Welcome to today's Tribal Consultation Meeting!

We will begin shortly. All lines have been automatically muted.

While you are waiting TEST YOUR AUDIO.
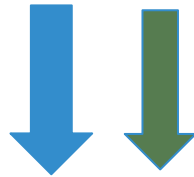
LISTEN FOR MUSIC.

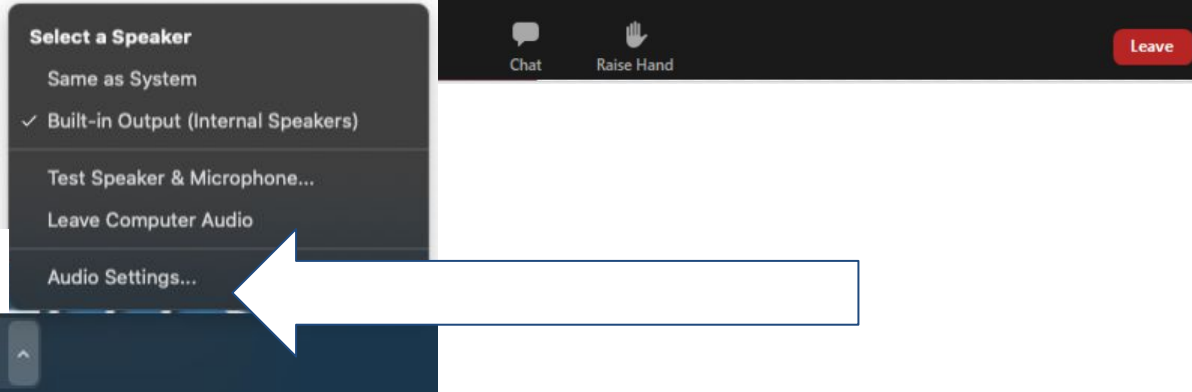Please use the chat feature for questions or raise your hand.

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.

Select a Speaker

Same as System

✓ Built-in Output (Internal Speakers)

Test Speaker & Microphone...

Leave Computer Audio

Audio Settings...

Audio Settings ⌃

Chat

Raise Hand

Leave

AHCCCS
Arizona Health Care Cost Containment System

Special Tribal Consultation Meeting: Housing Waiver Amendment Request and Targeted Investments (TI) Program 2.0 Concept Paper

April 5, 2021

AHCCCS At A Glance

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

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

...and two-thirds of nursing facility days.

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

More than 99,500 health care providers are registered with AHCCCS.

Payments are made to 15 contracted health plans that are responsible for the delivery of care to members.

AHCCCS - National Leader in Innovation

Operated a waiver demonstration since **1982**

Has one of the **lowest per-enrollee costs** among states at only $6,411 per-enrollee vs. the national average of $7,004 per-enrollee.

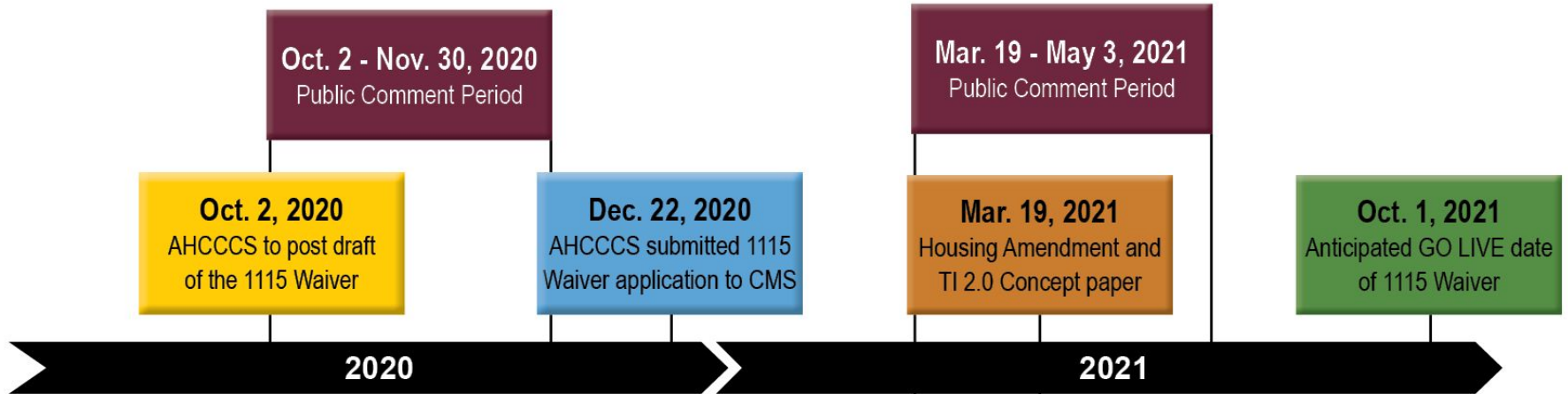**First state** to operate under a statewide managed care demonstration

