AHCCCS
Arizona Health Care Cost Containment System

AGENDA

ASD ADVISORY COMMITTEE MEETING

Wednesday, July 17, 2019 3:00 - 5:00 pm

AHCCCS - 801 E. Jefferson St., Phoenix, 4th Floor-Arizona Room

JOIN WEBEX MEETING

https://azgov.webex.com/azgov/j.php?MTID=m8b31ba487bfeeb4b562ef127a6a54ef1

Meeting number (access code): 804 233 256

Meeting password: gN8mkH2D

JOIN BY PHONE

1-240-454-0879

Time	Topic	Presenter
3:00 pm	**Welcome and introductions**	Sharon Flanagan-Hyde, Facilitator
3:10 pm	**Children's Clinics ASD Center of Excellence Model**	Jared Perkins, CEO, Children's Clinics
3:30 pm	**DDD Integration: Implications for Families and Providers**	Dr. Cody Conklin, Chief Medical Officer, DES/DDD
4:00 pm	**AHCCCS ABA Updates: ABA Policy, Payment for ABA without ASD Diagnosis**	Megan Woods, Integrated Care Administrator, AHCCCS
4:15 pm	**Electronic Visit Verification**	Dara Johnson, Program Development, AHCCCS
4:30 pm	**Value-Based Purchasing to Support Care Coordination**	Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition; Parent
4:40 pm	**Crisis Response Issues**	Ehren Werntz, PhD, LBA, BCBA, Clinical Director, Behavioral Health Services, Arizona Autism United
4:55 pm	**Additional Issues, Announcements, and Future Agenda Topics**	Sharon Flanagan-Hyde
5:00 pm	**Meeting Adjourned**	

Next Meeting

October 23, 2019 from 3:00-5:00 pm at AHCCCS

AHCCCS ASD Advisory Committee
July 17, 2019 Meeting Notes

Notes compiled by Sharon Flanagan-Hyde, Facilitator—sharon@flanagan-hyde.com

Participants

Please let Sharon know if you participated and your name was omitted.

1. Aaron Dahl, Child Psychiatry, Maricopa Integrated Health Systems
2. Anne Ronan, Attorney, Arizona Center for Law in the Public Interest
3. Brian Esterly, Centria Autism
4. Brian Kociszewski, M.Ed., BCBA, Centria Autism
5. Brian van Meerten, MEd, BCBA, LBA, Partner in Community Relations and Employee Well Being, Kaibab Behavioral Services
6. Cameron Cobb, MSW, Senior Manager, Children's System of Care, Banner University Health Plans
7. Carey Beranek, MS, LBA, BCBA, Clinical Director, Children & Youth Services, Arizona Autism United
8. Chantelle Curtis, MS, Technical Assistance Specialist, Arizona Department of Economic Security/Division of Developmental Disabilities/Arizona Early Intervention Program (DES/DDD/AzEIP)
9. Cody Conklin-Aguilera, MD, FAAP, Chief Medical Officer, Office of Chief Medical Officers, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
10. Cynthia Macluskie, Vice President, Board of Directors, Autism Society of Greater Phoenix, Parent
11. Daniel Openden, PhD, BCBA-D, President and CEO, Southwest Autism Research & Resource Center (SARRC)
12. Dara Johnson, Program Development Officer, Arizona Health Care Cost Containment System (AHCCCS)
13. Dennis Friedman, DO, Physician, Parent
14. Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AZABA)
15. Diedra Freedman, JD, Board Secretary/Treasurer, Arizona Autism Coalition, Parent
16. Ehren Werntz, PhD, LBA, BCBA, Clinical Director, Behavioral Health Services, Arizona Autism United
17. Gemma Thomas, Chief Administrative Officer, Children's Clinics
18. Janna Murrell, Assistant Executive Director, Raising Special Kids
19. Jared Perkins, MPA, CEO, Children's Clinics; President, Autism Society of Southern Arizona
20. Jennifer Blau, Child System of Care, Banner University Family Care
21. Jon Meyers, Executive Director, The Arc of Arizona
22. Jonathan Mueller, Ascend Behavior Partners
23. Joyce Millard Hoie, MPA, Consultant, Parent
24. Karrie Steving, Children's System of Care Administrator, Mercy Care
25. Kim Dionne, Project Manager, Child and Family Support Services
26. Leslie Paulus, MD, PhD, FACP, Medical Director, UnitedHealthcare Community Plan
27. Lindsey Zieder, Children's Special Projects Lead, Mercy Care

28. Mary DeCarlo, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
29. Megan Woods, MEd, BCBA, LBA, Integrated Care Administrator, Arizona Health Care Cost Containment System (AHCCCS)
30. Melissa Ritchey, Chief Clinical Officer, Children's Clinics
31. Paige Allgood, Executive Assistant, Southwest Autism Research & Resource Center (SARRC)
32. Raakel Elzy, MA, BCBA, LBA, Associate Director of Clinical Services, Hope Group
33. Sarah Duarte, Med, BCBA, LBA, Executive Clinical Director, Intensive Behavioral Treatment Dept., Arian Care Solutions, LLC
34. Scott Parker, Centria Autism
35. Sherri Wince, ALTCS Administrator, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
36. Terry Nunnally, Trans. Coord., Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)
37. Terry Matteo, PhD, Clinical Child Psychologist
38. Terry Randolph, Children's Healthcare Administrator, Arizona Complete Health
39. Tresure Phillips, Children's Behavioral Health Care Manager, Banner University Family Care
40. William Van Noy, Chief Financial Officer, Children's Clinics

Children's Clinics

Jared Perkins, CEO, Children's Clinics, and colleagues

Slides are attached to the e-mail distribution of these notes.

Children's Clinics in Tucson is a multispecialty interdisciplinary clinic (MSIC) that specializes in complex cases with co-occurring diagnoses. It offers comprehensive on-site services and care coordination with off-site services: primary care, behavioral health, therapies, pediatric specialties, special clinics and services, multidisciplinary clinics, and childhood experiences. Children are seen by multiple providers during a single appointment—one appointment, one day, one visit—which can reduce families' stress.

Children's Clinics Autism Center of Excellence is based on the MSIC model. The primary care physician and care coordinator comprise the child's medical home. Through a grant from Angel Charity for Children, Children's Clinics is renovating their existing building to create a unique treatment space. Plans are underway for the completion in 2020 of the Center for C.A.R.E. (Comprehensive Autism & Rehabilitation Excellence). The 7,000-square-foot facility will house state-of-the-art therapy spaces that are designed for sensory integration and include indirect lighting, textured walls, and sound buffering.

