



Welcome to the SMAC Quarterly Meeting

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.

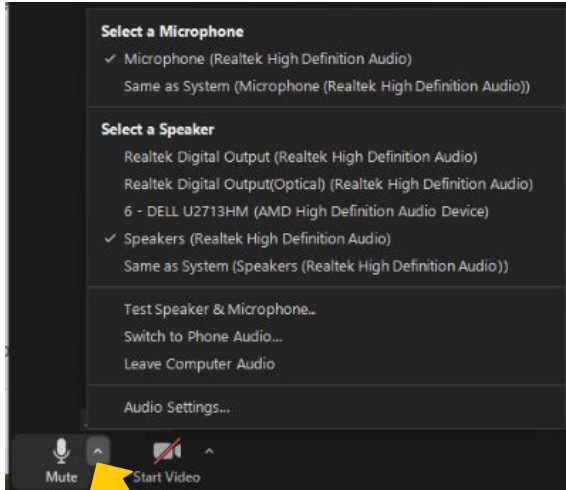


Thank you.

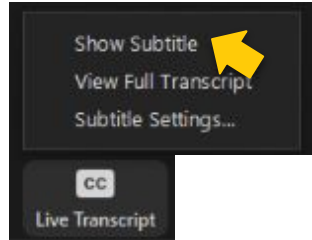
Zoom Webinar Controls

Navigating your bar on the bottom...

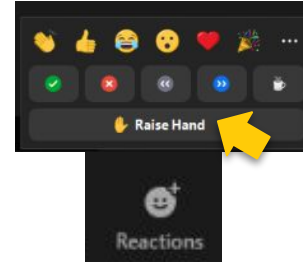
Audio Settings



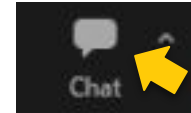
Turn on Closed Captioning



Raise Hand



Chat

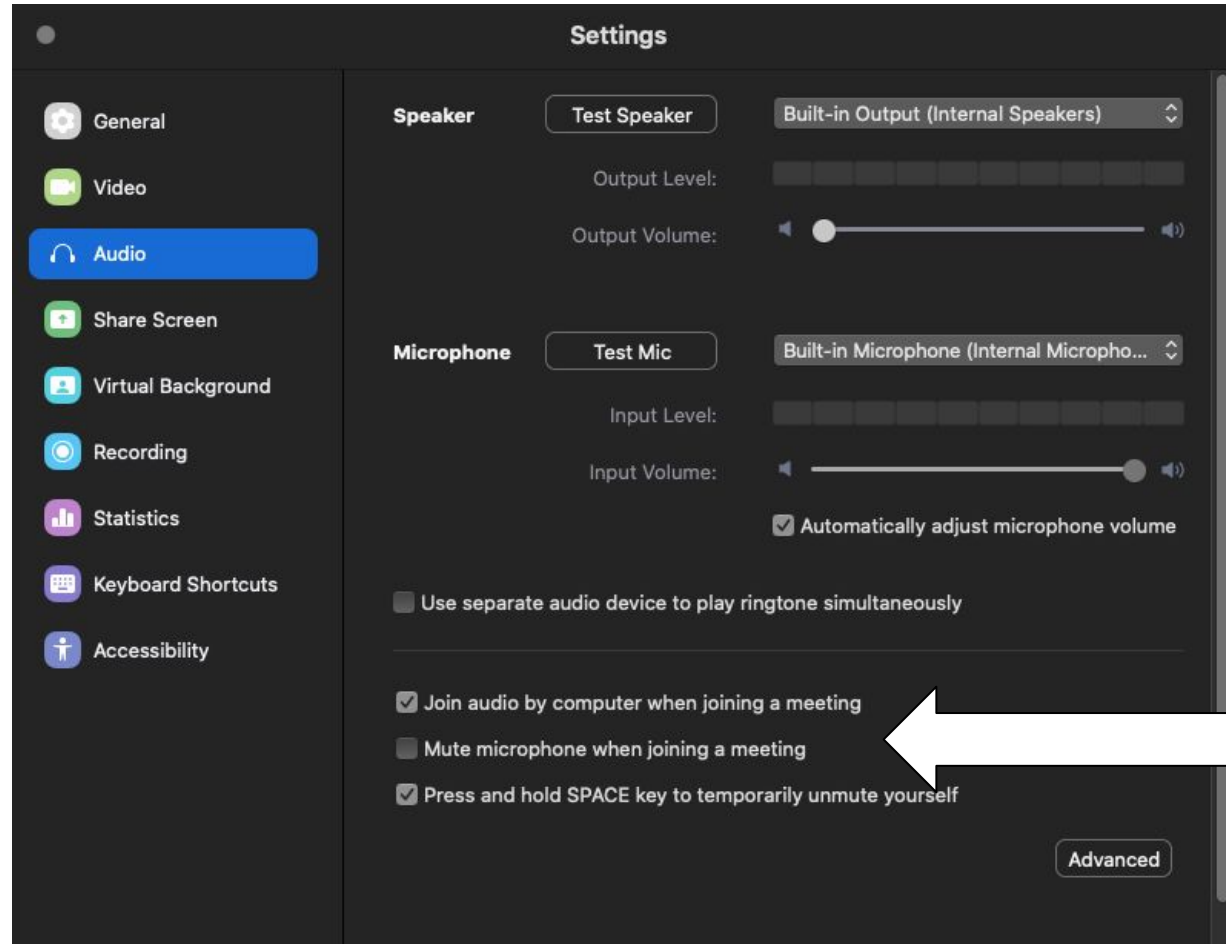


KEYBOARD SHORTCUTS TO RAISE HAND

Windows: Alt+Y to raise or lower your hand

Mac: Option+Y to raise or lower your hand

Audio Settings



The screenshot shows the Zoom application settings window, specifically the Audio section. The left sidebar contains various settings categories, with 'Audio' highlighted in blue. The main panel is titled 'Settings' and is divided into 'Speaker' and 'Microphone' sections. 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 of the settings panel. A 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

This Meeting Is Being Recorded

The recording shall be the sole property of AHCCCS and participation in this meeting indicates your waiver of any and all rights of publicity and privacy.

Please disconnect from this meeting if you do not agree to these terms.



