to IHS tribal facilities can be accomplished without an adverse financial impact to the State Plan.
- Objective: For the TONCA negotiating team (TONCA Director of Support Services, TONCA Business Office Director, TONCA Legal Counsel, and NAHM Consultant) to cooperate with AHCCCS officials in developing a State Plan amendment incorporating the negotiated rate for enhanced Medicaid reimbursement and seeking agreement by CMS.
- Result: All federally recognized tribal members that are Medicaid eligible within the TONCA SNF and ALR will be entitled to the enhanced Medicaid rate.
- Outcome: Increased revenue to TONCA from Medicaid reimbursements.
- Outcome: TONCA will experience increased financial sustainability.
- Outcome: Other tribes with similar facilities will benefit like TONCA.
- Outcome: State of Arizona will save money every year.

How does this benefit other tribes in Arizona?

- With the State Plan amended to permit enhanced rate for Medicaid payments, current tribally-operated IHS-identified facility SNFs and ALFs with Medicaid eligible residents may obtain the enhanced rate.
- Tribally-operated SNFs and ALRs that are not identified IHS facilities may work with their respective tribal government to become an identified IHS facility, assist its residents to enroll in Medicaid, and then seek the enhanced rate.
- Tribes that do not currently operate a SNF or ALF will have the opportunity to participate once their facility is operational, identified as an IHS facility, and residents become Medicaid eligible. Basically, the road will be paved to obtain the enhanced rate.



How does this benefit other tribes in Arizona?

- Amending the State Plan, may create an incentive for tribes to begin operating SNFs and ALFs which in turn will keep elders close to family and not seek services off tribal land.
- Obtaining the enhanced rate may relieve the tribal government of the heavy financial burden of subsidizing tribally-operated SNFs and ALFs.




Tribal Successes in Obtaining Enhanced Rates in Other States

- TONCA has engaged Native American Health Management, LLC (“NAHM”) consultant Ron Ross to assist the facility is seeking the enhanced rate.
- NAHM has obtained increased Medicaid funding for LTSS in tribal facilities:
 - *Nebraska: NAHM was successful in obtaining a cost-based enhanced Medicaid rate. This required the State of Nebraska to amend its Medicaid state plan with CMS. NAHM has operated the Oglala Sioux Tribe's nursing home since it was opened in 2016.*
 - *South Dakota: NAHM manages the Rosebud Sioux Tribe's nursing home and successfully negotiated an increase of the Medicaid rates by 50%. NAHM assisted South Dakota to amend its state plan with CMS and provide for enhanced cost-based Medicaid rates for tribal facilities.*

Other States Offering an Enhanced Rate

- For tribally-operated SNFs and ALFs:
 - *Wyoming provides a fixed enhanced reimbursement rate.*
 - *Montana provides a fixed enhanced reimbursement rate.*



FOR MORE INFORMATION ABOUT
FMAP AND THE ENHANCED RATE
VISIT:

<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/working-with-your-state>



ANY QUESTIONS?