**The only state** to have done so from the start of its Medicaid program.

Arizona's 1115 Waiver Renewal Timeline

Oct. 2 - Nov. 30, 2020
Public Comment Period

Mar. 19 - May 3, 2021
Public Comment Period

Oct. 2, 2020
AHCCCS to post draft
of the 1115 Waiver

Dec. 22, 2020
AHCCCS submitted 1115
Waiver application to CMS

Mar. 19, 2021
Housing Amendment and
TI 2.0 Concept paper

Oct. 1, 2021
Anticipated GO LIVE date
of 1115 Waiver

2020

2021

1115 Demonstration Waiver Renewal

- **Initiatives to Be Continued**
  - Managed care
  - Home and community based services
  - Targeted Investments Program
  - AHCCCS Works
  - Waiver of prior quarter coverage for certain populations
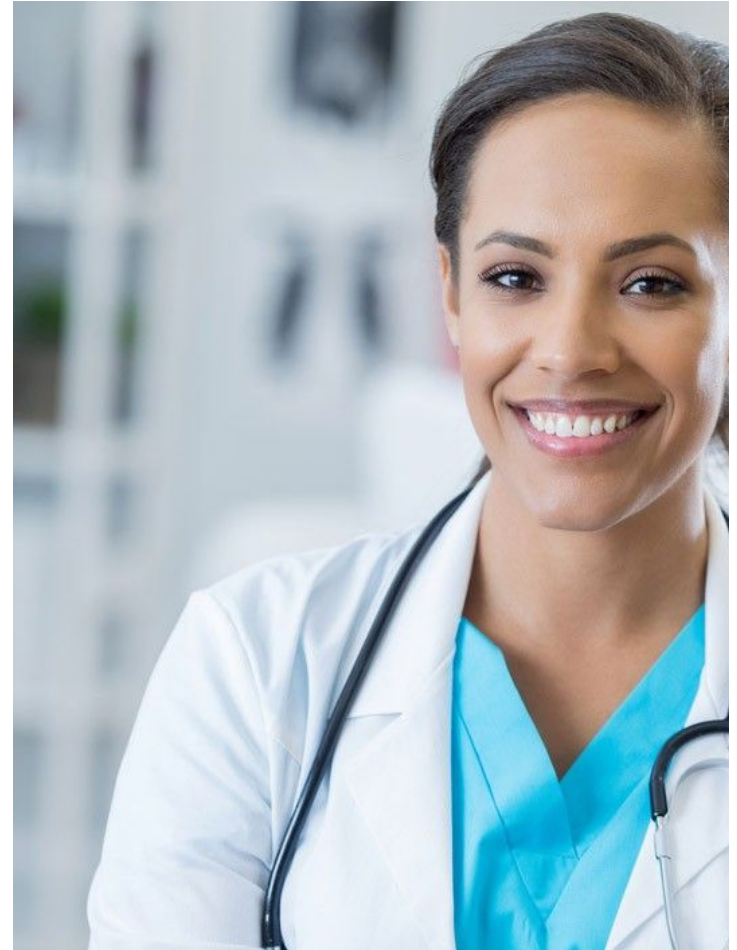
1115 Demonstration Waiver Renewal

- **New Initiatives**

  - Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members

  - Reimbursement for traditional healing services (renewed request)

  - Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities

TI Program 2.0 Public Comment Feedback

- Incentivize projects crucial to addressing social risk factors such as housing, food, employment, social isolation, and non-medical transportation for AHCCCS members

- Funding to support the participating community based organizations (CBOs) in building infrastructure and capacity to serve AHCCCS members

- Allow participation for IHS/638 providers and peer run organizations

Addressing Social Determinants of Health
Public Comment Feedback

- Request waiver authority to reimburse for whole person care services, such as housing & food

- Additional housing funding to support AHCCCS members who are experiencing homelessness