DDD Integration

Dr. Cody Conklin-Aguilera, Chief Medical Officer, DES/DDD, and colleagues

Starting October 1, 2019, DDD/ALTCS eligible members will receive physical and behavioral health services and limited long-term services and supports (LTSS), as well as Children's Rehabilitation Services, if eligible, through the member's health plan, either Mercy Care or UnitedHealthcare Community Plan. Care 1st will no longer be providing services to DDD members after October 1. The limited LTSS that will be provided by the DDD health plans include nursing facilities, emergency alert system services, and

habilitative physical therapy for members age 21 and older. All other LTSS will continue to be provided by DDD. All DDD members who currently receive behavioral health services from a Regional Behavioral Health Authority (RBHA) will receive all their services, including behavioral health services, from their selected health plan. Members will continue to have Support Coordinators, who will assist in this transition.

Multiple letters have gone out to families about the changes. When selecting a plan, families are encouraged to go to each plan's website to see if desired providers are in the plan's network and if specific medications are covered. DDD members enrolled before April 5, 2019, had an open-enrollment period from June 14 through July 15. Those who became eligible after April 5 will have an open-enrollment period from October 1-31. If a family did not make a selection by July 15 and was auto-assigned to a plan, it's possible for DDD to do an override, if requested, so that the family can choose the other plan. Anyone who has not made a choice will be auto-assigned, effective October 1. If, after October 1, members believe they picked a plan that will not work for them, there will be a 90-day period to select the other plan. DDD will reach out to certain populations who are now in Care 1st about choosing another plan. After January 1, the opportunity to change plans will be in the member's birthday month.

The newly selected health plan is required to allow members to maintain their current providers for a least 180 days, if the member's provider is not contracted with the new DDD health plan and the provider agrees to continue to serve the member. This time period will allow members and the new health plan enough time to identify a provider that is within the new health plan's network. The new health plan is required to honor previously approved service authorizations for at least 180-days.

DDD is asking the health plans to reach out to providers currently contracted through RBHAs in order to create an adequate provider network. Some providers are concerned that they have not been contacted by the health plans; if this is the case, they should reach out to the health plans.

In response to questions:

- The health plan and the provider will negotiate rates. DDD will talk to health plans about expectations regarding timely payments. There is concern among providers about rates not being sustainable, even today; this can limit having an adequate provider network. The availability of bilingual providers also is a concern. This should be a future ASD Committee agenda item.
- AHCCCS and DDD ask health plans to provide data so that the adequacy of provider networks can be tracked. If there is a concern about network adequacy in a given geographic area, this should be brought to the attention of the health plan.

Article 9 is in the process of being revised and will be opened up for public comment in the near future. It is hoped that it will be brought to the Governor's office by the end of September. There will be extensive training associated with the roll-out of the revision within DDD and with providers and families.

Provider should participate in the provider forums that the health plans are holding to raise concerns and questions about the transition to integrated care. Dates of Mercy Care forums are attached to the e-mail distribution of these notes.

Draft ABA Policy Update

Megan Woods, Integrated Care Administrator, AHCCCS

The draft ABA Policy is going through the final rounds of approval internally and then it will be posted for public comment, probably in August.

There is no restriction in the draft AHCCCS policy for ABA services by diagnosis, age, or place of service. If medical necessity can be demonstrated through some evidence, the health plan should provide pre-authorization. It would be helpful for AHCCCS to provide guidance to the health plans on this, since it is different than how this is addressed at the national level.

The ABA Policy Work Group recommended that the DDD Early Childhood Autism Specialized Habilitation (ECA) program could be authorized prior to October 1, 2019 and could continue through the end of the two-year authorization, if so desired by the family. That is still an ongoing conversation between DDD and AHCCCS. The provider community will be informed about discussions as they unfold.

The ABA Policy Work Group notes and the recommended draft policy, distributed last spring, are attached to the e-mail distribution of these notes.

Electronic Visit Verification

Dara Johnson, Program Development Officer, AHCCCS

See AHCCCS website: https://www.azahcccs.gov/AHCCCS/Initiatives/EVV/

AHCCCS is mandated to implement Electronic Visit Verification (EVV) for personal care and home health services by January 1, 2020. AHCCCS hopes to implement prior to that date. The EVV system, must at a minimum, electronically verify the:

- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

Sandata Technologies was selected as the vendor. AHCCCS went through a series of approvals with CMS and the state Dept. of Administration; approvals were completed in May; the first meeting with Sandata was in June. Providers may use the state-selected vendor or an alternative vendor that meets certain minimum requirements to ensure consistency across the state and to allow AHCCCS to aggregate data. AHCCCS has been meeting with the different provider groups that are required to implement EVV in order to design a system that will meet providers' needs. AHCCCS is committed to addressing members' concerns regarding privacy and security. As decisions are made, information will be provided to providers and families. There will be information for families on the website as details become clear. Providers should sign up for the listserv on the website to keep up to date on details and timelines. For additional questions, please get in touch with Dara Johnson: Dara.Johnson@azahcccs.gov

Value-Based Purchasing to Support Care Coordination

Diedra Freedman, Board Secretary/Treasurer, Arizona Autism Coalition, Parent

Slides are attached to the e-mail distribution of these notes.

Arizona has an opportunity to use Value Based Purchasing (VBP) to incentivize the delivery of compassionate care by marrying comprehensive care coordination with meta and micro data. This is important because:

- 95% of children with ASD have at least one common co-morbid condition and more than 50% have at least four chronic conditions.
- Medical costs are 410% to 620% higher for children with ASD compared to children without ASD.
- Dual Eligible Medicare and Medicaid Members make up 20% of Medicare and 15% of Medicaid Members, but account for 34% of Medicare and 33% of Medicaid spending.

Delivery systems matter. In addition to delivering services, providers should provide compassionate care. This requires a paradigm shift.

Compassionate care is defined by the following four essential characteristics:

- Relationships based on empathy, emotional support, and efforts to understand and relieve the patient's distress and suffering.
- Effective communication within interactions, over time, and across settings.
- Respect for and facilitation of patients' and families' participation in decisions and care.
- Contextualized knowledge of the patient as an individual within a network of relationships at home and in the community.

Improving access to health care isn't as simple as just expanding coverage or cutting costs. Health care visionaries know that we must improve the way in which care is delivered to achieve the goal of improving outcomes and lowering the cost of care to help ensure the safety and quality of life for all.

VBP can be used to incentivize this system change.