State Medicaid Advisory Committee (SMAC) Quarterly Meeting

October 11, 2023



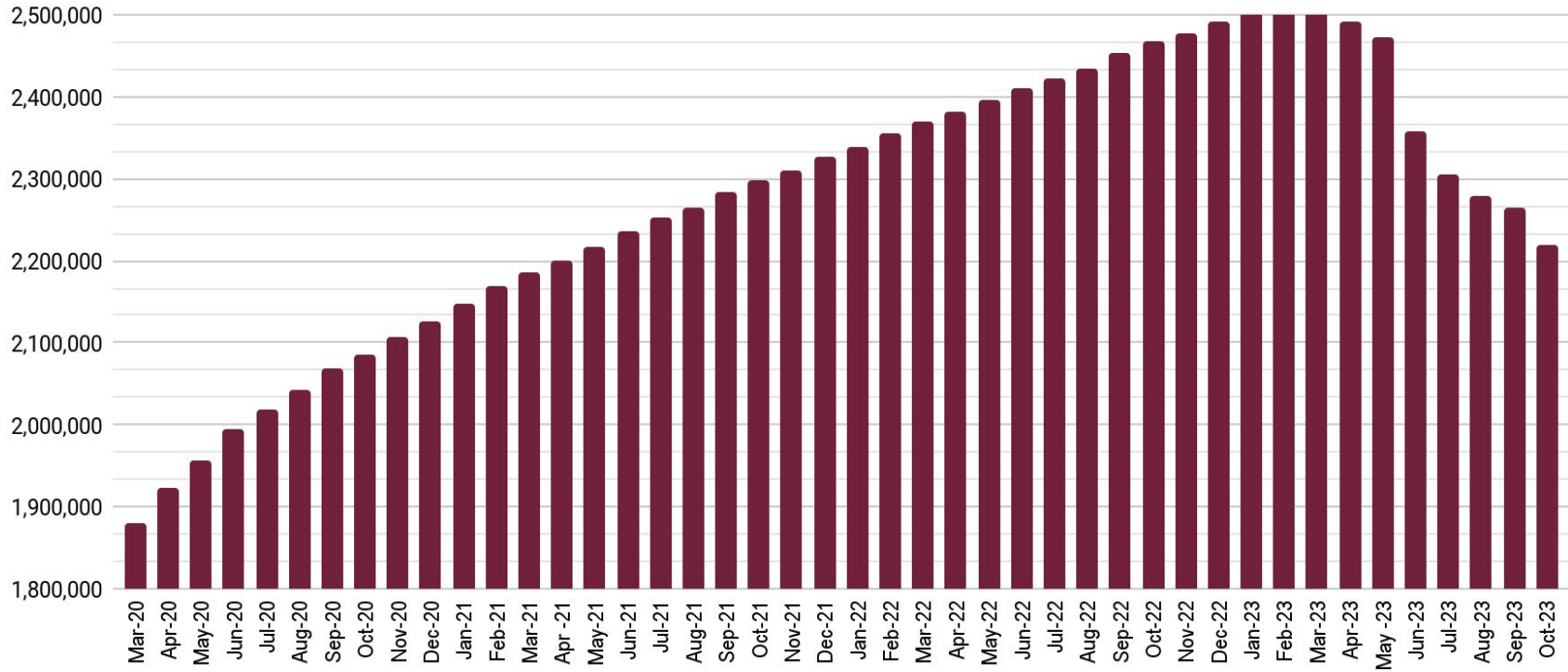
Deputy Director Updates

Marcus Johnson

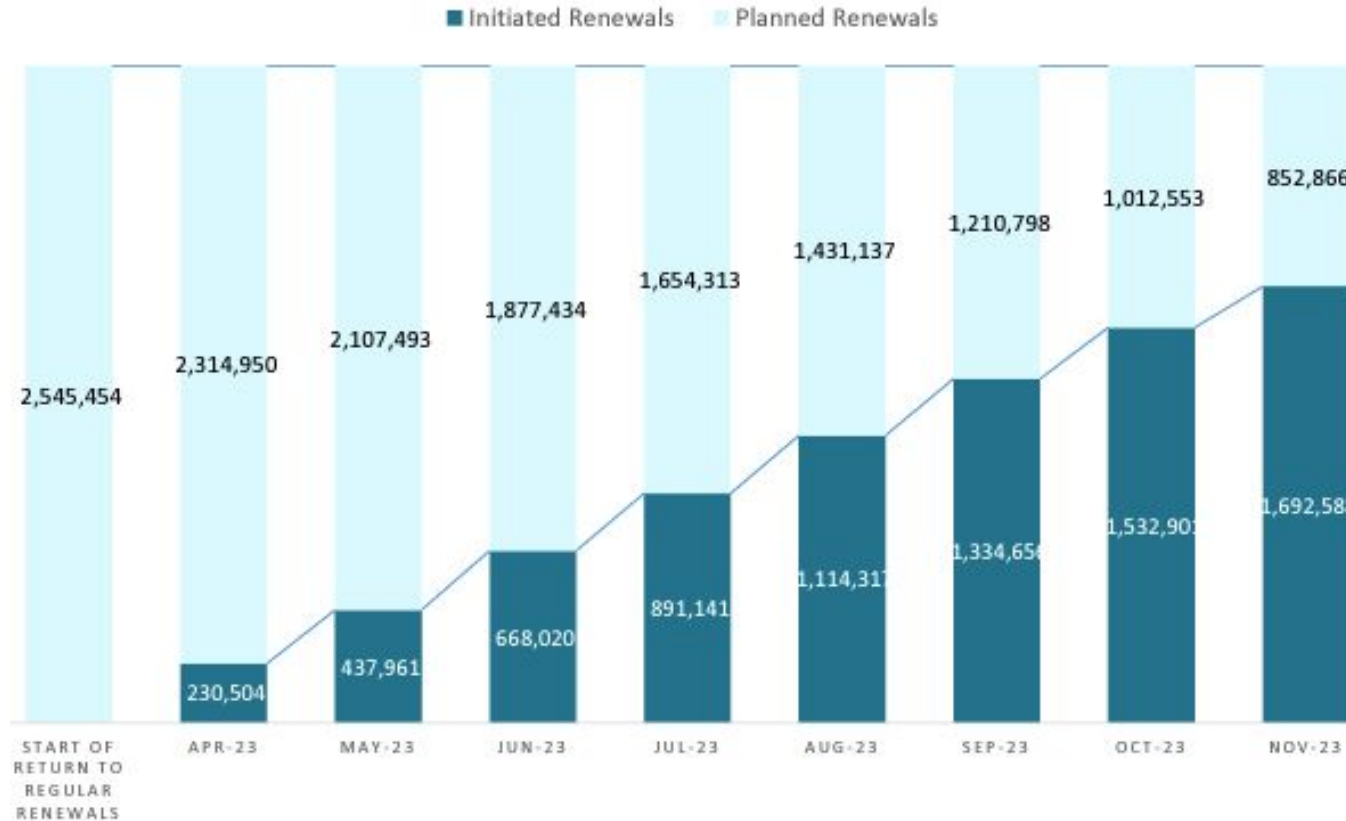


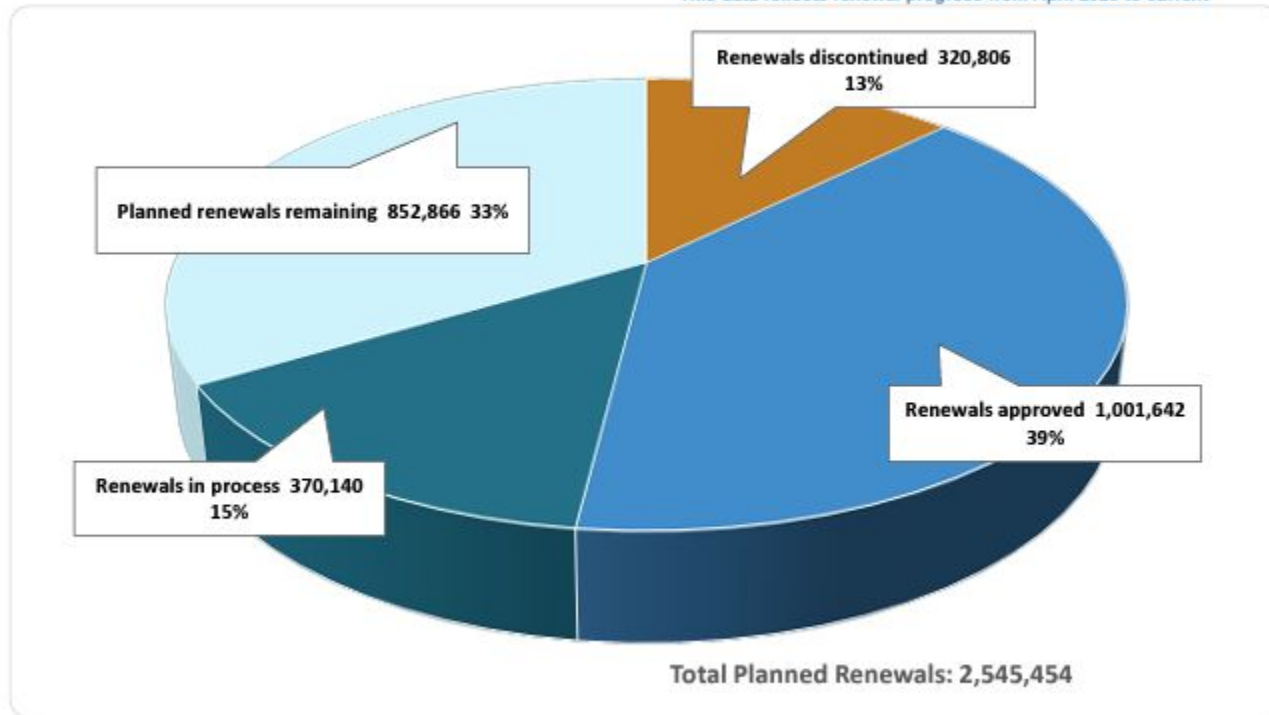
Unwinding From the Public Health Emergency

