• States have flexibility in designing their Medicaid program, and they can change aspects of their program at any time

• However, states must apply for and receive approval from the Centers for Medicare and Medicaid Services (CMS) before making changes to the program

• Two ways a state can go about changing their program:
  o A State Plan Amendment (SPA)
  o A Waiver
# State Plan vs. 1115 Waiver

<table>
<thead>
<tr>
<th></th>
<th>State Plan Amendment</th>
<th>1115 Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Submission to CMS</strong></td>
<td>Proposed changes to Medicaid State Plan. Changes must comply with federal Medicaid</td>
<td>Formal request to have certain federal Medicaid requirements waived</td>
</tr>
<tr>
<td></td>
<td>requirements.</td>
<td></td>
</tr>
<tr>
<td><strong>What States Can Request</strong></td>
<td>Can address any aspect of Medicaid program administration--e.g. eligibility, benefits</td>
<td>Seek changes that cannot be implemented through state plan amendments.</td>
</tr>
<tr>
<td></td>
<td>benefits, services, provider payments, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Budget Requirements</strong></td>
<td>No cost or budget requirements</td>
<td>Budget neutral for the federal government</td>
</tr>
<tr>
<td><strong>Approval Process</strong></td>
<td>90 day clock that can be suspended if CMS request information from state.</td>
<td>Approval process includes robust public notice process and extensive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>negotiations with CMS.</td>
</tr>
<tr>
<td><strong>Duration of Approval</strong></td>
<td>Permanent</td>
<td>Time limited. Must be renewed every 5-years.</td>
</tr>
</tbody>
</table>
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:
  o 1982–Statewide mandatory managed care program (with some exceptions)
  o 1989–Arizona Long Term Care System (ALTCS)
  o 2012–Safety Net Care Pool (SNCP)
  o 2013–Integrated CRS Health Plan
  o 2014–Integrated RBHA Health Plans
  o 2017–Targeted Investments (TI) Program
  o 2019–AHCCCS Works & Retroactive Coverage Changes
Arizona’s 1115 Waiver Renewal

• Arizona’s current waiver scheduled to expire September 30, 2021
• Arizona will submit an 1115 Waiver Renewal packet by September 30, 2020
Important Milestones for Arizona’s 1115 Waiver Renewal

PHASE 1: Waiver Conceptualization
September 2019 – January 2020

PHASE 2: Developing Waiver Renewal Proposal
February 1, 2020 – May 31, 2020
Important Milestones for Arizona’s 1115 Waiver Renewal

PHASE 3: Public Input Process
June 1, 2020 – August 15, 2020

PHASE 4: Finalize & Submit Waiver Proposal
August 16, 2020 – September 30, 2020
Whole Person Care Initiative (WPCI)

- AHCCCS is exploring opportunities to address social risk factors that impact health outcomes of members
- Potential interventions may include:
  - Housing
  - Non-medical transportation
  - Services to address social isolation
- AHCCCS may need 1115 waiver authority to implement WPCI services
<table>
<thead>
<tr>
<th>SDOH Service Category</th>
<th>Example of Possible Services</th>
<th>Potential Target Population</th>
<th>Sample Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>• Fund HMIS participation; • Increase Housing Stock • Fund SOAR Staff (making housing affordable); • Housing navigation services • Deposits/start-up costs and tenancy sustaining services, • Eviction Prevention (Set Dollar Amount), Move In Fees (Set Dollar Amount), • Utility Assistance (Set Dollar Amount)</td>
<td>• Hospital Discharges, • Vulnerable Senior Population • Transition Age Youth • Re-Entry Individuals needing an institutional level of care • Veterans • Individuals experiencing homelessness, and/or • Justice-involved members</td>
<td>• Reduction in total cost to serve (including ED encounters) • Increase in HMIS utilization • Increase in total subsidized units</td>
</tr>
</tbody>
</table>
## Arizona Association of Health Plans Recommendations

<table>
<thead>
<tr>
<th>SDOH Service Category</th>
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</table>
| **Food Insecurity**   | • Fund Food Pilots (e.g. Geisinger Diabetes Program & Promedica One-Stops)  
                          • Pilot Program in Nutrition and Meal Training; Education/Awareness; Medically Tailored Meals, home delivered meals | • Hospital Transitions (Mom’s Meals),  
                          • Certain diagnoses (e.g. Diabetes & CHF) where diet is a major factor to the stability of the member’s condition | • Reduction in total cost to serve (including ED encounters);  
                          • Improvement in member A1C reduction in obesity |
## Arizona Association of Health Plans Recommendations

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</table>
| Education & Employment Services | • Employment training and supports expansion of supported employment benefit to broader population | • SMI/GMHSU  
• Justice-involved Veterans  
• SUD  
• AHCCCS Works | • Increase in employment rates |

**Transportation**

<table>
<thead>
<tr>
<th>Example of Possible Services</th>
<th>Potential Target Population</th>
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</tr>
</thead>
</table>
| • Transportation to non-medical services such as social service programs, employment, expansion of bus pass/light rail use  
• Cap the number of rides to non-NEMT services a year | • Employed members  
• Justice-involved  
• Veterans  
• Individuals who are elderly, experiencing physical, developmental or other disabilities,  
• AHCCCS Works population |                           |
### Arizona Association of Health Plans Recommendations

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</thead>
</table>
| Care Coordination/Case Management | • Assessments & screening  
• Development of care plans (and housing support plans)  
• Linkage to other supportive services  
• Traditional case management on an episodic basis for a broader population than is currently covered | • Individuals with complex physical health needs  
• Individuals needing an institutional level of care  
• Experiencing homelessness  
• Individuals with SUD | |
<table>
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<th>Potential Target Population</th>
<th>Sample Metrics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Isolation</td>
<td>• Life skills development &amp; day health;</td>
<td>• Elderly/ALTCS members experiencing physical, developmental or other disabilities</td>
<td>• Reduction in suicide rates; improvement in medication compliance</td>
</tr>
<tr>
<td></td>
<td>• Pilot an elder version of the VA’s Be Connected program</td>
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<td></td>
<td>• Peer supports,</td>
<td></td>
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<td></td>
<td>• Transportation to a senior center or home aids that visit seniors w/o providing direct care</td>
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<tr>
<td></td>
<td>• whose services are designed to avoid higher-level placements.</td>
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</tr>
</tbody>
</table>
Next Steps

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

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

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