



## Welcome to the Public Forum

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

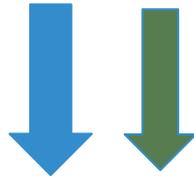
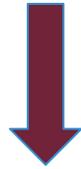
Please use the chat feature for questions or raise your hand.



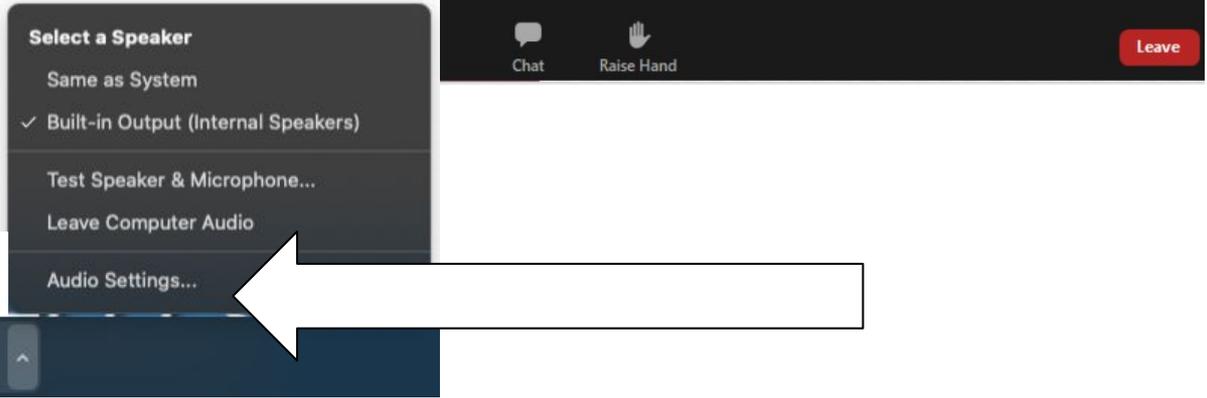
Thank you.

# Zoom Webinar Controls

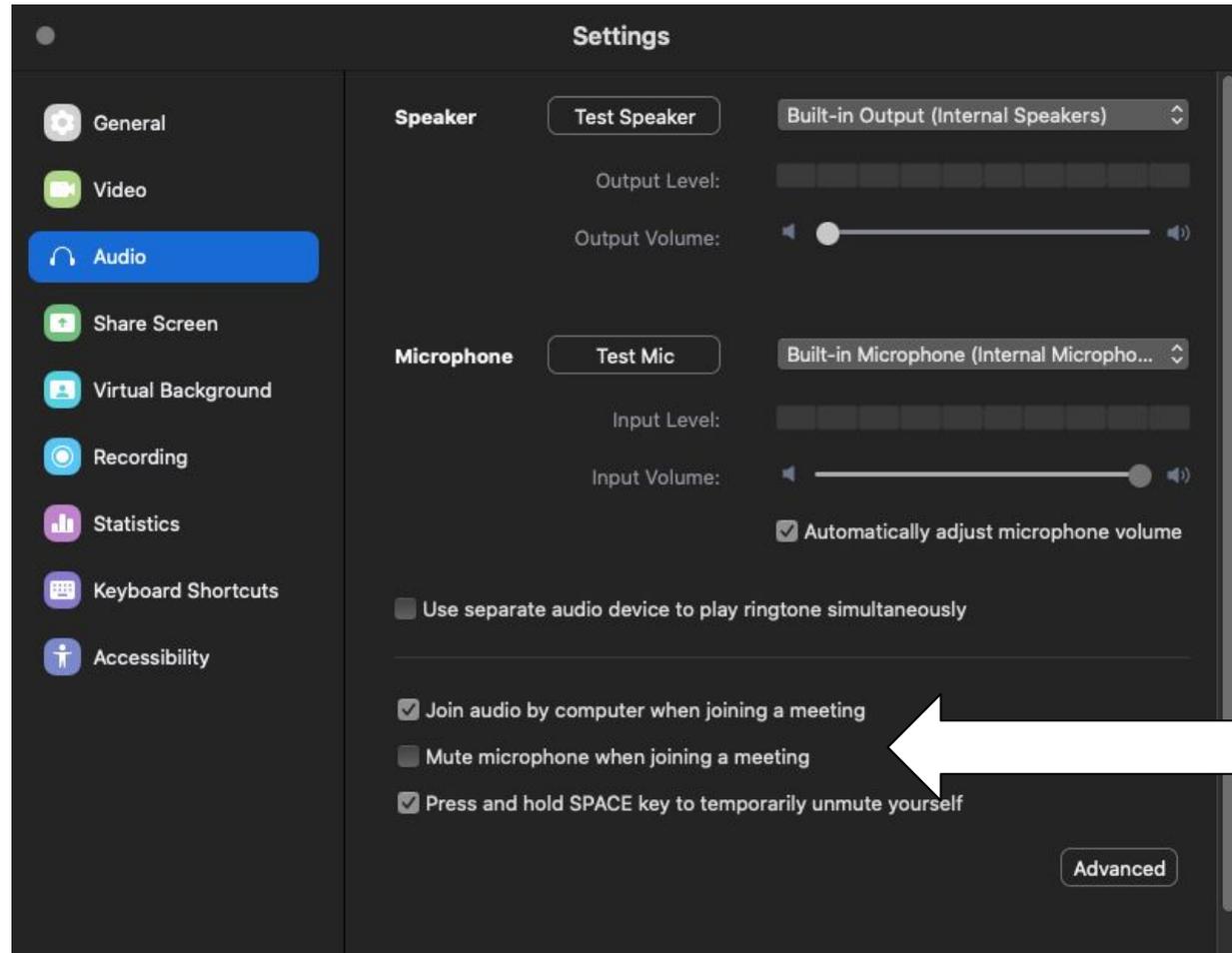
Navigating your bar on the bottom...



- **Windows:** You can also use the **Alt+Y** keyboard shortcut to raise or lower your hand.
- **Mac:** You can also use the **Option+Y** keyboard shortcut to raise or lower your hand.



# Audio Settings



The screenshot shows the Zoom application's settings window, specifically the Audio settings. On the left is a sidebar with various settings categories: General, Video, Audio (highlighted in blue), Share Screen, Virtual Background, Recording, Statistics, Keyboard Shortcuts, and Accessibility. The main panel is titled 'Settings' and is divided into two sections: 'Speaker' and 'Microphone'. The 'Speaker' section includes a 'Test Speaker' button, a dropdown menu for 'Built-in Output (Internal Speakers)', an 'Output Level' bar, and an 'Output Volume' slider. The 'Microphone' section includes a 'Test Mic' button, a dropdown menu for 'Built-in Microphone (Internal Micropho...', an 'Input Level' bar, an 'Input Volume' slider, and a checked checkbox for 'Automatically adjust microphone volume'. Below these sections are several checkboxes: 'Use separate audio device to play ringtone simultaneously' (unchecked), 'Join audio by computer when joining a meeting' (checked), 'Mute microphone when joining a meeting' (unchecked), and 'Press and hold SPACE key to temporarily unmute yourself' (checked). An 'Advanced' button is located at the bottom right. A large white arrow points from the right edge of the image towards the 'Join audio by computer when joining a meeting' checkbox.

**Settings**

**Speaker** Test Speaker Built-in Output (Internal Speakers)

Output Level: [Progress Bar]

Output Volume: [Slider]

**Microphone** Test Mic Built-in Microphone (Internal Micropho...)

Input Level: [Progress Bar]

Input Volume: [Slider]

Automatically adjust microphone volume

Use separate audio device to play ringtone simultaneously

Join audio by computer when joining a meeting

Mute microphone when joining a meeting

Press and hold SPACE key to temporarily unmute yourself

Advanced

# Tips for successful ZOOM PARTICIPATION



MUTE your mic  
when you're not  
speaking



BACKGROUND  
NOISE watch when  
turning on mic



Limit the  
DISTRACTIONS  
around you



Look at the  
CAMERA  
not your screen



PREPARE & queue  
docs or links that  
you plan to share



Stay FOCUSED by  
not texting or side  
conversations



Use GALLERY  
VIEW to see all  
participants



Use CHAT to ask  
questions or share  
resources



# AHCCCS Demonstration Public Forum

## 1115 Waiver Renewal

# Today's Presentation

- Review content of the upcoming 1115 waiver proposal
- Take public comment and questions via chat feature, raise hand feature, and at conclusion by telephone
  - All comments in the chat and by phone will be captured as public record; or
  - Submit comments in writing by email to: [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov); or
  - Submit comments via mail to: AHCCCS, c/o Division of Community Advocacy and Intergovernmental Relations, 801 E. Jefferson Street, MD 4200, Phoenix, AZ 85034