AHCCCS Population: March 2020 - October 2023



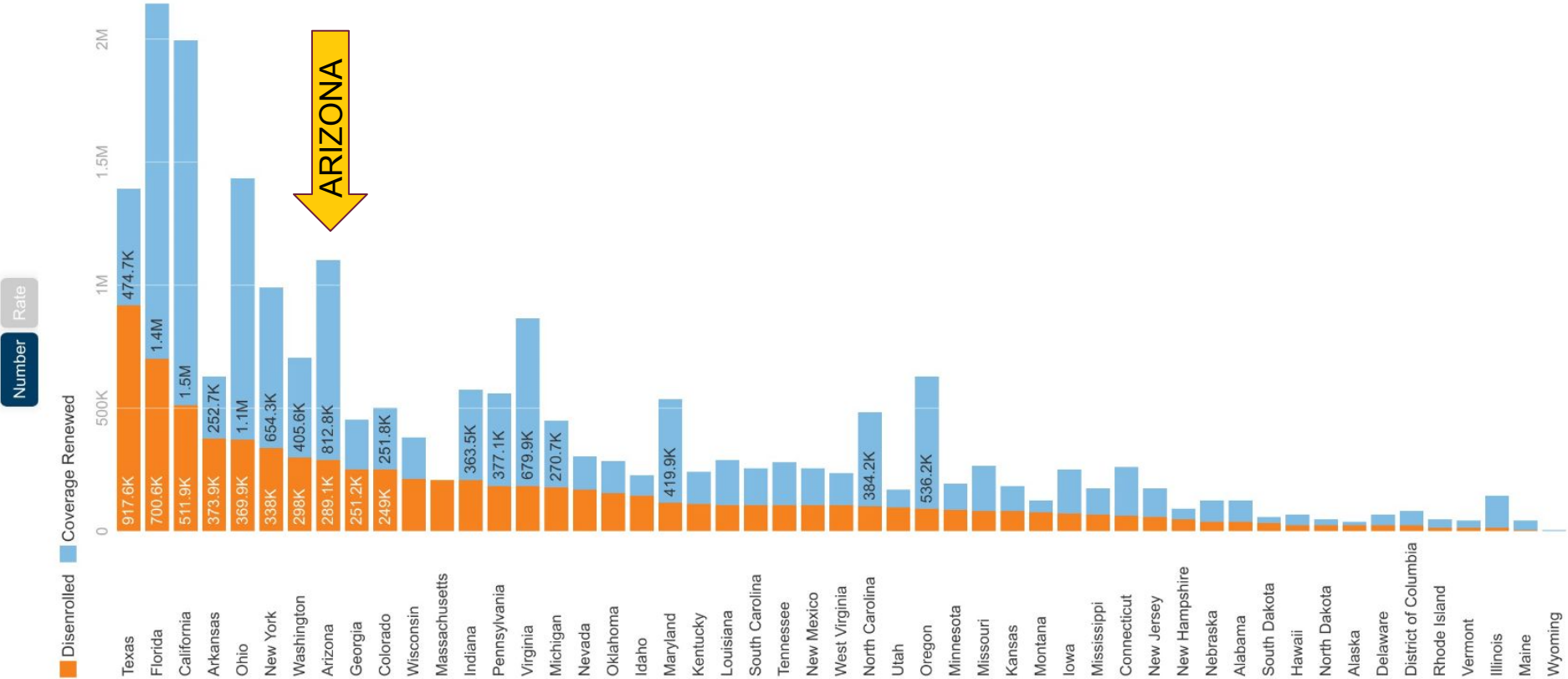
Renewals Initiated Each Month





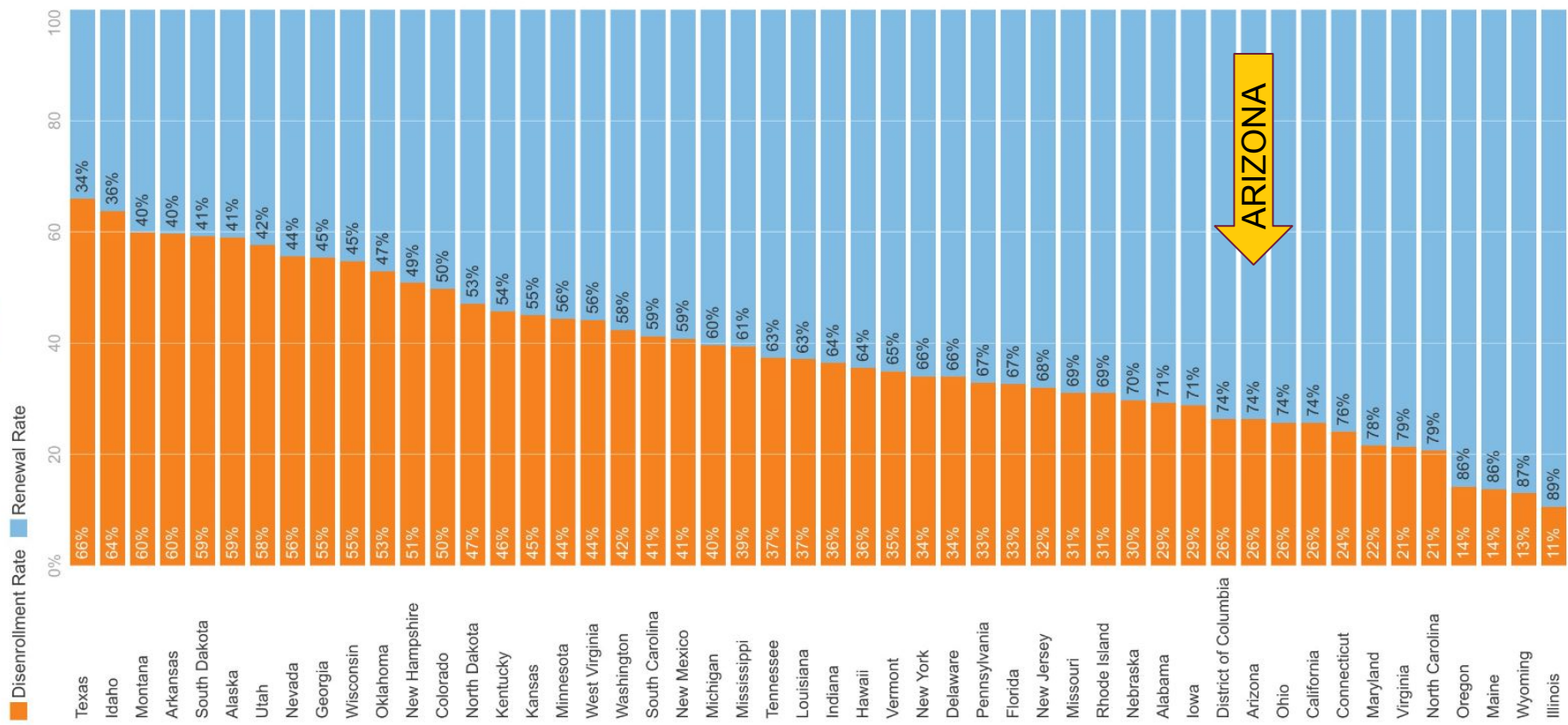
All data published in this report is a snapshot in time and reflects what happened during the reporting period. Population numbers may not match other published report totals due to the timing of each individual report.

Number of Disenrollments vs Renewals by State (as of Oct. 2, 2023)

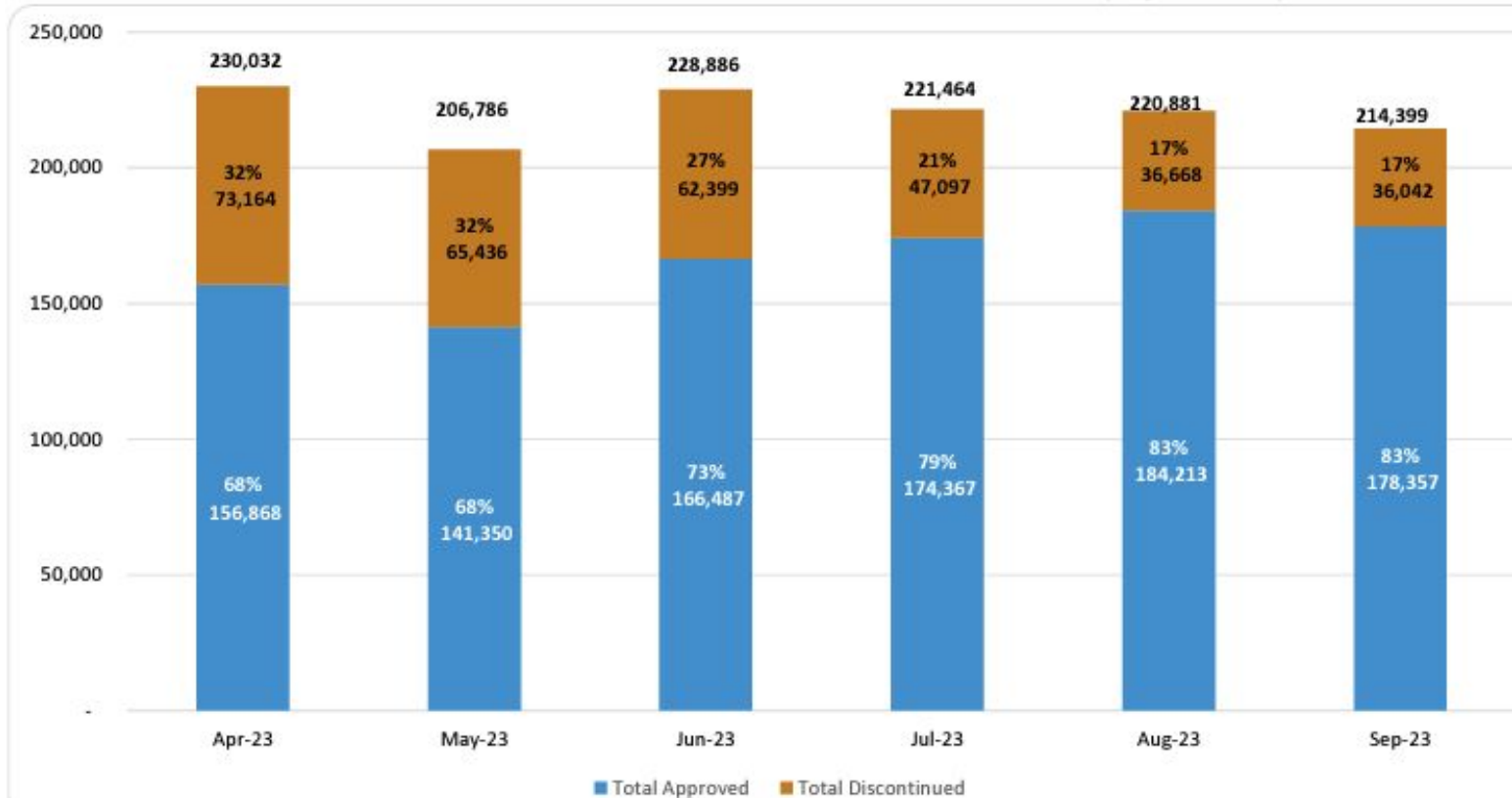


Rate of Disenrollments vs Renewals by State (as of Oct. 2, 2023)

