AHCCCS MCO Update Meeting

January 25, 2022
AHCCCS Updates

Jami Snyder, AHCCCS Director
Follow us on social media!

AHCCCS becomes an independent state agency, per Gov. Babbitt
AHCCCS Enrollment: March 2020 - January 2022

Up 459,218 (24.4% increase)
PHE Renewed - Effective January 16, 2022

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
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<tr>
<td><strong>Continuous Enrollment</strong></td>
<td><strong>6.2% FMAP</strong></td>
<td><strong>PHE</strong></td>
<td><strong>4/30/22-5/1/22</strong> &amp; <strong>Expiration of the Enhanced Federal Match</strong></td>
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**PHE**

<table>
<thead>
<tr>
<th>1/21/21</th>
<th>4/21/21</th>
<th>6/20/21</th>
<th>10/18/21</th>
<th>1/16/22</th>
<th>4/16/22</th>
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<tbody>
<tr>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
<td>HHS PHE Renewed Flexibilities, enhanced match and MOE continue</td>
<td>PHE Ends</td>
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**Expiration of the Enhanced Federal Match**

*HHS has indicated that it will provide states with 60 days advance notice prior to ending the federally declared PHE*
INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY

● Awarded Competitive Contract Expansion contracts to three AHCCCS Complete Care health plans to serve individuals with a Serious Mental Illness designation

● Submitted the AHCCCS Housing and Health Opportunities (H2O) demonstration waiver request to CMS, aimed at enhancing the availability of housing-related services for individuals experiencing homelessness or at risk of homelessness

● Transitioned the maintenance and operations of Health-e-Arizona Plus, AHCCCS’ eligibility system, on July 1, 2021 to a new vendor, Accenture, with no disruption to system operations

● Expanded the existing Medicaid School Based Claiming program to allow all Medicaid-enrolled children to access health care services on school campuses (not just those students with an Individualized Education Program)

● Implemented the Emergency Triage, Treat and Transport program to reduce unnecessary transports to emergency departments and allow members to be transported to alternate destinations

● Launched the Opioid Services Locator tool

● With the state’s Health Information Exchange (HIE), launched a closed loop referral system to make it easier for clinicians to connect members to needed social services
2021 Accomplishments

INNOVATIONS IN SERVICE DELIVERY & TECHNOLOGY continued

- Implemented Arizona’s Electronic Visit Verification program to ensure access to care for members who receive in-home services and supports
- Provided behavioral health services to 6,000 students either on school campuses or in established clinics in response to referrals for services
- In alignment with the Home and Community Based Services Enhanced Federal Match provision allowing states to supplement existing funding, submitted a spending plan for more than $1 Billion detailing how the agency will use additional federal funding to strengthen and enhance the HCBS system of care
- Contracted with and successfully transitioned to a statewide Housing Administrator to oversee the AHCCCS Housing Program, consisting of permanent supportive housing and housing support programs for individuals with behavioral health needs who are experiencing homelessness
- Created a comprehensive Digital Tool Box for Tribal Arizona Long Term Care System (ALTCS) programs
- Developed a Peer to Peer Coaching program through the Office of Individual and Family Affairs to provide personal support to peers in the workforce
- Completed the ONE AHCCCS move and transitioning all AHCCCS main campus operations into the 801 building
RESPONSE TO THE COVID-19 PUBLIC HEALTH EMERGENCY

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency; enrollment increased by nearly 24 percent over 22 months
- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries, including mobile-based vaccine distribution for members enrolled in the AHCCCS Long Term Care System (ALTCS)
  - Achieved ALTCS vaccination rates as high as 78 percent
- Maintained the Crisis Counseling Program to help individuals and communities recover from the pandemic; served more than 17,000 unique individuals statewide with crisis counseling and group counseling/public education
- Distributed over $18 million in additional pandemic relief funding to nursing facilities
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of December 19, 2021

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
Medicaid Administrative Expense Ratio by State
FY 2020