# AHCCCS At A Glance



**Largest insurer in AZ, covering over 2 million individuals and families**



**more than 50% of all births in AZ**



**two-thirds of nursing facility days**



**AHCCCS uses federal, state and county funds to provide health care coverage to the State's Medicaid population**



**98,321 registered healthcare providers**



**Payments are made to 15 contracted health plans, who are responsible for the delivery of care to members**

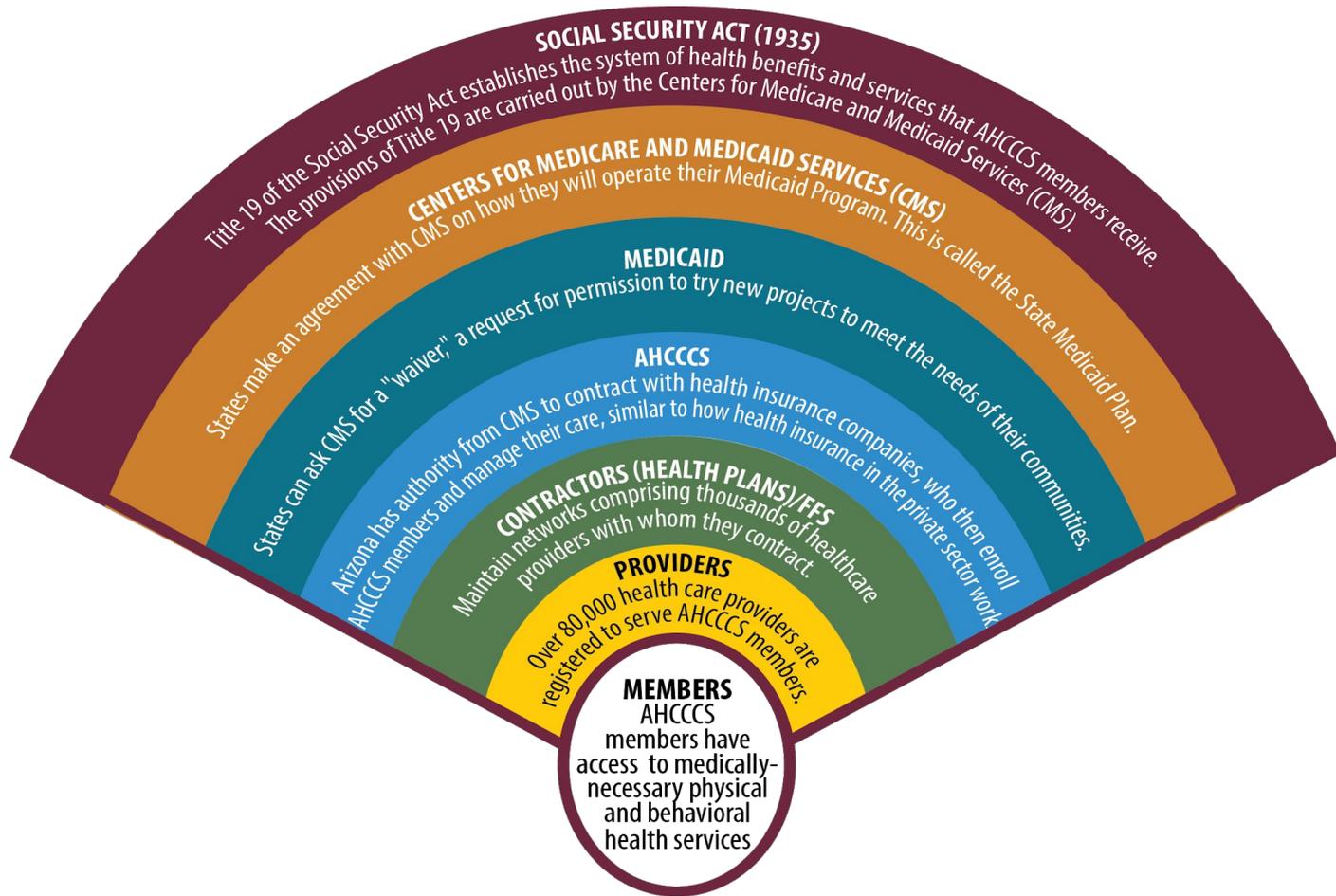


**Welcome to the 2020  
AHCCCS Waiver  
Public Forum**

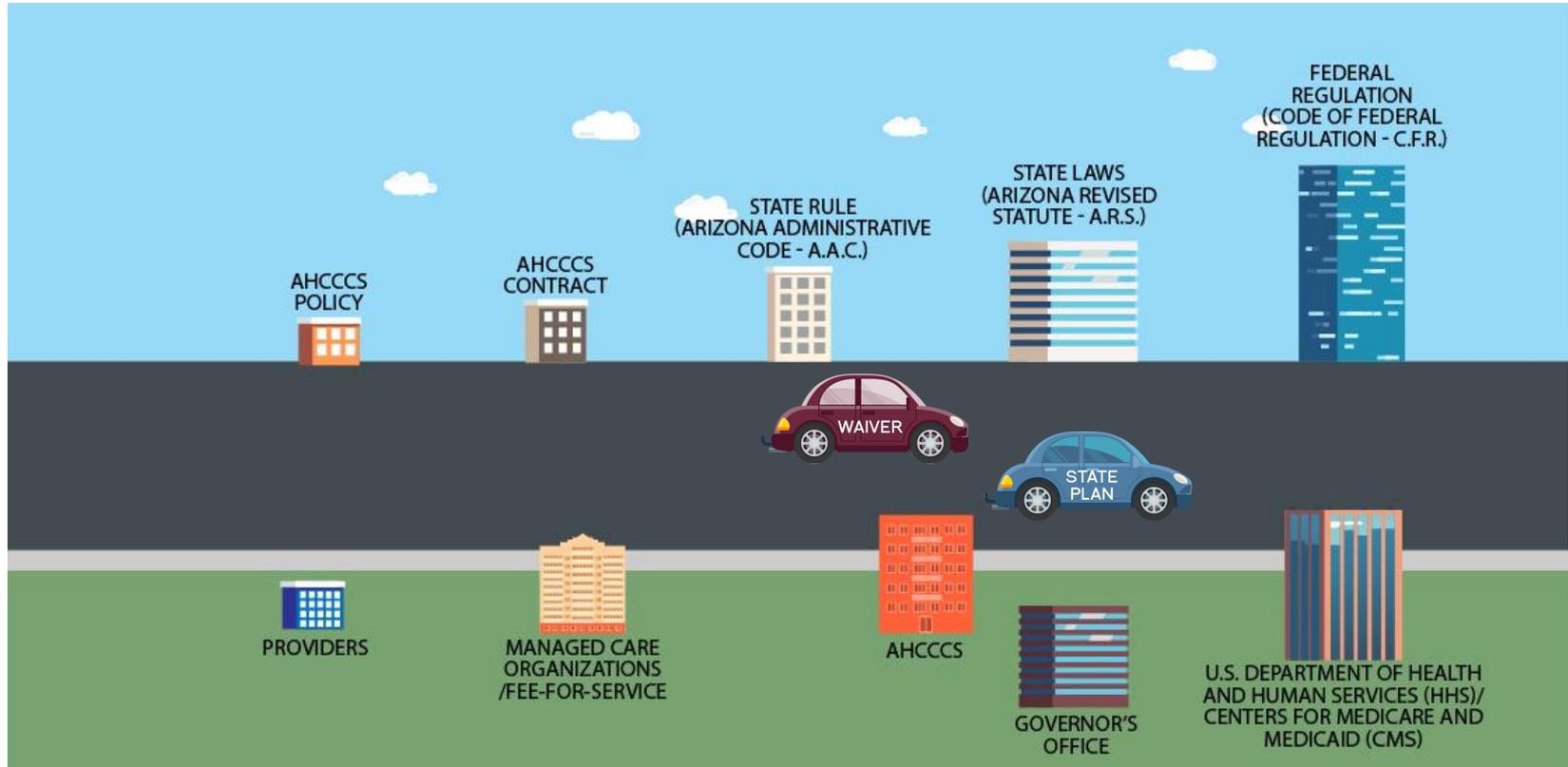


# 1115 Waiver Overview

# AHCCCS Oversight



# Making Programmatic Changes



# Section 1115 of the Social Security Act

- Allows states flexibility to design Demonstration projects that promote the objectives of the Medicaid program
- Demonstration projects are typically approved for a five year period and can be renewed every five years
- Must be budget neutral meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver

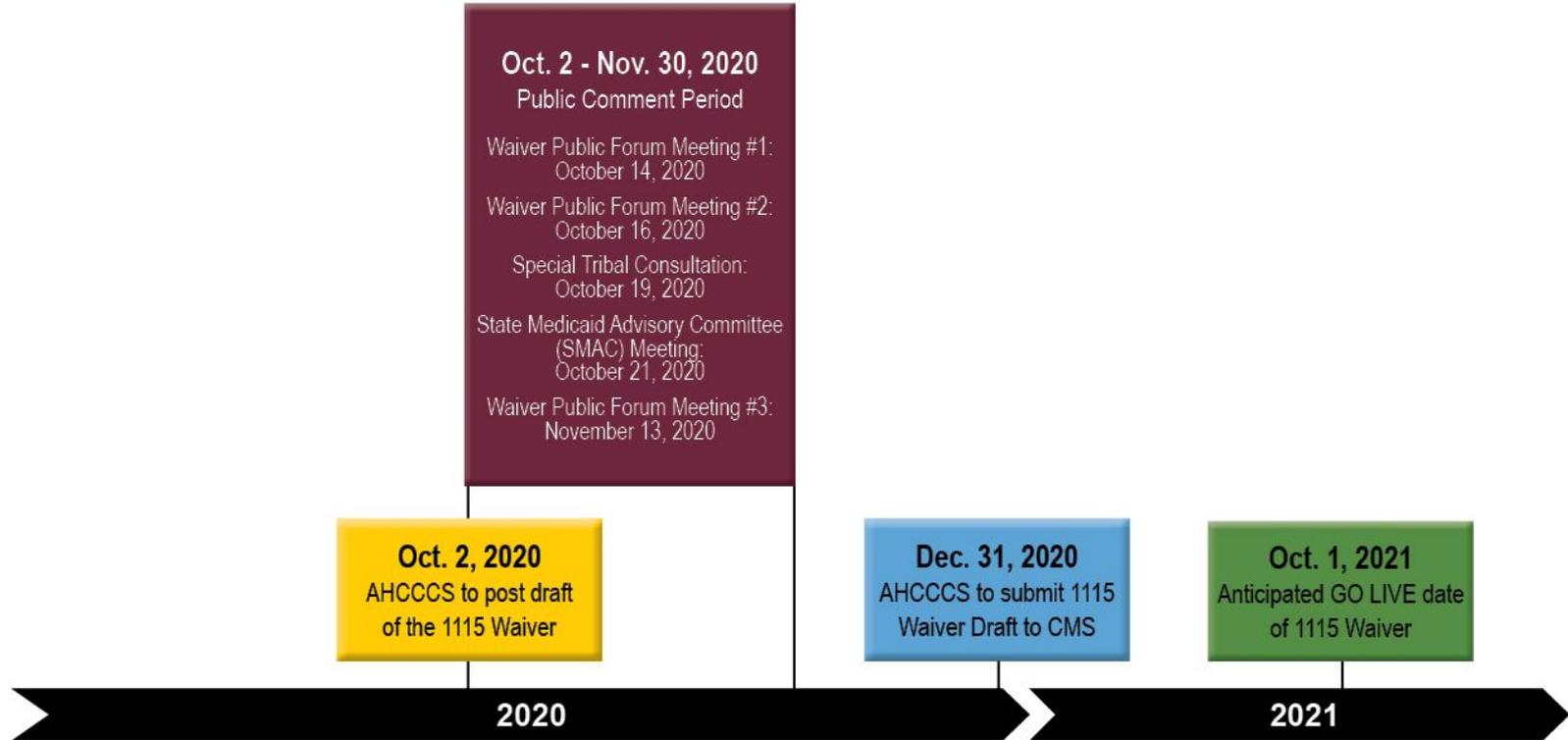
# Arizona's Demonstration Renewal

- Arizona's current waiver is scheduled to expire September 30, 2021
- Waiver renewal request must be submitted to the Centers for Medicare and Medicaid Services (CMS) one year in advance
- Due to the pandemic, CMS granted AHCCCS a three-month extension to submit the waiver renewal application by December 31, 2020

# Public Notice & Comment Period

- Arizona must provide at least a 30-day public notice and comment period prior to submitting renewal application to CMS
- Arizona's draft application will be available for public review and comment: **October 2, 2020 - November 30, 2020**
- Submit written comments no later than **November 30, 2020**
- Arizona's renewal application can be found on the AHCCCS website: [www.azahcccs.gov/WaiverRenewal](http://www.azahcccs.gov/WaiverRenewal)