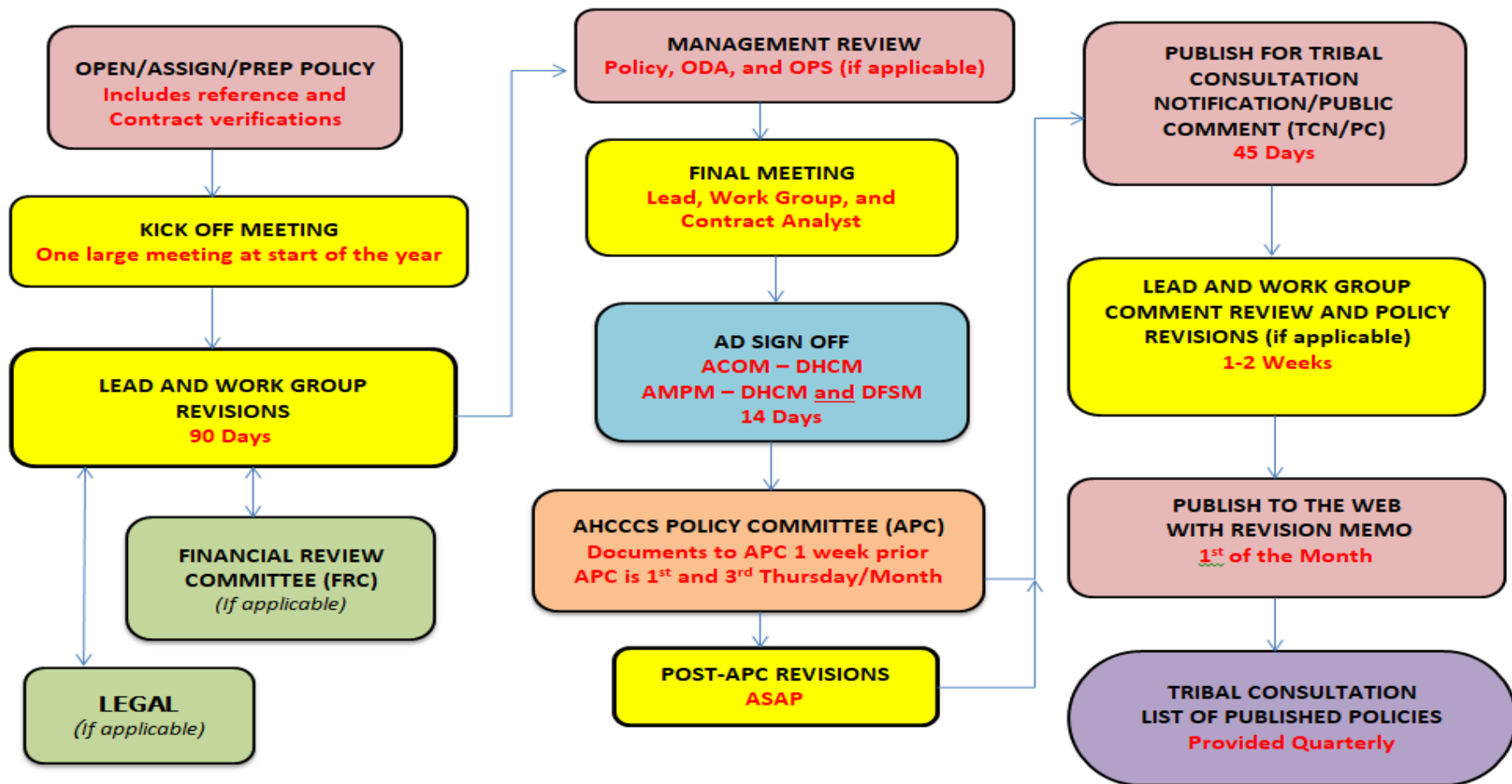
**Thank you for your
support!**



The ACOM and AMPM Policy Process

Jakenna Lebsock, Assistant Director – Division of Health Care Management

THE POLICY PROCESS FOR THE AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM) AND AHCCCS MEDICAL POLICY MANUAL (AMPM)



NEW POLICIES

- Opened for development after outline (e.g. purpose, summary, main points to address) of Policy is developed
- Will be brought to Tribal Consultation for input
- Comments will be collected and provided to policy lead and work group for consideration

Tribal Consultation Notification/Public Comment (TCN/PC)

Click ACOM or AMPM Menu to see Policies that are open for comment

Link to TCN/PC

<https://comments.azahcccs.gov/ahcccs-medical-policy-manual-ampm-proposed-policy-public-comment/>

AHCCCS Comments

ACOM AMPM

AHCCCS Tribal Consultation Notification/Public Comment of Proposed Policy Changes

January 18, 2017

Please select either the ACOM or AMPM tab above to review potential Policies available for Tribal Consultation Notification/Public Comment.