This topic will be the focus of a conference on October 19, 2019 presented by the Arizona Autism Coalition and The Arc Arizona: 2019 Autism and I/DD Resource Conference–Advancing Collaborative Care through Collaboration. Mercy Care and UnitedHealthcare are sponsors. Information is available at https://www.autismiddconference.com/

Crisis Response

Ehren Werntz, Clinical Director, Behavioral Health Services, Arizona Autism United

Ehren suggested revisiting the recommendations of the Crisis Response Work Group last year and perhaps reconvening the work group. Megan Woods said that AHCCS has a work group meeting about crisis services; this is not specific to ASD, but it would be helpful to have representation from the ASD Advisory Committee. If people are interested in participating in the AHCCCS crisis work group, please let Sharon know.

Third Party Liability/Coordination of Benefits

Several providers mentioned that past problems have been resolved and they are now getting timely payments from both Mercy Care and UnitedHealthcare.

Announcements

The Autism Society of Greater Phoenix has a grant to expand the BE SAFE program in rural areas and is looking for help connecting with people in rural areas of the state. Contact Cynthia Macluskie, Cynthia.marksmom@cox.net.

Next Meeting

October 23, 2019, 3:00-5:00 pm at AHCCCS

AHCCCS ASD Advisory Committee
ABA Policy Work Group
Combined Meeting Notes
February - April, 2019

Facilitator

Sharon Flanagan-Hyde, sharon@flanagan-hyde.com

Work Group Participants	2/15	2/19	4/3	4/16
Aaron Blocher-Rubin, PhD, BCBA/LBA, Chief Executive Officer, Arizona Autism United	X	X		
Anne Ronan, AZ Center for Law in the Public Interest				X
Brian van Meerten, BCBA, LBA, BHP, President, Arizona Association for Behavior Analysis; Partner in Community Relations and Employee Well Being, Kaibab Behavioral Services	X	X	X	X
Bryan Davey, PhD, BCBA-D, CEO, Touchstone Health Services	X	X	X	X
Carey Beranek, MS, LBA, BCBA, Clinical Director, Children & Youth Services, Arizona Autism United	X	X	X	X
Carol Parra, Policy Analyst, AHCCCS		X		
Cody Conklin-Aguilera, MD, FAAP, Chief Medical Officer, Office of Chief Medical Officers, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)			X	X
Diana Davis-Wilson, DBH, BCBA, LBA, Arizona Association for Behavior Analysis (AzABA)	X	X	X	X
Ehren Werntz, PhD, BCBA, LBA, Clinical Director, Behavioral Health Services, Arizona Autism United		X	X	
Herb Senft, CFO, Hopebridge	X	X		
Jennie McMillian, Steward Health Choice			X	
Jessica Reese, BCBA, LBA, Chief Clinical Officer, Intermountain Centers	X	X	X	X
Jessie Gillam, S.E.E.K. Arizona				X
Judie Walker, Program Support Administrator, Office of Grants & Project Management, Division of Health Care Management, AHCCCS	X	X		
Kellie Bynum, Program Director, Southwest Autism Center of Excellence (SACE), Southwest Behavioral & Health Services	X	X	X	X

Work Group Participants	2/15	2/19	4/3	4/16
Kelly Lalan, MSW, Clinical Care Coordinator/DDD Liaison Health Choice Integrated Care				X
Kyle Lininger, MPA, LBA, Divisional Director, CDC Arizona Act Early Ambassador, Intermountain Centers; Co-Chair, Arizona Association for Behavior Analysis (AzABA) Public Policy Committee	X	X	X	X
Margaret Hackler, S.E.E.K. Arizona				X
Megan Woods, MEd, BCBA, LBA, Behavior Analyst, Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD)			X	X
Nicolette Fidel, Contract/ Network Compliance, Department of Economic Security/Division of Developmental Disabilities (DES/DDD)			X	X
Pele Fischer, Peacock Legal	X	X		
Regina Maendler, ASCEND Program Director, UCP of Southern Arizona				X
Rhonda Zollars, COC, CPC, CPC-I, Medical Coding /Data Validation Manager, AHCCCS-Division of Health Care Management			X	
Sandra M. Zebrowski, MD, Behavioral Health Medical Director, Care1st Health Plan Arizona, Inc./WellCare			X	
Sara Salek, MD, Chief Medical Officer, AHCCCS	X	X	X	X
Sarah Duarte, M.Ed., BCBA, LBA, Executive Clinical Director of Behavioral Services, Arion Care Solutions			X	X
Virginia Cons, Care1st Health Plan Arizona, Inc./WellCare			X	X

Objectives

- Reach consensus on recommendations for an AHCCCS ABA Policy.
- Identify issues that should be discussed with DDD.

Background

- AHCCCS covers comprehensive and focused ABA when medically necessary. Early Intensive Behavioral Intervention (EIBI) constitutes a majority of the services provided. However, it is important to keep in mind that ABA services extend beyond EIBI.
- The scoring process for contractors bidding to provide ACC integrated services included a question about how ABA services would be managed.
- AHCCCS considered whether to defer to plans to manage the ABA benefit or create an AHCCCS ABA policy; the consensus of the ASD Advisory Committee was to create a policy.
- The policy should reflect the science on what is proven to be effective.

- Given the workforce shortage, the available network must be used effectively. This may include approaches such as telehealth and group-based services to ensure that individuals have access to evidence-based care.
- AHCCCS put the draft AMPM 320-S ABA policy out for public comment and received substantial feedback from the community and ABA leaders about concerns, including network capacity around requiring Registered Behavior Technician (RBT) credentials, definitions, comprehensive ABA services in addition to Early Intensive Behavioral Intervention (EIBI), infrastructure, and supervision practices and hours. As a result of feedback, the AHCCCS ASD Advisory Committee recommended forming this ABA Policy Work Group.
- The current AHCCCS Medical Policy Manual (AMPM) is at https://www.azahcccs.gov/shared/MedicalPolicyManual/
- Dr. Salek shared an Excel document—BC code set PMMIS 02192019.xlsx—that was distributed via e-mail to the work group.
- Public comments regarding AMPM 320-S were distributed via e-mail to the Work Group.