Number Rate

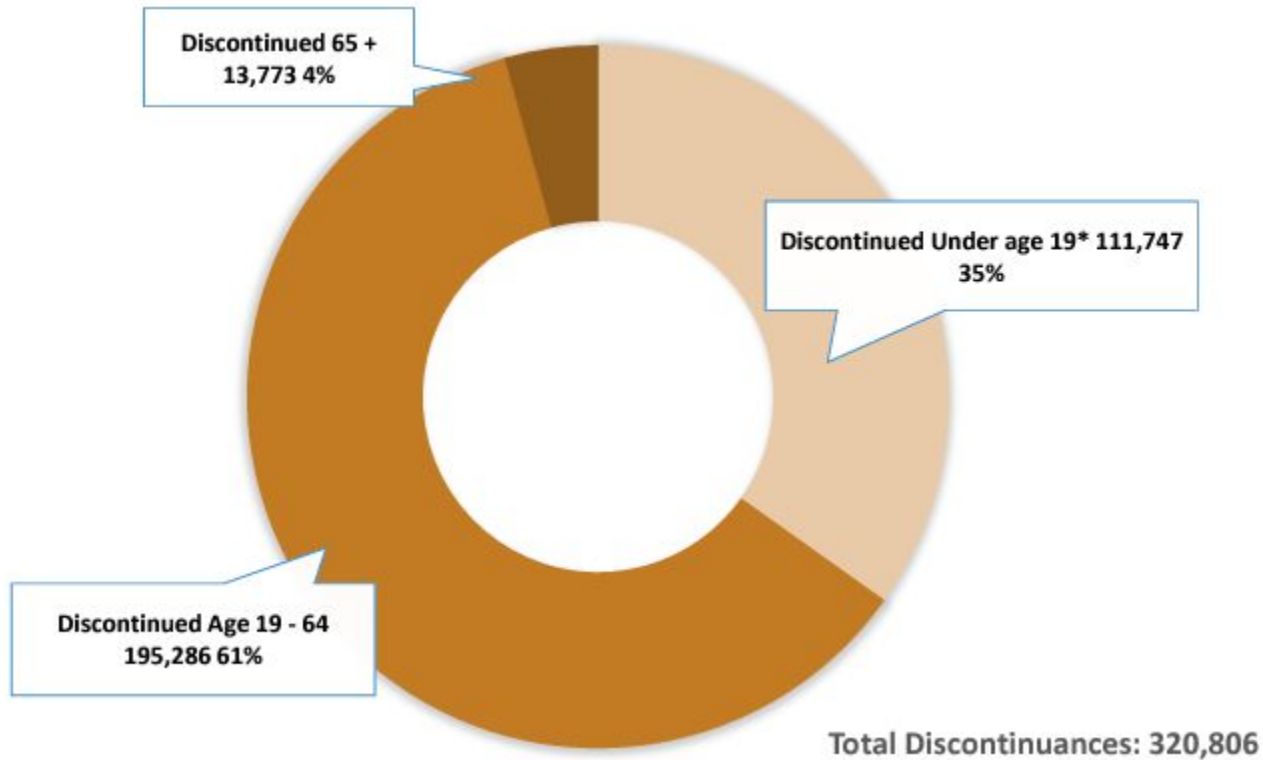


Members Renewed and Discontinued by Month



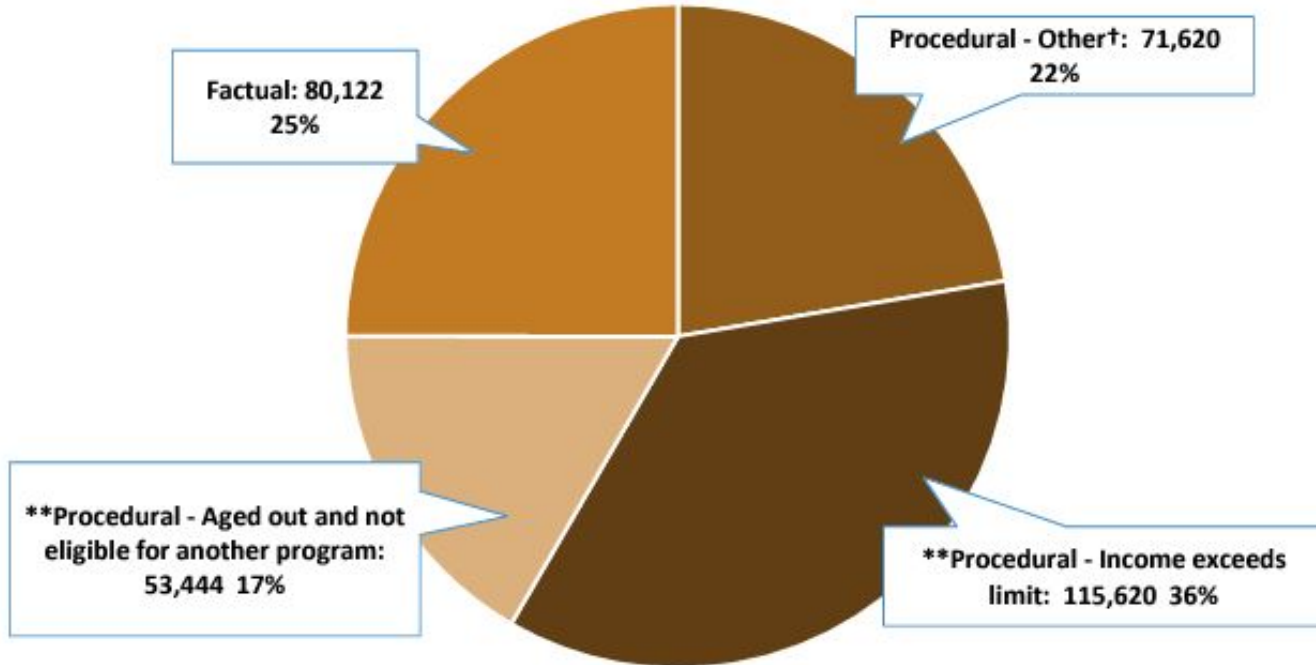
Discontinued Members by Age

Updated 10.5.23



Discontinuances: Factual vs Procedural

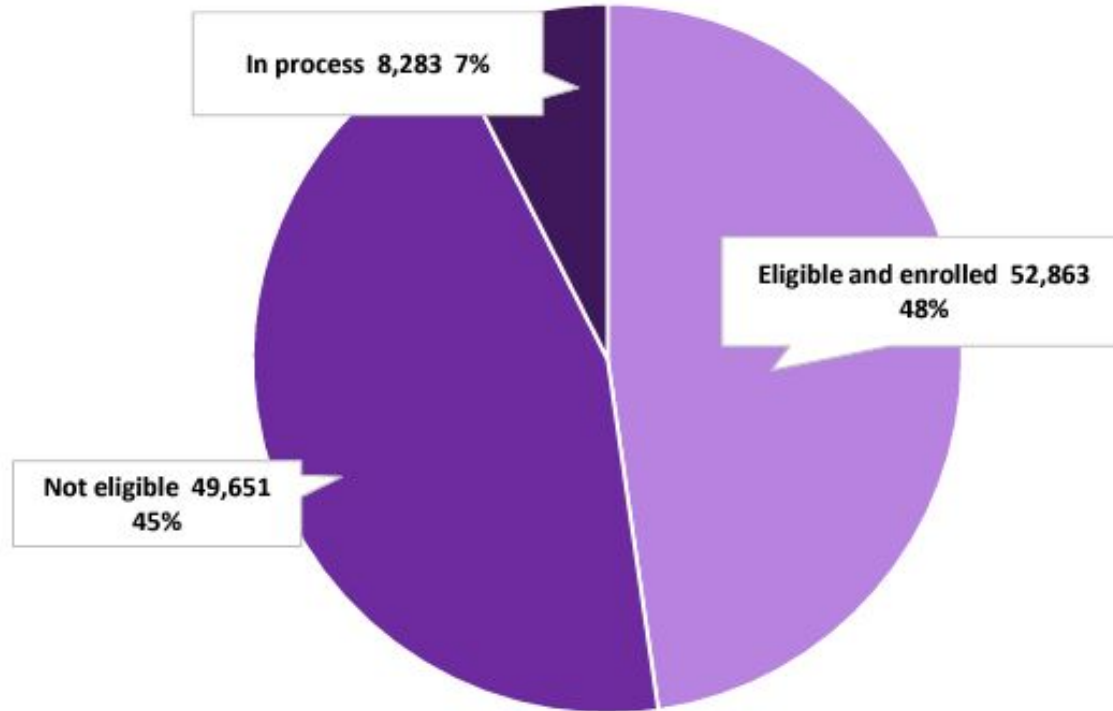
Updated 10.5.23



Total Discontinuances: 320,806

90-Day Reconsideration Results

Updated 10.5.23



Total: 110,797

Closing the Uninsured Gap

If No Longer Medicaid Eligible:

- Referral to the health insurance marketplace at www.healthcare.gov,
- Employer health care coverage,
- Veterans Administration (for veterans), and beconnected.org, or
- Call 2-1-1 for more information or visit coveraz.org

Enhancements to Support Unwinding

- HEAPlus Surge Call Center - Implemented April 2023
- HEAplus Chat Bot - Implemented April 2023
 - Live Chat added May 31, 2023
- Contact Change Bot in HEAplus - July 2023
- AHCCCS Connect - July 2023
 - Intelligent and targeted texting, phone calls,
 - A mix of paid social, digital, and physical messaging
- [Monthly Renewals Dashboard](#) - Updated monthly on the 10th
- Added a 90-day window for members disenrolled for procedural reasons to complete their renewal without the need for a new application



Fraudulent Billing and Member Exploitation

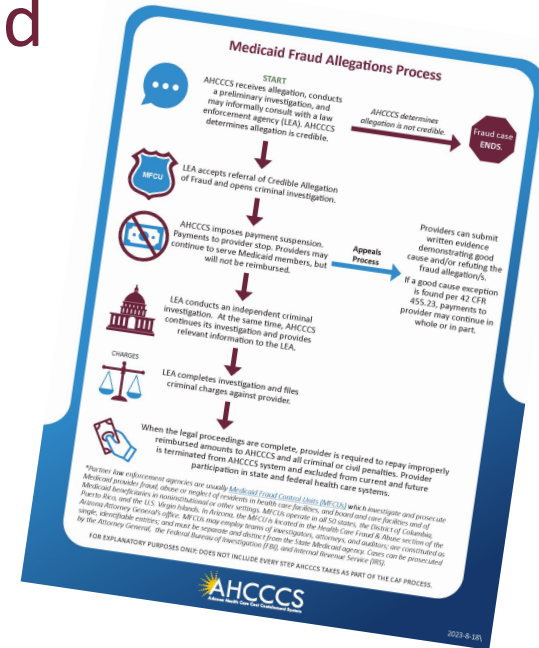
The Fraud Schemes

- Recruiting vulnerable tribal members into unlicensed, unregistered facilities
- Enrolling non-AI/AN members in the American Indian Health Plan
- Providing incentives (housing, food, money, alcohol, drugs)
- Billing fraudulently
- Shuffling members between companies
- Paying recruiters “per person”
- Billing for members who aren’t present (ghost billing)
- Billing for services that aren’t provided
- Overlapping use of codes, double billing
- Shell companies
- Multiple types of fraudulent providers

Credible Allegation of Fraud

A Credible Allegation of Fraud is a **preliminary** action required to stop payments to providers who are suspected of **potentially** fraudulent activities.

- Who receives notification?
 - Provider
 - Managed Care Plans
 - TRBHAs
 - ADHS
 - Internal AHCCCS Divisions



Download this flier at
www.azahcccs.gov/Fraud/AboutOIG/

Medicaid Fraud Allegations Process

FOR EXPLANATORY PURPOSES ONLY; DOES NOT INCLUDE EVERY STEP AHCCCS TAKES AS PART OF THE CAF PROCESS.



AHCCCS receives allegation, conducts a preliminary investigation, and may informally consult with a law enforcement agency (LEA).* AHCCCS determines allegation is credible.



LEA accepts referral of Credible Allegation of Fraud and opens criminal investigation. Cases can be prosecuted by the Attorney General, the Federal Bureau of Investigation (FBI), and Internal Revenue Service (IRS).



AHCCCS determines allegation is not credible.



**Partner law enforcement agencies are usually Medicaid Fraud Control Units (MFCUs). In Arizona, the MFCU is located in the Health Care Fraud & Abuse section of the Arizona Attorney General's office. Cases can be prosecuted by the Attorney General, the Federal Bureau of Investigation (FBI), and Internal Revenue Service (IRS).