# Arizona's 1115 Waiver Renewal Timeline



# Arizona's Demonstration Historical Background

# AHCCCS Demonstration Goals

Providing  
quality  
healthcare to  
members

Ensuring  
access to  
care for  
members

Maintaining  
or improving  
member  
satisfaction  
with care

Continuing  
to operate  
as a cost-  
effective  
managed  
care delivery  
model

# Arizona's First Demonstration Approval Letter

*“I look forward to personally following the progress and achievements of the AHCCCS program. The models that AHCCCS will be implementing will be of great importance in developing cost containment features for the [Medicaid] program.”*

*Carolyn K. Davis - Federal Administrator, 1982*

# Key Milestones

- **1965** - Congress enacts Medicaid
- **1982** - 1115 Waiver approved, establishing mandatory managed care and providing vehicle for Arizona to join Medicaid
- **1989** - Waiver expanded to add long term care & home and community based services (HCBS)
- **1990-1995** - Waiver expanded to include behavioral health services
- **1998** - KidsCare added
- **2001** - Waiver expanded to include childless adults up to 100% of the Federal Poverty Level (Proposition 204)
- **2008 - 2012** - Great Recession
  - *Enrollment frozen for KidsCare- effective January 1, 2010*
  - *Enrollment frozen for Proposition 204 population - effective July 1, 2011*

# Key Milestones

- **2014** - Restoration and Expansion
  - *Enrollment restored for Proposition 204 population and eligibility expanded to individuals up to 133% of the Federal Poverty Level*
- **2014 - 2015** - Implementation of integrated RBHA health plans
- **2016** - DBHS merged with AHCCCS
- **2016**- Enrollment restored for KidsCare
- **2017** - Implementation of Targeted Investments Program
- **2019** - AHCCCS Works\* & Waiver of Prior Quarter Coverage approved
- **2020** - COVID-19 pandemic

\*AHCCCS Works program has not been implemented

# AHCCCS Has Long Been A Leader In Health Care Innovation

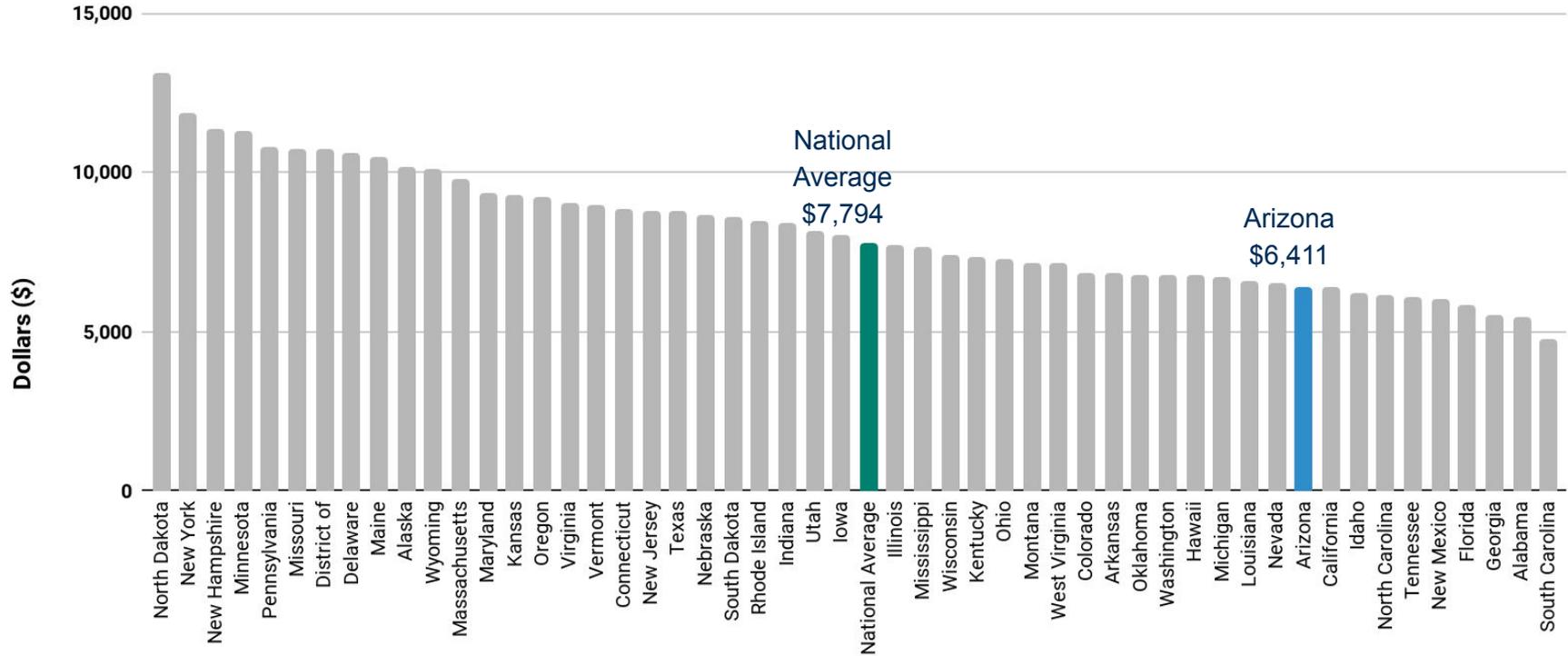
# 1<sup>st</sup>

- To operate a statewide Medicaid managed care program
- To implement MLTSS & HCBS for long term care members
- To establish the integrated health plan to bring physical health, behavioral health, and social support services together in one plan for members with a SMI designation
- To establish integrated clinics where behavioral and physical health providers and county probation offices deliver services to improve health outcomes and reduce recidivism for members who were formerly incarcerated

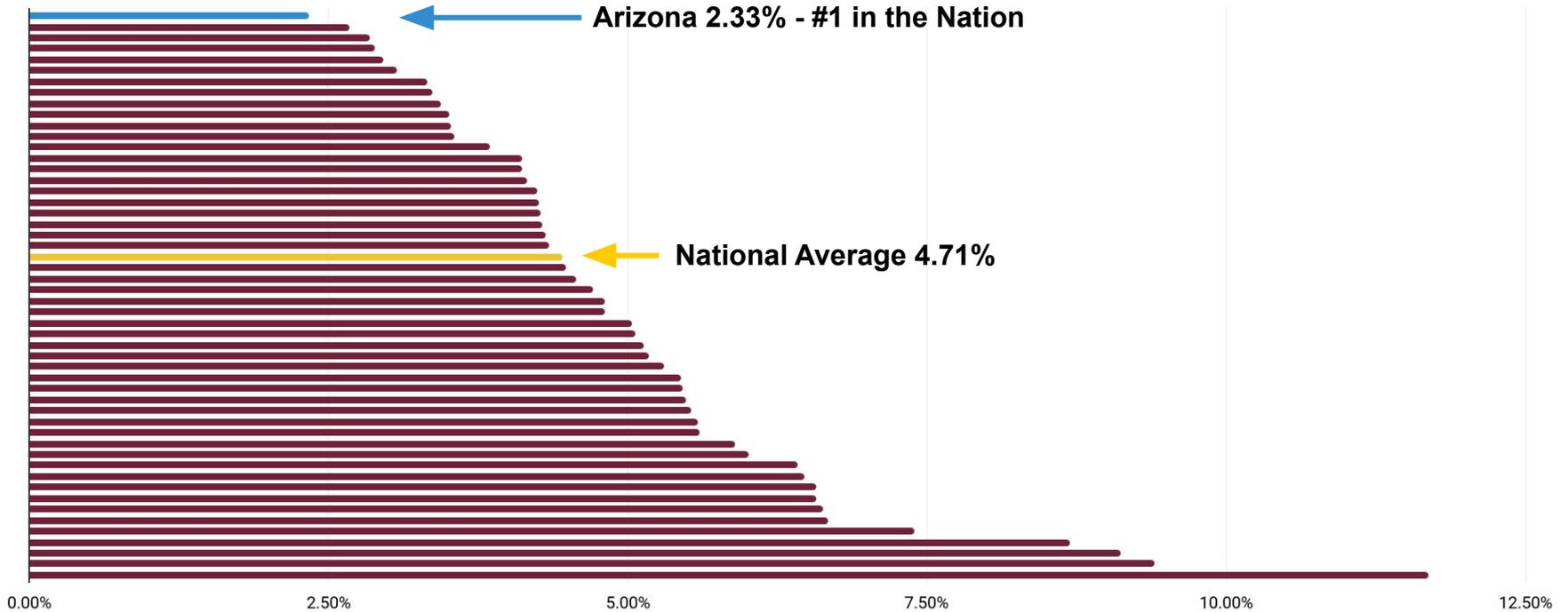
# AHCCCS Evaluation Findings

- Laguna Research Associates completed multiple evaluations with final report in 1996; GAO report also had similar findings in 1995
  - Arizona beneficiaries had fewer hospital days, fewer procedures, and more evaluation and management services
  - The acute program averaged savings of 7% per year over the first 11 years of the program
  - The long term care savings are estimated to be 16% per year over the first five years of the program
  - Evaluators supported innovative development in other states modeled on Arizona's success

# Medicaid Spending Per Member Per Year by State - FY 2018



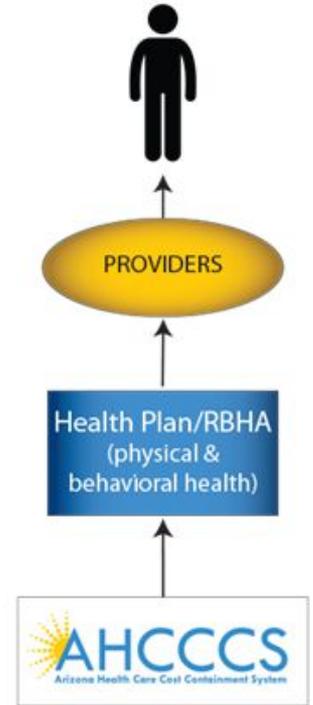
# Medicaid Administrative Expense Ratio by State FY 2019



