AHCCCS
Arizona Health Care Cost Containment System

Welcome to the State Medicaid Advisory Committee

While you are waiting TEST YOUR AUDIO.

LISTEN FOR MUSIC.

You were automatically muted upon entry.

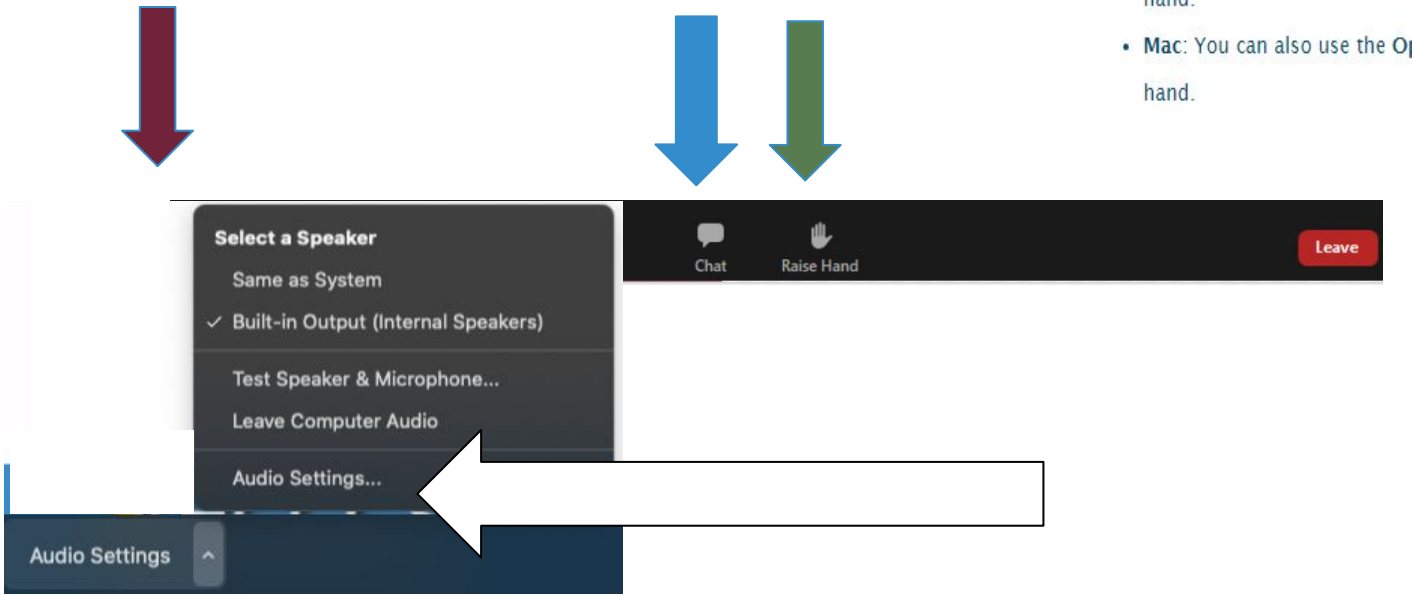
Please only join by phone or computer.

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

Thank you.

