January 15, 2020

The Honorable Douglas A. Ducey
Governor of Arizona
State Capitol
1700 West Washington
Phoenix, Arizona 85007

The Honorable Karen Fann
Arizona State Senate
1700 West Washington
Phoenix, Arizona 85007

The Honorable Russell Bowers
Speaker of the House
Arizona House of Representatives
1700 West Washington
Phoenix, Arizona 85007

Dear Governor Ducey, President Fann, and Speaker Bowers:

In accordance with A.R.S. §36-2907.14 and §36-2907.15, please find the enclosed report regarding the Opioid Treatment Program (OTP) Plan Reporting and 24/7 Access Point Standards. Do not hesitate to contact me at (602) 417-4458 if you have any question or would like additional information.

Sincerely,

Jami Snyder
Director

ANNUAL REPORT 2019

OPIOID TREATMENT PLAN SUMMARY REPORT

24/7 CENTER OF EXCELLENCE STANDARDS

Douglas A. Ducey, Governor

Jami Snyder, Director

Arizona Health Care Cost Containment System

January 2020

BACKGROUND

The Arizona Revised Statute §36-2907.14 states: the Administration and its contractors may reimburse an Opioid Treatment Program Provider for enrolled members only if the provider demonstrates enforcement of each plan contained in the annual report." Additionally, §36-2907.15 indicates that the Administration and the Department of Health Services shall establish standards for designating centers of excellence for treating opioid use disorder statewide.

SUMMARY

Opioid Treatment Program Reporting

A.R.S. §36-2907.14 requires all currently established Opioid Treatment Program Providers (OTP) receiving Medicaid funding to submit an annual report to Arizona Health Care Cost Containment System (AHCCCS). Additionally, those providers interested in establishing new OTPs are required to submit reports for review in order to receive AHCCCS funding. This reporting requires providers to respond to the following five specific areas:

1) A security plan
2) A neighborhood engagement plan
3) A comprehensive patient care plan
4) A community relations and education plan
5) A diversion control plan

In order to effectively implement the new legislation, AHCCCS developed and operationalized processes to meet the requirements set forth in the statute. AHCCCS met with community stakeholders and providers to review the requirements of the five plans and gain feedback on the composition and structure of the reporting. AHCCCS utilized this feedback to develop the reporting template providers must utilize for their submissions as well as the development of evaluation tools to evaluate the compliance of each report.

Once these tools were completed, AHCCCS held technical assistance sessions with contracted OTPs and health plans on October 31, 2019 and November 1, 2019. The technical assistance sessions provided an explanation of the expectations surrounding the new legislation as well as the requirements for submission. At these sessions, AHCCCS informed providers:

- Of the first submission due date of November 15, 2019
- That incomplete submissions would be unable to be approved
- That each submission would be posted on the AHCCCS website and open to public comment for a period of 30 days
- How to appropriately complete the required template
- Of the requirement that the plans must be completed for each individual OTP location from each provider
- Of the information that AHCCCS would expect to see submitted to meet the requirements of each individual plan
- The process AHCCCS would follow to determine compliance as either sufficient or insufficient

- The process for submitting a remediation plan if a provider's plan (s) was determined insufficient

Additionally, AHCCCS provided information regarding submission requirements for all new OTP locations. In this technical assistance, providers were informed that AHCCCS would not begin the review process of reports for new locations until the provider had initiated licensure requests for the new location. Once initiated and shared with AHCCCS, the review of the report would take place and would be posted for public comment for 30 days. AHCCCS indicated that reports must be completed in their entirety, that activities of engagement to communities must have already occurred, and that sufficient evidence must be provided in order to be determined sufficient.

AHCCCS received 44 plans on November 15, 2019 and began reviewing the submissions. Through the review process, it was determined that additional technical assistance would be required given that the OTP annual requirements are new to the provider community and due to the high number of reports deemed insufficient.

On November 25, 2019 AHCCCS held its second and final technical assistance session with providers and health plans, making attendance mandatory. This technical assistance session covered the information originally provided in the first technical assistance sessions while also addressing the major concerns that had been identified within the reviews of the first submissions from providers. The areas identified in the first round of reviews that resulted in insufficient scores included, but were not limited to: significant redaction of information within supporting documentation causing reviewers to question if supporting evidence was present, incomplete submissions or missing information, and failure to submit the required template in the completed format.

AHCCCS required all plans to be resubmitted by December 4, 2019 and indicated those submissions would be posted to the AHCCCS website upon submission for community review. AHCCCS received 44 reports and posted all of them to the website for public comment.