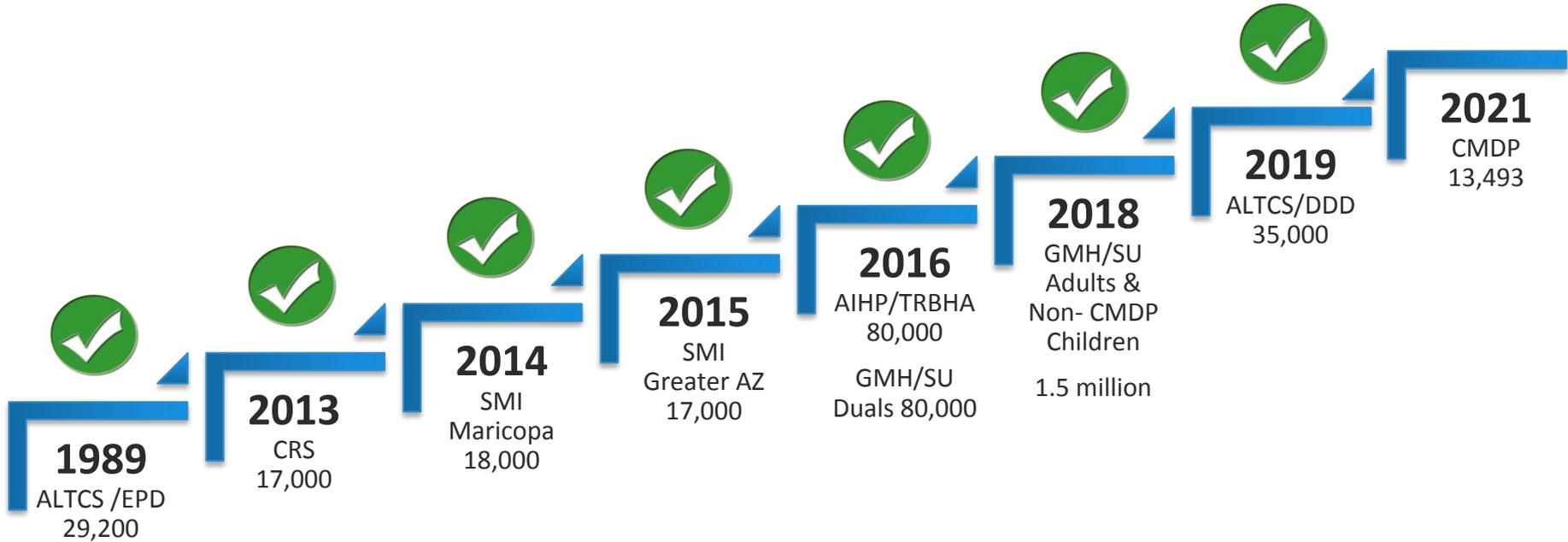
# SMI Integration Findings

- An independent study conducted by Mercer determined that over 75% of the program indicators demonstrated improvement during the post-integration period for members in Maricopa County
- A study by Mercy Care also showed integrated care for members with SMI resulted in:
  - Increased primary care utilization with no decrease in mental health services
  - Fewer ED visits
  - Greater accountability at the primary health home

STREAMLINED CONFIGURATION



# Integration Progress To Date





# Current Demonstration Evaluation Activities

# Independent Evaluation

- AHCCCS contracted with Health Services Advisory Group (HSAG) to conduct an independent evaluation of Arizona's current Demonstration
- Evaluation consist of three main phases of work:
  - **Phase I:** Develop the Evaluation Design Plans
  - **Phase II:** Conduct Interim Evaluations & Develop Interim Evaluation Reports
  - **Phase III:** Conduct Summative Evaluations & Develop Summative Evaluation Report



## Program Objectives and Outcomes

Program	Objectives	Anticipated Outcomes
ACC	<ul style="list-style-type: none"> <li>Reduce fragmentation of care</li> <li>Reduce fragmentation of care</li> <li>Improve care coordination</li> </ul>	<ul style="list-style-type: none"> <li>Easier to navigate AHCCCS</li> <li>Streamlined care coordination</li> <li>Improved health outcomes for all beneficiaries</li> </ul>
ALTCS	<ul style="list-style-type: none"> <li>Provide best residency setting</li> <li>Reduce fragmentation of care</li> <li>Improve care coordination</li> </ul>	<ul style="list-style-type: none"> <li>Improved quality of care and access to care</li> <li>Improved quality of life</li> <li>Improved overall satisfaction for ALTCS program beneficiaries</li> </ul>
CMDP	<ul style="list-style-type: none"> <li>Provide care addressing needs of children in foster care</li> <li>Reduce fragmentation of care</li> <li>Improve care coordination</li> </ul>	<ul style="list-style-type: none"> <li>Easier to navigate AHCCCS</li> <li>Streamlined care coordination</li> <li>High-quality, clinically appropriate, medically necessary health care</li> </ul>
RBHA	<ul style="list-style-type: none"> <li>Reduce fragmentation of care</li> <li>Effectively transition beneficiaries across levels of care</li> <li>Identify and manage high-risk beneficiaries with an SMI</li> </ul>	<ul style="list-style-type: none"> <li>Easier to navigate AHCCCS</li> <li>Streamlined care coordination</li> <li>Reduced use of crisis services</li> <li>Support beneficiaries to promote health and wellness</li> </ul>
PQC	<ul style="list-style-type: none"> <li>Encourage beneficiaries to obtain and maintain coverage, even when healthy</li> </ul>	<ul style="list-style-type: none"> <li>Reduced costs to AHCCCS ensuring long-term fiscal sustainability</li> <li>Increase continuity of care</li> </ul>
TI	<ul style="list-style-type: none"> <li>PCPs and BH providers work together to provide whole-person care</li> <li>Provide ACC plans with feedback and lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>Facilitate provider collaboration sustained by ACC plans long-term</li> <li>Comprehensive and cost-effective care for beneficiaries with BH and physical needs</li> </ul>

## Overarching Goals of AHCCCS' Section 1115 Waiver Demonstration



- 1 Provide quality health care to members
- 2 Ensure access to care for members
- 3 Maintain or improve member satisfaction with care
- 4 Continue to operate as a cost-effective managed care delivery model

Note: EPD: Elderly/Physically Disabled; DD: Intellectually/Developmentally Disabled; DCS: Department of Child Safety; SMI: Serious Mental Illness; PCP: Primary Care Physicians; BH: Behavioral Health

# Interim Evaluation Report

- An interim evaluation report is being submitted in conjunction with AHCCCS' Demonstration renewal application
- Due to the operational constraints imposed by the COVID-19 pandemic, the interim evaluation report only includes baseline performance rates for all Demonstration programs (except RBHA)
- An updated interim evaluation report will be completed by HSAG on June 30, 2021, and will be posted on the AHCCCS website for public comment

# Time Periods Covered By Interim & Summative Evaluation Reports

Federal Fiscal Year	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
ACC					Interim Evaluation Report					
ALTCs				Interim Evaluation Report						
CMDP				Interim Evaluation Report						
RBHA	Interim Report for Renewal									
TI				Interim Evaluation Report						
PQC						Interim Report for Renewal				

Interim Report for Renewal

Interim Evaluation Report

Summative Evaluation



# Current Demonstration Features to Continue Under Waiver Renewal

# Arizona Will Continue Waiver Authorities That Allow AHCCCS To:

- Operate its successful managed care model
- Serve ALTCS members in HCBS settings
- Provide integrated health plans for AHCCCS members
- Implement administrative simplifications that reduce the inefficiencies in eligibility determination

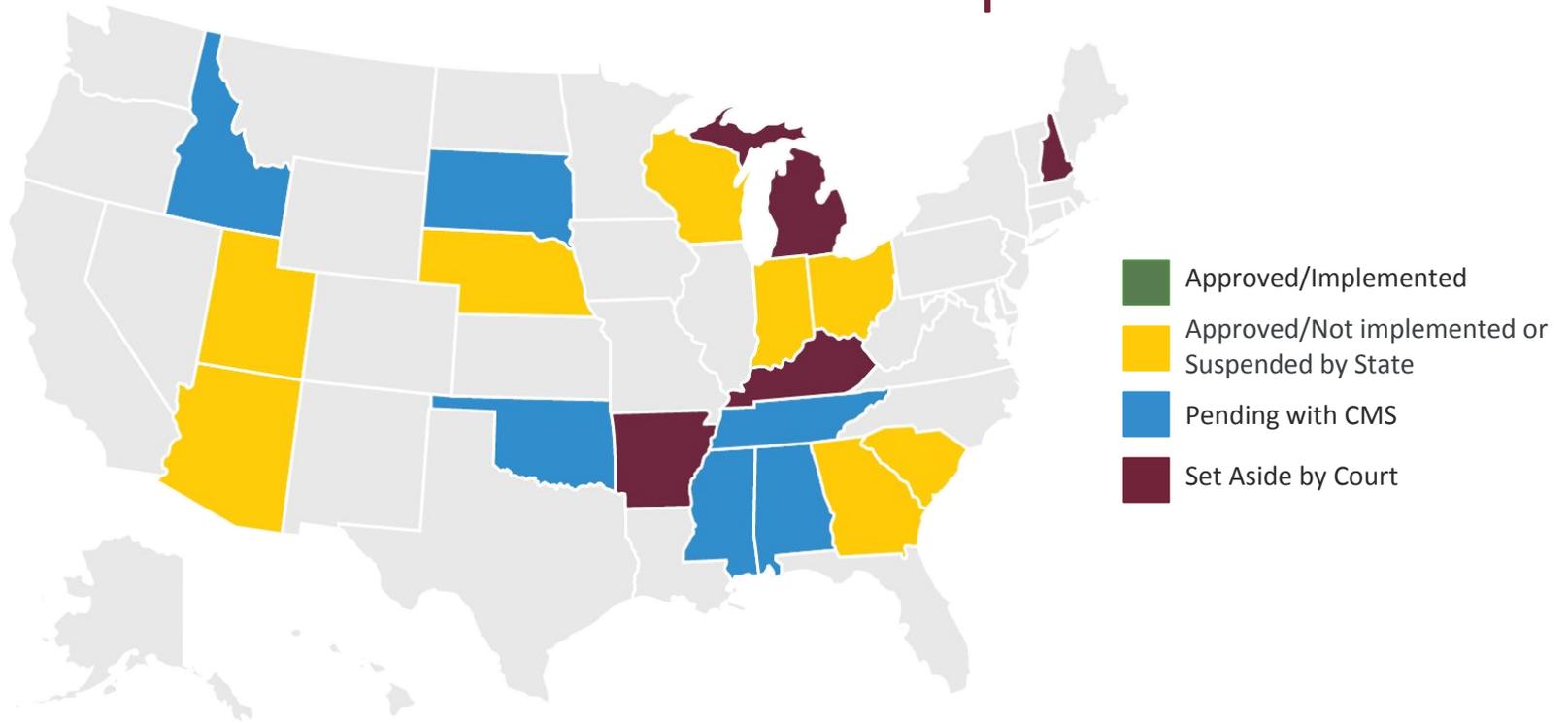
# Payments to IHS and 638 Providers

- Arizona's Demonstration includes expenditure authority to make supplemental payments to IHS and 638 facilities to address the fiscal burden of uncompensated care for services provided by such facilities to Medicaid-eligible adults to overcome healthcare disparities
- AHCCCS is seeking to maintain this authority under this renewal proposal