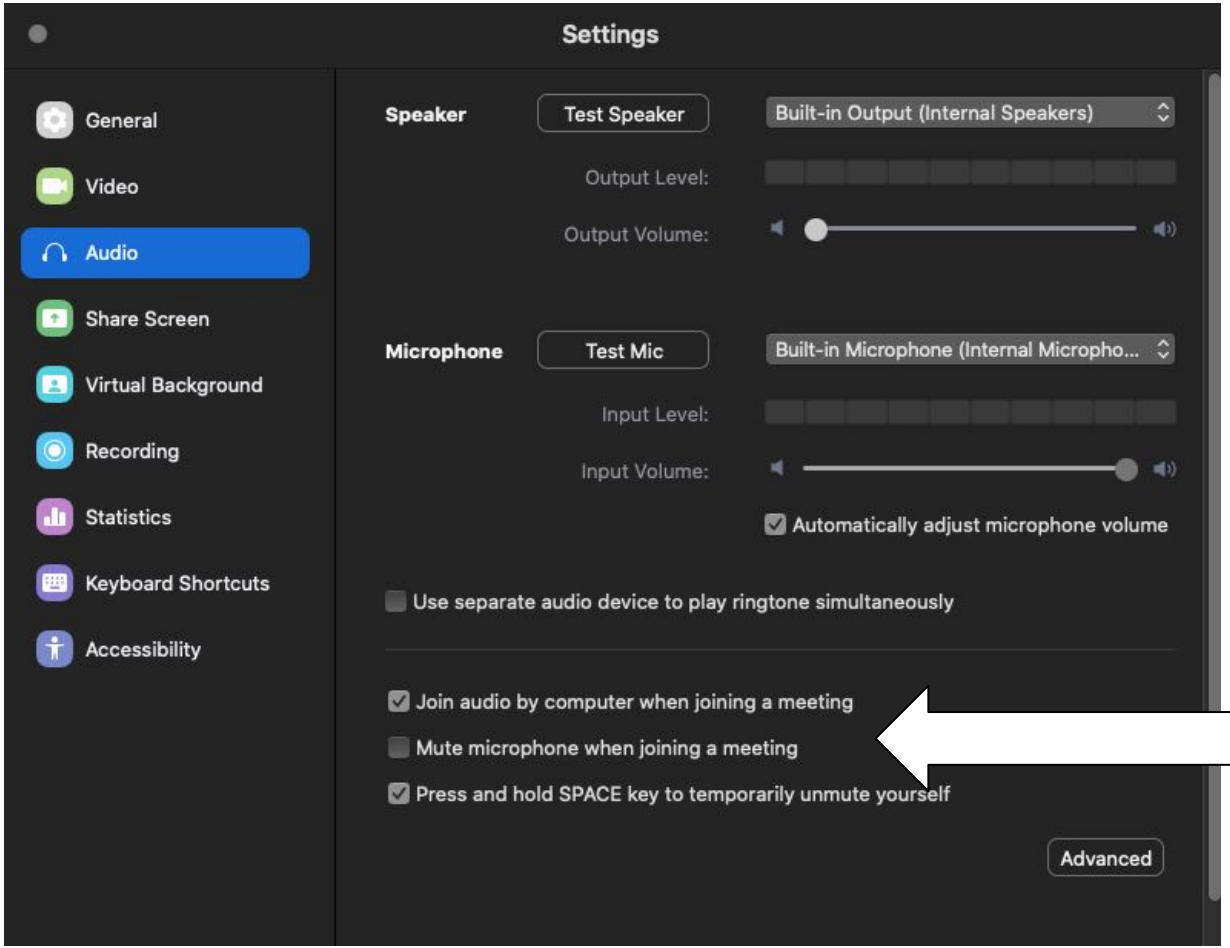
Zoom Webinar Controls

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



Tips for successful ZOOM PARTICIPATION

1. MUTE your mic when you're not speaking
2. BACKGROUND NOISE watch when turning on mic
3. Limit the DISTRACTIONS around you
4. Look at the CAMERA not your screen
5. PREPARE & queue docs or links that you plan to share
6. Stay FOCUSed by not texting or side conversations
7. Use GALLERY VIEW to see all participants
8. Use CHAT to ask questions or share resources

State Medicaid Advisory Committee (SMAC) Quarterly Meeting

July 14, 2021

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AHCCCS Updates

Jami Snyder, AHCCCS Director

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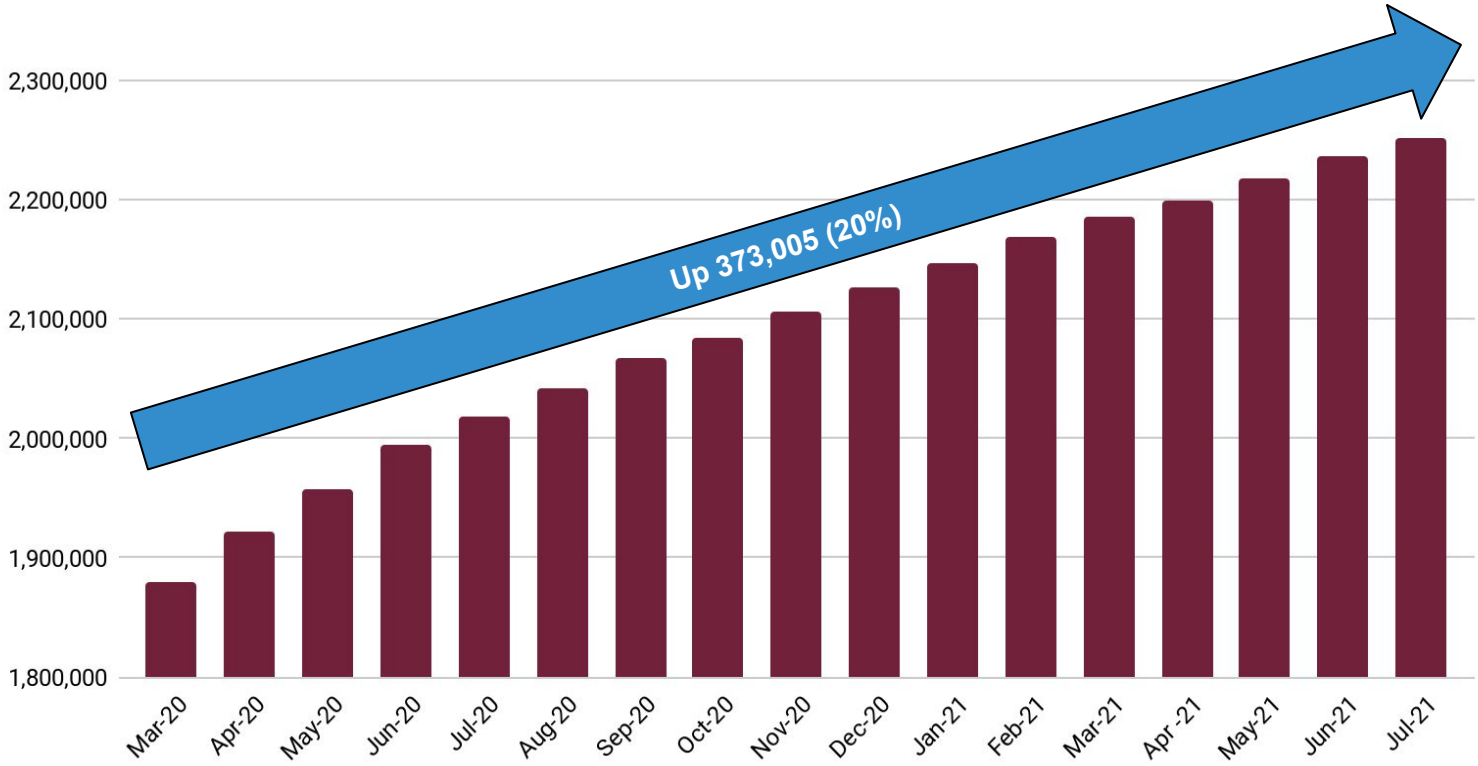
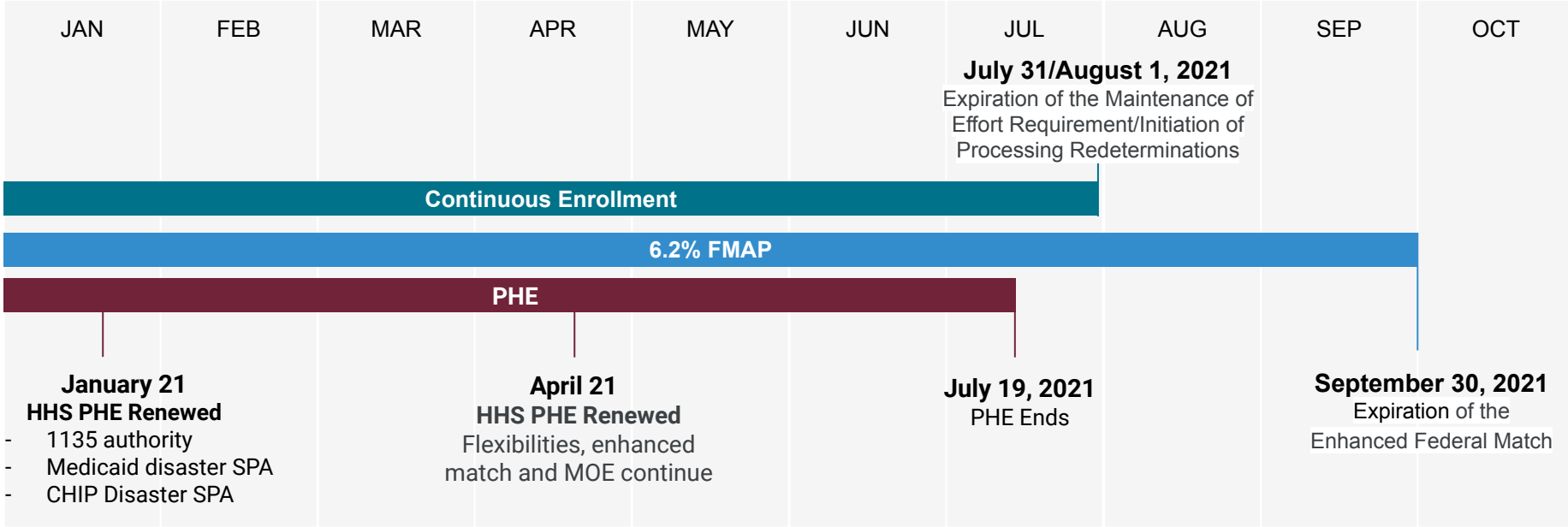
Future SMAC Meetings