Although each report received was posted on the AHCCCS website with a link for submissions of public comment, AHCCCS was made aware that some of the stakeholders were not alerted to the posting of the reports. AHCCCS then communicated with the community stakeholders and providers that there would be an extension allotted for public comment. To ensure that there is a full 30 days for public comment provided, AHCCCS will close public comment on February 7, 2020.

AHCCCS will finalize its review of all submissions and evaluation of public comment. Formal notification to providers for each of their locations indicating sufficiency or insufficiency to the reporting requirements will be sent post the public comment period ending.

Any providers, or provider locations, that are determined to be insufficient will be placed in a 30 day remediation period to allow for corrections and modifications to the reports as identified.

This report will be resubmitted to include a summary of public comment following February 7, 2020.

24/7 Access Points, previously known as Centers of Excellence

As stipulated in A.R.S. §36-2907.15, AHCCCS and the Department of Health Services (DHS) worked to develop standards for the designation of Centers of Excellence, now referred to as 24/7 access points, for treating opioid use disorders statewide. AHCCCS and DHS worked to develop the standards that included, but are not limited to, those outlined in the legislation. Additional requirements were added to ensure increased clinical and care coordination in alignment with AHCCCS integrated, whole person centered care. These standards are identified in Appendix A.

In accordance with the legislation, AHCCCS published the drafted standards on the AHCCCS website and held two public forums in order to review the drafted standards, discuss concerns and gather stakeholder feedback. The two forums were held on November 18, 2019 with one taking place in Phoenix and the other in Tucson. AHCCCS provided opportunities for verbal and written feedback during the forums as well as opportunities for electronic communication to be provided at a later date.

Received feedback focused on the expectations of working with patients to ensure appropriate transitions of care from the 24/7 access points to external service providers when determined clinically appropriate. Participants indicated concerns that patients would be required to transition to other locations even if they were not interested or willing to do so. It was noted that the patient and the provider will work together to determine the most clinically appropriate service delivery options to meet the member's individual needs. The goal is to provide patients with options as they work through their recovery, to receive services externally within current health plan provider networks, and to ensure 24/7 access point providers are coordinating care appropriately.

Finalization of the standards occurred in December 2019 and the standards were posted to the AHCCCS website. The 24/7 access point providers currently on the website must be evaluated based on these standards. This evaluation process is being developed and implemented to include the Opioid Use Review Council's recommendations which were adopted on December 18, 2019. As such, the summary of the 24/7 access point providers' adherence to the standards will be completed at a future date.

APPENDIX A

Standards for 24/7 access points

- Must have obtained AHCCCS approval for each plan identified within ARS 36-2907.14
- Provides a 24/7 access point for individuals with Opioid Use Disorder (OUD) to receive immediate connection to Medication Assisted Treatment services inclusive of morning, afternoon, evening and late evening dosing hours
- Provides all three FDA approved medications for Medication Assisted Treatment (MAT) (methadone, Buprenorphine, Naltrexone) or be able to demonstrate dedicated partnerships with other providers in the community for warm handoffs that will occur the same day
- Provides individuals seeking OUD treatment access to psychosocial and recovery support services as a part of the (MAT) model. This shall be demonstrated with on-site 24/7 access point staff who are licensed general counselors and certified Peer Support Specialists.
- Must demonstrate ability to provide and review information regarding Opioid Treatment Program Providers and Facilities with potential and current members and identified family interested in treatment
- Must demonstrate ability to provide and review information regarding office-based opioid agonists treatment providers
- Directly provides, or can demonstrate a direct relationship with identified partners, for whole person care through an integrated model, to address behavioral health and physical health needs
- Provider must conduct ongoing clinical assessments of patients through a multidisciplinary treatment planning process that indicates services and care levels through a person centered approach.
- Provider must utilize ongoing review strategies to identify and prepare patients for graduation from 24/7 access points to other outpatient services. Provider must share with patient the goal of graduation to include:
    a. Transition to OTP and other MAT providers in the community
    b. Transition to other outpatient primary care providers in the community through coordination with health plan and warm hand off to new provider.
    c. Transition to other outpatient counseling services in the community through coordination with health plan and warm hand off to new provider.
- Provider must demonstrate the ability to provide reporting on:
    a. Treatment capacity
    b. Quality of care metrics
    c. Patient outcomes
    d. Member satisfaction
- Provide must participate in statewide learning collaborative focused on:
    a. Sharing of best practices
    b. Peer-to-peer support between 24/7 locations