# AHCCCS Works

- Under this waiver renewal, AHCCCS is seeking to maintain its current authority to implement AHCCCS Works
- On October 17, 2019, AHCCCS informed CMS of Arizona's decision to postpone implementation of AHCCCS Works until further notice
- This decision was informed by the evolving national landscape concerning Medicaid community engagement programs and ongoing related litigation

# Community Engagement Waivers National Landscape



# AHCCCS Works Requirements

- Able-bodied adults\* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  - Be employed (including self-employment)
  - Actively seek employment
  - Attend school (less than full time)
  - Participate in other employment readiness activities, i.e., job skills training, life skills training & health education
  - Engage in Community Service

\* Adults = SSA Group VIII expansion population, a.k.a, Adult group

# Who is Exempt

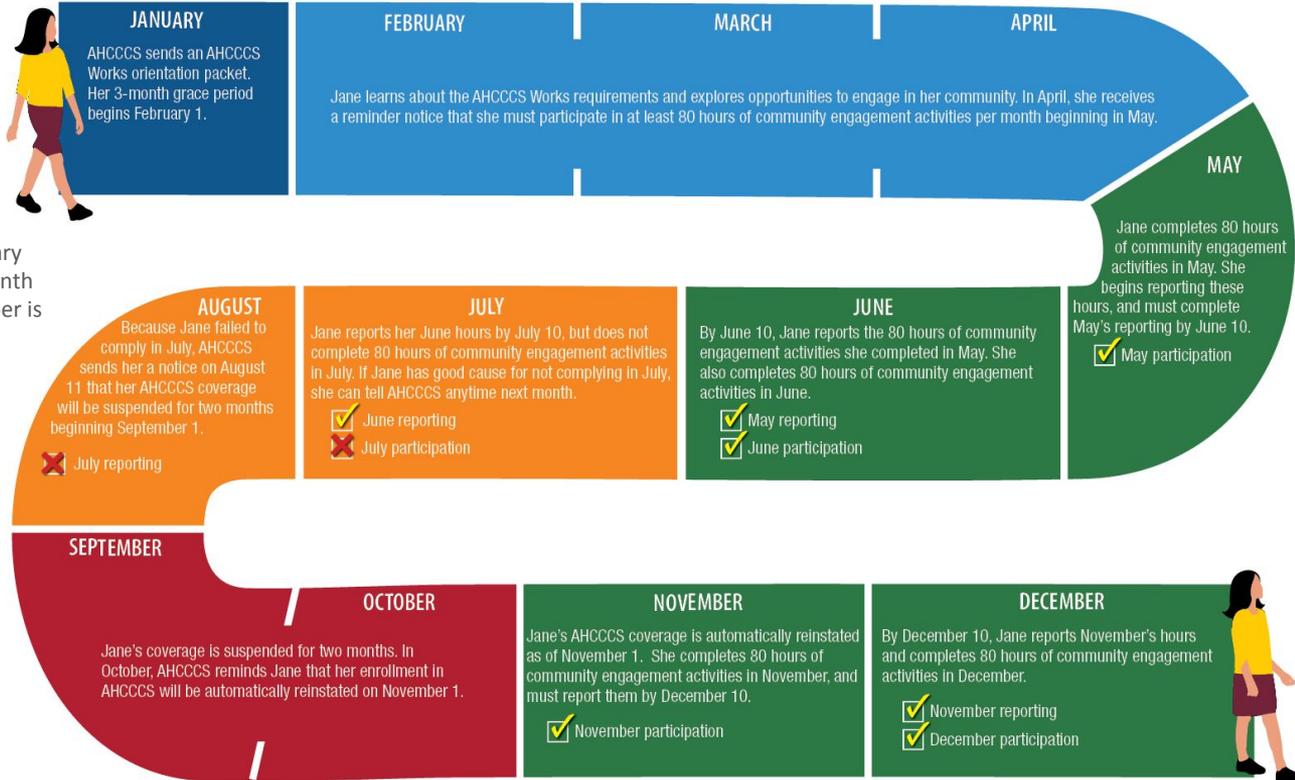
- Members of federally recognized tribes and their children and grandchildren
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18

# AHCCCS Works Exemptions

AHCCCS Works Exemptions	Members (Ages 19-49) Who Are Subject To AHCCCS Works Requirement Who Qualify For This Exemption
American Indians/Alaska Natives	26,338
Individuals designated as having a Serious Mental Illness	9,279
Individuals receiving disability benefits	1,324
Individuals who are homeless	3,164
Full time student	17,572
Designated caretakers of a child under 18 years of age	40,738
Members receiving SNAP, Cash Assistance, or Unemployment Insurance	50,185

Data as of 7/1/2020

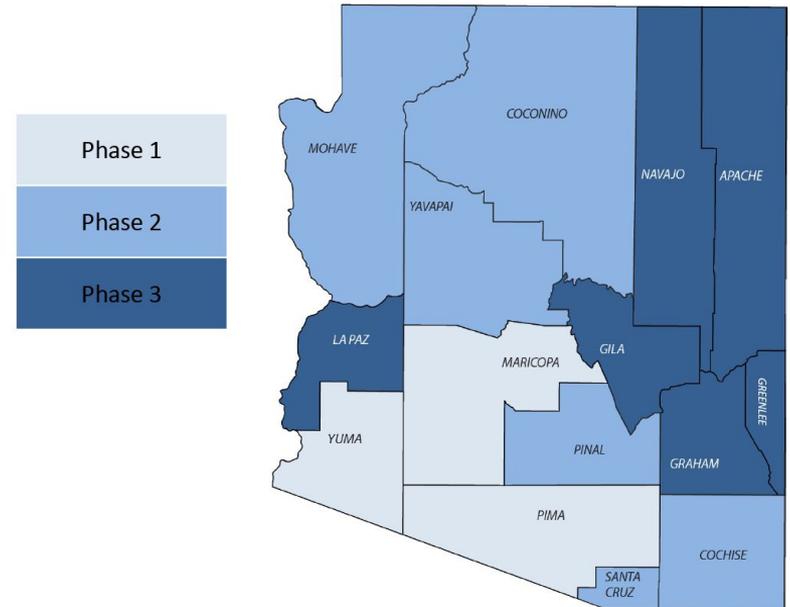
# AHCCCS Works Member Compliance



In this example, January represents the first month any new AHCCCS member is required to comply

# AHCCCS Works Geographic Phase-in

- Gradually phase-in AHCCCS Works program by geographic areas.
- AW program will be implemented in three phases:
  - **Phase 1:** Most Urbanized Counties: Maricopa, Pima, & Yuma
  - **Phase 2:** Semi-Urbanized Counties: Cochise, Coconino, Mohave, Pinal, Santa Cruz, & Yavapai
  - **Phase 3:** Least Urbanized Counties: Apache, Gila, Graham, Greenlee, La Paz, & Navajo

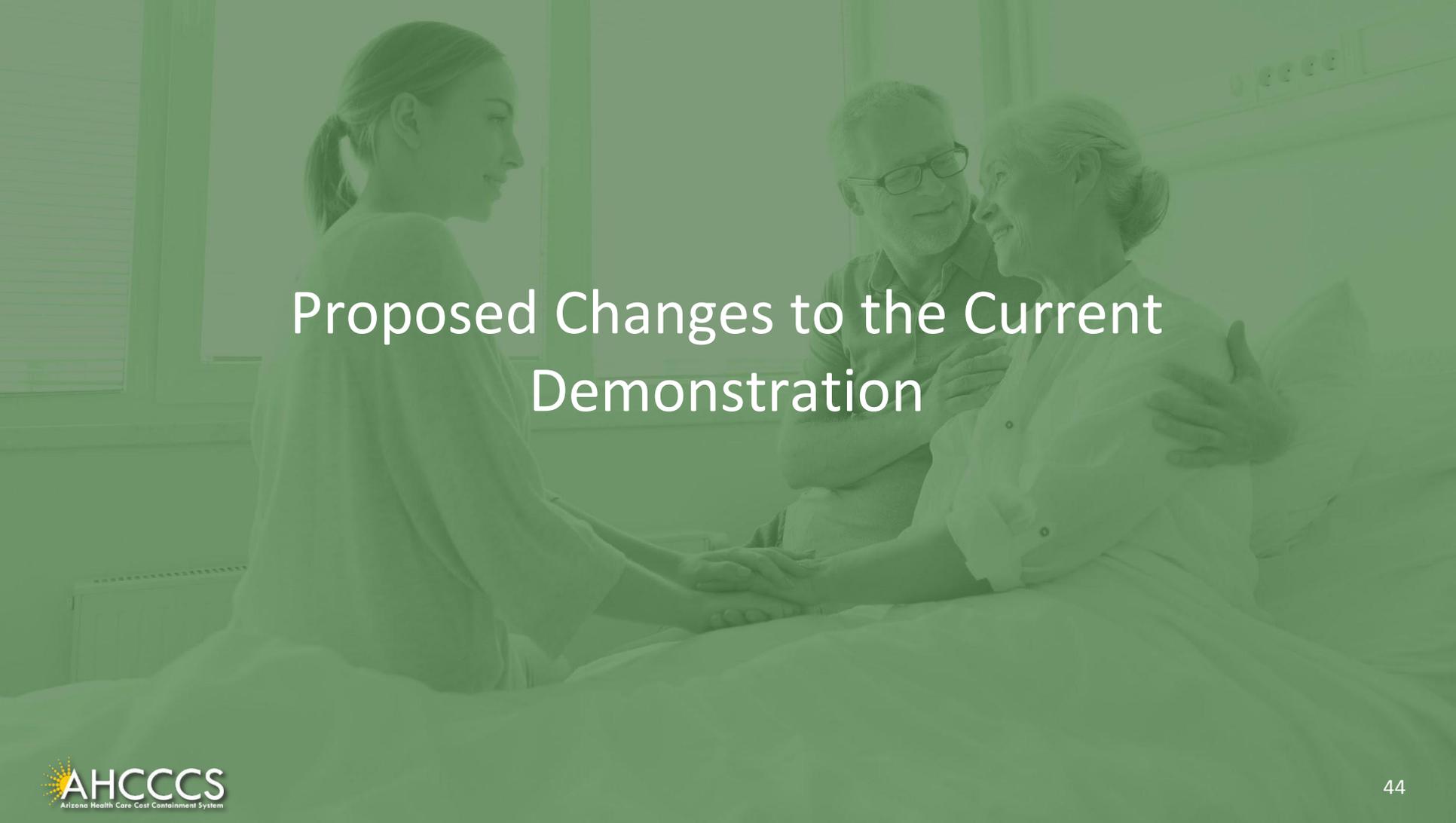


# AHCCCS Works Geographic Phase-in

- Need time to establish community engagement supports for members in regions with limited employment, educational and training opportunities, accessible transportation, and child care services
- Phase-in approach will give the State time to assess the availability of community engagement resources in rural areas and address gaps
- Counties with a higher percentage of urban populations are likely to have sufficient community engagement supports compared to counties with a higher percentage of rural populations