WHAT DO YOU THINK?

AHCCCS Enrollment: March 2020- June 2021



PHE Timeline as of July 9, 2021



Unwinding from the Public Health Emergency

- Centers for Medicare and Medicaid (CMS) to release revised guidance in the next month
- Anticipate changes to expectations regarding eligibility redeterminations
- AHCCCS on track to process all redeterminations within six months
- Will work in partnership with key stakeholders to connect individuals to alternate sources of coverage when needed

Update on Key Initiatives

- Continued roll out of Electronic Visit Verification
- Transfer of HEAplus maintenance and operations to Accenture - 7/1/21
- Implementation of closed-loop referral system - fall 2021
- Implementation of housing administrator contract - 10/1/21
- Release of RFP and award of competitive contract expansion contracts - fall 2021
- Renewal of 1115 waiver - 10/1/21
    - Amendment submitted for H20 - 5/26/2021

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American Rescue Plan Act (ARPA)

Alex Demyan, Deputy Assistant Director

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Learn more about coronavirus (COVID-19)

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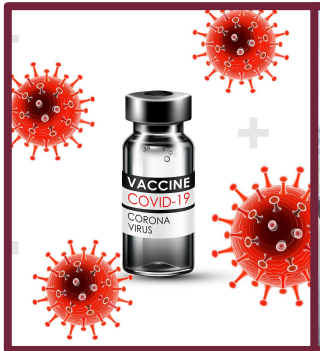
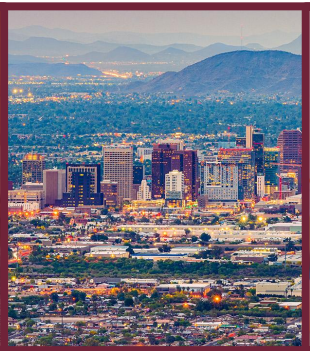
Advanced search

HOME | AHCCCS INFO | MEMBERS/APPLICANTS | PLANS/PROVIDERS | AMERICAN INDIANS | RESOURCES | FRAUD PREVENTION | CRISIS?

THE AMERICAN RESCUE PLAN ACT OF 2021

Learn more about Medicaid funding opportunities.

American Rescue Plan Act of 2021

					
COVID-19 Vaccine Administration	**Mobile Crisis Services**	**Elimination of Medicaid Drug Rebate Cap**	**100% FMAP for Urban Indian Health Program**	**10% Increase to FMAP for HCBS**	**Twelve Months Postpartum Coverage**