Arizona 1.99% - #1 in the Nation

National Average 4.36%

Medicaid Spending Per Member Per Year by State FY 2020

2022 Priorities

- Unwinding from the Public Health Emergency (PHE)
- Readiness and launch of ACC/RBHAs on 10-1-2022
  - Includes statewide crisis line & 988 implementation
- Initial preparations for ALTCS bid (contracts term on 9/30/24)
- 1115 Waiver Negotiations for 10/1/2022
  - Targeted Investments 2.0
  - Housing and Health Opportunities Demonstration (H20)
    - Analyzing CA waiver approved on 12/29/21, allowing for recuperative care (up to 90 days) and short-term post-hospitalization housing (up to 6 months)
- ARPA HCBS - Full Approval Received 1/19/2022
- Continued Prioritization of COVID-19 Response, including increasing vaccination rates among AHCCCS beneficiaries
- Transition of members who are American Indian/Alaska Native and designated with a SMI to integrated options (AIHP for all services, AIHP/TRBHA if TRBHA available, or ACC-RBHA for all services)
- Continued roll out of CommunityCares (closed loop referral system)
- Division-level succession planning
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 12+ Who Received at Least One Dose as of December 19, 2021

*AHCCCS estimated rate calculated using AHCCCS paid claims and encounters and data from the Arizona State Immunization Information System (ASIIS) courtesy of the Arizona Department of Health Services (ADHS). Data limitations include member cross-match limitations with ASIIS as well as claim and encounter lag time.
AHCCCS Beneficiary COVID-19 Vaccination Rates 12 years and up*

*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.
AHCCCS Beneficiary COVID-19 Vaccination Rates 5 years and up*

COVID-19 Vaccination Rates by Line of Business
Percentage of Individuals Ages 5+ Who Received at Least One Dose as of December 19, 2021

*Information for Fee for Service Programs, including the American Indian Health Program and Tribal Arizona Long Term Care System, is only an estimate and may be understated due to Indian Health Service and tribally owned/operated facilities being able to report vaccination administration information via the State of Arizona or via other federal mechanisms.
American Rescue Plan Act
Home and Community Based Services Opportunity

• AHCCCS submitted the ARPA HCBS spending plan to CMS on 7/12/2021
• CMS approvals
  o Partial approval on 9/28/22
  o Conditional (final) approval on 1/19/22
    ▪ Allows the state to begin implementing activities in the spending plan and qualifies state for 10 percentage point increase to the FMAP
• HB 2157 (expenditure authority legislation) passed out of House Appropriations Committee on 1/19/22; vote 11-1 (Representative Cobb absent)
• Provider directed payment pre-print submitted to CMS on 1/21/22
• Updated spending plan, incorporating stakeholder feedback from last quarter (to be included in quarterly update to CMS on or before 2/1/22) can be found here
ARPA HCBS
Provider Directed Payment

- Provider directed payment pre-print submitted to CMS on 1/21/22
  - Requested expedited review to leverage 10% enhanced FMAP prior to 3/31/2022
- Directed payment will be computed as a flat annualized percentage of eligible providers’ prior Medicaid payments for select ARPA qualifying codes from a selected time period
  - Estimated to be approximately 17% in ARPA year 1 and 8% in ARPA years 2 and 3 (DES-DDD reimbursement will be similar but will use a slightly different methodology)
- Total amount across 3 ARPA years estimated to be $866M between all lines of business
  - If approval and payments for year 1 are not made to the health plans by 3/31/2022, year 1 percentage and total payments will be reduced
- Directed payments are subject to change if other ARPA spending plan initiatives impact funding available
## SFY 2023 Budget

### Executive Recommendation v JLBC Baseline

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<thead>
<tr>
<th></th>
<th>Executive Recommendation</th>
<th>JLBC Baseline</th>
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<tbody>
<tr>
<td>Total Fund</td>
<td>$21.3 Billion</td>
<td>$17.4 Billion</td>
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<tr>
<td>General Fund</td>
<td>$2.245 Billion</td>
<td>$2.173 Billion</td>
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<tr>
<td>PHE Assumption</td>
<td>Assumes MOE ends January 2022 and enhanced FMAP ends March 2022*</td>
<td>Assumes MOE ends January 2022 and enhanced FMAP ends March 2022*</td>
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<tr>
<td>Capitation Rate Growth</td>
<td>4.6% across all programs</td>
<td>3.1% across all programs</td>
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| Enrollment Growth Projections | FY22: -1.53%  
FY23: -9.18% | FY22: -4.0%  
FY23: -6.7% |