Medicaid Fraud Allegations Process



AHCCCS imposes payment suspension. Payments to provider stop. Providers may continue to serve Medicaid members, but will not be reimbursed.

APPEAL
PROCESS →

Providers can appeal and/or submit written evidence demonstrating good cause and/or refuting the fraud allegations.



LEA conducts an independent criminal investigation. At the same time, AHCCCS continues its investigation and provides relevant info to the LEA.

If a good cause exception is found per 42 CFR 455.23, payments to provider may continue in whole or in part.

Medicaid Fraud Allegations Process



LEA completes investigation and files criminal charges against provider.



When the legal proceedings are complete, provider is required to repay improperly reimbursed amounts to AHCCCS and all criminal or civil penalties. Provider is terminated from AHCCCS system and excluded from current and future participation in state and federal health care systems.

Credible Allegation of Fraud Notice

- Notice includes the following:
 - Information specific to the conduct that is determined to be a CAF
 - Explanation of the suspension of payment actions
 - Provider's rights including right to provide written evidence, request an informal settlement conference, and to request a state fair hearing

System Improvements to Stop Fraudulent Billing and Protect Members

- External Forensic Audit
- Right-sizing reimbursement rates for abused codes
- Additional documentation requirements
- Requiring a prepayment review when abused codes exceed limits
- Applying a high-risk screening to three provider types
- 6-month provider enrollment moratorium on BH Outpatient Clinics, Integrated Clinics, NEMT, CSAs, and BHRFs
- Require written confirmation by IHS/638 facilities to switch from MCO to AIHP
- Enhancing Tribal relations

Top Challenges

- Finding members:
 - Bad actors were using unlicensed unregistered facilities
 - Ghost billing
 - Congregate settings
- Member cooperation:
 - Some members may not want to leave
 - Some don't see themselves as victims
 - Some are coerced and afraid to report
 - Some members are not interested in treatment, limiting BH facility for residential treatment
- Resources:
 - Housing demand vs supply
 - Assessing who needs BH/SUD
- Communication:
 - Sensitive information
 - Active criminal investigations
- Safety:
 - Reports of violence, weapons in facilities

Protecting AHCCCS Members

Report Suspicious Activity and Provider Fraud

- Email: AHCCCSFraud@azahcccs.gov
- Online:
<https://www.azahcccs.gov/Fraud/ReportFraud/onlineform.aspx>
- Phone: 602.417.4045 or 888-ITS-NOT-OK (888.487.6686)

Support for Affected Individuals and Families

- Call 2-1-1 (press 7)



AHCCCS Provider Enrollment Updates

High-Risk Provider Types

1. Behavioral Health Residential Facility (B8)
2. Integrated Clinics (IC)
3. Behavioral Health Outpatient Clinics (77)
4. Non-Emergency Medical Transport (28)

What providers need to know:

At initial application and at revalidation, need to pay application fee and meet additional requirements:

- Fingerprint-Based Criminal Background Check (FCBC)
 - o Individual high-risk providers (such as individual Non-Emergency Medical Transportation providers),
 - o Owners of high-risk provider types,
 - o A person with a 5 percent or more direct or indirect ownership interest in a high-risk provider, and
 - o All Statutory Agents and Directors, Executive Directors, Chief Executive Officers, and Presidents listed publicly on the Arizona Corporation Commission Entity Information page under the Principal Information Section.
- Site visit in accordance with Section 6401 of the Affordable Care Act and 42 CFR 455, Subpart E, in addition to all other required screenings.

Questions: Email APEPTrainingQuestions@azahcccs.gov

Provider Moratorium Update

- In response to the ongoing fraud and member exploitation issue, AHCCCS implemented a [6 month provider moratoria](#) for the following provider types:
 - Behavioral Health Outpatient Clinic,
 - Integrated Clinic,
 - Non-Emergency Medical Transportation,
 - Community Service Agencies, and
 - Behavioral Health Residential Facility
- This moratorium was implemented on June 9, 2023 and will be in place until at least December 9, 2023.
- Moratoria was approved by CMS consistent with 42 CFR 455.470.

Moratorium Exemption Process

While the moratorium is in effect, a provider may qualify for an exemption from the moratorium. At AHCCCS' discretion, and on a case-by-case basis, an exemption request will only be ***considered*** if it meets one of the following criteria:

- The provider's area is considered a Medically Underserved Service Area
- Service expansion in support of an AHCCCS initiative
- Enrollment is needed to ensure that access to care standards (i.e., time and distance) are not out of compliance
- Other needs as identified by an [AHCCCS Managed Care Organization \(MCO\)](#).

To apply, complete the [Moratorium Exemption Request Form](#) and email it to ProviderMoratorium@azahcccs.gov.

Exemption Process

What to Expect:

- Approximately 2 weeks to review exemption form
- Email Notification to Submit or APEP Denial of Application

If exemption request approved:

- Submit completed application by deadline
- Meet all criteria including submitting fingerprints
- Thorough review process

Moratorium Exemption Requests Received

Total Exemption Requests Received 103

Pending Team Review

5.8%

6

Approved

23.3%

24

Denied

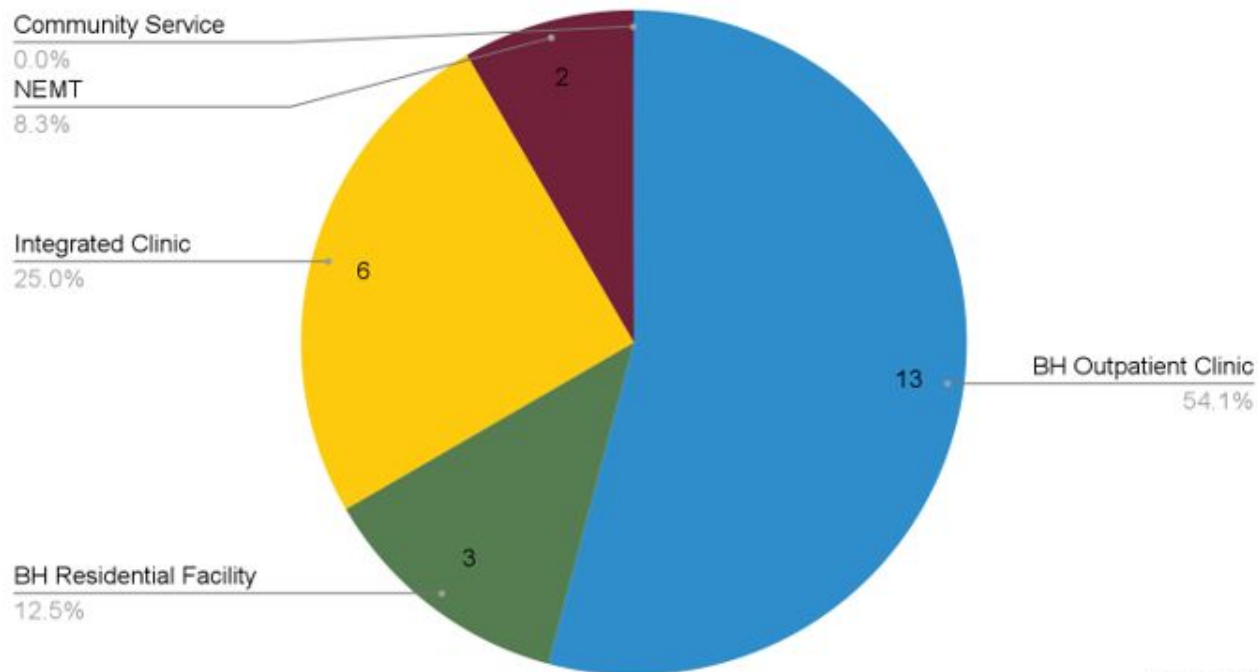
70.9%

73

As of 9/29/2023

Moratorium Exemption Requests Approved by Provider Type

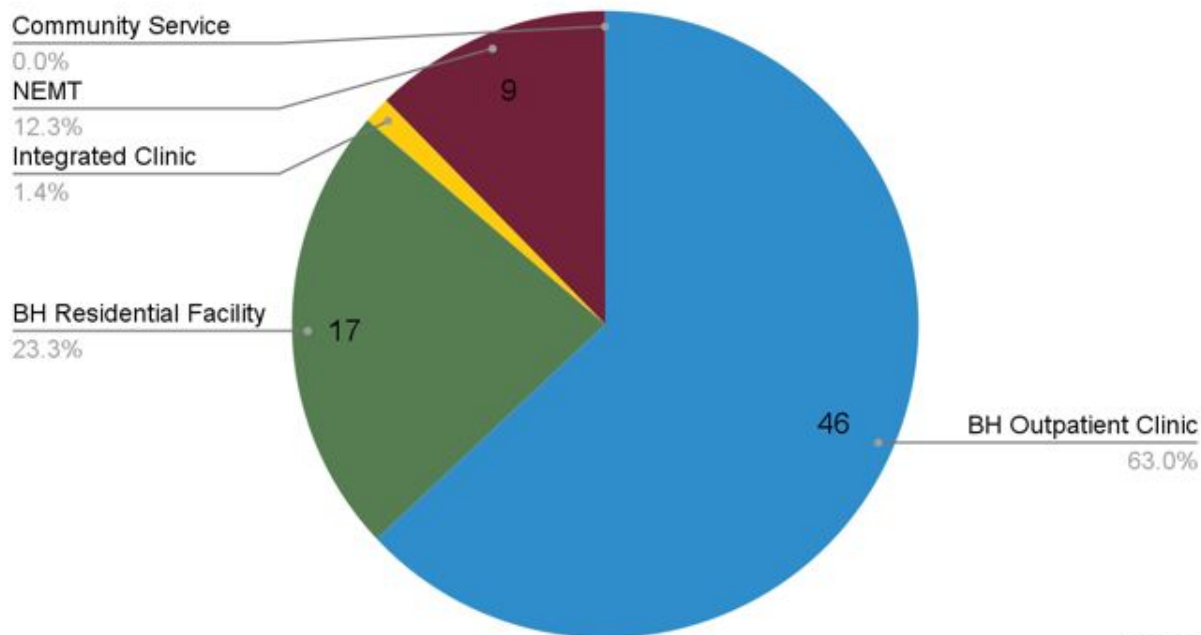
Provider Type by Status - Approved 24



As of 9/29/2023

Moratorium Exemption Requests Denied by Provider Type

Provider Type by Status - Denied 73



As of 9/29/2023



FY 25 Budget Proposal Updates

State Fiscal Year 2025 Agency Request

Major Budget Drivers

- Caseloads/Enrollment
 - Redeterminations will end March 2024 with small increases thereafter
- Cap Rate Growth
 - Forecasted 4.0% cap rate growth in FY 2025
- Base FMAP Reduction
 - Base FMAP forecasted to decrease to 66.00% in October 2024 from 66.29%