American Rescue Plan Act of 2021 - Section 9817

10% Increase to FMAP for HCBS

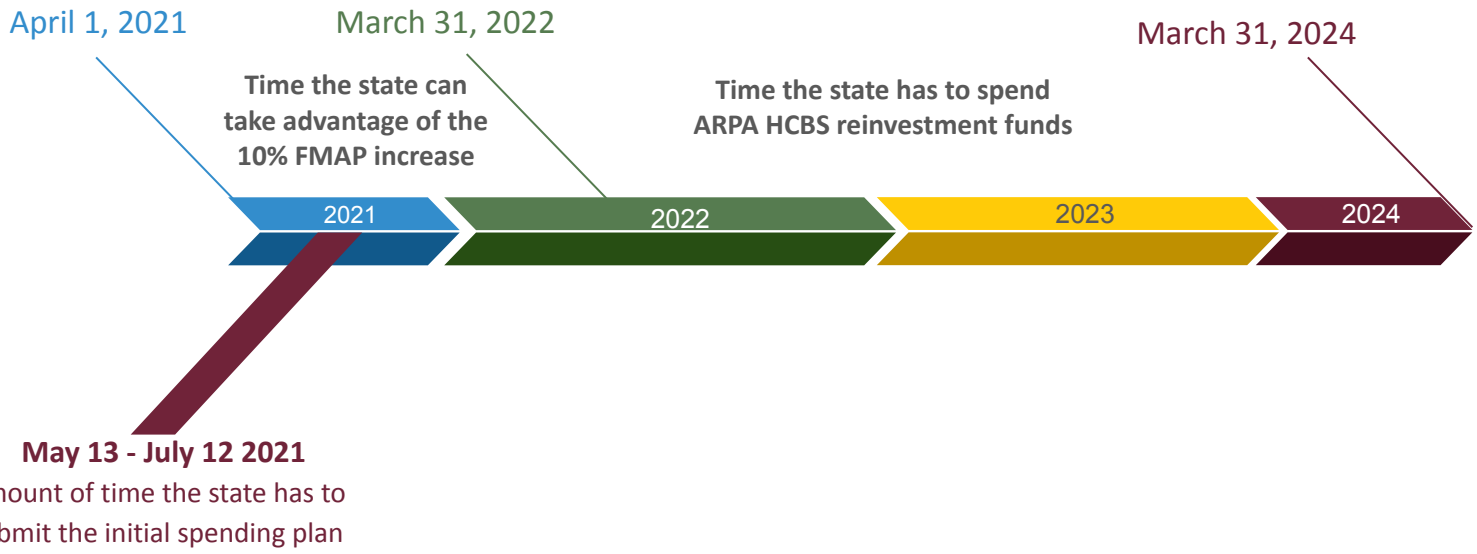
4/1/21 - 3/31/22

- Provision offers temporary 10 percentage point bump in federal funds for certain HCBS services
- State Medicaid Director Letter issued on May 13, 2021
  - Services eligible for the enhancement
  - Examples of activities that enhance, expand, or strengthen HCBS
  - Maintenance of Effort requirement
  - Requirement that states submit initial and quarterly HCBS spending plans
    - Initial narrative and spending plan due July 12, 2021

Key Parameters - ARP/HCBS Provision

- Funding is short-term and must be spent by March 31, 2024
- Broader definition of HCBS - includes services such as home health, personal care services, attendant care services, case management and rehabilitative services (mental health and substance use treatment services)
- Cannot use funds to pay for HCBS available under the Medicaid program as of April 1, 2021
  - Funds must be used to enhance, expand, or strengthen existing HCBS program
- Strategies employed under the plan cannot negatively impact current HCBS program
  - Prohibited from imposing stricter eligibility standards
  - Must preserve covered HCBS
  - Must maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021
- Nothing will be included which creates a long-term funding obligation without a sustainable funding source after March 31, 2024

ARPA HCBS Funding Timeline



Funding Enhancement & Reinvestment Opportunity

- AHCCCS estimates it will expend approximately $3.5 billion on HCBS that qualify for the temporary 10 percentage point FMAP increase (expenses during April 1, 2021 through March 31, 2022)
- Enhanced match rate is expected to increase federal spending on currently covered HCBS by approximately $350 million during that time to be used as reinvestment funds for the strategies proposed in ARP HCBS spending plan
- Reinvestment funds then leverage additional federal funds = to a total of $1.6 billion to be spent throughout the period from April 1, 2021 through March 31, 2024
    - Enhance or strengthen Medicaid HCBS
    - Subject to CMS approval and legislative expenditure authority
    - Estimates subject to change due to various factors

Member Focus

- Seniors
- Individuals with Disabilities
- Individuals Living with Serious Mental Illness
- Individuals Accessing General Mental Health and Substance Use Services
- Children with Behavioral Health Needs

Funding Priority #1:

Strengthening and Enhancing Arizona's Home and Community Based System of Care

- Expanding access to care from a well-trained, highly-skilled workforce
- Funding local initiatives and community-specific programming to improve member health
- Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement
- Empowering parents and families to provide care and meet the needs of their children

- Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes

Funding Priority #2:

Advancing Technology to Support Greater Independence and Community Connection

- Utilizing new technology to promote care coordination and seamless communication
- Creating tools that strengthen quality monitoring and prevent abuse and neglect
- Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence

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SAMHSA Block Grants Allocation

Michelle Skurka
Grants Administrator
Division of Grants Administration

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Arizona Health Care Cost Containment System