*PHE has been extended through 4/16/22; MOE termination of April 2022; enhanced FMAP termination of June 2022
AHCCCS Managed Care Contracts Timeline

- **AUG. 2021**
  - Release CCE for RBHA Services

- **NOV 15, 2021**
  - Award CCE/Transition begins

- **SEP. 2022**
  - RBHA Contracts expire

- **OCT. 2022**
  - Expanded ACC contracts with RBHA services

- **SEP. 2024**
  - ALTCS Contracts expire

- **SEP. 2027**
  - ACC Contracts expire
Current Audits/Reviews

• **Federal Office of the Inspector General Study**
  o Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care

• **CMS Center for Program Integrity Review**
  o Program Integrity in Managed Care

• **CMS Financial Management Review**
  o Arizona’s administrative (ADM) expenditures reported by the state for State and Local Administration on the Form CMS 64.10W (Waiver Expenditures), Line 49, Other Financial Participation

• **Arizona Auditor General’s Office Sunset Review**
  o First performance audit to be released in Spring 2022; focus on eligibility
  o Second performance audit underway; focus on provision of behavioral health services
  o Ongoing review of sunset factors
Recent Transitions

• **General Counsel/Assistant Director for Office of the General Counsel** (formerly known as the Office of Administrative Legal Services)
  - Kasey Rogg ([kasey.rogg@azahcccs.gov](mailto:kasey.rogg@azahcccs.gov))

• **Executive Consultant/Project Manager for the Division of Health Care Management**
  - Julie Ambur ([julie.ambur@azahcccs.gov](mailto:julie.ambur@azahcccs.gov))

• **Inspector General**
  - Vanessa Templeman ([vanessa.templeman@azahcccs.gov](mailto:vanessa.templeman@azahcccs.gov)), Acting Inspector General

• **Assistant Director, Division of Health Care Management - Finance, Rate Development & Data**
  - Maureen Sharp ([maureen.sharp@azahcccs.gov](mailto:maureen.sharp@azahcccs.gov))

• **Crisis Administrator**
  - CJ Loiselle ([cj.loiselle@azahcccs.gov](mailto:cj.loiselle@azahcccs.gov))
Legislative Update

Willa Murphy, Legislative Liaison
Office of the Director
Legislative Update: 2022 Legislative Session

- Current legislative session timeline
- Bills of interest:
  - HB 2157 SUPPLEMENTAL APPROPRIATIONS; COMMUNITY-BASED SERVICES
  - HB 2088 ALTCS; PREADMISSION SCREENING
  - Various other bills expanding covered services/benefits to members
ARPA Mobile Crisis Update

Alex Demyan, Deputy Assistant Director
Division of Community Advocacy and Intergovernmental Relations
American Rescue Plan Act of 2021

- Vaccine COVID-19 Administration
- Mobile Crisis Services
- Elimination of Medicaid Drug Rebate Cap
- 100% FMAP for Urban Indian Health Program
- 10% Increase to FMAP for HCBS
- Twelve Months Postpartum Coverage
- SAMHSA Block Grants to Address Addiction, Mental Health Crisis

AHCCCS
Section 9813

- Creates a state option to cover community-based mobile crisis intervention services as defined in the ARPA.
- This state option is available for a period of 5 years beginning on the April 1, 2022.
- Federal matching for the costs of these services is set at 85% unless the state qualifies for a higher matching percentage under other applicable provisions.
- The 85% federal matching rate is available for 12 fiscal quarters.
Section 9813 Updates

- On December 28, CMS released [State Health Official (SHO) Letter #21-008](#21-008) which describes the requirements for receiving an increased FMAP (85%) for the delivery of mobile crisis intervention services. The SHO letter includes guidance on:
  - Service Requirements
  - Provider Considerations
  - State Flexibilities
  - Maintenance of Effort (MOE) Requirements
  - Claiming the Enhanced FMAP
    - Administrative Claiming
  - Data Reporting
  - Necessary Federal Authorities
PHE Unwinding Update-
Renewals/Redeterminations

Joni Shipman, Assistant Director
Division of Member and Provider Services
Unwinding Strategies

- Renewals continued through PHE
- Approximately 500,000 members “COVID override”
  - Did not complete renewal
  - Shown to be ineligible
- Social Media campaigns
- PHE Social Media Toolkit for MCOs
  - consistent/approved messaging to members and providers
- Ensure accurate and current member contact information
Unwinding Strategies