- Housing services recommended by stakeholders include permanent supportive housing, rapid rehousing, and utility support
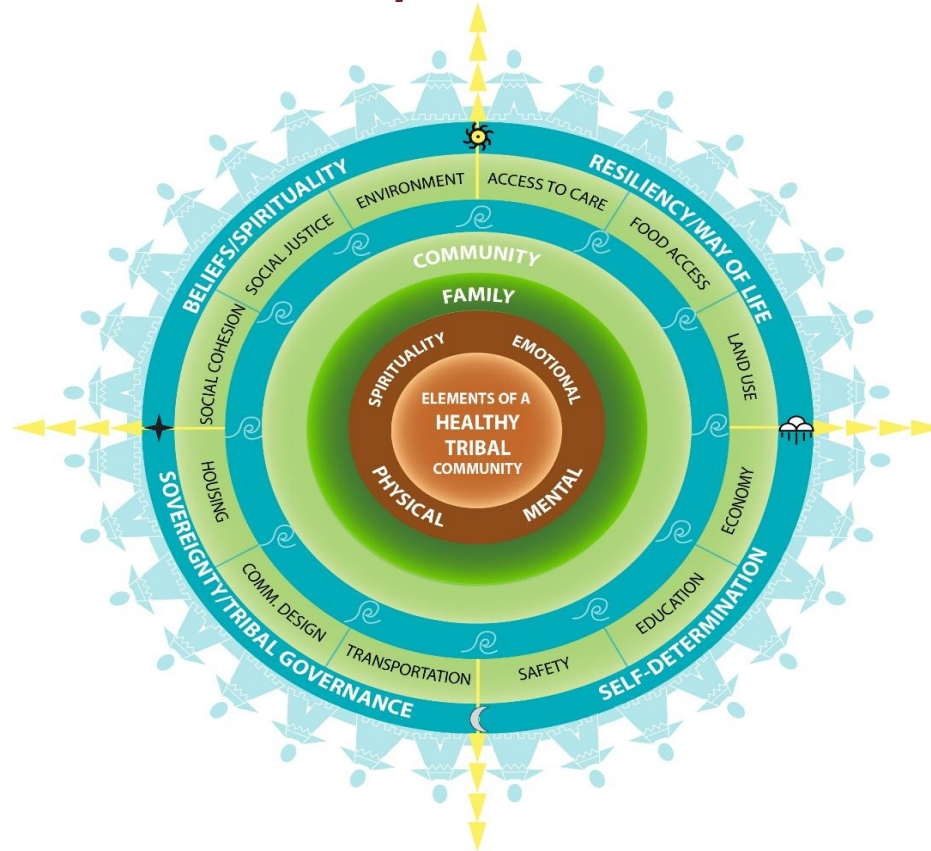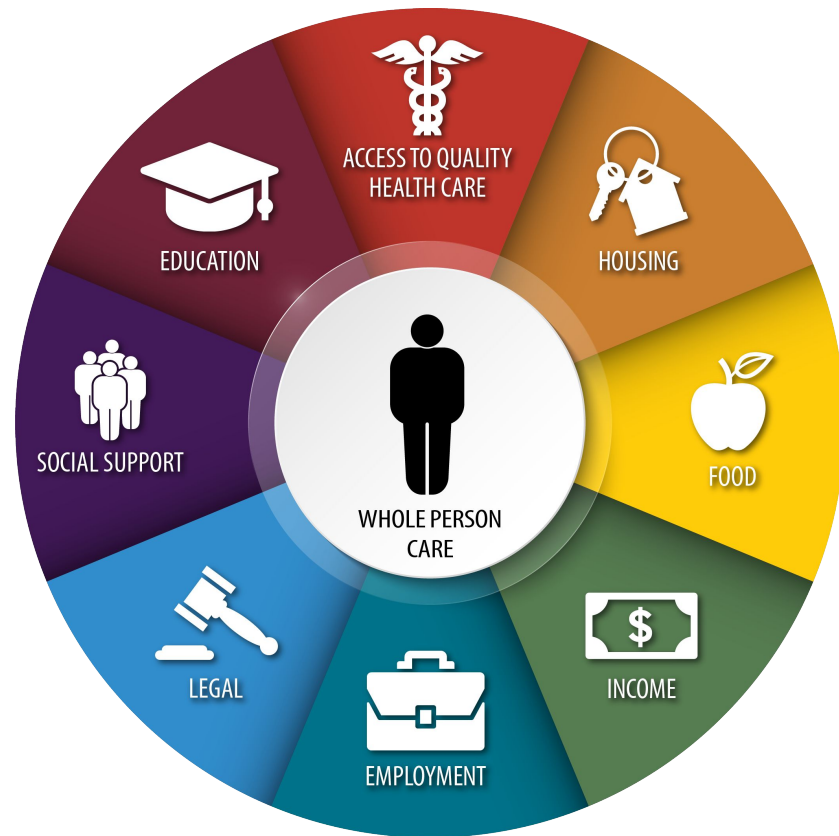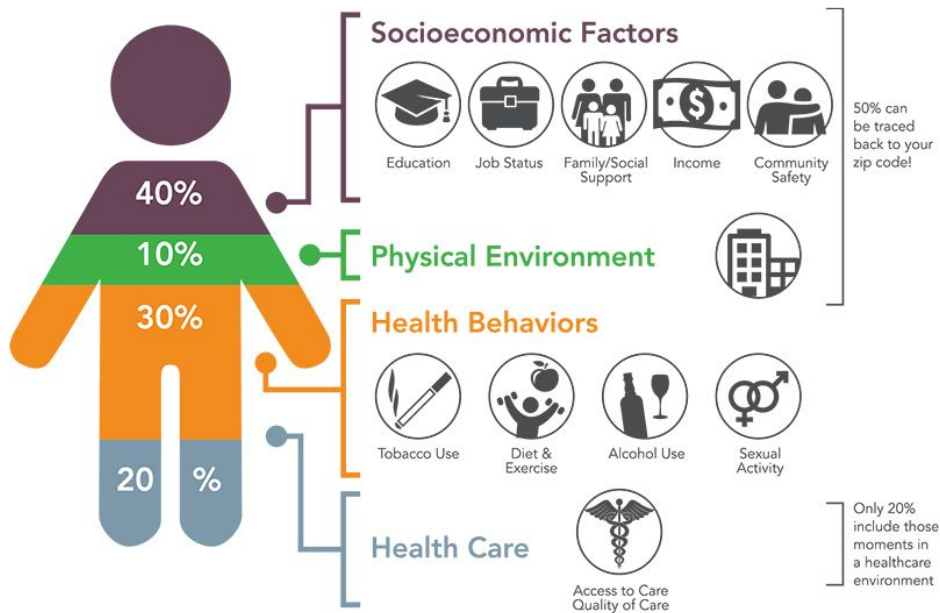
Tribal Housing Listening Session

- AHCCCS hosted a listening session regarding tribal housing needs and resources on February 1, 2021.
- Audience focused specifically on individuals from tribal housing authorities and organizations serving tribal members in need of housing.
- **Goal**: Help identify possible barriers related to geography, cultural norms, service system coordination, tribal housing needs or shortages, and member service needs.

Tribal Housing Listening Session: Summary

- Substandard housing
- Lack of housing available on tribal lands
  - o Bureaucratic barriers related to land use on tribal lands
- High cost of housing for members when available
  - o Often exceeds applicable funding sources/vouchers
- Housing directors may be used to working with federal dollars via HUD or IHS, but not so much state housing dollars
- Lack of culturally competent and responsive providers

Elements of a Healthy Tribal Community Wheel

Socioeconomic Factors

Education · Job Status · Family/Social Support · Income · Community Safety

50% can be traced back to your zip code!

Physical Environment

Health Behaviors

Tobacco Use · Diet & Exercise · Alcohol Use · Sexual Activity

Health Care

Access to Care · Quality of Care

Only 20% include those moments in a healthcare environment

40% · 10% · 30% · 20%

Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

ACCESS TO QUALITY HEALTH CARE · HOUSING · FOOD · INCOME · EMPLOYMENT · LEGAL · SOCIAL SUPPORT · EDUCATION

WHOLE PERSON CARE

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS Whole Person Care Initiative (WPCI)

- Launched in November 2019
- Building off of existing programming and services to further address social risk factors of health including:
  - housing
  - employment
  - criminal justice
  - transportation
  - social isolation

Whole Person Care Initiative

- Housing Administrator contract begins 10/1/2021

- Closed Loop Referral System with Health Current

- MCOs focus on community reinvestment dollars on social determinants of health

- **Next Steps: Housing and Health Opportunities (H2O) Demonstration & Targeted Investments (TI) 2.0 - To be discussed today**