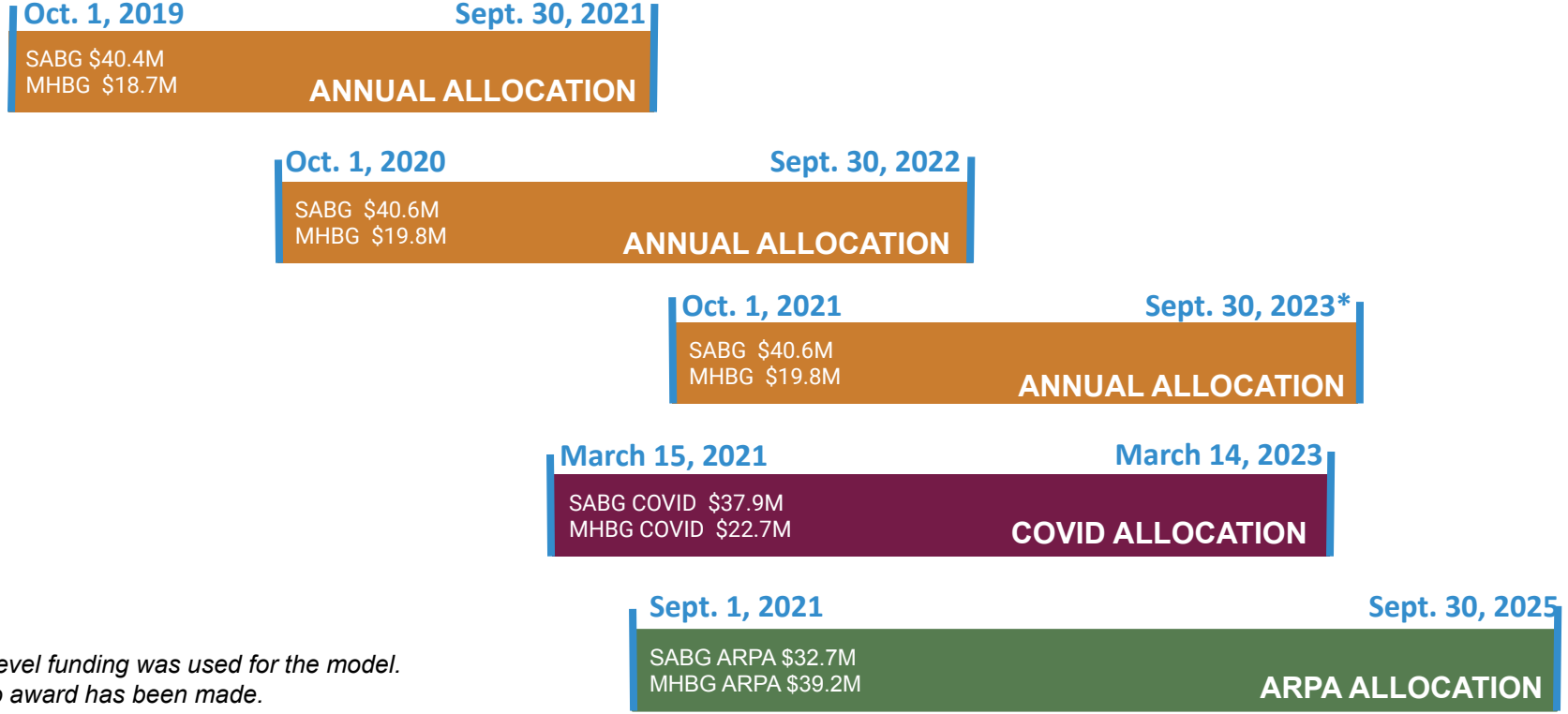
Agenda

1. Overview of Block Grants
2. Grants Webpage
3. Overview of ARPA for Block Grants

Block Grants Overview

- Block grants are awarded for 2 years on an annual basis
- SAMHSA block grants are noncompetitive grants that provide funding for substance use and mental health services
- Block grants are focused on the support of those that are uninsured, underinsured, or Non-Title 19 eligible (NTXIX)
- Funding allocated through RBHAs and TRBHAs due to specific eligibility parameters and current contract structure