# Waiver of Prior Quarter Coverage

- Authorizes AHCCCS to limit retroactive coverage to the first day of the month of application for all Medicaid members, except for pregnant women, women who are 60 days or less postpartum, and children under 19 years of age
- AHCCCS is seeking to continue the Waiver of Prior Quarter Coverage



# Proposed Changes to the Current Demonstration

# AHCCCS CARE

- The AHCCCS CARE (Choice, Accountability, Responsibility, Engagement) program was approved by CMS in 2016
- Members would be required to pay monthly premiums & strategic copays applied retrospectively for services already received
- Members who fail to make timely payments would be disenrolled from AHCCCS
- AHCCCS did not implement the AHCCCS CARE program during the current waiver period and intends to discontinue this program from Arizona's Demonstration

# Verbal Consent In Lieu Of Written Signature For ALTCS Members

- Arizona received COVID-19 emergency authority to use verbal consent in lieu of written signature for person-centered service plans for ALTCS members
- Temporary authority allowed AHCCCS to establish a timely process for ALTCS members to obtain authorization of critically needed health services while reducing risk of COVID-19 transmission
- AHCCCS is seeking the continuation of this flexibility beyond the termination of the COVID-19 public health emergency

# Verbal Consent In Lieu Of Written Signature For ALTCS Members

- Verbal consent will be obtained telephonically where the identity of the ALTCS member can be reliably established
- The member's consent will be documented in the member's record
- After verbal consent is received, members will have 30 days to submit their signature to the case manager electronically or by mail
- Services for the member will commence during this 30-day time period

# Targeted Investments Program

- \$300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal
- Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service
- Incentive payments based on meeting milestones that support integration and whole person care

# Provider Participation

- Providers eligible to participate include:
  - Adult and pediatric primary care practices
  - Adult and pediatric behavioral health organizations
  - Acute and psychiatric hospitals
  - Justice co-located clinics
- Nearly 500 sites participating across state

# TI Program Payments

- **Year 1:** \$19 million paid to TI providers for meeting participation requirements
- **Year 2:** \$67 million paid to TI providers for achieved milestones
- **Year 3:** \$86 million will be paid to TI providers for achieved milestones
- **Years 4 & 5:** providers will be paid (\$66.5 and \$47.5 million respectively) for improved performance on select quality metrics
- Milestone requirements support/complement AHCCCS Complete Care implementation, e.g. bi-directional data exchange through HIE

# Participant Support-Quality Improvement Collaborative (QIC)

- Partnership with ASU College of Health Solutions and Center for Health Information Research (CHiR)
- QIC participation is a provider milestone
- The QIC provides:
  - Dashboards for providers on Quality Measures performance
  - Assistance with quality improvement actions
  - Technical assistance
  - Peer learning

# SAMHSA Integrated Practice Assessment Tool (IPAT)

SAMHSA Six Levels of Collaboration/Integration					
Coordinated Care Key Element: Communication		Co-Located Care Key Element: Physical Proximity		Integrated Care Key Element: Practice Change	
<b>LEVEL 1</b> Minimal Collaboration	<b>LEVEL 2</b> Basic Collaboration at a Distance	<b>LEVEL 3</b> Basic Collaboration On site	<b>LEVEL 4</b> Close Collaboration On site with Some Systems Integration	<b>LEVEL 5</b> Close Collaboration Approaching an Integrated Practice	<b>LEVEL 6</b> Full Collaboration in Transformed/Merged Integrated Practice

# Positive Change in Level Of Integration

- Participating providers reported having a higher level of integration after the implementation of TI Program protocols from Year 2 (CYE 2018) to Year 3 (CYE 2019)

IPAT Levels	All Sites
Increased 5 Levels:	12 (3%)
Increased 4 Levels:	46 (13%)
Increased 3 Levels:	56 (15%)
Increased 2 Levels:	27 (7%)
Increased 1 Level:	80 (22%)
<b>Any Increase</b>	<b>221 (60%)</b>
No Increase:	147 (40%)
<b>Total Sites:</b>	<b>368</b>

# Performance Outcomes TI vs. Non-TI

Measure Description	Non-TI beneficiaries			TI beneficiaries			TI vs. Non-TI beneficiaries
	2017	2019	% Change	2017	2019	% Change	Difference- in- Difference
Diabetes Screening for People with Schizophrenia or Bipolar Disorder who are Using Antipsychotic Medications (SSD)	55.72%	57.51%	1.78%	58.73%	62.03%	3.30%	1.52%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	39.82%	36.67%	-3.15%	41.26%	41.30%	0.03%	3.18%
Follow-Up after Hospitalization for Mental Illness: 6-17 Years (7-day)	57.22%	55.92%	-1.30%	72.13%	70.79%	-1.34%	-0.04%
Follow-Up after Hospitalization for Mental Illness: 6-17 Years (30-day)	70.00%	70.14%	0.14%	87.82%	88.43%	0.61%	0.47%
Follow-Up after Hospitalization for Mental Illness: 18 and Older (7-day)	30.97%	24.76%	-6.21%	43.72%	45.12%	1.40%	7.61%
Follow-Up after Hospitalization for Mental Illness: 18 and Older (30-day)	45.35%	36.96%	-8.39%	66.82%	67.00%	0.17%	8.57%
Follow-Up after Emergency Department Visit for Mental Illness: 6-17 Years (7-day)	29.05%	30.66%	1.60%	76.48%	75.76%	-0.71%	-2.32%
Follow-Up after Emergency Department Visit for Mental Illness: 6-17 Years (30-day)	41.22%	41.61%	0.39%	84.43%	87.17%	2.74%	2.35%
Follow-Up after Emergency Department Visit for Mental Illness: 18 and Older (7-day)	17.84%	15.45%	-2.39%	46.30%	45.09%	-1.21%	1.17%
Follow-Up after Emergency Department Visit for Mental Illness: 18 and Older (30-day)	24.50%	24.28%	-0.22%	56.18%	54.29%	-1.88%	-1.66%
Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 18 and Older (7-day)	7.44%	5.43%	-2.01%	27.44%	24.84%	-2.60%	-0.58%
Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: 18 and Older (30-day)	9.37%	8.08%	-1.30%	35.44%	33.61%	-1.83%	-0.53%
Well-Child Visits (Ages 3-6 Years): 1 or More Well-Child	57.40%	57.71%	0.31%	75.57%	77.64%	2.06%	1.76%
Adolescent Well-Care Visits: At Least 1 Comprehensive	36.36%	36.95%	0.59%	52.68%	56.47%	3.79%	3.21%

# Targeted Investments Program 2.0

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0
- TI Program 2.0 will include two distinct cohorts:
  - **Extension cohort** will include current TI Program providers
  - **Expansion cohort** will include primary care practices and behavioral health providers with no prior TI participation
- AHCCCS will develop a concept paper in 2021 that outlines the details for the TI Program 2.0

# Extension Cohort

- Projects will be designed to foster collaboration between medical providers and CBOs, particularly those crucial to addressing housing, food, employment, social isolation, and transportation
- Incentive payments will be based on:
  - Achievement of outcome measures
  - Continuation of high priority promising practices
  - Establishment of additional systems and infrastructure that supports advancing whole person care

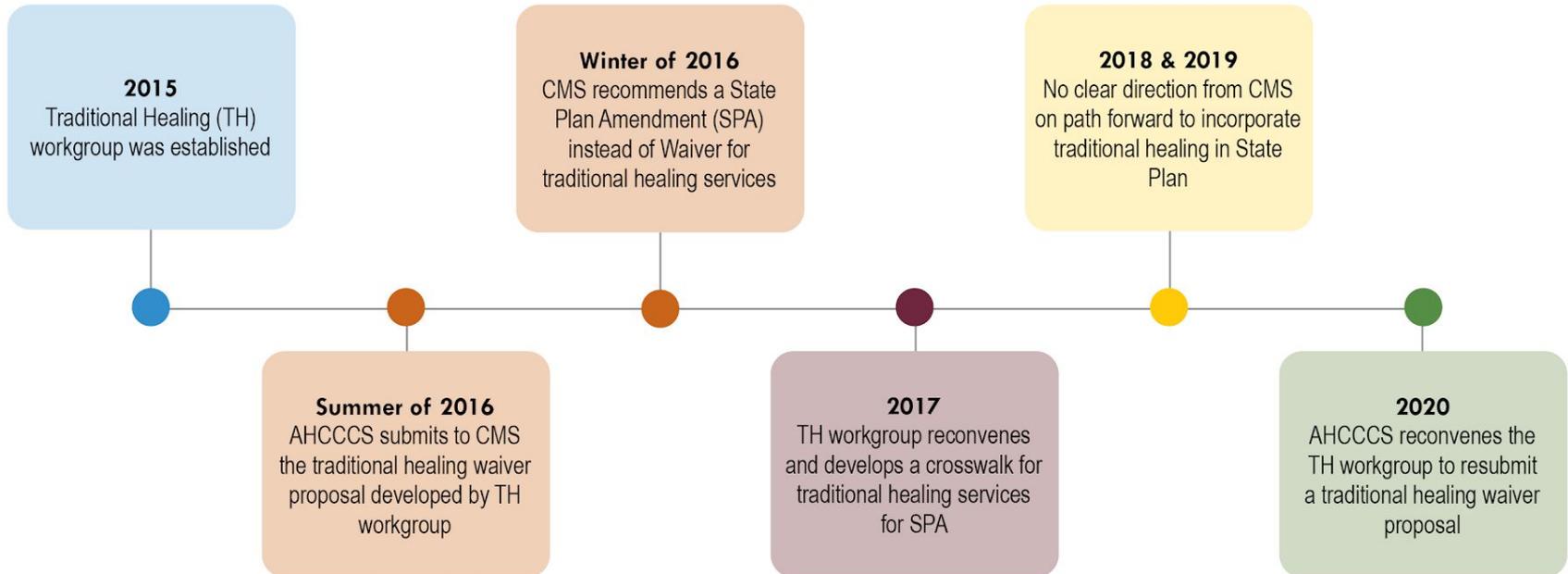
# Expansion Cohort

- Eligibility requirements for this cohort will include:
  - Certified EHR that is capable of bi-directional data exchange
  - Minimum volume thresholds
  - Commitment to participate in the Learning Collaborative
- The program structure for this cohort will be modeled on the current TI Program with updates and revisions to the original core components, milestones, and incentives

# Traditional Healing Services

- Tribes that reside in the state of Arizona utilize traditional healing practices
- Supported primarily through tribal funds, various pilot programs, grants, and individual personal resources
- Tribes have advised AHCCCS that traditional healing services will aid care coordination and help AHCCCS members achieve improved health outcomes