Key Issues

- The ABA Policy will apply to the DDD subcontractor selected to manage the DDD physical health, behavioral health, and CRS components as of 10/1/19. (Note that DDD will continue to manage the long-term care benefit after 10/1/19.) The recommendation of the AHCCCS ASD Advisory Committee was that ABA be managed through the subcontractor.
- ABA Policy Work Group participants said that implementation of habilitation varies by provider. For some, it looks like habilitation; for others, it looks more like early intensive behavioral intervention. It would be useful to deeper dive into the ECA program and benefit management with DDD representatives.
- AHCCCS adopted the temporary code set related to ABA prior to 1/1/19 and adopted the new CPT codes as of 1/1/19. However, some commercial carriers are still using a mix of codes and won't switch to the new codes until 2020.
- In 2017-2018, the COB/TPL Work Group provided input for a draft ABA Policy for the acute and long-term care populations. A key concern was addressing differences between DDD supervision policy (3-tiered model) and private insurance (2-tiered model) in order to implement COB/TPL policies and procedures, incentivize families to keep private insurance, and support fidelity with ABA best practices in terms of training levels needed for different services and appropriate supervision.
- Some participants in the 2/15/19 ABA Policy Work Group suggested that Arizona consider the approach used in other states: a person enrolled in a BCBA or BCaBA program who meets specific standards can operate in a middle tier. AHCCCS must abide by the practice definition in current statue. The Work Group reached consensus at the 4/3/19 meeting about definitions and qualifications for three tiers.
- Education is needed to ensure providers' correct use of procedure codes. Work Group participants said that many providers continue to incorrectly use behavioral health habilitation and skills training codes for ABA services. All ACCs should develop

protocols for provider agencies to follow regarding the authorization of Level 1 CPT Codes.

- Some problems could be alleviated by educating care coordinators, providers, and families to ensure accurate use of terminology: ABA consists of specific services that are distinct from EMC [Early Childhood Autism Specialized Habilitation (ECA), which was formerly known as Hab-M]. This is problematic because some families receiving ECA believe they are receiving professionally-based ABA. Families often don't realize they can access ABA through the behavioral health services managed by the RBHAs. There is the potential for duplication of services if a child is receiving EMC and ABA. It was suggested that the ECA program should phase out in several years, perhaps through no new starts.
- ABA rates must be sustainable and include work done by BCBA extensions. The Work Group would like AHCCCS to set rates for ABA services. The next AHCCCS rates will be set 10/1/19, so any recommendations must be made by mid-May 2019. Any additional expense would need to be approved by the Legislature.
- AHCCCS is continuing its efforts to resolve COB/TPL issues.
- A credentialing work group is addressing credentialing issues. AMPM 950 – Credentialing and Recredentialing Process is available at https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/950.pdf.
- AHCCCS has regular forums with technical staff and leadership. Please alert Dr. Salek or Sharon Flanagan-Hyde if you would like additional issues addressed.

Summary of April 16 Meeting with Representatives of DDD

The ABA Policy Work Group identified the following topics prior to the conversation with Dr. Cody Conklin, Megan Woods, and Nicolette Fidel from DDD:

- ABA issues related to DDD, including the Early Childhood Autism (ECA) program
- What a transition from ECA might look like
- Capacity issues, especially in outlying areas
- How to avoid potential duplication of services
- Definitions/qualifications of hab provider, RBT, BHT
- Issues related to Article 9

Megan Woods, Nicolette Fidel, and Dr. Cody presented slides on ECA. (*Slides are attached to the e-mail distribution of these notes*.) They reviewed the Specialized Habilitation timeline from 2005-2019; Doctorate, Masters, and Bachelor's, and hourly habilitation staff qualifications; utilization of ECA and Habilitation Consultation (HAB-C) programs, and a network map.

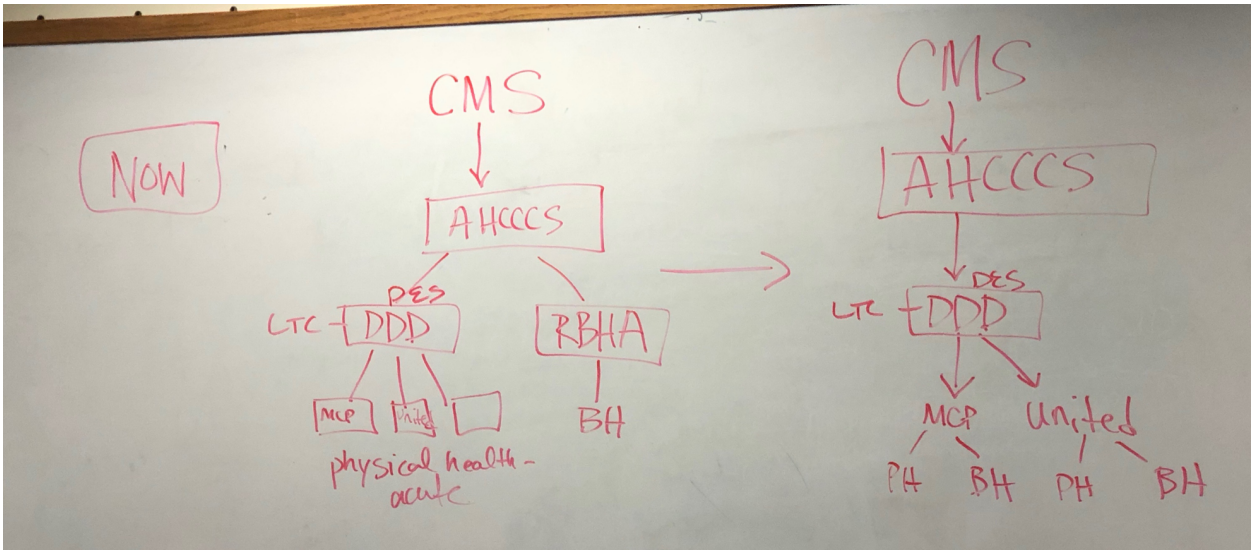
Discussion included:

- AHCCCS and DDD are open to dialogue and forthright communication in order to improve access to care and care delivery to members.
- The term behavioral intervention is used based on input from psychologists who don't provide ABA but offer behavioral interventions within psychologists' scope of practice.
- In response to a question: staff qualifications are in place regardless of an agency's licensure.

- In response to a question about utilization changes since 2017: potential reasons are that service to a child has changed to ABA; behavioral health is taking over ABA; some families learn that they can go through their commercial insurance for ABA; differences in fiscal vs. calendar year; and delays in claims/encounter data. (AHCCCS is typically 9 months out on a 98% completion rate on utilization data.)
- A HAB-C data limitation is that a child may be approved but not receiving services.
- In response to a question: DDD was not as prepared as they hoped to handle the submission and payment of HAB-C claims. Almost all claims have now been paid. They are addressing TPL delays.
- DDD is considering how telemedicine can improve access.
- After the meeting, AHCCCS provided information requested: The current number of AHCCCS registered behavior analysts is 177. Note that being registered with Medicaid is not the same as being credentialed by a health plan.