Housing Waiver Request/TI 2.0 Concept Paper Timeline

Develop Draft Housing Waiver Request and TI 2.0 Concept Paper

Conduct Public Forums, a Special TC and SMAC Meeting

Dec 2020-Feb 2021

March 20 - May 3, 2021

March 19, 2021

May 31, 2021

Post Draft Proposal and Begin 45 Day Public Comment Process

Review Stakeholder Feedback, Finalize Proposal, & Submit to CMS
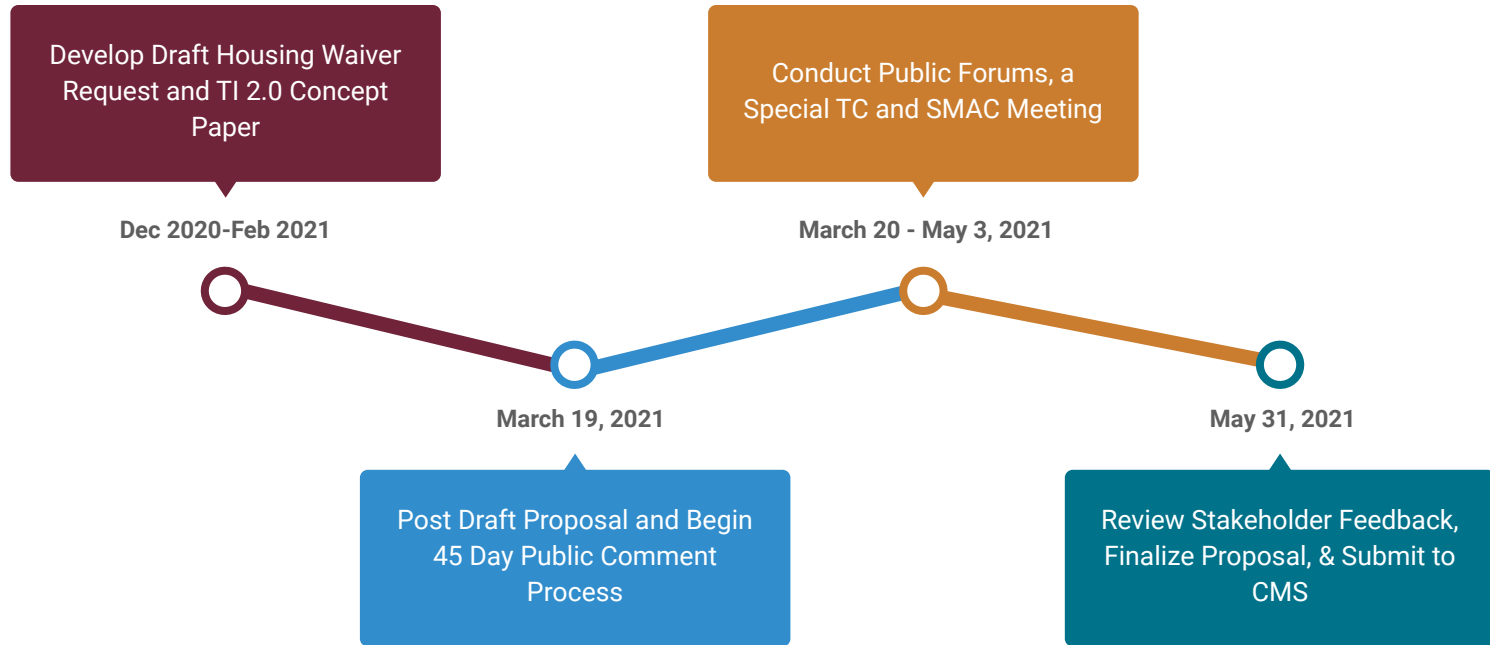
Public Forums, Special TC and SMAC Meeting

Meetings	Dates and Times
Public Forum #1	March 31, 2021 1:00 p.m. - 3:00 p.m. MST
Special Tribal Consultation	April 5, 2021 12:00 p.m. - 2:00 p.m. MST
Public Forum #2	April 8, 2021 2:00 p.m. - 4:00 p.m. MST
State Medicaid Advisory Committee (SMAC) Meeting	April 14, 2021 1:00 p.m. - 3:00 p.m. MST

Public Notice & Comment Period

- Arizona's draft amendment application will be available for public review and comment: **March 19, 2021** - **May 3, 2021**

- Submit written comments no later than **May 3, 2021**

- Housing Waiver amendment request & TI 2.0 concept paper are posted here:

  o azahcccs.gov/HousingWaiverRequest

  o azahcccs.gov/Resources/Federal/PendingWaivers/TI2.html

Open Discussion

AHCCCS Housing & Health Opportunities (H2O) Demonstration Proposal

History

1989 –Arnold v. Sarn (Maricopa)
- Court Order Included Housing
  - Maricopa HUD CoC for SMI Housing
  - AZ Legislative Appropriations
    - Units purchased and rehabbed (e.g., SB2003)
  - Subsidies/Scattered Sites Programs

2016 Arnold v. Sarn Settlement/Exited
- Housing in Exit Stipulations
- AHCCCS/DBHS Integrated Care
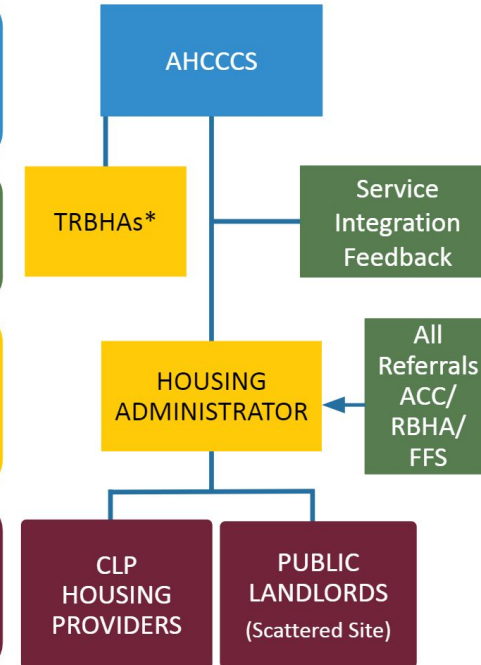- AHCCCS as funder/regulator; RBHAs as operators

AHCCCS Medicaid Housing Delivery System

- Funding allocation to contractor
- Establish and implement standards, policies
- Oversight of contractor metrics, monitoring
- Oversight of referral process

- Coordination of clinical eligibility and referrals
- Client housing placement coordination
- Clinical coord. of post-housing wrap around services

Housing Administration – waitlist management; inspections; client briefing/lease up; utilization; legal compliance (fair housing); landlord payment; housing outcome reporting and tracking; HUD unit management; renewals/re-certifications; fiscal reporting; notices.
*AHCCCS awards funding directly to the TRBHAs for housing activities

CLP Housing – AHCCCS purchased, fixed site, owned by provider/non-profits, block leasing
Scattered Site (Vouchers) – Market affordable housing, community landlords.