# Traditional Healing Timeline



# Traditional Healing Services

- AHCCCS is seeking waiver authority to reimburse traditional healing services and claim FFP for these services when provided by I/T/U facilities at the 100% FMAP
- The goal is to improve the health outcomes of AHCCCS members by making traditional healing services available in a complementary fashion with allopathic medicine

# Traditional Healing Waiver Proposal

- Upon approval by CMS, the covered traditional healing services, limitations, and exclusions shall be described by each facility (working with each tribe they primarily serve)
- The array of practices provided by traditional healers shall be in accordance with an individual tribe's established and accepted traditional healing practices as identified by the Qualifying Entity

# Qualifying Entity

- Responsible to define and endorse traditional healers and the services they perform
- An I/T/U facility or clinic governing body may serve as the Qualifying Entity
- The tribe(s) served by the facility may choose to designate another governing body as its Qualifying Entity

# Tribal Dental Benefit (HB 2244)

- In 2016, AHCCCS implemented a dental benefit of \$1,000 per member per contract year for individuals enrolled in ALTCS
- In 2017, AHCCCS implemented an emergency dental benefit of \$1,000 per member per contract year for adult AHCCCS members
- In 2020, HB 2244, authorized AHCCCS to seek approval from CMS to reimburse IHS and 638 facilities to cover the cost of adult dental services that are eligible for 100% FMAP, that are in excess of the \$1,000 limit

# Tribal Dental Benefit (HB 2244)

- The purpose of this Demonstration is to improve oral health outcomes for American Indian/Alaska Native (AI/AN) members
- AI/AN adults suffer from untreated dental caries at twice the prevalence of untreated caries in the general U.S. population
- The geographic isolation of tribal populations & inability to attract dentists to practice in IHS or tribal health facilities in rural and frontier areas are contributors to these oral health disparities

# Resources & Public Comment

- AHCCCS [Waiver Renewal Request \(2021-2026\)](#)

How do I submit public comment? Public comment can be



Discussed at public forums

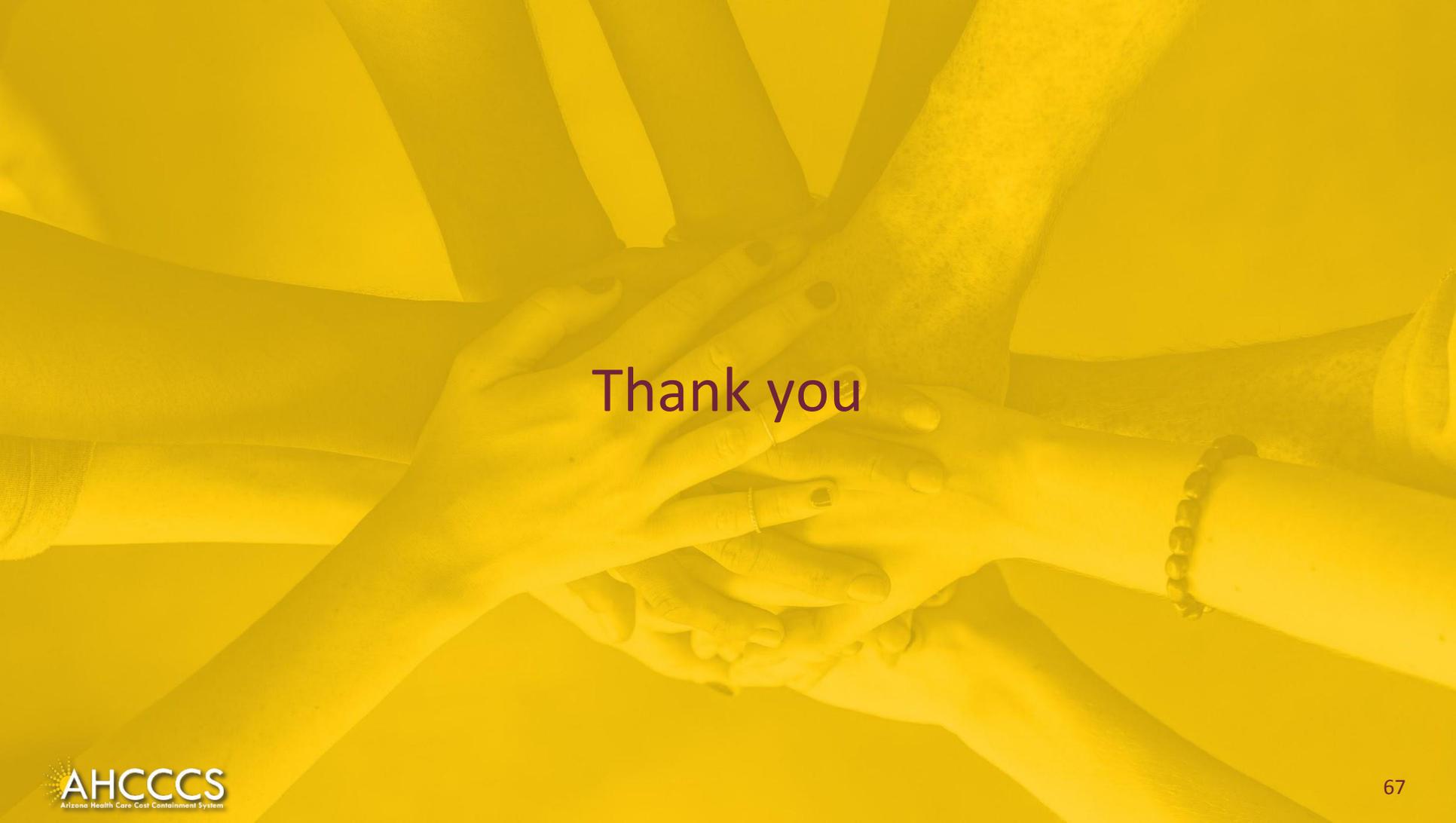


Emailed to [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov)



Mailed to 801 E Jefferson, Phoenix, AZ 85034 Attn: Federal Relations

Questions?



Thank you



## 1115 Waiver Timeline



PUBLIC FORUMS	
Date/Time	Zoom Links
10/14/2020 1:30 p.m. - 3:30 p.m.	<p><b>Join from a PC, Mac, iPad, iPhone or Android device</b>            Link: <a href="https://ahcccs.zoom.us/j/95104437350?pwd=VEoyczlBcFJzeDd1dnY1Q1BQbW1sZz09">ahcccs.zoom.us/j/95104437350?pwd=VEoyczlBcFJzeDd1dnY1Q1BQbW1sZz09</a>            Passcode: AHCCCS1#</p> <p><b>Or join by phone</b>            Dial: 1-408-638-0968 or 1-312-626-6799 or 1-646-876-9923 or 1-888-475-4499 (Toll Free)            Webinar ID: 951 0443 7350            International numbers available: <a href="https://ahcccs.zoom.us/j/95104437350?pwd=VEoyczlBcFJzeDd1dnY1Q1BQbW1sZz09">ahcccs.zoom.us/j/95104437350?pwd=VEoyczlBcFJzeDd1dnY1Q1BQbW1sZz09</a></p>
10/16/2020 1:30 p.m. - 3:30 p.m.	<p><b>Join from a PC, Mac, iPad, iPhone or Android device</b>            Link: <a href="https://ahcccs.zoom.us/j/93089289712?pwd=Wnc3dVVWRmlpOVY5d3Y2UThZVVVEQT09">ahcccs.zoom.us/j/93089289712?pwd=Wnc3dVVWRmlpOVY5d3Y2UThZVVVEQT09</a>            Passcode: AHCCCS2#</p> <p><b>Or join by phone</b>            Dial: 1-253-215-8782 or 1-669-900-6833 or 1-301-8592 or 1-312 626 6799 or 1-888-475-4499 (Toll Free)            Webinar ID: 930 8928 9712            International numbers available: <a href="https://ahcccs.zoom.us/j/93089289712?pwd=Wnc3dVVWRmlpOVY5d3Y2UThZVVVEQT09">ahcccs.zoom.us/j/93089289712?pwd=Wnc3dVVWRmlpOVY5d3Y2UThZVVVEQT09</a></p>
11/13/2020 1:30 p.m. - 3:30 p.m.	<p><b>Join from a PC, Mac, iPad, iPhone or Android device</b>            Link: <a href="https://ahcccs.zoom.us/j/93579026861?pwd=QThoVkJVqN1NXbXNsbmo1SnhZVkJVU09">ahcccs.zoom.us/j/93579026861?pwd=QThoVkJVqN1NXbXNsbmo1SnhZVkJVU09</a>            Passcode: AHCCCS3#</p> <p><b>Or join by phone</b>            Dial: 1-669-900-6833 or 1-346-248-7799 or 1-408 638 0968 or 1-646-876-9923 or 1-877-853-5257 (Toll Free)            Webinar ID: 935 7902 6861            International numbers available: <a href="https://ahcccs.zoom.us/j/93579026861?pwd=QThoVkJVqN1NXbXNsbmo1SnhZVkJVU09">https://ahcccs.zoom.us/j/93579026861?pwd=QThoVkJVqN1NXbXNsbmo1SnhZVkJVU09</a></p>

During the public comment period of Oct. 1 through Nov. 30, comments can be emailed to [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov)



## 1115 Waiver Timeline



TRIBAL FORUMS		
Date/Time	Type of Forum	Zoom Link (* public meeting)
10/19/2020 1:00 p.m. - 4:00 p.m.	Special Tribal Consultation	<b>Registration Link:</b> <a href="https://ahcccs.zoom.us/webinar/register/WN_7PPYlgJ9QxqkdO5BL1U5cw">ahcccs.zoom.us/webinar/register/WN_7PPYlgJ9QxqkdO5BL1U5cw</a> <b>To connect via phone only:</b> 1-877-853-5257 OR 1-888-475-4499 (US Toll-free) <b>Webinar ID:</b> 923 6300 7953
11/5/2020 1:00 p.m. - 4:00 p.m.	Quarterly Tribal Consultation	<b>Registration Link:</b> <a href="https://ahcccs.zoom.us/webinar/register/WN_liV3Ku-dT8C5hioPKAjlig">ahcccs.zoom.us/webinar/register/WN_liV3Ku-dT8C5hioPKAjlig</a> <b>To connect via phone only:</b> 1-877-853-5257 OR 1-888-475-4499 (US Toll-free) <b>Webinar ID:</b> 964 3342 7796

During the public comment period of Oct. 1 through Nov. 30, comments can be emailed to [waiverpublicinput@azahcccs.gov](mailto:waiverpublicinput@azahcccs.gov)



# State Medicaid Advisory Committee (SMAC)

Quarterly Meeting  
Wednesday, October 21, 2020

AHCCCS  
(To Join by Web)

<https://ahcccs.zoom.us/j/96486245677?pwd=YmQ2cFFmMUdsWmlvVmVvZEVKOVZ6Zz09>

Meeting ID: 964 8624 5677

(To Join by Phone) 1-888-475-4499 Meeting ID: 964 8624 5677 (VIRTUAL MEETING)

1:00 PM - 3:00 PM

## Agenda

I. Welcome	Director Jami Snyder
II. Attendance and Quorum Confirmation	ALL

## State Medicaid Advisory Committee Member Nominations

III. Nomination Recommendations and Formal Vote	Tara McCollum Plese
IV. Welcome New SMAC Members	Director Jami Snyder
V. Appreciation and Farewell to the Expiring Committee Members	Director Jami Snyder

## Agency Updates

VI. 1115 Waiver Renewal	Director Jami Snyder
VII. Call to the Public	Director Jami Snyder
VIII. Adjourn at 3:00 PM	ALL

## 2021 SMAC Meetings

Per SMAC Bylaws, meetings are to be held the 2nd Wednesday of January, April, July and October. All meetings will be held from 1:00 PM - 3:00 PM unless otherwise deemed necessary by the Director.