SAMHSA Block Grant Funding



**Level funding was used for the model.*
No award has been made.

Minimum Qualifications

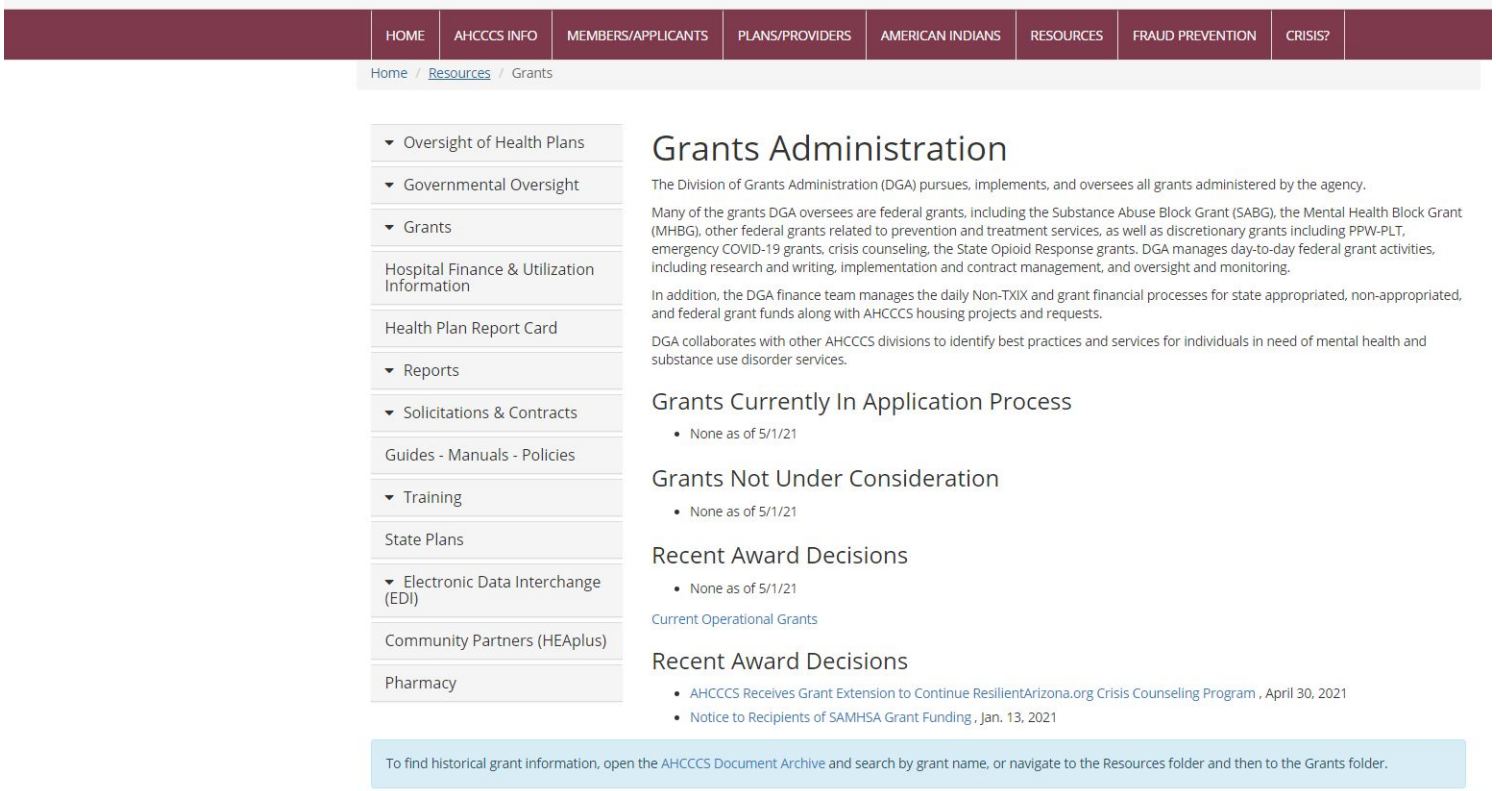
MHBG

- Person must be uninsured, underinsured, or NTXIX
- Funds are to be used solely for services for adults with a SMI designation or a child with a SED designation

SABG

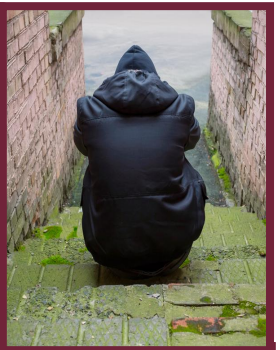
- Client must be uninsured, underinsured, or NTXIX
- Client must indicate active substance use in the past 12 months
- Exception of services available to NTXIX clients (i.e. acupuncture, traditional healing)

Grants Administration Webpage



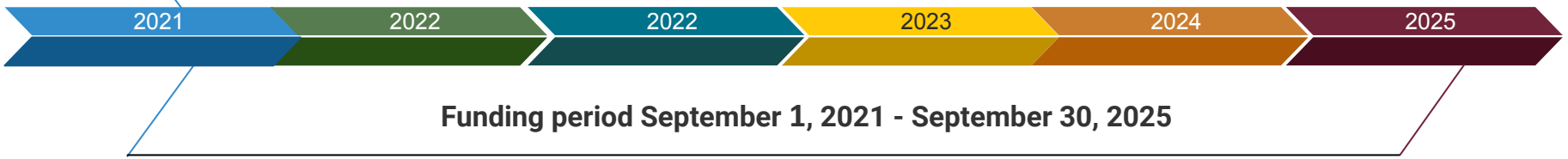
American Rescue Plan Act of 2021 Block Grants

American Rescue Plan Act of 2021

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

Block Grant ARPA Timeline

July 2, 2021
Submission



Mental Health Block Grant (MHBG)

SAMHSA Recommendations for Use of Funds

- Partnership development throughout the continuum of care
- Comprehensive 24/7 crisis continuum for children
- Increased outpatient access, including same day or next day appointments
- Improve information technology infrastructure
- Adoption and use of health information technology
- Digital platform consideration
- Advanced telehealth opportunities to advance crisis services for hard to reach locations

SAMHSA Recommendations for Use of Funds

- Implementation of an electronic bed registry
- Support for crisis and school-based services the promote access to care for children with SED
- Development of medication-assisted treatment (MAT) protocols to assist children and adults who are in crisis
- Expand Assisted Outpatient Treatment (AOT) services
- Develop outpatient intensive Crisis Stabilization Teams to avert and address crisis
- Technical assistance for the development of Certified Community Behavioral Health Clinics (CCBHC).

Substance Abuse Block Grant (SABG)

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SAMHSA Recommendations for Use of Funds

- Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addition treatment
- Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of Substance Use Disorder (SUD) treatment
- Direct critical resources in expanding broad-based state and local community strategies and approaches in addressing the drug overdose epidemic

SAMHSA Recommendations for Use of Funds

- Improve information technology infrastructure
- The adoption and use of health information technology to improve access to and coordination of SUD prevention, intervention, treatment, and recovery support services
- Advance telehealth opportunities to expand services for hard-to-reach locations
- Enhance primary prevention infrastructure within the state and communities using the Strategic Prevention Framework planning model

SAMHSA Recommendations for Use of Funds

- Consider incorporating strategies around adverse childhood experiences to improve substance misuse outcomes among all populations
- Support expansion of peer-based recovery support services to ensure a recovery orientation which expands support networks and recovery services

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ET3
Alison Lovell

What is ET3?

- Emergency Triage, Treat, and Transport (also known as ET3) is a payment model designed to reduce unnecessary transport to emergency departments
- ET3 seeks to remedy the challenges currently faced by EMS providers by providing greater flexibility to ambulance care teams following a 911 call
- AHCCCS ET3 will be effective 10/1/21, subject to CMS approval

ET3 Components

1. **Transport of Member to Alternate Destination** (e.g. urgent care center, BH provider, or PCP's office)
2. **Treatment in Place/Triage by Qualified Health Care Practitioner** (e.g. medical triage of member via telehealth, with EMS personnel assisting as needed)
3. **Treatment in Place by a Qualified Health Care Practitioner *In Person*** (e.g. EMS personnel provide treatment at member's existing location, using standing orders)

ET3 Goals

- **Increasing efficiency in EMS system** to more readily respond to/ focus on high-acuity cases, e.g. heart attacks and strokes, by reducing unnecessary transports to Emergency Rooms;
- **Increasing Quality of Care** by:
  - **Providing person-centered care** to deliver appropriate level of care safely at right time/place, while giving members greater control of healthcare through availability of more options;
  - **Encouraging appropriate utilization of services** to meet health care needs effectively;
  - **Reducing unnecessary costs**

Who Can Participate in AHCCCS ET3?