Article 9

- On 10/1/19, behavioral health services will have a direct line of funding from DDD, which means that Article 9 will be applicable to provider agencies. In response to a question, Dr. Sara Salek provided a description of the current flow of dollars for ALTCS DDD members and the changes that will take place on 10/1/19, as illustrated in the photo below.



- Currently, federal dollars flow from CMS to AHCCCS, which has a direct contract with DES/DDD, which in turn manages long-term care services, including support coordinators. DDD has three subcontractors that manage members' physical health care (traditionally known as acute care). AHCCCS contracts directly with the RBHAs, who in turn contract with behavioral health providers that are licensed by ADHS.
- After 10/1/19, dollars will flow from DDD to the two contracted health plans, Mercy Care and United Healthcare; each plan will provide both physical and behavioral health services. The interpretation by the Attorney General's office at this time is that behavioral health providers that contract with the two health plans will be required to comply with Article 9 because they will be receiving money directly from DDD rather than from a RBHA.

- A concern now, that was brought up four years ago by the ASD Advisory Committee, is lack of clarity about what is considered habilitation versus rehabilitation services. DDD will need to provide additional clarity about who is managing what services.
- There was agreement that for a large majority of members, Article 9 provides important protections. The genesis of Article 9 was to prevent the use of inappropriate interventions. However, for a small minority of members with complex issues, the current interpretation of Article 9 by the state Attorney General's office means that needed interventions can only be implemented in an inpatient setting, which is highly stimulating and may include seclusion and restraint, and is therefore not an optimal environment. Use of appropriate interventions in a home or community setting would better serve the member's needs. Members are more likely to stabilize in the community than in an acute care setting.
- Some ABA techniques are in conflict with the current interpretation of Article 9. Clarification is needed about whether specific, evidence-based techniques are in concert with or in conflict with Article 9.
- An issue for providers is that components of Article 9 are not aligned with the nationally certified Crisis Prevention Institute (CPI) nonviolent crisis intervention training that they use. If required to adhere to the current version of Article 9, providers would not take DDD placements. DDD is working on changes to Article 9 that would reduce barriers to interventions via home- and community-based services; proposed changes will go out for public comment. AzABA is willing to provide input. Changes to Article 9 must be approved by the legislature and the governor. Given the steps necessary to effect a change, it is highly unlikely the process will be completed by 10/1/19.
- AHCCCS and DDD want to avoid reductions in the number of providers available to serve members. Both agencies are committed to the "J.K. Principles," which support collaboration among agencies and appropriate provider training and care for members and their families.
- Concern was expressed that members of the Human Rights Committee may not have the high-level scientific knowledge that is needed to make recommendations about interventions for members with complex medical and behavioral needs. It might be helpful to convene individuals with scientific knowledge to collaborate with the Human Rights Committee.
- There are DDD procedures in place to seek Article 9 exceptions, but the process is not well known or understood among providers. There is a way to get an expedited review. DDD is seeking to improve transparency.
- DDD is still working through how to operationalize ABA benefits as of 10/1/19. Suggestion: Add clarification on list of Frequently Asked Questions.

ECA

- Kyle Lininger provided an overview of the poll about ECA that Arizona Association for Behavior Analysis (AzABA) conducted with its members. AzABA's membership is comprised of about 80% of the ABAs in Arizona. Ten BCBA organizations (members of AzABA) are providing services to 551 DDD members through the ECA program. Two organizations represent a majority of the capacity. One provider is serving 43% of the

551 members, and another is serving 24.3%. Of the ten responding provider agencies, 60% (six) said they are not currently accepting cases.

- The draft AMPM ABA Policy looks different than the way ECA is currently structured. A concern is that ALTCS members may have a lower quality of service than AHCCCS members not in ALTCS if the DDD ECA program remains the way it is now. The recommendation is that the ABA Policy be applied to all members, those in ALTCS health plans and AHCCCS ACA plans.
- For ALTCS members authorized for ECA through 9/30/19, the recommendation is that families have the option to continue the ECA program through the end of the approval period (2 years), or to move to ABA services as defined in the ABA policy. New starts as of 10/1/19 would be services in alignment with the new AMPM ABA Policy.

Recommendations

- The work group completed work on a recommended draft ABA Policy (attached to the e-mail with these notes).
    - The next steps are an internal AHCCCS process. The draft ABA Policy will be reviewed by the AHCCCS Policy Committee. Dr. Salek will recommend expedited public comment. An actuarial review will determine if the Policy would likely result in a change in the capitation rate. If no impact is expected, the Policy could be implemented prior to 10/1/19. If an impact is anticipated, the implementation date would be 10/1/19.
- Keep a dual code set (CPT and HCPCS) for ABA services; indicate in the ABA Policy where information can be found about codes (once defined) and how to use codes.
- Clarify how to code for parent training.
- AzABA should continue its efforts to educate health plan staff and providers about appropriate coding and billing for services without set rates (58.66% of the covered billed charges). Broader understanding among providers would likely increase the number of providers contracted with health plans. Dissemination of information about resources for rate-setting would be helpful.

Potential Future Activities

- Gemba Walk for AHCCCS and DDD to see what an EMC program looks like on the ground and an ABA program.
- Stakeholders forum for providers, families, and others to discuss ABA and habilitation for DDD members.

CHILDREN'S CLINICS
AUTISM
CENTER OF EXCELLENCE
July 2019

AUTISM SOCIETY OF AMERICA– DAY ON THE HILL

AGENDA

I. Introduction to CRS -MSIC Model
II. ASD-MSIC Model
III. Children's Clinics Center for CARE
-Coming 2020
IV. Questions

CRS-MSIC MODEL

- Multispecialty Interdisciplinary Clinic
  - Complex cases, co -occurring dx
  - Comprehensive onsite services
  - Care coordination with off -site services

EXAMPLE: SPINA BIFIDA

One appointment, one day, one building

- Pediatrician
- Registered Nurse
- Licensed Social Worker
- Medical Assistant
- Radiology
- Phlebotomist
- Child Life Specialist
- Urologist
- Orthopedic Surgeon
- Neuropsychologist
- Education Specialist
- Dietitian
- Physical Therapist
- Orthotist
- Spina Bifida Association Representative

MSIC OVERVIEW

Primary Care

- Pediatrics
- Internal Medicine

Behavioral Health

- BCBA
- LMSW/LCSW
- Psychology
- Neuropsychology
- Child/Adolescent Psychiatry
- Family Support Services

Therapies

- Audiology
- Feeding Therapy
- Nutrition
- Occupational Therapy
- Physical Therapy
- Speech & Language Therapy