All comments are reviewed; however AHCCCS will not be responding to comments. If a comment/suggestion is appropriate it may be addressed in the final version upon publication. Refer to the Revision Memo when policies are published to our AHCCCS website.

Tribal Consultation Notification/Public Comment (TCN/PC)

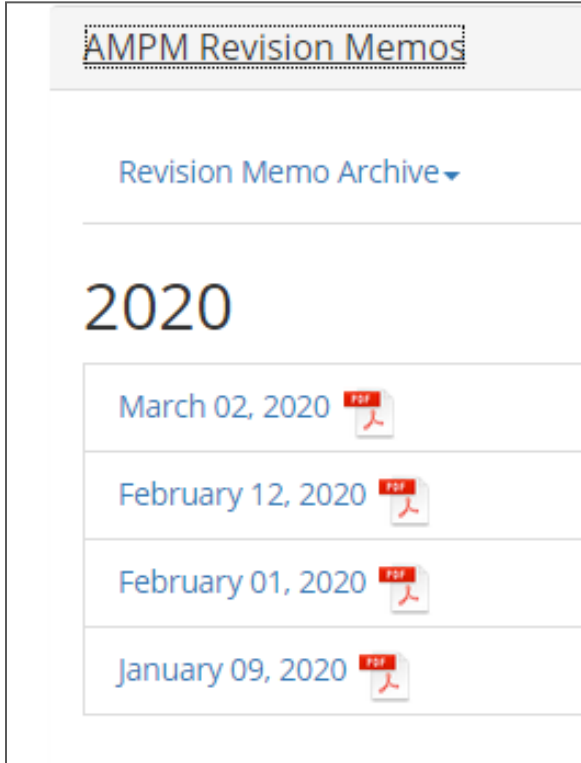
- Select Policy from Menu on left-hand side
- Review Policy at Blue Hyperlink
- Submit Comments under ‘Leave a Reply’ Text Box

<p>AMPM</p> <p>Chapter 100, Introduction</p> <p>Chapter 200, Reserved</p> <p>Chapter 300, Medical Policy for Covered Services 310, Covered Services</p> <p>320, Services with Special Circumstances</p> <p>Chapter 500, Care Coordination for Maternal and Child Health</p> <p>Chapter 600, Provider Qualifications and Provider Requirements</p> <p>Chapter 700, School Based Claiming Program/Direct Services Claiming</p> <p>Chapter 800, Fee-For-Service Quality and Utilization Management</p> <p>Chapter 900, Quality Management and Performance Improvement Program</p> <p>Chapter 1000, Medical Management</p> <p>Chapter 1100, Federal Emergency Services Program</p> <p>Chapter 1200, ALTCS Services and Settings for Members who are Elderly and/or Have Physical Disabilities and/or Have Development Disabilities</p> <p>◆ AMPM 1210, Institutional Services and Settings</p> <p>Chapter 1300, Member Directed Options</p> <p>Chapter 1400, Reserved</p>	<h2>◆ AMPM 1210, Institutional Services and Settings</h2> <p>🕒 March 6, 2020 👤 Leave a comment</p> <p>Do not include Personal Health Information (PHI) in your comments.</p> <ul style="list-style-type: none">• Please ensure to include the Policy Page Number relating to each comment.• You will receive acknowledgement that your comments have been received. AHCCCS cannot provide responses to individual comments. <p>Proposed Policy:</p> <p>AMPM 1210, Institutional Services and Settings</p> <p>Comment Deadline: April 20, 2020</p> <hr/> <h3>Leave a Reply</h3> <p>Your email address will not be published. Required fields are marked *</p> <p>Comment</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>
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Tribal Consultation Notification/Public Comment (TCN/PC)

- Comments are collected and provided to the lead and work group for review
- AHCCCS does not reply to comments; however, all are reviewed
- Policy will be revised, if necessary, based on comments received and those changes will be noted on the Revision Memo when the policy is published
- Some comments may be added to a Policy parking lot to address in the future