State Fiscal Year 2025 Agency Request

Policy Issues

- Program Integrity Initiatives - AHCCCS is currently assessing options
- IT Project Funding - \$25.3 million TF for MES Modernization
- Caseload Growth Support - \$4.8 million TF (61 FTE) for management of caseload growth in ALTCS and KidsCare programs
- Health Engagement and Other Needs - \$13.5 million TF (19 FTE)
- AACIHC - \$320k TF for 3 new positions
- Housing and Health Opportunities (H2O) State Match - \$5.5 million GF
- Continuing Parents as Paid Caregivers, which is currently funded under ARPA - \$13.3 million TF (majority under DES DDD)

On the Horizon

- **Return to Regular Renewal Process & End of Public Health Emergency (PHE)**
 - Redeterminations began 4/1/2023
 - PHE ended 5/11/2023
- **1115 Approval (10/14/2022) Implementation**
 - Targeted Investments 2.0
 - Housing and Health Opportunities Demonstration (H20)
- **1115 Waiver Negotiations Continuing**
 - Reimbursement for traditional healing services
 - Reimbursement for services 30 days pre-release
 - Former foster youth continuous eligibility
 - Parents as paid caregivers of minor children
- **MES Roadmap**
 - Awarded a System Integrator (SI) contract; will begin implementation upon CMS approval
- **ARP HCBS Implementation**
 - \$500 million in provider payments were disseminated in spring of 2023
- **ARP Program Awards for HCBS providers**
 - First round as been awarded; second round coming in late 2023.
- **Continued roll out of the statewide Closed-Loop Referral System**
- **Implementation of CHW services**
- **Continued support for the [Opioid Services Locator](#) tool**
- **Continued preparations for ALTCS bid** (contracts term on 9/30/24)
- **Continued system improvements** to combat fraudulent billing and member exploitation



Quality Strategy Update

Jakenna Lebsock, Assistant Director
Division of Health Care Services

Quality Strategy: Definition and Requirements

Under Managed Care Regulations ([42 CFR § 438.340](#)):

- Each state contracting with Managed Care Organizations (MCOs) is required to develop and implement a written quality strategy for the purposes of describing, evaluating, and improving the quality of health care services provided by the MCO entities.
- States are required to:
 - Review and update its quality strategy as needed, but no less than once every three years,
 - Include an evaluation of the effectiveness of the quality strategy conducted within the previous three years, and
 - Post the results of the review on the state's website.

Quality Strategy: Elements

Per Managed Care Regulations ([42 CFR § 438.340](#)), the Quality Strategy must contain several elements, including but not limited to:

- Network adequacy and availability of services standards
- Continuous quality improvement goals and objectives
- Description of quality metrics and performance targets, including those the State will publish at least annually on its website
- Description of performance improvement projects to be implemented
- State's plan to identify, evaluate, and reduce health disparities
- Mechanisms to comply with additional services for enrollees with special health care needs or who need Long-Term Services and Supports (LTSS)

Quality Strategy: Current State

Current State: The State's Quality Strategy and Quality Strategy Evaluation were last published and submitted to CMS on July 1, 2021.

- The Quality Strategy Evaluation is intended as a companion document to the Quality Strategy and is meant to inform the Quality Strategy updates through the evaluation of the effectiveness of the Quality Strategy conducted within the previous three years.
- The July 2021 Quality Strategy and Quality Strategy Evaluation documents are available on the [AHCCCS Quality Strategy](#) webpage.

Quality Strategy: Current Goals and Objectives

Current Goals and Objectives: The current Quality Strategy has four goals, each with several associated objectives. Please see the Appendix for details on the objectives.

- Quality Strategy Goal 1: Improve the member's experience of care, including quality and satisfaction.
- Quality Strategy Goal 2: Improve the health of AHCCCS populations.
- Quality Strategy Goal 3: Reduce the growth in healthcare costs and lower costs per person.
- Quality Strategy Goal 4: Enhance data system and performance measure reporting capabilities.

Quality Strategy: Next Steps

Next Steps: The next Quality Strategy and Quality Strategy Evaluation submissions are due to CMS no later than July 1, 2024.

- AHCCCS is in the process of updating both documents through collaboration with subject matter experts across the agency's divisions.
- AHCCCS is seeking input from members and other stakeholders in developing the Quality Strategy prior to finalizing it for CMS submission.
 - Please share any feedback on the current Quality Strategy, including feedback on the goals and objectives.

Quality Strategy: Feedback Request

For Discussion:

- Are the current Quality Strategy goals valuable?
 - Are there any changes to the goals that should be considered?
 - Are there any goals that should be added?
 - Are the associated objectives (found in the Appendix) valuable, or should any changes be considered?
- What quality-specific focus areas should be highlighted in the Quality Strategy?
- Feedback process: What feedback processes would be most effective in the future to collect feedback on the Quality Strategy?
 - How should changes to the Quality Strategy be communicated?
 - Ideally, how often should feedback be requested?

Quality Strategy: Key Dates

Activity	Dates*
AHCCCS internal review and updates	Ongoing
Stakeholder Presentations	October - December 2023
AHCCCS Executive Management review and approvals	April 2024
Public Comment	May - June 2024
Post Quality Strategy and Quality Strategy Evaluation on AHCCCS website	No later than July 1, 2024
Submit Quality Strategy and Quality Strategy Evaluation to CMS	No later than July 1, 2024

* Timeline generated based on three year review cycle and is subject to change.

Quality Strategy: Feedback Opportunities

AHCCCS requests feedback on its Quality Strategy via the following opportunities:

- Stakeholder presentations: ALTCS Advisory Committee, AHCCCS and MCO Chief Medical Officers' Meeting, QM/MM/MCH EPSDT Quarterly Contractor Meeting, State Medicaid Advisory Committee; AHCCCS Quarterly Tribal Consultation; AHCCCS Community Quality Forum.
 - Please submit feedback or questions to Georgette.Chukwuemeka@azahcccs.gov.
- Public comment period: AHCCCS will notify stakeholders once the Quality Strategy is posted online for review and feedback.

Appendix

Current Quality Strategy Goal 1 and Objectives

Quality Strategy Goal 1: Improve the member's experience of care, including quality and satisfaction.

- Enrich the member experience through an integrated approach to service delivery,
- Improve information retrieval and reporting capability by establishing new and upgrading existing information technologies, thereby increasing responsiveness and productivity,
- Enhance current performance measures, PIPs, and best practice activities by creating a comprehensive quality of care assessment and improvement plan across AHCCCS programs, and
- Drive the improvement of member-centered outcomes using nationally recognized protocols, standards of care, and benchmarks, as well as the practice of collaborating with MCOs to reward providers based on clinical best practices and outcomes (as funding allows).

Current Quality Strategy Goal 2 and Objectives

Quality Strategy Goal 2: Improve the health of AHCCCS populations.

- Increase member access to integrated care that meets the member's individual needs within their local community,
- Support innovative reimbursement models, such as Alternative Payment Models (APMs), while promoting increased quality of care and services, and
- Build upon prevention and health maintenance efforts through targeted medical management:
 - Emphasizing disease and chronic care management,
 - Improving functionality in activities of daily living,
 - Planning patient care for special needs populations,
 - Identifying and sharing best practices, and
 - Expanding provider development of COE.

Current Quality Strategy Goal 3 and Objectives

Quality Strategy Goal 3: Reduce the growth in healthcare costs and lower costs per person.

- Increase analytical capacity to make more informed clinical and policy making decisions, and
- Develop collaborative strategies and initiatives with state agencies and other external partners, such as:
 - Strategic partnerships to improve access to healthcare services and affordable health care coverage,
 - Partnerships with sister government agencies, MCOs, and providers to educate Arizonans on health issues,
 - Effective medical management for at-risk and vulnerable populations, and
 - Building capacity in rural and underserved areas to address both professional and paraprofessional shortages.

Current Quality Strategy Goal 4 and Objectives

Quality Strategy Goal 4: Enhance data system and performance measure reporting capabilities.

- Evaluate current data system infrastructure,
- Identify system and process limitations impacting performance measure reporting and analysis,
- Leverage various data sources to produce comprehensive reliable data,
 - Collaborate with external stakeholders to facilitate access to supplemental data sources, and
 - Explore means for collecting and reporting performance measure data utilizing EHR methodologies, and
- Drive continuous delivery system performance through advanced data analytics and disparity analyses.

Open Discussion



Olmstead Plan

Adam Robson, Employment Administrator
Division of Health Care Services

Olmstead v. L.C. (1999)

- The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson.
- Both had diagnoses of mental health conditions and intellectual disabilities.
- Both voluntarily admitted to the psychiatric unit in the State-run Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.
- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.



Olmstead v. L.C. (1999)

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
 - State's treatment professionals reasonably determine that such placement is appropriate
 - The affected person is in agreement with the decision, and
 - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services

Arizona's Approach

- The Court did not require states to develop a plan, but Arizona chose to do so.
- The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program, including Tribal ALTCS programs.