Pediatric Specialties

- Anesthesiology
- Cardiology
- Dental & Orthodontia
- Developmental Pediatrics
- Endocrinology
- Ear, Nose, & Throat
- Gastroenterology
- Genetics
- Hematology
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Optometry
- Orthopedics
- Osteopathic Manual Manipulation
- Pediatric Surgery
- PMR
- Plastic Surgery
- Pulmonology
- Urology
- Wound Care

Special Clinics/Services

- Brace Check Clinic
- Care Coordination
- Child Life Specialists
- Comprehensive Assessment
- Craniofacial
- Deaf/Hard of Hearing
- Educational Support
- Equipment Clinic
- Field Clinics
- Hearing Aide Evaluation
- Integrative Medicine Specialists
- Integrated Medical Record
- Interpretation/Translation
- Lab/Phlebotomy
- Neuroepilepsy
- Neurofibromatosis
- Neurospasticity
- Metabolic
- Orthotics
- Patient Advocacy
- Pet Therapy
- Prosthetics
- Spasticity Clinic
- Wheelchair Clinic
- X-ray/Imaging

Multidisciplinary Clinics

- Cerebral Palsy
- Cleft Lip/Palate
- Cochlear Implant
- Down Syndrome
- Neurocutaneous Clinic
- Neuromuscular Clinic
- Oral Maxillary
- Osteogenesis Imperfecta
- Sickle Cell
- Spina Bifida
- Palliative Care

Childhood Experiences

- Adaptive Recreation
- Back-to-School Fair
- Holiday Toy Days
- Inclusive Halloween
- Spring Festival
- Teen Group

ASD-MSIC Model

- Multispecialty Interdisciplinary
- Complex Population
  - Co-occurring dx
- High Risk Registry
- Population Health Management
- Family Centered, Integrated Treatment Planning
- Comprehensive community support and collaboration

ASD MEDICAL HOME

Primary Care Physician

Care Coordinator

Screening

- Primary Care at Children's Clinics
- Schools
- Primary Care-non Children's Clinics

Tools:

- MChat at 18 mo and 2 yr well visit

Positive Screening

Evaluation

- Developmental Pediatrician
- Child Psychiatry
- *Nurse Practitioner*

Tools:

- ADOS-2 kit
- UNIT (nonverbal IQ)
- KBIT (IQ for verbal >4yo)
- Vineland 3 (adaptive testing)
- Vanderbilt scales
- SCARED anxiety scales, parent version

Diagnosis of ASD

Treatment Planning

- BCBA
- LSW
- OT
- RD
- SLP
- PT
- RN
- PCP

Benefit of a multidisciplinary model of care: Most children with autism don't always have the benefit of a medical model integrated with a behavioral health model.

Single Integrated Multidisciplinary Recommendations for Prioritization of Assessment/Treatment

Assessment/ Treatment

- Child Psychiatrist
- BCBA
- LSW/BHSW
- OT
- PT
- RD
- SLP
- PCP
- Education Specialist
- Community Liaison
- Community Partners

Individualized treatment based on the recommendation from the Multidisciplinary Team

INTEGRATED TEAM

Multi -_specialty Care Team

- Primary Care
- BCBA
- LSW, LCSW
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Registered Dietician
- Education Specialist
- Registered Nurse
- Community Advocacy
- Child Life Specialist

Onsite Availability

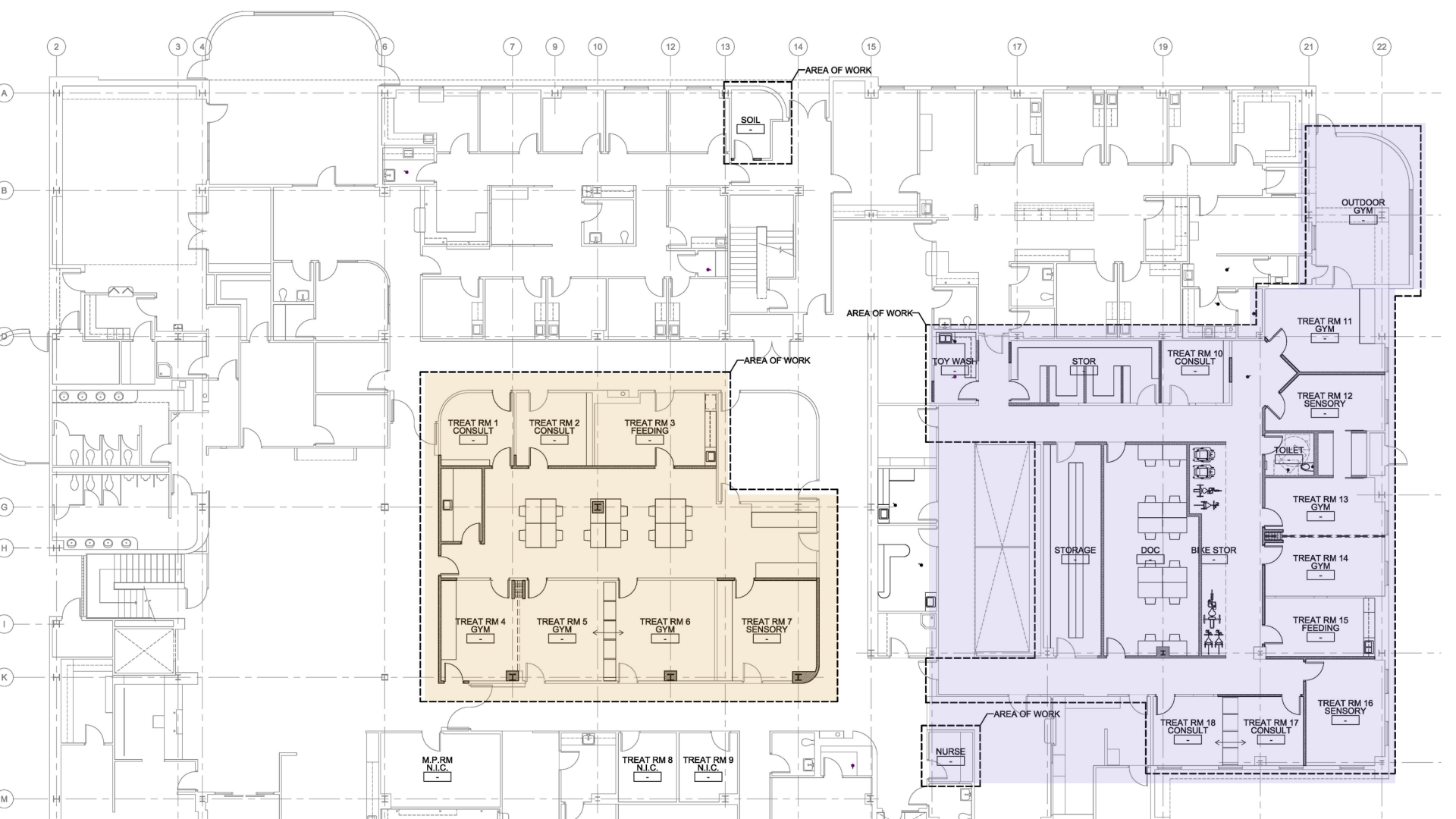
- Psychiatry
- GI
- Neurology
- Developmental Pediatrician

CENTER FOR C.A.R.E.