AHCCCS

TRBHAs*

Service Integration Feedback

HOUSING ADMINISTRATOR

All Referrals ACC/RBHA/FFS

CLP HOUSING PROVIDERS

PUBLIC LANDLORDS (Scattered Site)
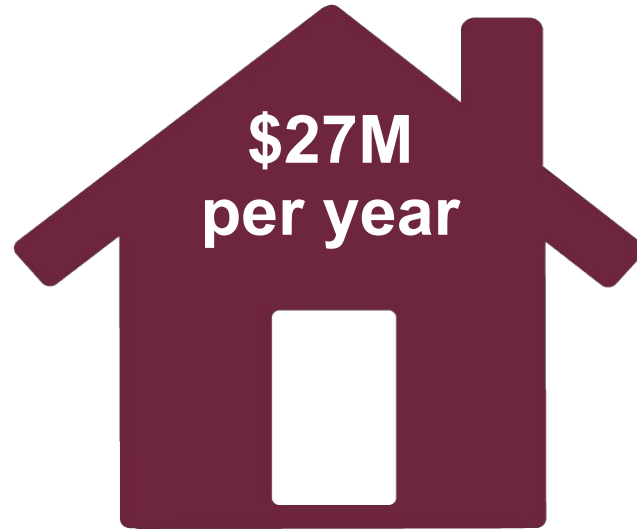
AHCCCS
Permanent Supportive Housing

Housing Subsidies ➕ Medicaid Wraparound Services

AHCCCS Housing Delivery System

$27M per year

AHCCCS administers approximately $27 million per year to provide rent subsidies for almost 3,000 AHCCCS members with an SMI designation, and for a small number of high need individuals in need of behavioral health and/or substance use treatment.

AHCCCS Housing Delivery System

State SMI Housing Trust Fund

$2M per year

1500 members

AHCCCS administers the State SMI Housing Trust Fund (SMI HTF) of approximately $2 million per year, to expand housing capacity for persons with an SMI designation
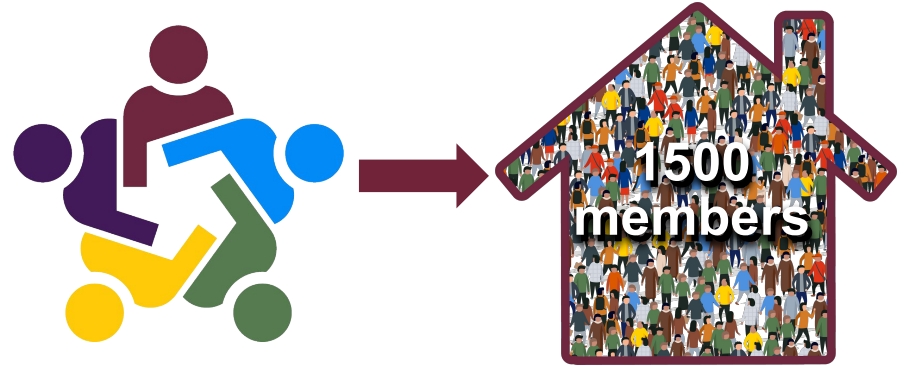
AHCCCS collaborates with local housing authorities, tax credit programs, and the HUD Continuum of Care (HUD CoC) to provide PSH capacity for an additional 1,500 members.

AHCCCS Wraparound Housing Services

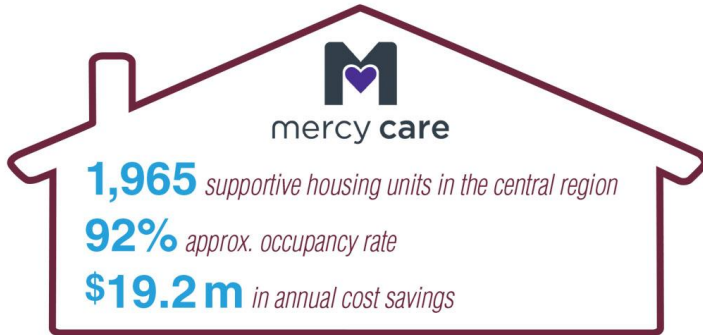| Medicaid Wraparound Housing Services		
Medicaid Covered Behavioral Health Services	**Related Pre-Housing Activities (Attain Housing)**	**Related Activities In Housing (Sustain Housing)**
● Case Management and Coordination of Care ● Group Counseling ● Pre-Employment Training ● Supportive Employment ● Individual & Family Peer Support ● Group Peer Support ● Health Promotion ● Medication Assistance ● Substance Use Counseling ● Skills Training and Development	● Securing ID and Documents ● Completing Housing Applications ● Understanding Lease/Legal Notices ● Housing Search ● Disability Accommodation Requests ● Move-In Coordination ● Attending Housing Briefings ● Budgeting and Financial Planning ● Coaching for Interviews, Landlord Visits or Housing Negotiations	● Crisis/Conflict Management ● Budgeting ● Pre and Post Employment Supports ● Benefit Applications ● Life Skills ● Connection to Family, Natural and Community Supports ● Landlord and Neighbor Communication ● Substance Use Disorder Treatment Supports ● Lease Renewal

AHCCCS Housing Program Outcomes

1,965 supportive housing units in the central region
92% approx. occupancy rate
$19.2 m in annual cost savings

✓ **20%** reduction in psychiatric hospitalizations
✓ **24%** reduction in cost of care per quarter
✓ **$5,000** per member per quarter savings, primarily due to reductions in behavioral health costs

In 2018, the University of Chicago's National Opinion Research Center (NORC) evaluated AHCCCS' Mercy Care RBHA PSH programs to verify reduced cost and improved outcomes for members with an SMI designation who reside in Maricopa County.