- Any AHCCCS Registered Emergency Transportation Provider (**Provider Type 06**) has the opportunity to participate in ET3
    - Provider type 06 includes Tribal EMS providers
- Providers will participate by in ET3 by:
    - Adhering to AHCCCS ET3 Policy
    - Billing appropriate codes with proper modifier

How Does ET3 Impact Members?

- Members have greater control of their healthcare through availability of more options
- Members who do not need an ED level of care currently endure long wait times due to being triaged as a lower priority
  - Alternative destinations should result in shorter wait times prior to members receiving care
  - Reducing unnecessary utilization of EDs should result in shorter wait times for persons needing ED level of care
- Members have greater continuity of care and coordination of care by using their PCP or specialists as opposed to the ED

How Does ET3 Impact Providers?

- Increased efficiency in the EMS system, by:
  - Allowing EMS providers to provide treatment in place (when clinically appropriate) and reducing unnecessary transports;
  - Allowing EMS providers to transport members to alternate destinations when a different level of care is appropriate, reducing member/provider wait times in EDs;
  - Freeing up EDs for patients who require that level of care;
  - Helping EMS entities establish triage line for low-acuity 911 calls; and
  - Getting ambulances back in service more quickly, to more readily respond to and focus on high-acuity cases

- Permits reimbursement for triage, treat, and/or transport to an alternative site
- Easy for AHCCCS-registered emergency transport providers to participate

ET3 Resources

AHCCCS ET3 Updates Page

- https://www.azahcccs.gov/AHCCCS/Initiatives/ET3/

Fee-for Service Provider Billing Manual

- Transportation Chapter
  - ET3 Updates Coming Soon

AHCCCS Medical Policy Manual (AMPM)

- AMPM 310-BB, Transportation
  - ET3 Updates Coming Soon

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School Based Claiming

Lisa DeWitt, Third Party Accounts Manager

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State Efforts to Transform the School Based Claiming Program

- AHCCCS is pursuing changes to the MSBC program recognizing the growing need to provide health services and support to children where they spend much of their time - in school.

- The transformation will allow school districts to bill Medicaid for health services delivered to all Medicaid-enrolled children, not just those with a special education plan documented by an Individualized Education Program (IEP).

- In order to implement this change, Arizona needs to submit a State Plan Amendment (SPA) to CMS.

Medicaid School Based Claiming (MSBC) Federal (CMS) Approval Process

- Feb 13, 2020: Tribal Consultation and Public Comment Period open for the MSBC State Plan Amendment (SPA)
- April 26, 2021: SPA Submitted to CMS
- April 26-Dec 31, 2021: Negotiations with CMS
- October 1, 2021: MSBC Transformation implementation date

Transformation Opportunities, expand allowable provider types

Program Area	Current AHCCCS School Based Claiming Services	Transformation Opportunities
Providers	The following providers with appropriate licensure and supervision: • Audiologists • Licensed clinical Social Workers (LCSW), • Licensed Professional Counselors (LPC) • Licensed Marriage and Family Therapists (LMFT) • Nurses (LPN, RN) • Occupational Therapists / Assistant OT • Personal Care Services Providers / Health Aids • Physical Therapists / Assistant PT • Psychiatrists • Psychologist • Speech/Language Therapists Speech-Language Pathology Assistants • Specialized Transportation	Currently allowed providers and the following additional providers with appropriate licensure and supervision: • Board Certified Behavior Analysts (BCBAs) • Nurse Practitioners (NP) • Physicians MD or DO (EPSDT services) • Licensed Independent Substance Abuse Counselor (LISAC) • Bus Aides (same requirements as Personal Care Services Providers / Health Aides)

Transformation Opportunities beyond Individualized Education Program (IEP's)

Program Area	Current AHCCCS School Based Claiming Services	Transformation Opportunities
Reimbursable Services	Medically necessary IEP services only	Medically necessary covered services provided pursuant to an IEP or below ● IHCP – Individual Health Care Plan ● IFSP – Individualized Family Service Plan ● Section 504 plan – plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment. ● Chronic Illness Plan ● Chronic Health Plan ● Or are otherwise medically necessary, to be determined

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SMAC Member Terms

Brenda Morris

Bylaws

The current SMAC bylaws state:

Members are appointed for a two-year term and may serve three consecutive terms. After serving three consecutive terms members must wait 24 months before re-applying for a committee position.

The SMAC voted in 10 new members last October and our current SMAC members are eligible to renew for another term. We will be reaching out to each of committee member to see if you would like to renew which will help us determine if we will have any open member positions for 2022.

SMAC Provider/Professional Members

- Gina Judy, COO, Easterseals
- John Hogeboom, CEO/President, Community Bridges, Inc.
- Debbie Johnston (Proxy for Greg Ensell), Executive Vice President , AZ Hospital and Healthcare Association
- David Voepel, CEO, AHCA
- Elizabeth McKenna, M.D., Co-Owner, Healing Hearts Pediatrics
- Arjelia "Argie" Gomez, CEO, Open Hearts Family Wellness
- Dr. Jessica B. Peterkin, Dentist & Founder/CEO, Ministry of Dentistry, Inc
- Vicki Staples, Director of OP Behavioral Health, Valleywise Health
- Jason Bezozo (Proxy for Jennifer Carusetta), Vice President, Government Relations, Banner
- Mary Jo Whitfield, VP of Integrated Health, Jewish Family and Children's Services

SMAC Public Members

- Daniel Haley, Chief Executive Officer, H.O.P.E.
- Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst
- Zaida Dedolph (Proxy for Siman Qaasim), Director of Health Policy, Children's Action Alliance
- Vince Torres, Sr. Director, First Things First
- Dina Norwood, Managing Attorney, Community Legal Services
- Angie Rodgers, President/CEO, Arizona Food Bank Network
- Diana “Dede” Yazzie Devine, CEO, Native American Connections
- Melissa Kotrys, CEO, Health Current
- Greg Corns, Vice President Development & Strategic Alliances, Solterra
- Serena Unrein, Director, Arizona Partnership for Health Communities

Call to the Public

2021 SMAC Meetings

Per Bylaws, meetings are to be held 2nd Wednesday of January, April, July and October.