Public Comment Themes

Public Comment Period – July/2022 to September/2022

Public Comment Themes	Recommendations that led to changes
Navigating the system	<ul style="list-style-type: none"> • Educating on formal and informal grievance and appeal processes • Referring from one line of business to another
Data	<ul style="list-style-type: none"> • Enhancing benchmark/measurement data • Developing population specific data • Adding average LOS and readmission rates on treatment/housing types • Adding data on members who are appropriate for more integrated settings but have not received it
Service/Network Expansion	<ul style="list-style-type: none"> • Monitoring and standards for network capacity, including access to services for specialty populations • Clarifying partnership between justice and the CLRS
Workforce development	<ul style="list-style-type: none"> • Reviewing retention and turnover rates • Enhancing training
Plan oversight	<ul style="list-style-type: none"> • Adding timeline for updates • Having a process for stakeholder input • Enhancing transparency and clarifying how to engage the public to provide input

2023 Arizona Olmstead Plan



2023 Arizona Olmstead Plan – Draft

Introduction:

- What is the Olmstead decision?
- Arizona’s Practice of Advancing Olmstead
- Arizona’s 2023 Olmstead Plan In Development
- Evaluation and Transparency
- Concerns About Access to Care

Olmstead Strategies:

- Each Olmstead strategy contains language or space for the following:
 - Objectives
 - Performance Targets
 - Target Dates
 - Progress Summary

Note: Not all Objectives will have Performance Targets

- Some Performance Targets will need to be added later after actions are already taken or data is reviewed
- Sometimes the Objective is the Performance Target

Note: Target Dates are anticipated dates and are subject to change.

Olmstead Strategies

#	Strategy	Description
1	Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.
2	Reach-in discharge planning for hospital settings	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.
3	Reach-in discharge planning for the justice system	Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.
4	Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations	Explore the feasibility of expanding HCBS for the aging SMI population.

Olmstead Strategies

#	Strategy	Description
5	Workforce Development initiatives	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.
6	High quality network to ensure members are served in the most effective and least restrictive manner	Ensure services are provided by high quality network providers in a timely manner.
7	Person-centered planning enhancements	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs)
8	Aggregated Population Data	Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.

Sample

Strategy #X: *TITLE OF STRATEGY LISTED HERE*

Objective #1	Target Date	Performance Targets	Progress Summary
<ul style="list-style-type: none"> All strategies have Objectives Some Objectives have Sub-Objectives 	<ul style="list-style-type: none"> All strategies have Target Dates Target Dates are anticipated and subject to change 	<ul style="list-style-type: none"> Many have actionable and measurable Performance Targets listed. Some Objectives are the Performance Target, so they were not duplicated here. Others may have Performance Targets added later during the process. 	<ul style="list-style-type: none"> A few preliminary Progress Summaries are listed that contain baseline data that we know already. This is the section that will be updated each quarter to include major progress made. There does not have to be a Progress Summary written out for each Objective every time the Plan is updated. For the first Progress Summary, a table will be inserted below each Strategy to accumulate a list of Accomplishments.

How to Stay Connected With Olmstead

- Visit www.azahcccs.gov/Olmstead. Here, interested parties have the option to:
 - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
 - Receive information about open public comment periods, and
 - Locate the Olmstead email address to share input with AHCCCS at any time.
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page.

Other Ways to Stay Connected With Olmstead

- Quarterly updates presented during AHCCCS Community Forums on accomplishments made during the quarter.
- Annual updates presented to various committees and councils, such as the SMAC, Tribal Consultation, BHPC, ALTCS Advisory Council, and the OIFA Advisory Council.
- MCOs to review and share quarterly updates on the Olmstead Plan with their Member Advisory Councils and Governance Committees.
- Annual Olmstead Plan public forum and comment period to conduct a reassessment of needs.

*** Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address (Olmstead@azahcccs.gov) throughout the year.

Open Discussion



State Plan Amendment Updates

Ruben Soliz, Federal Relations Section Lead and
Health Policy Advisor (for the State Plan)

Division of Community Advocacy and
Intergovernmental Relations

Overview of State Plan/ State Plan Amendments (SPAs)

- Each state has a Medicaid state plan that describes how the state will administer its Medicaid program.
- The State Plan is the basis for federal financial participation in the Medicaid program, attesting to the State's compliance with federal regulations.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

Upcoming SPAs

Physician Administered Drugs (Effective 10/1/23)

Adjust the reimbursement methodology for Physician Administered Drugs for providers outside of IHS/638 facilities.

Rapid Whole Genome Sequencing (RWGS)

(Effective 10/30/23-7/30/26)

Provides an additional payment for medically necessary RWGS when established clinical criteria is met. Costs associated with RWGS will be billed separately from the inpatient episode.

Upcoming Submissions

Differential Adjusted Payment (DAP) 2024

- Effective: 10/1/23
- Purpose: AHCCCS will submit 3 DAP SPAs - specific to inpatient, nursing facility and outpatient providers.
- DAP is intended to distinguish providers that have committed to designated actions to improve patient care, improve member health and reduce cost of care growth.
- DAP providers receive a positive adjustment to the AHCCCS fee-for service rates contingent upon accomplishing DAP milestones.

Upcoming SPAs

Fee For Service Rate Updates (Effective 10/1/23)

The following fee for service rates (posted [here](#)) will be adjusted:

FQHC/RHC	Ambulatory Surgical Center Fee Schedule
Hospice	Durable Medical Equipment Fee Schedule
Ambulance	Clinical Laboratory Fee Schedule
Physician Drug Schedule Rates	Physician Fee Schedule
Inpatient Hospital APR-DRG	Adaptive behavior assessment codes will have FFS rates.
Inpatient Hospital LTAC Hospital and Rehab	Modifier CO and CQ to indicate services provided by a PT/OT Assistant will be paid 85% of the fee schedule
AZEIP Speech Therapy Rates	15 specific dental codes will receive a 10% rate enhancement when provided in Flagstaff.

Public Comment Process

All SPAs are posted for Public Notice at the following website:

<https://www.azahcccs.gov/AHCCCS/PublicNotices/#SPAs>

Public Comments or Written Testimony may be submitted to AHCCCS via:

- **Email:** publicinput@azahcccs.gov

- **Postal Mail**

AHCCCS

Attn: Division of Community Advocacy and Intergovernmental
Relations

801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

Open Discussion



1115 Waiver Updates

Shreya Arakere, Federal Waiver and Evaluation
Administrator

Division of Community Advocacy and
Intergovernmental Relations

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, and
- Must be budget neutral, meaning that federal spending under the waiver cannot exceed what it would have been in absence of the waiver.



Parents as Paid Caregivers of Minor Children

Parents as Paid Caregivers

- 2020:
 - In response to COVID-19 PHE, AHCCCS submitted and received approval for an Appendix K waiver amendment to allow for payments to parents providing caregiving services to minor children.
 - Currently, this program authority extends through November 11, 2023.
- 2023:
 - Based on stakeholder feedback, the agency plans to request authority to make this a permanent feature of the ALTCS program.

Parents as Paid Caregivers

- **Eligible Individuals:** Eligible minor Arizona Long-Term Care (ALTCS) members who require home and community-based services (HCBS).
- **Benefits:**
 - Allows legally responsible parents to receive payment for “extraordinary” direct care services (attendant care, personal care, and homemaker services) approved under the 1115 demonstration waiver, and
 - Parents would be limited to 40 hours of paid care, per child, in a given week and cannot exceed more than 16 hours in a single day.

Parents as Paid Caregivers

- Parents who do provide these services must meet all direct care worker requirements as established by AHCCCS policy including:
 - Being employed/contracted by an AHCCCS Registered Direct Care Service Agency,
 - Passing specific direct care worker competency tests, and
 - Demonstrating compliance with Electronic Visit Verification (EVV) per the 21st Century Cures Act
- Parents who provide these services must also maintain quarterly in-person case management visits as well as agency supervisory visits.

Extended Family Support & Home Care Maintenance

- As an auxiliary support to the PPCG proposal, the Agency is proposing to establish a home care training family support (family support) service for the long-term care population
- Currently, a comparable service is available to AHCCCS members with a behavioral health need under the rehabilitation benefit in the agency's State Plan

Extended Family Support & Home Care Maintenance

- **Eligible Individuals:** Primary caregivers of children and adults enrolled in the Arizona Long Term Care System who are residing at home.
- **Benefits:** Family supports may involve activities such as:
 - Assisting the family to learn skills related to adjustment to the member's disability or aging process or significant life events or transitions,
 - Enhancing and improving the health and wellbeing of the member and family unit,
 - Navigating the healthcare system,
 - Self-advocacy, and more.

Parents as Paid Caregivers - Goals

- Mitigate DCW shortage and other access to care challenges by allowing payments to parents who serve as paid caregivers for their minor children,
- Increase member satisfaction and promote positive health and well-being outcomes for the target population,
- Extend an additional support service to restore, enhance, and maintain family functioning to preserve effective care for the member in the home and community, and
- Ensure that members receive high-quality care while increasing timely accessibility to care providers.

Public Comment Review

- AHCCCS formally concluded the public comment period on 8/21/23 and throughout the process AHCCCS:
 - Engaged over 1,700 stakeholders through community forums and other stakeholder meetings,
 - Received over 2,100 total pieces of feedback through verbal, chat, and email responses with the most common themes:
 - Adding habilitation as a covered service,
 - Concern with the 40 hour limitation and date of implementation,
 - Inability to find habilitation providers,
 - Countless valuable personal experiences, and many more.