Publishing Policies to Web



- Policies are published once a month at the beginning of the month or ad hoc if needed with a corresponding Revision Memo
- Revisions memos serve as a general overview of critical Policy changes and any changes that may have been incorporated post TCN/PC
 - **ACOM Revision Memo**
<https://azahcccs.gov/shared/ACOM/>
 - **AMPM Revision Memo**
<https://azahcccs.gov/shared/MedicalPolicyManual/>
- Revision Memo Example on Next Slide

DATE: March 02, 2020
TO: Holders of the AHCCCS Medical Policy Manual
FROM: DHCM Contracts and Policy
SUBJECT: AHCCCS Medical Policy Manual (AMPM)

This memo describes revisions and/or additions to the AMPM.

Please direct questions regarding policy updates to the Contracts and Policy Unit at 602-417-4295 or 602-417-4055 or email at DHCMContractsandPolicy@azahcccs.gov.

UPDATES AND REVISIONS TO THE AHCCCS MEDICAL POLICY MANUAL (AMPM)

AHCCCS Medical Policy Manual (AMPM)

AMPM POLICY 1240-C, COMMUNITY TRANSITION SERVICES

AMPM Policy 1240-C was revised for general formatting updates; included definitions to align with policies found in AMPM Chapter 1200.

AMPM POLICY 1240-I, HOME MODIFICATIONS

AMPM Policy 1240-I was revised for general formatting updates, clarified FFS Programs applicability, added a new definition for Residential Contractor, and included a reference to Attachment A.

- **ATTACHMENT A, AHCCCS-ALTCS FFS HOME MODIFICATION REQUEST – JUSTIFICATION FORMS**

Attachment A was revised to update the reference to AHCCCS/DFSM/CMSU to align with Policy.

POST TRIBAL CONSULTATION NOTIFICATION/PUBLIC COMMENT CHANGES:

AMPM Policy 1240-I was revised to further clarify original changes after being posted for Tribal Consultation Notification/Public Comment on 12/06/19.



ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

Whole Person Care Initiative Tribal Feedback

Kim Russell

Executive Director, Arizona Advisory
Council on Indian Health Care



Background

- There is growing national attention on social determinants of health (SDOH)
- SDOH are how social factors impact a person's health and well-being
- SDOH indicate that socio-economic status, behaviors, and physical environment contribute more to health outcomes than access to health care.

Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
 - Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
 - Non-medical transportation with a focus on access to healthy food and employment navigation services
 - Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTCSS) services in their own homes including, but not limited to, peer support programs
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources

Feedback Needed

- AHCCCS has begun to address these indicators through a new and innovative strategy called the Whole Person Care Initiative (WPCI)
- In partnership with AHCCCS, the Arizona Advisory Council on Indian Health Care is requesting feedback on the AHCCCS WPCI in order to gain tribal insight

Step 1: VIDEO

- View the short 6-minute online video describing the WPCI.

<https://youtu.be/gcBkubUHUMM>



Overview of AHCCCS Whole Person Health Efforts

April 24, 2020



Step 2: REFERENCES

- Review the references to familiarize yourself with various socio economic factors/supports for you to consider in your responses to the survey.
 - Vitalyst Elements of a Health Community Wheel which provides various sectors of a healthy community: <http://livewellaz.org/>
 - Tribal Elements of a Healthy Community Wheel which is similar to the Vitalyst wheel but with tribal nuances and themes.

Live Well Arizona | livewellaz.org

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LIVE WELL ARIZONA WHO WE ARE WHY IT MATTERS COMMUNITY ELEMENTS

Shifting the health paradigm as we celebrate and connect efforts to help communities be healthier and live well.