2021 Meeting dates and times are scheduled as follows:

Upcoming 2021 SMAC Meeting

October 13, 2021 1:00-3:00 p.m.

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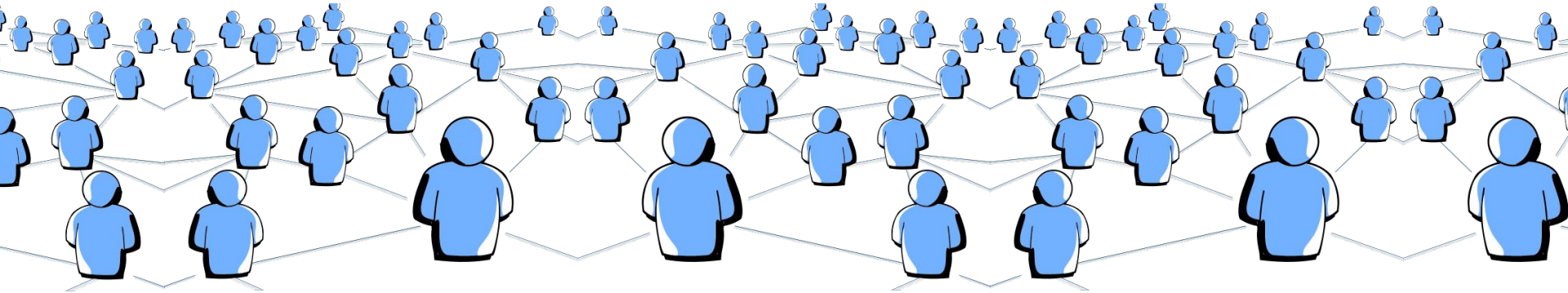

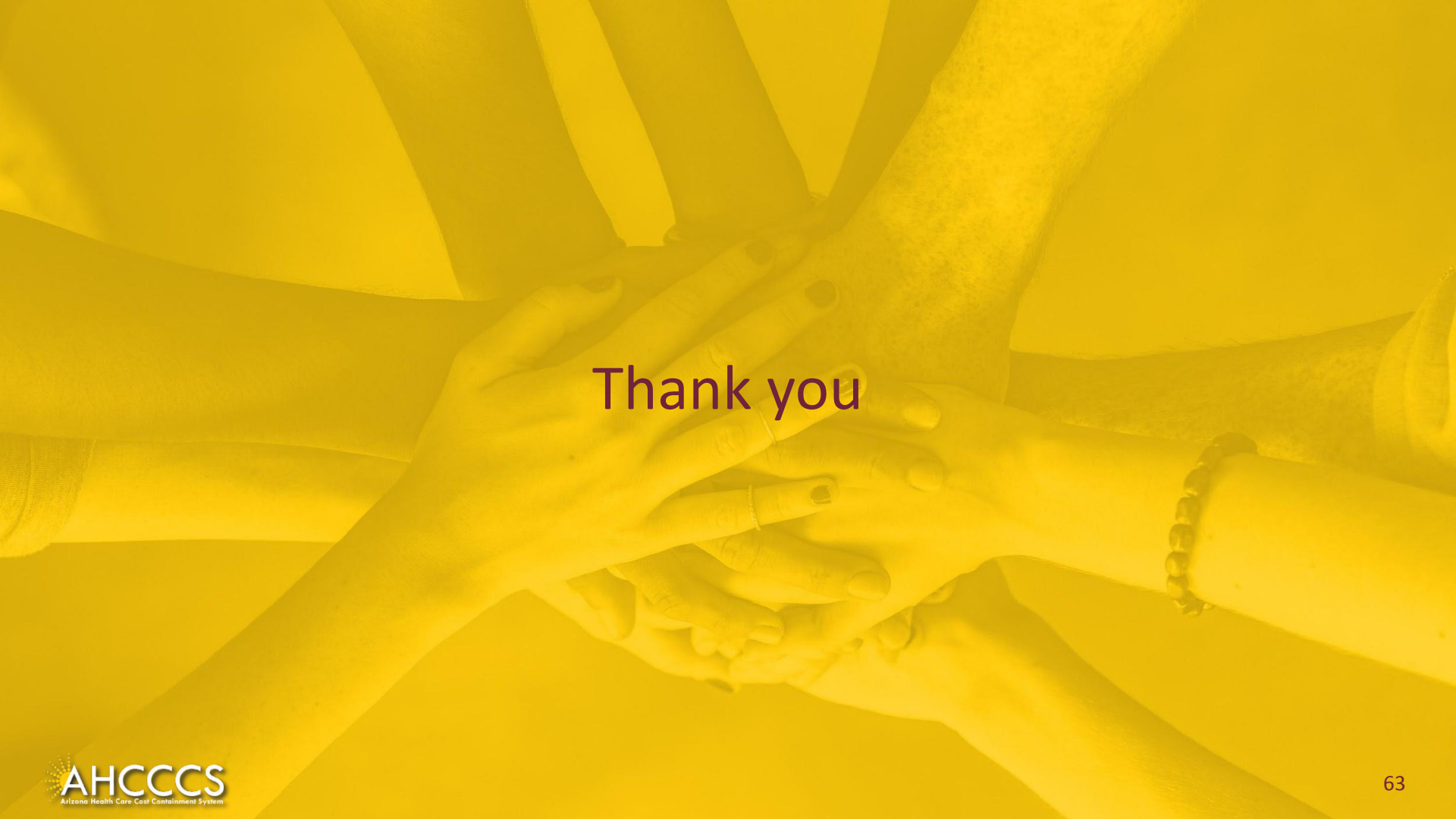

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