Parents as Paid Caregivers Overview

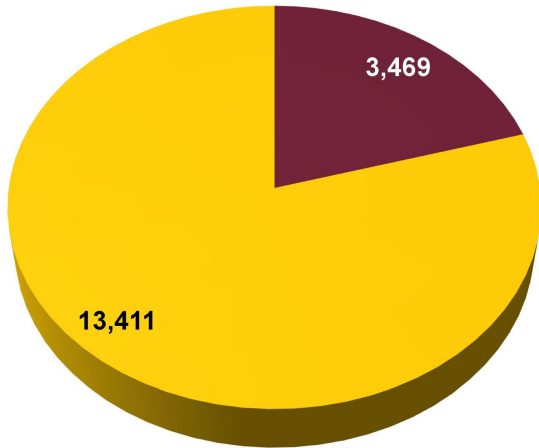
Changes made to the proposal, based on public comments

Pre-PHE (1988-2020)	During-PHE (2020-2023)	After-PHE (2023- →)
<p>No ability for parents to be paid as caregivers for their minor children</p> <p>Ability for parents of adult children (and other family members) to provide care has been a long standing feature of the ALTCS program</p>	<p>Parents as Paid Caregivers of their Minor Children- Temporary flexibility offered by CMS to address challenges presented by PHE. Includes:</p> <ul style="list-style-type: none"> - Paying parents for services such as attendant care and habilitation - No hourly limitations <p>Parents of adult children (and other family members) remained in place</p>	<p>Proposal looks to continue aspects of the program including:</p> <ul style="list-style-type: none"> - Paying parents for attendant care and habilitation - 40 hour limitation for parents with a phase down approach - Inclusion of family support services for ALTCS members and families <p>Parents of adult children (and other family members) will remain in place</p>

Number of Minor Children Served by Parent

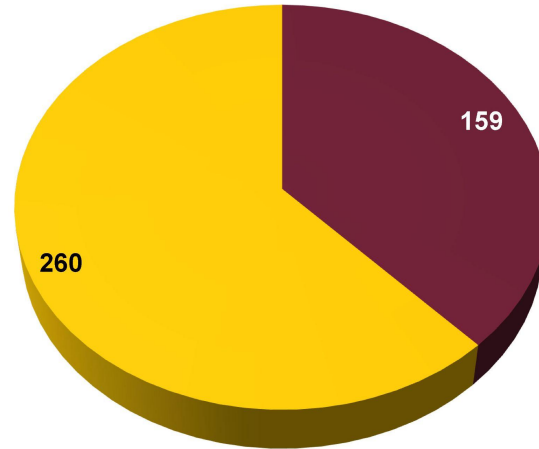
■ #of minor children served by parent ■ Minor members not served by parents

DDD



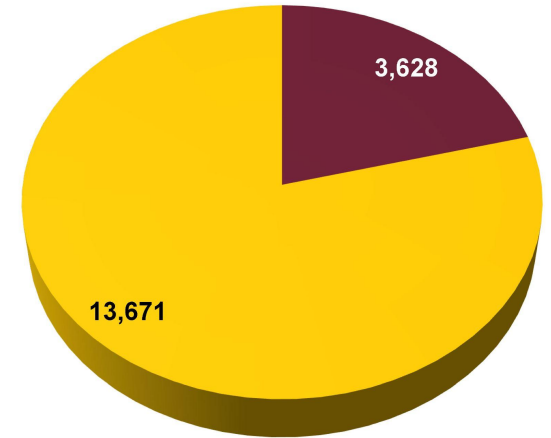
Total: 16,880

EPD



Total: 419

Total



Total: 17,299

Parents as Paid Caregivers Resources

- More information on the Parents as Paid Caregivers Waiver Amendment can be found at www.azahcccs.gov/Resources/Federal/PendingWaivers/ParentCareGivers.html.
- The web page includes a summary of Arizona's Demonstration amendment request.

Parents as Paid Caregivers - Future Steps

- Upon CMS approval, the following operational and system modifications will be implemented:
 - Policy Revisions
 - MCO network development for the family support service
 - Case Manager Training
 - Member and family member education and outreach

Parents as Paid Caregivers Resources

- More information on the Parents as Paid Caregivers Waiver Amendment can be found at <https://www.azahcccs.gov/Resources/Federal/PendingWaivers/ParentCareGivers.html>.
- The web page includes a summary of Arizona's Demonstration amendment request & the schedule (dates and times) of public forums across the state.



SMAC Updates

Desiree Greene

Division Project Manager and SMAC Liaison

New Public Member SMAC Members

Nominee	Title	Association
Jill Anne Castle	Professor/Advocate/Consultant	Arizona State University
Kavita Bernstein	Senior Director of Strategy + Innovation	Candelen

New SMAC Member Spotlight Kavita Bernstein



Short Bio:

Kavita currently serves as the Vice President of Programs + Impact at Candelen, a non-profit organization with programs in Arizona and Nevada. Her love for health care originated from my Mum who worked in the healthcare industry. Having fond memories of walking the hallways of our local hospital, it's not shocking that her first job out of college was at St. Luke's in Phoenix when they first opened their urgent care psych unit for children. Her love for serving others finds its roots in my experiences working in the behavioral health field, facilitating Child and Family Teams (CFT) in the community and training/coaching new staff in the CFT process. After spending over 15 years in the behavioral health field, she expanded into macro-level system work as I oversaw the early childhood health grants at First Things First. Kavita's fondness for preventive health grew in that role and provided her with a greater understanding of public health and the Medicaid system. She currently serves as the Chair of the Neighborhood Outreach Access to Health (NOAH) Board and also serves as the Secretary of the AZ ACEs Consortium Board.

New SMAC Member Spotlight Jill Anne Castle



Short Bio:

Jill Anne Castle, M.Ed has been a state and national advocate in both education and healthcare for almost 20 years. She currently teaches Educational Psychology and Leadership at Mary Lou Fulton Teachers College at ASU as well as consults for several non-profits nationwide. She teaches, speaks, writes and supports parents and individuals with disabilities.



SMAC Membership Assignments & Voting Session

MaryJo Whitfield

Vice President, Behavioral Health
Jewish Family & Children's Service

SMAC Member Nomination Review

The SMAC receives many nominations for consideration throughout the year. The SMAC Liaison saves and prepares them for submission to the subcommittee in accordance with the bylaws. The subcommittee makes recommendations to Director Heredia for her consideration to use those recommendations to move forward with a formal majority vote of the SMAC during an open meeting. The SMAC membership is limited to those positions identified on our website, located here:

<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>.

Current Professional/Provider SMAC Members

John Hogeboom, CEO/President, Community Bridges, Inc.

David Voepel, CEO, Az Healthcare Association

Dr. Elizabeth McKenna, M.D., Co-Owner, Healing Hearts Pediatrics

Dr. Jessica B. Peterkin, Dentist & Founder/CEO, Ministry of Dentistry, Inc

Vicki Staples, Director of OP Behavioral Health, Valleywise Health

Mary Jo Whitfield, VP of Integrated Health, Jewish Family and Children's Services

Debbie Johnston, Executive Vice President , AZ Hospital and Healthcare Association

Karen Resseguie, Behavioral Health Administrator, Foundation for Senior Living

Katherine Andersen, Director of Health Information Management and Medical Staff; Privacy Officer, San Carlos Apache Healthcare Corporation

Brittney Kaufmann, Chief Executive Officer, Health System Alliance of Arizona

Current Public SMAC Members

Daniel Haley, Chief Executive Officer, H.O.P.E.
<i>Open Seat</i>
Vince Torres, Associate Director Customer & Community Success, Unite Us
Dina Norwood, Managing Attorney, Community Legal Services
Jill Anne Castle, Professor/Advocate/Consultant, Arizona State University
Diana “Dede” Yazzie Devine, Community Member/Advocate
Melissa Kotrys, CEO, Health Current
Greg Corns, Community Member/Advocate
Serena Unrein, Community Member/Advocate
Kavita Bernstein, Senior Director of Strategy & Innovation, Candelen

Recommendation for Public Member Assignment

Nominee	Title	Association
Anton Nikitin	Advocate/Recent graduate with a Master's Degree in Forensic Psychology	Medicaid Member
Matt Jewett	Director of Health Policy	Children's Action Alliance

SMAC Member Assignment Vote

THANK
YOU

Debbie Johnston

Open Discussion



Call to the Public

2024 SMAC Meeting Calendar

Per bylaws language, SMAC meetings are to be held during the 2nd
Wednesday of
January, April, July and October from 1:00 p.m. - 3:00 p.m

2024 SMAC Meetings:

January 10, 2024

April 10, 2024

July 10, 2024

October 9, 2024 (final meeting of the year)

For all SMAC Dates and Meeting Materials, see the following link:
<https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/smac.html>

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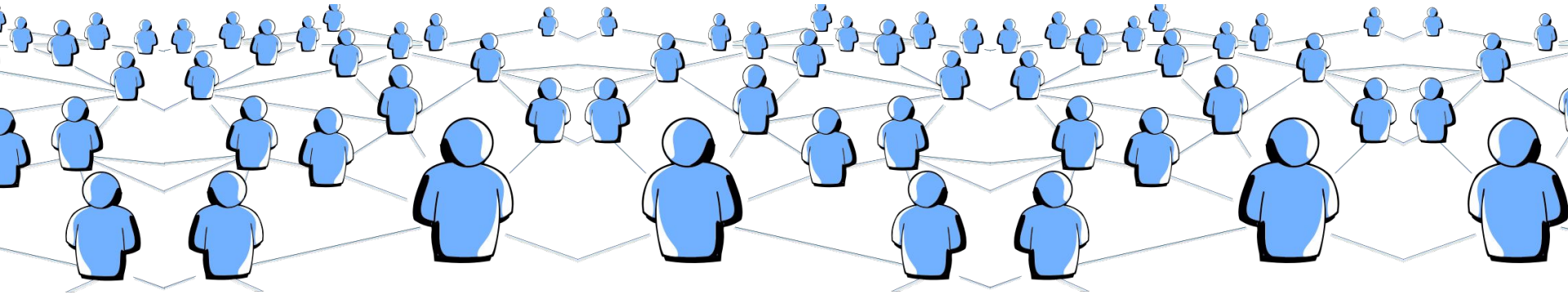
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Channel:

[AHCCCSgov](https://www.youtube.com/channel/AHCCCSgov)



Learn about AHCCCS' Medicaid Program on YouTube!



Watch our Playlist:

[Meet Arizona's Innovative Medicaid Program](#)

Other Resources - Quick Links

- AHCCCS [Waiver](#)
- AHCCCS [State Plan](#)
- AHCCCS [Grants](#)
- AHCCCS [Whole Person Care Initiative \(WPCI\)](#)
- AHCCCS [Office of Human Rights](#)
- AHCCCS [Office of Individual and Family Affairs](#)
- [Future RBHA Competitive Contract Expansion](#)

Thank You.

Have a great day!