- Reports to MCOs for member outreach
  - Did not complete renewal during PHE
  - Upcoming Annual renewals
    - Email address for questions: covidreportquestions@azahcccs.gov
- Considering eligibility system enhancements - messaging and making renewal links more prominent
- Prioritizing “COVID overrides”
  - Team in place over 18 months
  - Data driven
  - Factually ineligible first “bucket” to work
Provider Unwinding Strategies

• April 4 is the expected date for Provider flexibilities to end
• Collection of fees, fingerprinting and site visits will resume
• Only about 30k providers completed the re-registration process
• Revalidation process will replace current re-registration
  • If providers do not comply with revalidation they will be disenrolled
• Moderate/High risk providers who completed the re-registration process will need to revalidate (fees, fingerprinting and site visits will be required)
  • Approximately 4,000 will need to revalidate
  • 269 high risk need fingerprinting (included in the 4,000)
Provider Flexibilities

Jakenna Lebsock, Assistant Director
Division of Health Care Management
Competitive Contract Expansion Readiness

Christina Quast, Deputy Assistant Director
Division of Health Care Management
Readiness Review

• After a Request for Proposal (RFP), a Readiness Review is performed of awarded Contractors (health plans) to ensure the health plan is adequately prepared to meet the needs of the population served and meets requirements and processes of the newly awarded contract.

• Performing a review of the Contractor’s readiness is also required by CMS. *(42 CFR 438.66(d))*

• Areas reviewed during readiness include:
  - Operations/Administration; Service Delivery; Financial Management; System Management
Readiness Review (cont.)

• AHCCCS completes a desk audit review utilizing a Readiness Assessment Tool (RAT) which includes over 300 individual evaluation elements across 12 broad review areas.

• Evaluation elements are AHCCCS established requirements used to measure the health plan’s progress towards readiness.

• Health plans submit RAT updates monthly detailing the progress in addressing each identified element, including identified risks, gaps in network and strategies for remediation.
Readiness Assessment Tool (RAT) Review Areas

- Administration and Management
- Delivery Systems
- Medical Management
- Behavioral Health
- Quality Management and Quality Improvement
- Financial Reporting
- Non-Title XIX/XXI
- EPSDT and Maternal and Child Health
- Claims Processing and Provider Support
- Encounter and Reinsurance Reporting
- Management Information Systems
- Member Services
Readiness Assessment Tool (RAT) Timeline

• Readiness review of each health plan typically begins 6-7 months prior to the contract go-live date.

• A timeline is created outlining when:
  o Health plan submissions are due to AHCCCS
  o AHCCCS submissions are due back to the health plan
Additional Readiness Activities

• Readiness Update Meetings
  ○ Health plans provide updates to AHCCCS Leadership on numerous topics, including:
    ▪ Implementation activities, readiness progress, challenges that may arise, strategies for resolving challenges, strategies for conducting a seamless transition for members, and stakeholder communications/activities

• Network Assessment
  ○ Newly awarded health plans or health plans in a newly awarded service area provide ongoing updates regarding contracting efforts based upon top utilized provider data files
AHCCCS Complete Care-Regional Behavioral Health Agreement (ACC-RBHA) Contractors

• ACC-RBHA Contractors responsible for:
  o Integrated physical and behavioral health services for Title XIX/XXI eligible individuals with Serious Mental Illness (SMI)
  o Administration of Non-Title XIX/XXI funded services including, but not limited to:
    ▪ Crisis services, grant funded services, and Court Ordered Evaluations (COE)
ACC-RBHA Geographical Service Areas (GSA)

• Aligning GSAs to match ACC and EPD GSAs:
  o Gila moving from North to Central
  o Pinal moving from South to Central

• ACC-RBHAs and awarded GSAs
  o Care1st - North GSA: Mohave, Coconino, Yavapai, Navajo, Apache
  o Mercy Care - Central GSA: Maricopa County, Gila, Pinal
  o Arizona Complete Health-Complete Care Plan - South GSA: La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee
Member Impact

• North GSA – The ACC-RBHA will be Care1st Health Plan (Care1st) effective 10/1/2022.
  o Members in Mohave, Coconino, Yavapai, Navajo, Apache counties will *transition* from Health Choice to Care1st