Learn More About Our Approach

Windows Taskbar: Type here to search, 5:06 PM 5/4/2020

To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

Live Well Arizona | livewellaz.org

WEBINARS CONNECT Search resources... Search

LIVE WELL ARIZONA

WHO WE ARE WHY IT MATTERS COMMUNITY ELEMENTS

- CARE
- HOUSING
- SAFETY
- ECONOMY
- EDUCATION
- ENVIRONMENT
- FOOD ACCESS
- DESIGN
- RECREATION
- SOCIAL AND CULTURAL COHESION
- JUSTICE
- TRANSPORTATION
- EQUITY
- RESILIENCY

To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

Housing - Live Well Arizona | livewellaz.org/tag/housing/

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LIVE WELL ARIZONA

WHO WE ARE WHY IT MATTERS COMMUNITY ELEMENTS

AFFORDABLE QUALITY HOUSING

Affordable quality housing is an investment in quality health. Research continues to show that affordable quality housing results in positive health outcomes. Affordable quality housing can improve community health in the following ways:

- Enables people to pay for basic needs that influence health
 - Food, medical care, utilities.
- Quality housing protects people from exposure to contaminants, neurotoxins, and other dangers.
- Housing location and stability can increase consistent access to destinations that affect health.
- Housing stability and neighborhood conditions can decrease mental health problems.