AHCCCS Housing Program Outcomes

arizona complete health

835 supportive housing units in southern Arizona

95% approx. occupancy rate

$564,705 net six-month savings

✓ **56%** increase in primary and preventative health care utilization

✓ **45%** reduction in emergency department visits

✓ **53%** reduction in inpatient admissions

✓ **46%** reduction in crisis utilization

✓ **29%** reduction in overall health care costs

Health CHOICE

240 supportive housing units in northern Arizona

95% approx. occupancy rate

$1.1m reduction in total annual costs

✓ **33%** reduction in inpatient admissions

✓ **19%** reduction in crisis utilization

✓ **60%** reduction in substance use treatment centers

✓ **16%** reduction in total physical and behavioral health care costs

AHCCCS Housing Program Outcomes (SFY 2020)

2,472 members in AHCCCS' PSH programs

31% reduction in ED visits

44% decrease in inpatient admissions

92% reduction in BHRF admissions

$5,563 in average cost savings per-member per-month

Gaps in the Housing Delivery System

- Over 10,000 individuals are experiencing homelessness in Arizona

- Almost 80% of members identified as homeless are non-SMI members

- HUD Fair Market Rent (FMR) rates have increased significantly in Arizona

- Arizona needs another 134,758 units to meet the needs of its existing population that fall into the category of "Extremely Low Income"

- Excessive strain on systems to avoid institutional discharges to homelessness due to this lack of viable shelter or housing settings

AHCCCS Housing & Health Opportunities (H2O) Demonstration Goals

Increase positive health and wellbeing outcomes for target populations

Reduce the cost of care for individuals successfully housed

Reduce homelessness and maintain housing stability

AHCCCS H2O Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

Strategy 1: Strengthening Homeless Outreach & Service Engagement

→ 1.1 Offer Outreach and Engagement Services

→ 1.2 Enhance Screening and Discharge Coordination

→ 1.3 Enhance and Support Data Collection

Strategy 1.1: Offer Outreach & Engagement Services

- AHCCCS seeks waiver authority to offer outreach services to connect all eligible or potentially eligible members experiencing homelessness to available services and supports

- Outreach is critical for members with acute behavioral health needs who may avoid congregate service sites or shelters due their mental health conditions

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS seeks waiver authority to cover reentry services for Medicaid-eligible individuals with serious behavioral and physical health conditions who are at high risk of experiencing homelessness upon release from prison or jail

- Studies have shown that "in-reach" provided before release can be an effective strategy for ensuring continuity of care

Strategy 1.2: Enhance Screening & Discharge Coordination

- Reentry services will begin 30 days prior to the member's release and will include the following services:

  - Provision of one-to-one case management and/or educational services to prepare individuals for stable, long-term housing

  - Coordinating the individual's move into stable housing including assisting with housing applications, utility set-up, and reinstatement

  - Developing an integrated discharge and care plan that will identify the medical, behavioral health, and social needs necessary to support a stable and successful community life

  - Establishing linkage with physical and behavioral health providers, including peer supports, to facilitate continuity care upon release

Strategy 1.2: Enhance Screening & Discharge Coordination

- AHCCCS will continue to strengthen screening and discharge coordination within key entry and transition points in the health care system, including:

  o Emergency departments

  o Inpatient (acute and behavioral health) facilities

  o Other crisis facilities

- Goals is to give members a better chance of successfully navigating barriers, including finding appropriate shelter or housing

Strategy 1.3: Enhance & Support Data Collection

- AHCCCS will enhance and support data collection and improve informed care coordination and maximize available resource

- Data sharing is particularly useful in identifying high risk or high cost members

- AHCCCS has demonstrated the value of using appropriate intersystem data sharing strategies in Maricopa County

Strategy 2: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

➔ 2.1 Community Reintegration & Immediate Post Homeless Housing Services

➔ 2.2 Community Transitional Services

➔ 2.3 Eviction Prevention Services

Strategy 2.1: Community Reintegration & Immediate Post Homeless Housing Services

- AHCCCS seeks waiver authority to fund the provision of short-term, transitional housing (up to 18 months) for individuals leaving homelessness or an institutional setting

- Transitional housing may include temporary rent or voucher assistance to allow a discharge to housing with a goal of allowing the member to assume the rent and ongoing tenancy upon termination of the service transition

Strategy 2.2: Community Transitional Services

- AHCCCS seeks waiver authority to expand the provision of Community Transitional Services for the targeted populations

- Eligible expenses will include, but are not limited to:

  o Security deposits

  o Set-up fees for utilities or service access (including telephone, electricity, heating, and water)

  o Limited relocation expenses

  o Supplies needed to establish and maintain the household

Strategy 2.3: Eviction Prevention Services

- AHCCCS seeks waiver authority to provide eviction prevention services to assist members in maintaining tenancies

- Eviction prevention services include, but are not limited to:

  - Payment of back rent

  - Late fees or charges

  - Utility bills or restart costs

  - Limited damage reimbursement to landlords

Strategy 3: Enhancing Medicaid Wraparound Services and Supports

→ 3.1 Home Modification Services

→ 3.2 Pre-Tenancy and Tenancy Supportive Services

Strategy 3.1: Home Modification Services

- AHCCCS seeks waiver authority to expand the agency's ability to pay for home modification and remediation services to ensure habitability of housing

- Services include, but are not limited to installation of ramps and handrails to facilitate barrier-free access to members with physical disabilities or limitations, in addition to their behavioral health needs