**January 13, 2021**

**April 14, 2021**

**July 14, 2021**

**October 13, 2021**

For information or assistance, please contact Brenda Morris at (602) 417-4029 or [Brenda.Morris@azahcccs.gov](mailto:Brenda.Morris@azahcccs.gov).



## AHCCCS SPECIAL TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

**Topic: AHCCCS 1115 Waiver Renewal**

**Date and Time:** October 19, 2020 from 1:00 p.m. to 4:00 p.m. (MST)

**Location:** VIRTUAL ONLY

**Webinar Registration Link:**

[https://ahcccs.zoom.us/webinar/register/WN\\_7PPYlgJ9QxqkdO5BL1U5cw](https://ahcccs.zoom.us/webinar/register/WN_7PPYlgJ9QxqkdO5BL1U5cw)

**Phone:** +1 877-853-5257 OR +1 888-475-4499 (US Toll-free) / **MEETING ID:** 923 6300 7953

TIME	TOPIC	Presenter
1:00 PM – 1:05 PM	<b>Welcome and Introductions</b>	<b>Amanda Bahe</b> <i>AHCCCS Tribal Liaison</i>
1:05 PM – 2:00 PM	<b>AHCCCS 1115 Waiver Overview</b> <ul style="list-style-type: none"> <li>Waiver Renewal Timeline</li> <li>AZ's Demonstration Historical Background</li> <li>Demonstration Goals</li> <li>Key Milestones</li> <li>Current Demonstration Evaluation Activities</li> <li>Current Demonstration Features to Continue Under Waiver Renewal</li> <li>Proposed Changes to the Current Demonstration</li> <li>Resources and Public Comment</li> </ul>	<b>Jami Snyder</b> <i>AHCCCS Director</i>
2:00 PM – 4:00 PM	<p style="text-align: center;"><b><i>Open Discussion and Tribal Consultation</i></b></p> <ul style="list-style-type: none"> <li>AHCCCS Works</li> <li>Tribal Dental Benefit</li> <li>Traditional Healing Services</li> <li>Prior Quarter Coverage</li> <li>Targeted Investments Program</li> <li>Verbal Consent In Lieu of Written Signature for ALTCS Members</li> <li>General 1115 Waiver</li> </ul>	
4:00 PM	<b>Announcements &amp; Adjourn</b>	<b>Amanda Bahe</b>

**Next AHCCCS Tribal Consultation Meeting: November 05, 2020**

Time: 1 p.m. to 4 p.m. | Location: Virtual Only

Please see [AHCCCS Tribal Consultation Webpage](#) for Information



## AHCCCS TRIBAL CONSULTATION MEETING AGENDA

With Tribal Leaders, Tribal Members, Indian Health Services, Tribal Health Programs Operated under P.L. 93-638 and Urban Indian Health Programs

**Date and Time:** November 5, 2020 from 1:00 p.m. to 4:00 p.m. (MST)

**Location:** VIRTUAL ONLY

**Webinar Registration Link:** [https://ahcccs.zoom.us/webinar/register/WN\\_liV3Ku-dT8C5hioPKAjlq](https://ahcccs.zoom.us/webinar/register/WN_liV3Ku-dT8C5hioPKAjlq)

**Phone:** +1 877-853-5257 OR +1 888-475-4499 (US Toll-free) / **MEETING ID:** 964 3342 7796

TIME	TOPIC	Presenter
1:00 PM – 1:05 PM	Welcome and Introductions	<b>Amanda Bahe</b> <i>AHCCCS Tribal Liaison</i>
1:05 PM – 1:45 PM	AHCCCS Updates, including Waiver Renewal	<b>Jami Snyder</b> <i>AHCCCS Director</i>
1:45 PM – 2:00 PM	<b>Open Discussion/Consultation on AHCCCS Updates</b>	
2:00 PM – 2:15 PM	Housing Overview	<b>David Bridge</b> <i>Director of Housing Programs</i>
2:15 PM – 2:25 PM	<b>Open Discussion/Consultation on Housing</b>	
2:25 PM – 2:40 PM	AHCCCS Provider Enrollment Portal	<b>Patricia Santa Cruz</b> <i>Division of Member and Provider Services</i>
2:40 PM – 2:50 PM	<b>Open Discussion/Consultation on AHCCCS Provider Enrollment Portal</b>	
2:50 PM – 3:05 PM	SB 1523 (previously listed as “Children’s Behavioral Health Services Fund (CBHSF)”)	<b>Megan Woods</b> <i>Integrated Care Administrator</i>
	<b>Open Discussion/Consultation on SB 1523</b>	
3:05 PM – 3:30 PM	<b>DIVISION OF FEE FOR SERVICE MANAGEMENT UPDATES</b>	
	DDD-AIHP Update	<b>Karen Grady</b> <i>Deputy Assistant Director</i>
	American Indian Medical Home Update	<b>Leslie Short</b> <i>Integrated Services Administrator</i>
	Pharmacy Updates	<b>Ewaryst Jedrasik</b> <i>Clinical Administrator</i>
3:30 PM – 3:40 PM	<b>Open Discussion/Consultation on DFSM Updates</b>	
3:40 PM – 3:50 PM	<b>FEDERAL RELATIONS UPDATES</b>	
	State Plan Amendments	<b>Alex Demyan</b> <i>AHCCCS State Plan Manager</i>
	<b>Open Discussion/Consultation on Federal Relations Updates</b>	
3:50 PM – 4:00 PM	<b>AHCCCS POLICY UPDATES</b>	
	AHCCCS Tribal Consultation Policy Updates	<b>Amanda Bahe</b>
	<b>Open Discussion/Consultation on AHCCCS Policy Updates</b>	
4:00 PM	Announcements & Adjourn	<b>Amanda Bahe</b>

**Next AHCCCS Tribal Consultation Meeting: December 10, 2020**

Time: 3 p.m. to 5 p.m. | Location: Virtual Only

Please see [AHCCCS Tribal Consultation Webpage](#) for Information

# Medical Directors Meeting

October 16, 2020 9:00am – 12:00pm

Virtual Only

Join Zoom Meeting ID: 6313342545 Passcode: AHCCCS11

Time	Topic	Presenter
9:00AM	<b>Welcome and Introductions</b> Lou, Matthew Isiogu, Julie Ambur, Will Buckley, Brittany Dettler, Chanchal Yadav, Cynthia Layne, Dana Flannery, Dr. Tim, Eric Tack, Jessica Kane, Jill Rowland, Kristin Nelson, Mark Carroll, Megan Woods, Marcia Smith, Ricardo Reyes, Sam O’Nel, Sara Salek, Seth Dubry, Steven Chakmakian, Vicki Copeland, Y Sebesan, Jakenna Lebsock, Cindy Hostetler, Scott Van Valkenburg, Ed Fess, Ed Gentile, Dr. Wilcox  <b>Matthew Isiogu – CYE20 VBP Update</b>	Sara Salek, MD Chief Medical Officer - AHCCCS
9:05AM	<b>Waiver Updates</b>	Dana Flannery Assistant Director Division of Community Advocacy and Intergovernmental Relations (DCAIR)
9:15AM	<b>CMO Updates</b> <ul style="list-style-type: none"> <li>• Telehealth</li> <li>• BH Taskforce</li> <li>• BK Lawsuit</li> <li>• Arizona Substance Abuse Partnership (ASAP)</li> <li>• ASD Advisory Committee</li> <li>• Community Quality Forum</li> <li>• AzAAH Steering Committee</li> <li>• Flu Strategy</li> </ul>	Sara Salek, MD
9:40AM	<b>OOD Clinical Updates</b> <ul style="list-style-type: none"> <li>• Crisis Counseling Program</li> <li>• ArMA Physician Peer Support Program</li> <li>• ASAM CONTINUUM</li> </ul> PA-CR Revised Memo (Postponed to COVID Medical Directors Workgroup on 11/22)	Jill Rowland AHCCCS Chief Clinical Officer
10:10AM	<b>Telehealth Data Update</b>	Will Buckley AODA BI Manager
10:35AM	<b>DHCM Update</b> <ul style="list-style-type: none"> <li>• MCO Performance Measure Workgroup - Jakenna</li> <li>• AMPM 320-P - Alex</li> <li>• AMPM 430 - Eric</li> <li>• ADHS Maternal Mortality Review Program - Eric</li> <li>• ADHS COVID/Flu Data - Eric</li> <li>• LOCUS and CALOCUS - Megan</li> <li>• TPL and COB - Christina</li> </ul>	Jakenna Lebsock, Assistant Director - DHCM  Eric Tack, MD Assistant Deputy Director - DHCM  Alex Herrera Project Manager – DHCM  Megan Woods Integrated Care Administrator - DHCM  Christina Quast Operations Administrator - DHCM

11:30AM	<b>Birth To Five Helpline - Presentation</b>	Ana Arbel, MS Ed Senior Program Manager Southwest Human Development
11:55AM	<b>Agenda Items for Next Meeting</b>	All
12:00PM	<b>Meeting Adjourned</b> Next Meeting: Dec 4 <sup>th</sup>	



## **OIFA Advisory Council Agenda**

Tuesday, October 20th, 2020 10:30 AM - 12:00 PM

Introductions of first time attendees	10:30 - 10:33
Approve September Minutes	10:33 - 10:35
Foster Care, Steve Leibensperger	10:35 - 10:40
Family Support, Jamie Green	10:40 - 10:45
Member Focused Network Integration, Rick Ploski	10:45 - 11:00
1115 Waiver, AHCCCS FRAC	11:00 - 12:00

Join Zoom Meeting

<https://ahcccs.zoom.us/j/92904855511?pwd=cjVmWFo3UHJneEM4cGpYeG5KRdVRQT09>

Meeting ID: 929 0485 5511

Passcode: AHCCCS1!

**Next Meeting November 17th, 2020**