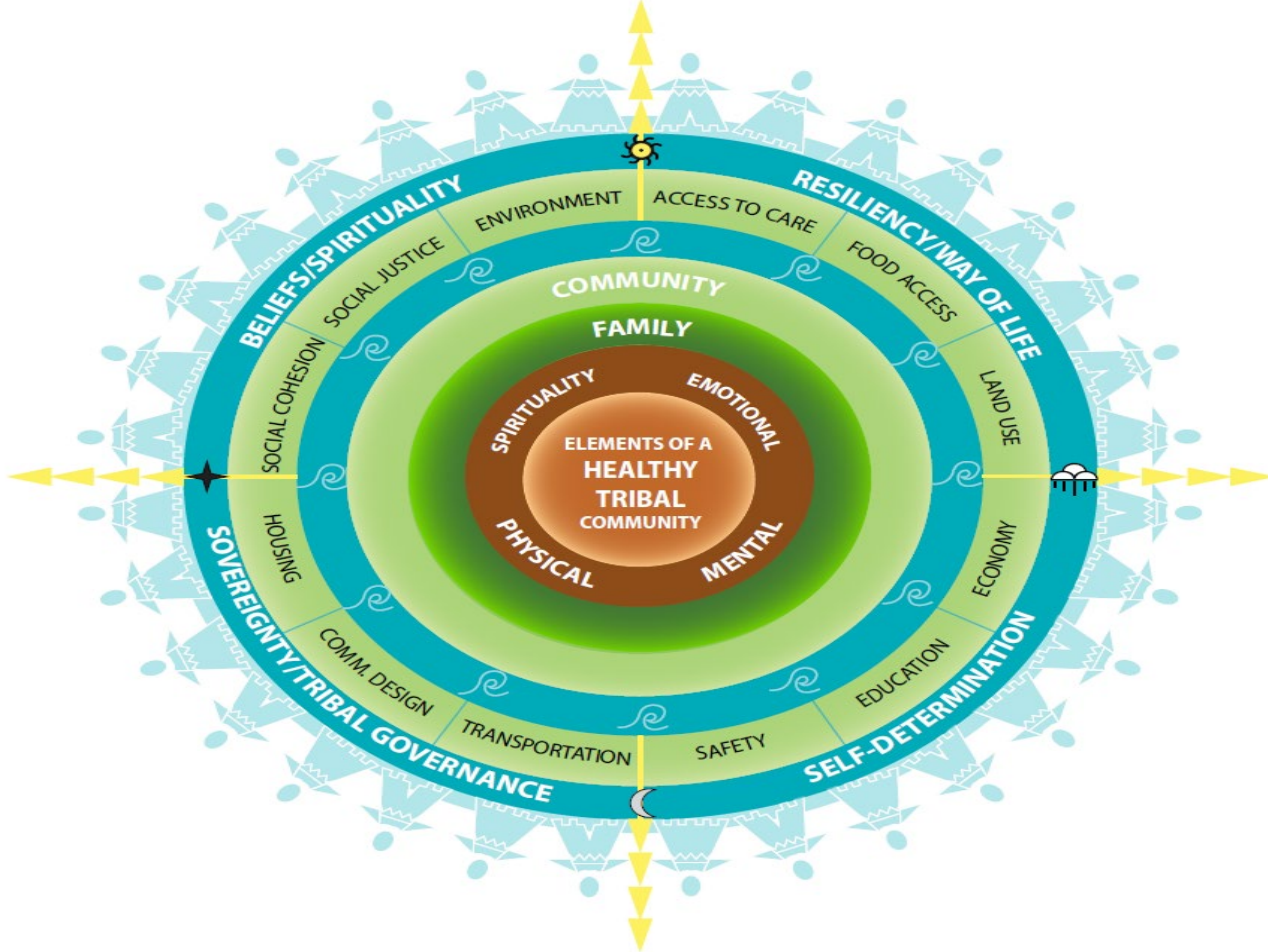
WHAT IT MEANS

Affordable quality housing helps level the playing field. For many individuals, housing costs take up a much larger percent of their income than the middle class American. For these individuals and families, decisions are made between paying rent, keeping the electricity on, purchasing food, and taking care of health care bills. By providing affordable, quality housing lower socio economic status communities have the ability to pay for more of these necessities that indirectly affect health. This type of housing also provides safe and maintained shelter that directly improves health outcomes. By providing this type of housing to vulnerable individuals and families, we are providing direct and indirect access to improved health.

WHAT IT MEANS
 WHY IT MATTERS
 SUBMIT RESOURCES
 NATIONAL RESOURCES
 ARIZONA RESOURCES

7:46 PM 5/4/2020

To advocate for increasing access to high quality health care programs for all American Indians in Arizona.



To advocate for increasing access to high quality health care programs for all American Indians in Arizona.

Step 3: SURVEY

- Fill out the 6-question survey.
- It should take approximately 10-15 minutes to complete.

<https://docs.google.com/forms/d/e/1FAIpQLSfoRu6dS4FQLkhfD7tDWKhC6Xi53UAtG0XV9y-3SgDzXD9Z7A/viewform>

AHCCCS Whole Person Initiative- Tribal Feedback Questions

Purpose of Feedback Session: To introduce the concept of AHCCCS's Whole Person Care Initiative to tribes and tribal leadership and stakeholders. Growing national attention on social determinants of health (how social factors impact a person's health and well-being) indicates that socio-economic status, behaviors, and physical environment contribute more to health outcomes than access to health care. AHCCCS has addressed these efforts in various ways and would like tribal-specific feedback to inform future efforts.

What are your initial thoughts about the initiative overall? Think about your community and organizations serving this community.

Your answer

What are some of the unique needs of your community that AHCCCS should consider?

Your answer

Are there naturally-occurring community supports that exist in your communities that this initiative should build on?

Your answer

Step 4: FORWARD

- Forward this email to other tribal stakeholders within your Tribe to fill out to help us gather more input.
 - Tribal Leaders,
 - Health Care Providers,
 - Community Health Representatives, etc.



Comments due by:

Wednesday, May 20, 2020





Questions?





ARIZONA ADVISORY
COUNCIL ON INDIAN
HEALTH CARE

Contacts:

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Kim.Russell@azahcccs.gov

Amanda Bahe

Amanda.Bahe@azahcccs.gov



Submission of Feedback and Evaluations

Please refer to the [AHCCCS Tribal Consultation Webpage](#) for a PDF version

Next Special Tribal Consultation:

May 21, 2020 at 9 am (AZ time)