Strategy 3.2: Pre-Tenancy & Tenancy Supportive Services

- AHCCCS seeks waiver authority to extend the provision of tenancy support services beyond the currently eligible population of individuals with an SMI designation or in need of behavioral health and/or substance use treatment

- Services will reduce the length of time a member experiences homelessness, increase the likelihood of securing and maintaining housing, reduce ongoing system costs related to homeless recidivism, and promote primary care and other preventative health care strategies

H2O Demonstration Target Population

Individuals who are experiencing homelessness or at risk of homelessness and who have at least one or more of the following conditions or circumstances:

- Serious Mental Illness (SMI) designation or in need of behavioral health and/or substance use treatment

- Determined high risk or high cost based on service utilization or health history

- Repeated avoidable emergency department visits or crisis utilization

- Pregnant/postpartum

H2O Demonstration Target Population (Cont.)

- Chronic health conditions and/or co-morbid conditions, including, but not limited to:

  - o End-stage renal disease
  - o Cirrhosis of the liver
  - o HIV/AIDS
  - o Co-occurring mental health conditions, physical health conditions, and/or substance use disorder

- Young adults (18 -24 years of age) who have aged out of the foster care system

H2O Demonstration Target Population (Cont.)

- High risk of experiencing homelessness upon release from an institutional setting, including, but not limited to:

  - o Institutions for Mental Disease (IMDs)

  - o Inpatient hospitals

  - o Nursing facility

  - o Correctional facility

- ALTCS members who are medically able to reside in their own home and require affordable housing in order to transition from an institutional setting

Important Considerations For
Targeted Populations and Services

- H2O Demonstration services will be implemented statewide and will take into consideration the unique needs of Arizona's diverse urban and rural communities

- Special consideration will also be given to racial and ethnic populations who may be disparately impacted or have more limited access to housing and housing supports and services including American Indian/Alaska Native (AI/AN) members

American Indian/Alaska Native Member Needs

- AHCCCS recently began to determine whether housing utilization and access reflected the racial diversity of AHCCCS enrollees and the homeless population

- AI/AN members are disproportionately over-represented in both the general homeless population (9%) and in AHCCCS identified homeless SMI members (10%) compared to the state population (5%)

Open Discussion

Targeted Investments (TI) Program Renewal Concept Paper

Targeted Investments (TI) 1.0 Program

- $300 million authorized by CMS in January 2017 as a part of 1115 waiver renewal

- Five year project providing resources to providers to support integration of behavioral and physical health care at the point of service

- Incentive payments based on meeting milestones that support integration and whole person care

TI 1.0 Program Provider Participation

- Providers eligible to participate include:

  o Adult and pediatric primary care practices

  o Adult and pediatric behavioral health organizations

  o Acute and psychiatric hospitals

  o Justice co-located clinics

- Approximately 500 sites participating across state

TI 1.0 Program Participant Requirements Second & Third Years

Program participants establish protocols and systems of care that support person centered integrated care such as:

- Primary care screening for behavioral health
- Behavioral health providers identify physical health concerns
- Use of trauma-informed care protocols
- Protocols to send and receive core Electronic Health Record (EHR) data with the state's Health Information Exchange
- Screening for social determinants of health (SDOH)

TI 1.0 Program Participant Requirements Fourth & Fifth Years

Providers' incentive payments based on select Healthcare Effectiveness Data and Information Set (HEDIS) measures such as:

- Well-child visits in the third, fourth, fifth, and sixth years of life for children with a behavioral health diagnosis
- Follow-up after hospitalization for mental illness
- Access to preventive/ambulatory health services

Participant Support-Quality Improvement Collaborative (QIC)

- Partnership with ASU College of Health Solutions and Center for Health Information Research (CHiR)

- QIC participation is a provider milestone

- The QIC provides:

  - Dashboards for providers on Quality Measures performance

  - Assistance with quality improvement actions

  - Technical assistance

  - Peer learning

TI 2.0 Program

- AHCCCS seeks waiver authority to extend the TI Program from 2021 through 2026, known as the TI Program 2.0

- This extension request was submitted to CMS in December 2020 with Arizona's Waiver renewal packet

- AHCCCS developed a concept paper to supplement the waiver renewal request to provide further details on the structure and requirements of the TI Program 2.0

TI 2.0 Program Goals

Sustain the integration efforts of current TI participants

Expand integration opportunities to new providers

Improve the program requirements to provide whole person

Align and support the AHCCCS 2021 Strategic Plan

TI 2.0 Program Structure

- TI Program 2.0 will include two distinct cohorts:

  o **Extension cohort** will include TI Program providers that completed participation in the current TI Program

  o **Expansion cohort** will include primary care practices and behavioral health providers, integrated clinics with no prior TI participation

Extension Cohort

- Projects will be designed to foster collaboration between medical providers and CBOs, particularly those crucial to addressing housing, food, employment, social isolation, and transportation

- Incentive payments will be based on:

  o Achievement of outcome measures

  o Continuation of high value systems and practices

  o Establishment of additional systems and infrastructure that supports advancing whole person care

Extension Cohort Strategies

- Sustain point of care integrated systems that improve care coordination for high risk AHCCCS members

- Extend point of care integration systems that effectively address social risk factors such as housing, food, and employment

- Support strategies for effective use of technology including the closed loop referral system and telehealth that enable whole person care

- Support systems for provider and other stakeholder peer learning and sharing of process improvement strategies

Expansion Cohort

- Program structure for this cohort will be modeled on the current TI Program including milestones such as:

    o   Establishment of high risk registries

    o   Implementation of behavioral health screening

    o   Active HIE utilization

- Updated milestones such as adverse childhood event screening and intervention, telehealth, data sharing, and cultural competency requirements will be incorporated into the program.