• South GSA – The ACC-RBHA will be Arizona Complete Health Complete Care Plan (AzCH-CCP) effective 10/1/2022.
  o Members in La Paz, Yuma, Pima, Santa Cruz, Cochise, Graham, Greenlee counties will *continue* to receive care from AzCH-CCP
Member Impact

- Central GSA – ACC-RBHA will be Mercy Care effective 10/1/2022.
  - Members in Maricopa County will continue to receive services from Mercy Care
  - Members in Gila County will transition from Health Choice to Mercy Care
  - Members in Pinal County will transition from Arizona Complete Health-Complete Care Plan to Mercy Care
## Member Transitions

8,046 members transitioning to new health plans

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<tr>
<th>County</th>
<th>Members*</th>
<th>New Plan</th>
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<tr>
<td>Apache</td>
<td>229</td>
<td>Care1st</td>
</tr>
<tr>
<td>Coconino</td>
<td>794</td>
<td>Care1st</td>
</tr>
<tr>
<td>Mohave</td>
<td>2,220</td>
<td>Care1st</td>
</tr>
<tr>
<td>Navajo</td>
<td>963</td>
<td>Care1st</td>
</tr>
<tr>
<td>Yavapai</td>
<td>1,940</td>
<td>Care1st</td>
</tr>
<tr>
<td>Gila</td>
<td>452</td>
<td>Mercy Care</td>
</tr>
<tr>
<td>Pinal</td>
<td>1,448</td>
<td>Mercy Care</td>
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40,226 members remaining on current health plans

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<tr>
<th>County</th>
<th>Members*</th>
<th>Current Plan</th>
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<tr>
<td>Maricopa</td>
<td>27,210</td>
<td>Mercy Care</td>
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<tr>
<td>Cochise</td>
<td>869</td>
<td>AzCH-CCP</td>
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<tr>
<td>Graham/Greenlee</td>
<td>223</td>
<td>AzCH-CCP</td>
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<tr>
<td>La Paz</td>
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<td>AzCH-CCP</td>
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<tr>
<td>Pima</td>
<td>10,591</td>
<td>AzCH-CCP</td>
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<tr>
<td>Santa Cruz</td>
<td>232</td>
<td>AzCH-CCP</td>
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<tr>
<td>Yuma</td>
<td>1,030</td>
<td>AzCH-CCP</td>
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*Enrollment as of December 1, 2021
Member Transitions (cont.)

• AHCCCS will send out enrollment notices to all members transitioning to a new health plan.

• Member notices will be sent out by AHCCCS at least 30 days prior to the 10/1/2022 transition date.

• AHCCCS will work with all involved health plans to transition important member information.
Housing Update

David Bridge, Housing Administrator
Division of Health Care Management
Housing Administration Structure - Statewide

**AHCCCS**
- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

**MCOs and Providers**
- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

**Housing Administration** – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices

**GOAL:** Members should have access to all housing they are eligible for.

**CLP Housing** – AHCCC purchased, fixed site, owned by provider/non-profits, block leasing

**Scattered Site (Vouchers)** – Market affordable housing, community landlords

**Service Coordination**
Transition – Key Accomplishments (10/21-12/21)

- ACOM 448 Housing Policy Implemented
- All Maricopa Scattered Site Units Transitioned/Standardized (1,000+ Units)
- All Existing Waitlist/Searching Members Transitioned (2,500+ Members)
- Established Statewide Online Application Process
  - 726 New Applications Submitted in Quarter
- Continuity of Referrals, Placements and Housing Stability
  - 53 New Placements
  - 1st Quarter Retention: CLP - 99.6% Scattered Site – 97.7%
  - Transitioned 200+ Units to New Providers
- Created Single Statewide Housing Database
- 18 Days Average from Program Referral/Acceptance to Placement
- New AHCCCS Housing Program Staff (2 Positions)
Ongoing Transition Issues

**Immediate (3/22)**
- Finalize MCO Standard Reports
- Finalize Guidebook Based on Current Operations and Existing Processes
- Preliminary Financial Analysis
- Finalize Housing Database/Rosters