Comprehensive Autism & Rehabilitative Excellence

Coming in 2020

- 7000 ft^2 state-of-the-art therapy spaces designed for sensory integration
- MSIC Based Care-Coordination
  - In-home and community based behavioral interventions (i.e. ABA)
  - Crisis services
- Capacity
  - ~100 patients
- Length of Stay
  - ~6 months - 2 years (step-down approach)
  - Biannual reassessments


AREA OF WORK
SOIL
AREA OF WORK
TOY WASH
STOR
TREAT RM 10 CONSULT
OUTDOOR GYM
TREAT RM 11 GYM
TREAT RM 12 SENSORY
TOILET
TREAT RM 13 GYM
TREAT RM 14 GYM
TREAT RM 15 FEEDING
TREAT RM 16 SENSORY
STORAGE
DOC
BIKE STOR
AREA OF WORK
TREAT RM 1 CONSULT
TREAT RM 2 CONSULT
TREAT RM 3 FEEDING
TREAT RM 4 GYM
TREAT RM 5 GYM
TREAT RM 6 GYM
TREAT RM 7 SENSORY
AREA OF WORK
NURSE
TREAT RM 18 CONSULT
TREAT RM 17 CONSULT
M.P.RM N.I.C.
TREAT RM 8 N.I.C.
TREAT RM 9 N.I.C.


Outer Planets

QUESTIONS?

mercy care

Developmental Disabilities Provider Forums

Mercy Care is going on the road!

Mercy Care is growing and will soon have an opportunity to serve more people throughout Arizona. We want to hear from you! We're holding a series of forums throughout Arizona to learn more about your experiences and your priorities in serving our most vulnerable citizens. We hope you will plan to join us.

Mercy Care DD Provider Forums

Join us to learn more about the new DDD contract going live on October 1, 2019.

Monday, July 22, 2019	Lake Havasu	Mohave County
Tuesday, July 23, 2019	Kingman	Mohave County
Tuesday, July 30, 2019	Yuma	Yuma County
Monday, Aug. 5, 2019	Prescott	Yavapai County
Tuesday, Aug. 6, 2019	Flagstaff	Coconino County
Wednesday, Aug. 7, 2019	Tuba City	Coconino County
Monday, Aug. 19, 2019	Globe	Gila County
Tuesday, Aug. 27, 2019	Sierra Vista	Cochise County
Wednesday, Aug. 28, 2019	Central Tucson	Pima County

Visit **http://bit.ly/mercyforums** for location details and registration.

Contact Provider Relations at **ProviderRelations@MercyCareAZ.org** or **602-263-3000** if you need assistance with registration.

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Shifting the AHCCCS ASD Service Delivery Paradigm:

Using Value Based Purchasing to Inspire Delivery of Compassionate Care by Marrying Comprehensive Care Coordination with Meta and Micro Data (High Touch/High Tech)

Presented By:

Diedra Freedman, "Andy's Mom"

Arizona Autism Coalition Secretary/Treasurer

https://www.azautism.org

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Shifting the Paradigm

"It's a delicate thing to initiate change in a traditional culture. It has to be done with the utmost care and respect. Transparency is crucial. Grievances must be heard. Failures must be acknowledged. Local people have to lead. Shared goals have to be emphasized. Messages have to appeal to people's experience. The practice has to work clearly and quickly, and it's important to emphasize the science. If love were enough to save a life, no mother would ever bury her baby—we need the science as well. But the way you deliver the science is just as important as the science itself."

~Melinda Gates

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ASD Complexity and Cost Impact

- 95% of children with ASD have at least one common co-morbid condition and more than 50% have at least four chronic conditions.
- Medical costs are 410% to 620% higher for children with ASD compared to children without ASD.

Prevalence of Co-occurring Medical and Behavioral Conditions/Symptoms Among 4- and 8-Year-Old Children with Autism Spectrum Disorder in Selected Areas of the United States in 2010. Soke GN1,2, Maenner MJ3, Christensen D3, Kurzius-Spencer M4, Schieve LA3.J J Autism Dev Disord. 2018 Aug;48(8):2663-2676. doi: 10.1007/s10803-018-3521-1.

https://www.ncbi.nlm.nih.gov/pubmed/29524016

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Medicare-Medicaid Dual Eligibility

Dual Eligible Medicare and Medicaid Members make up 20% of Medicare and 15% of Medicaid Members, but account for 34% of Medicare and 33% of Medicaid spending.

"Less than ten percent of dually eligible individuals are enrolled in any form of care that integrates Medicare and Medicaid services, and instead have to navigate disconnected delivery and payment systems"
~CMS Administrator Seema Verma

"This lack of coordination can lead to fragmented care for individuals, misaligned incentives for payers and providers, and administrative inefficiencies and programmatic burdens for all. We must do better, and CMS is taking action."
~CMS Administrator Seema Verma

CMS to Test New Models for Medicare, Medicaid Dual Eligible April 30, 2019

https://www.distilnfo.com/payer/2019/04/30/cms-to-test-new-models-for-medicare-medicaid-dual-eligibles/

https://www.medicaid.gov/federal-policy-guidance/downloads/smd19002.pdf

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AHCCCS COB / TPL Billing

Information provided by:

Sara Salek, MD
Chief Medical Officer
Arizona Health Care Cost Containment System

https://www.azahcccs.gov/shared/Downloads/ASD/AHCCCS_ASD_Advisory_Committee_01302019.pdf

ALTCS DDD Members With TPL (Note: ALL DDD Members, not just those with ASD)	AHCCCS Estimates as of 01/2019
Medicare	7,350
Commercial	8,829
Total ALTCS DDD Population as of 1-1-19	33,143
Percent of Overall DDD Medicaid Population with TPL	48.8%

AHCCCS Acute Members with TPL (Note: ALL Acute Members, not just those with ASD)	AHCCCS estimates as of 01/2019
Medicare	129,900
Commercial	82,048
Total Acute Member Population as of 1/1/19	1,809,503
Percent of overall Medicaid Acute Population with TPL	11.7%

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Autism - Increasing Demand, Increasing Cost & New Service Models

"Autism services cannot continue to be delivered as they are today – in a fee-for-service (FFS), uncoordinated environment. In the future, provider organizations providing autism services are going to be expected to participate in value-based arrangements and have the competencies to manage performance."