Expansion Cohort Strategies

- Improve health outcomes for high risk AHCCCS members with physical and behavioral health needs

- Expand AHCCCS members' accessibility to more fully integrated, whole person care

- Establish integrated point of care systems that improve care coordination and drive better health and financial outcomes for high risk AHCCCS members

- Support strategies for effective and efficient use of health information technology

TI 2.0 Annual Requirements

Program Year	Extension Participants	Expansion Participants
Year 1	Re-establish TI 1.0 Systems and Processes. Establish New Systems and Processes that support Whole Person Care	Application and Onboarding
Year 2	Establish New Systems and Processes	Establishment of Systems & Processes similar to TI 1.0
Year 3	Implementation and Evaluation of Systems and Processes	Implementation and Evaluation of Systems & Processes similar to TI 1.0
Year 4	Performance/Outcome Measures	Performance/Outcome Measures
Year 5	Performance/Outcome Measures	Performance/Outcome Measures

TI 2.0 Participants and Stakeholders

- Similar to the original program, participation will be limited to specific provider types:
  - o Primary Care
  - o Behavioral Health
  - o Integrated Clinics
  - o Co-located Justice Clinics
  - o IHS and Tribal 638 Facilities (Outpatient)*
  - o Community Based Organizations (CBOs)*
  - o Peer Run Organizations*

*AHCCCS is exploring options for including this participant category.

IHS and Tribal 638 Facilities

- The American Indian Medical Home (AIMH)- est. 2017- SPA
- Shared goal of integrating health
- Continue to pursue AIMH status?
- Evolution of the AIMH?
- Promote participation in TI 2.0 (expansion cohort)

TI 2.0 Participants and Stakeholders

- Partners/Collaborators

  o Quality Improvement/Learning Collaborative (QIC)

  o Managed Care Organizations

  o Health Information Exchange (Health Current)

  o Community Based Organizations (CBOs)

  o Public Agencies

  o Other Stakeholders/Subject Matter Experts

TI 2.0 Program Funding

- AHCCCS proposes that the maximum total funding for the program not exceed **$250 million over five years** including state and federal match contributions

- AHCCCS anticipates funding TI 2.0 through a combination of state and federal sources

- Funding will direct incentive payments to participating providers to meet program milestones and goals

Open Discussion

Resources & Public Comment

[AHCCCS H2O Demonstration](#) and [TI 2.0 Concept Paper](#)

How do I submit public comment? Public comment can be:

Discussed at public forums

Emailed to waiverpublicinput@azahcccs.gov

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

Public comments are accepted through **May 3, 2021**

Announcements

Housing Waiver Posted for Public Comment

Public Forums

Date	Zoom Information
April 8, 2021 **2:00 p.m. - 4:00 p.m.** **(AZ/Pacific time)**	**Meeting Link:** bit.ly/ AmendmentForum2 **Passcode:** AHCCCS2! **Call-in numbers**: 346-248-7799, 312-626-6799, 646-876-9923, 833-548-0282 (Toll Free), 877-853-5257 (Toll Free), 888-475-4499 (Toll Free) or 833-548-0276 (Toll Free) **Webinar ID:** 882 6307 0979 **Passcode:** 10613032

Next AHCCCS Tribal Consultation:

April 13, 2021 at 10 am

Please check AHCCCS Tribal Consultation Webpage for meeting information.

*Please note that this will be a Special Tribal Consultation to provide updates on COVID-19 information and potentially broader AHCCCS initiatives.

2021 Tribal Consultation Calendar

- **April 13, 2021: Special TC on COVID-19 PHE Updates**
  - o Agenda Item Request Deadline: March 29, 2021
- **May 13, 2021: Regular Quarterly TC**
  - o Agenda Item Request Deadline: April 26, 2021
- **June 16, 2021: Special TC on COVID-19 PHE Updates**
  - Agenda Item Request Deadline: May 31, 2021
- **July 13, 2021: Special TC on COVID-19 PHE Updates**
- **August 12, 2021: Regular Quarterly TC**

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link:

https://www.azahcccs.gov/AmericanIndians/TribalConsultation

AHCCCS Policies Currently Open for Written Testimony

Policies Open for TC as of April 5, 2021

AHCCCS policies open for the 45-day Tribal Consultation written testimony period via the AHCCCS public comment portal are listed below.

- **Written Testimony Deadline of April 19, 2021**

  The following policies had an APC date of March 04, 2021 and notification of Tribal Consultation via written comment was sent out on March 11, 2021.

  o **ACOM Policy 401 – Change of Contractor, AHCCCS Complete Care Contractors**

  o **ACOM Policy 401 – Attachment A – Change of Contractor, AHCCCS Complete Care Contractors**

  o **AMPM 1620-O – Abuse, Neglect, and Exploitation Reporting Standard**

Policies Open for TC as of April 5, 2021

- **Written Testimony Deadline of May 06, 2021**

  The following policies had an APC date of March 18, 2021 and notification of Tribal Consultation via written comment was sent out on March 24, 2021.

  o **AMPM 950 – Credentialing and Recredentialing Processes**

  o **AMPM Policy 950 – Attachment A – Credentialing and Recredentialing Processes**

  o **ACOM Policy 412 – Claims Recoupments and Refunds**

  o **ACOM Policy 417 – Appointment Availability, Transportation Timeliness, Monitoring, and Reporting**

  o **ACOM Policy 417 – Attachment A – Appointment Availability, Transportation Timeliness, Monitoring, and Reporting**

  o **ACOM Policy 425 – Social Networking**

  o **ACOM Policy 425 – Attachment A – Social Networking**

Policies Open for TC as of April 5, 2021

- **Written Testimony Deadline of May 10, 2021**

  The following policies had an APC date of March 23, 2021 and notification of Tribal Consultation via written comment was sent out on March 26, 2021.

  o **AMPM 510 – Primary Care Providers**

  o **ACOM Policy 439 – Material Changes: Provider Network and Business Operations**

  o **ACOM Policy 439 – Attachment A – Material Changes: Provider Networks and Business Operations**

Thank You.

Have a great day!