**Midterm Goals (12/22)**
- Standardize CLP Payments and Operations
- Fill Existing Scattered Site Vacancies
- Complete Re-Certifications of All Housed Members
- Educate MCO/Provider Network on Referral Processes
- Benchmark Metrics

**Strategic (Ongoing)**
- Continued Data Informed Process Improvement
- PSH Service Enhancement and Integration
  - Define PSH Services
  - GMHSUD Housing Need
  - Coordination with Housing Admin.
- Increase Housing Capacity/Stock
Housing Policy Changes (ACOM 448)

- Expand List of Referring Housing Entities
  - MCO and Registered Providers
  - Tribal Organizations and Fee for Service Providers
  - PATH Teams

- Eligibility: Homelessness + Documented Housing Need
  - Literal Homelessness
  - Institutional Discharges
  - Other Needs (e.g., DV, Unsafe Living Situation, Z Codes, Medical Need)
  - Frequent ED/Inpatient/Homeless Experiences

- Prioritization
  - Medical/Behavioral Health Need (Cost) or Immediate Care Coordination Need
  - Actual Homeless Status/By Name List Status
  - VI-SPDAT or Other Objective Acuity Score
  - Other Factors (Homeless Coordination)
Key Messages

• No direct client applications to ABC/Housing Administrator - connect to clinic/service provider
  – Need Provider Verification
  – Ongoing Service Coordination
  – FAQs, trainings, forms and information posted on websites
    • HOM Homepage - HOM (hominc.com)
    • AHCCCS Housing Programs (AHP) – Arizona Behavioral Health Corporation (azabc.org)
    • AHCCCS Housing Programs (azahcccs.gov)
    • AHP Eviction Prevention Dashboard - HOM (hominc.com)

• No changes to funding allocations for housing
• Eviction Prevention Modified – No Motel or Moving Assistance
• AHP Transition Hotline Ending 1/31/22
  – Waitlist, Referrals, Provider Coordination Concerns: (ABC)
  – Housed or Searching Members Concerns/Issues: (HOM)

• Housing is Challenging
  – Finding Affordable Housing in Market is Difficult with Voucher
  – Subsidy Demand Exceeds AHCCCS Housing Program Capacity
  – Providers should not limit housing coordination to AHP programs only
Ongoing Housing Administration
Transition Evaluation

Expand Housing Capacity
Interagency Coordination

New Staff

Homeless Data Sharing

Governor’s Office Homeless Breakthrough Project

Housing Supports/Service Integration
H2O Waiver

Pending Housing Projects
988: Crisis Line

Dana Flannery, Senior Policy Advisor & Assistant Director
Division of Community Advocacy and Intergovernmental Relations
Nationwide 9-8-8

National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
  - Designates 988 as the dialing code for the Lifeline
  - Increased Lifeline federal appropriation
  - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).

Implementation on or before July 16, 2022
988 Planning Update

NSPL in Arizona

AHCCCS Crisis in Arizona

AHCCCS
Arizona Health Care Cost Containment System

RBHAs

Solari
CRISIS & HUMAN SERVICES

LA FRONTERA
ARIZONA
EMPATH - SUICIDE PREVENTION CENTER

envolve
9-8-8 Planning Grant

- $135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds dedicated to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the NSPL into a single statewide provider.
988 LeCroy Milligan Progress

- 11 Stakeholder meetings held by LeCroy Milligan
  - 4/19/21 Initial Overview of the project and plan
  - 5/18/21 Planning Session: recap and SWOT analysis of crisis system
  - 6/2/21 Planning Session: recap and SWOT analysis of crisis system
  - 7/13/21 Text and Chat
  - 8/25/21 Messaging

- 9/16/21 Listening session
- 9/27/21 Next Steps
- 10/28/21 Children and Youth
- 11/30/2021 911 and 988 Stakeholder meeting
- 12/09/21 Survey results report out
- 12/13/21 Final feedback session

- Other Activities
  - LMA held interviews with key stakeholders around best practices/standards of care
  - Final report to AHCCCS January 7th
  - Final plan submitted to Vibrant January 21st, 2022
988 Planning Update

2/1/2021
988 planning grant awarded

2/24/2021
LeCroy Milligan and Associates contracted

8/30/2021
AZ Draft Plan submitted to Vibrant
A draft plan was submitted to Vibrant for initial review and feedback.