~Monica E. Oss, OPEN MINDS Chief Executive Officer

https://mailchi.mp/openminds/autismincreasing-demand-increasing-cost-new-service-models?e=d70d7f8782

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Delivery Systems Matter

"You have to understand human needs in order to effectively deliver services and solutions to people. Delivery systems matter."

"What do I mean by a "delivery system"? Getting tools to people who need them in ways that encourage people to use them—that is a delivery system. It is crucial, and it is often complex. It can require getting around barriers of poverty, distance, ignorance, doubt, stigma, and religious and gender bias. It means listening to people, learning what they want, what they're doing, what they believe, and what barriers they face. It means paying attention to how people live their lives. That's what you need to do if you have a life-saving tool or technique you want to deliver to people."

~Melinda Gates

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COMPASSIONATE CARE

Compassionate care is defined by the following four essential characteristics: relationships based on empathy, emotional support, and efforts to understand and relieve the patient's distress and suffering; effective communication within interactions, over time, and across settings; respect for and facilitation of patients' and families' participation in decisions and care; and contextualized knowledge of the patient as an individual within a network of relationships at home and in the community.

An Agenda For Improving Compassionate Care: A Survey Shows About Half Of Patients Say Such Care Is Missing PUBLISHED: SEPTEMBER 2011

https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2011.0539

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HIMSS- Healthcare Information and Management Systems Society

The Kate Granger Compassionate Care Award Presented by HIMSS North America HIMSS is honored to bring the Kate Granger Compassionate Care Awards to North America to recognize high-touch / high-tech care. As information and technology becomes increasingly recognized as a pivotal tool to improve the quality, safety, cost-effectiveness, and access to outstanding care, HIMSS is committed to ensuring a high-touch / high-tech relationship between clinicians and patients.

https://www.himss.org/professionaldevelopment/kate-granger-compassionate-care-award-presented-himss-north-america

Stanford MEDICINE

http://ccare.stanford.edu

THE CENTER FOR COMPASSION AND ALTRUISM RESEARCH AND EDUCATION

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Adding Value to Value-Based Purchasing (VBP), a Pay-for-Performance Health Care Policy Tool

P4P (Pay for Performance) programs must have:

1. Incentives that are large enough to motivate Providers to make sizable investments in improving care
2. A focus on a small number of high-value measures that will motivate Providers to engage in changing practice
3. A simple design that will enable Direct Care Providers and Organizational Leaders to know how they are doing

Ashish K. Jha, MD, MPH

http://jamanetwork.com/journals/jama/fullarticle/2612603

https://www.hsph.harvard.edu/population-development/2017/03/30/adding-value-to-value-based-purchasing-vbp-a-pay-for-performance-health-care-policy-tool/

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AHCCCS Payment Modernization – Value Based Purchasing

- **1. P4P** : Pay-for-performance is a term that describes health-care payment systems that offer financial rewards to providers who achieve, improve, or exceed their performance on specified quality and cost measures, as well as other benchmarks.
- **2. PCMH**: The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication to transform primary care into "what patients want it to be."
- **3. Shared Savings**: Shared savings models have a baseline budget or target that is used to determine whether savings were achieved. Savings which result are shared between the payer and the provider. Quality measures are usually part of the shared savings methodology.
- **4. Bundled Payment**: A single, "bundled" payment covers services delivered by two or more providers during a single episode of care or over a specific period of time, and usually includes accompanying quality requirements.

https://azahcccs.gov/AHCCCS/Initiatives/PaymentModernization/valuebasedpurchasing.html

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Triple Aim of Care Coordination

- 1. Better Care Experience
- 2. Better Care Outcomes
- 3. Reduced Costs

The Role of the Care Coordinator in Providing Integrated Care for Safety-Net Populations

http://www.cibhs.org/sites/main/files/file-attachments/5_role_of_the_care_coordinator_paper.pdf

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Integrated Health Care Works in Arizona

- Improving access to health care isn't as simple as just expanding coverage or cutting costs. Health care visionaries know that we must improve the way in which care is delivered to achieve the goal of improving outcomes and lowering the cost of care to help ensure the safety and quality of life for all.
- Greater access to care, health and wellness screenings, early intervention, and comprehensive care coordination, we were able to break the harmful cycle and achieve real and measurable outcomes. Among them was cost savings of $14.4 million less than the Mercy Care Plan benchmark for this Medicaid population across two years.

Dr. David Hanekom
Arizona Care Network CEO

Supportive Service Expansion for Individuals with Serious Mental Illness: A Case Study of Mercy Maricopa Integrated Care

https://azcapitoltimes.com/news/2018/03/27/integrated-health-care-works-in-arizona/

https://news.aetna.com/wp-content/uploads/2018/02/NORC-Mercy-Maricopa-Case-Study-FINAL-v-2.pdf

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United Healthcare Special Needs Initiative

- United Healthcare and the AMA are developing new billing codes for social determinants of health
- Lack of payment mechanisms currently is the top barrier to social health programs.
- Standardizing data collection will enable payers to analyze which social health programs are most effective and worthy of investment.

Robin K Blitz, MD, FAAP | Developmental-Behavioral Pediatrician, Board-certified Medical Director, Special Needs Initiative Strategic Experience Capabilities (SEC), UnitedHealthcare
Robin_k_blitz@uhc.com

https://www.businessinsider.com/unitedhealthcare-ama-social-determinants-of-health-project-2019-4

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Thank you so much!

Arizona Autism COALITION + The Arc Arizona

2019 AUTISM & I/DD RESOURCE CONFERENCE

Advancing Compassionate Care Through Collaboration

Saturday, October 19, 2019 | 8:30AM - 4:00PM

Desert Willow Conference Center

4340 E Cotton Center Blvd.

Phoenix, AZ 85040

https://www.autismiddconference.com/

Sister Margaret McBride, RSM

Arizona Service Area VP for Mission Integration

Dignity Health

presenting

Hello Humankindness

Compassionate Care and Resource Competition

Michael Cameron, Ph.D, BCBA-D

Chief Scientific Officer

The Cedar Group

presenting

Quality of Life Indicators

Practical Guidelines for Meaningful Change