1/7/2022
Final from LMA to AHCCCS with Vibrant feedback addressed
LMA will incorporate stakeholder and Vibrant feedback into final plan.

1/21/2022
Implementation plan submitted to Vibrant

1/31/2022
Additional Funding Grant Application due
Total award available to AZ $1,953,661 over 2 years

Vibrant Awards implementation planning grant

AHCCCS contracted a consultant to conduct Stakeholder meetings and research to develop the implementation plan.
Additional 988 Infrastructure Grant Opportunity

The purpose of this grant is to improve state and territory response to 988 contacts (including calls, chats, and texts) originating in the state/territory by:

- Recruiting, hiring and training behavioral health workforce to staff local 988/Lifeline centers to respond, intervene, and provide follow-up to individuals experiencing a behavioral health crisis;
- Engaging Lifeline crisis centers to unify 988 response across states/territories; and
- Expanding the crisis center staffing and response structure needed for the successful implementation of 988. It is expected that these grants will:
  - ensure all calls originating in a state/territory first route to a local, regional and/or statewide Lifeline crisis call center;
  - improve state/territory response rates to meet minimum key performance indicators; and
  - increase state/territory capacity to meet 988 crisis contact demand.
Capitation Rates Update

Colby Schaeffer, Chief Actuary
Division of Health Care Management
# CYE 23 Rates Timeline

<table>
<thead>
<tr>
<th>#</th>
<th>Key Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>AHCCCS Send MCO Ground-Up Administrative Information Request</td>
<td>On or before 1/28/2022</td>
</tr>
<tr>
<td>2</td>
<td>MCO Encounter Data Submission for CYE 23 Rate Setting (first cycle)</td>
<td>2/3/2022</td>
</tr>
<tr>
<td>3</td>
<td>MCO Encounter Data Submission for CYE 23 Rate Setting (final cycle)</td>
<td>2/17/2022</td>
</tr>
<tr>
<td>4</td>
<td>MCO Ground-Up Administrative Information Request Responses Due</td>
<td>(4 weeks after sent)</td>
</tr>
<tr>
<td>5</td>
<td>MCO Identification of Items for Consideration by Actuaries via email or meeting</td>
<td>January 31 through March 4, 2022</td>
</tr>
<tr>
<td>6</td>
<td>AHCCCS Send MCO Data Request (non-exhaustive list: MMs, admin, encounters, anything noted during MCO meetings)</td>
<td>On or before 3/11/2022</td>
</tr>
<tr>
<td>7</td>
<td>MCO Data Request Responses Due</td>
<td>(2 weeks after sent)</td>
</tr>
<tr>
<td>8</td>
<td>AHCCCS Send Projected Trends to MCOs</td>
<td>On or before 5/31/2022</td>
</tr>
<tr>
<td>9</td>
<td>MCO Feedback to AHCCCS on Projected Trends</td>
<td>(2 weeks after sent)</td>
</tr>
<tr>
<td>10</td>
<td>AHCCCS Send Projected Admin, Case Management (CM), and HCBS Mix % (if applicable) to MCOs</td>
<td>On or before 6/30/2022</td>
</tr>
<tr>
<td>11</td>
<td>MCO Feedback to AHCCCS on Projected Admin, CM, and HCBS Mix % (if applicable) to MCOs</td>
<td>(2 weeks after sent)</td>
</tr>
<tr>
<td>12</td>
<td>AHCCCS Send Rates to MCOs with Summary of Key Items</td>
<td>Send on 7/15/2022</td>
</tr>
<tr>
<td>13</td>
<td>MCO Feedback to AHCCCS on Rates</td>
<td>(1 week after sent)</td>
</tr>
<tr>
<td>14</td>
<td>AHCCCS Submit Actuarial Certifications to CMS</td>
<td>Send on 8/12/2022</td>
</tr>
</tbody>
</table>
ARPA HCBS Funding & Impact to CYE 22 Rates

• Spending plan approved last week (Jan 19)
• Large portion of funding going into lump sum directed payments
• Some funding going into the capitation rates, with material impacts likely for both ALTCS programs (EPD and DDD)
• Amended capitation rates expected to be ready closer to Spring 2022, based on legislative approval
COVID-19 Vaccine and Testing Strategies

Dr. Mark Carroll, Health Choice Arizona
Questions?
Thank You.