



## 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.

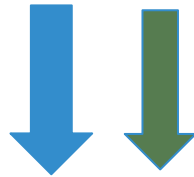


Please use the chat feature for questions or raise your hand.

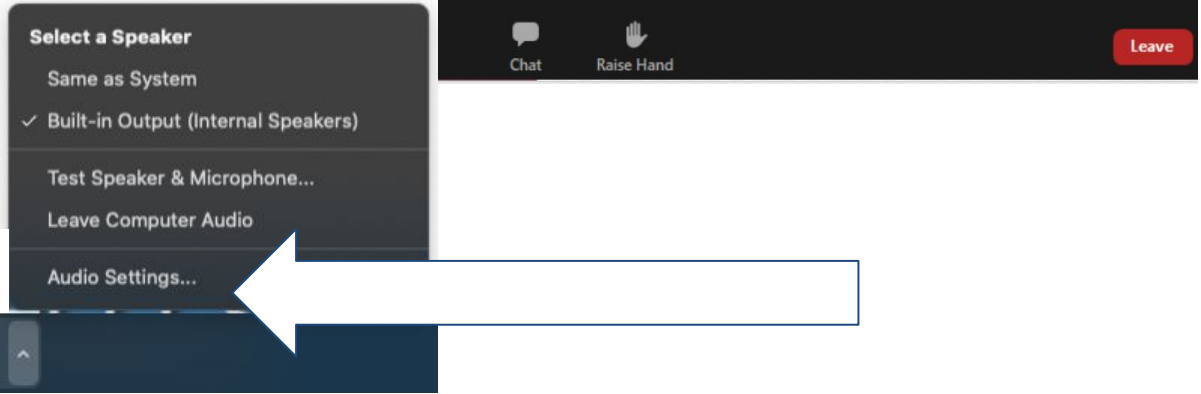
Thank you.

# 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.



# Silent Invocation



# Quarterly Tribal Consultation Meeting

May 13, 2021



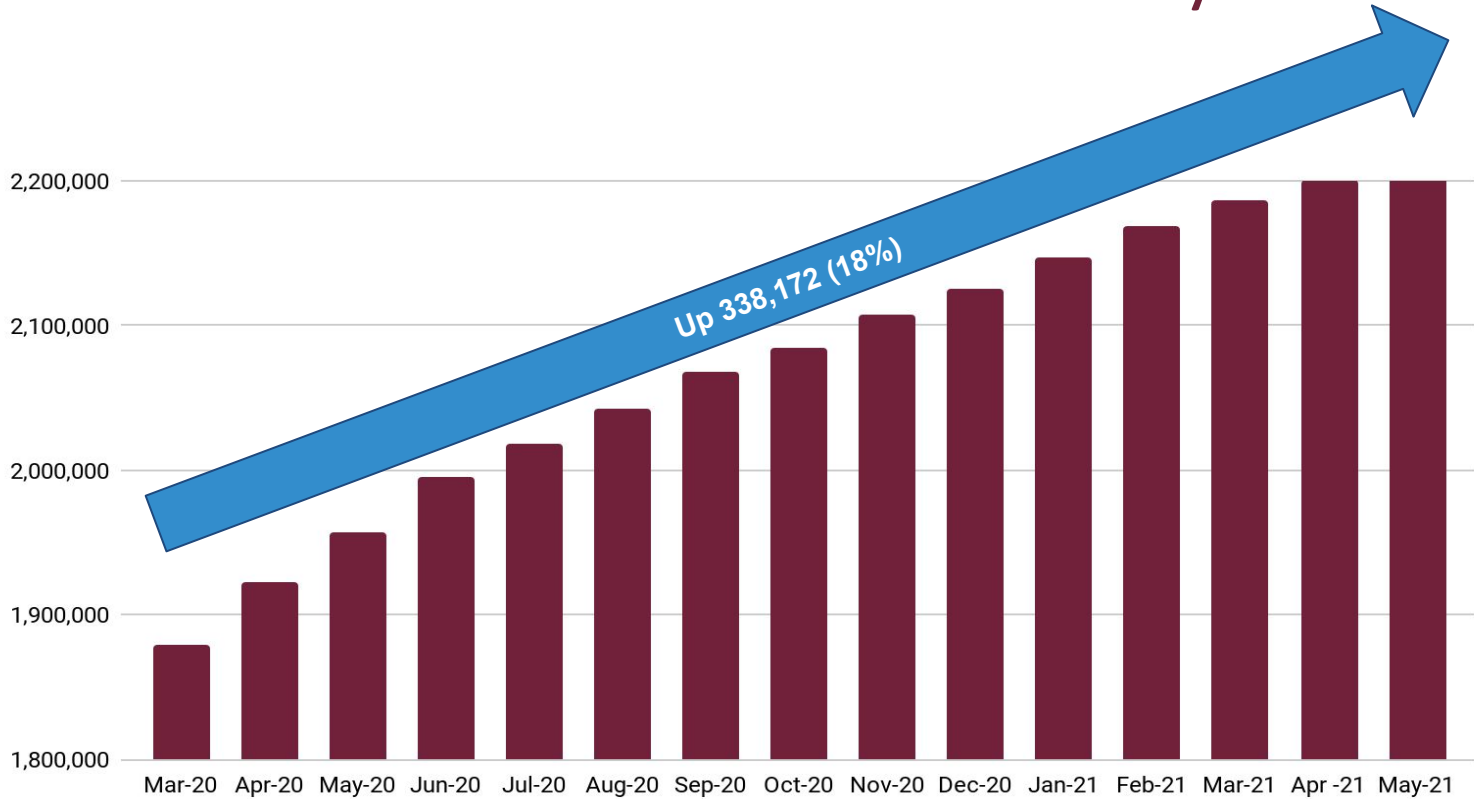


# AHCCCS Updates

Jami Snyder, AHCCCS Director



# AHCCCS Enrollment: Mar 2020- May 2021



# Whole Person Care Initiative

# Whole Person Care Initiative

- Housing Administrator contract begins 10/1/2021



- Closed Loop Referral System with Health Current

healthcurrent



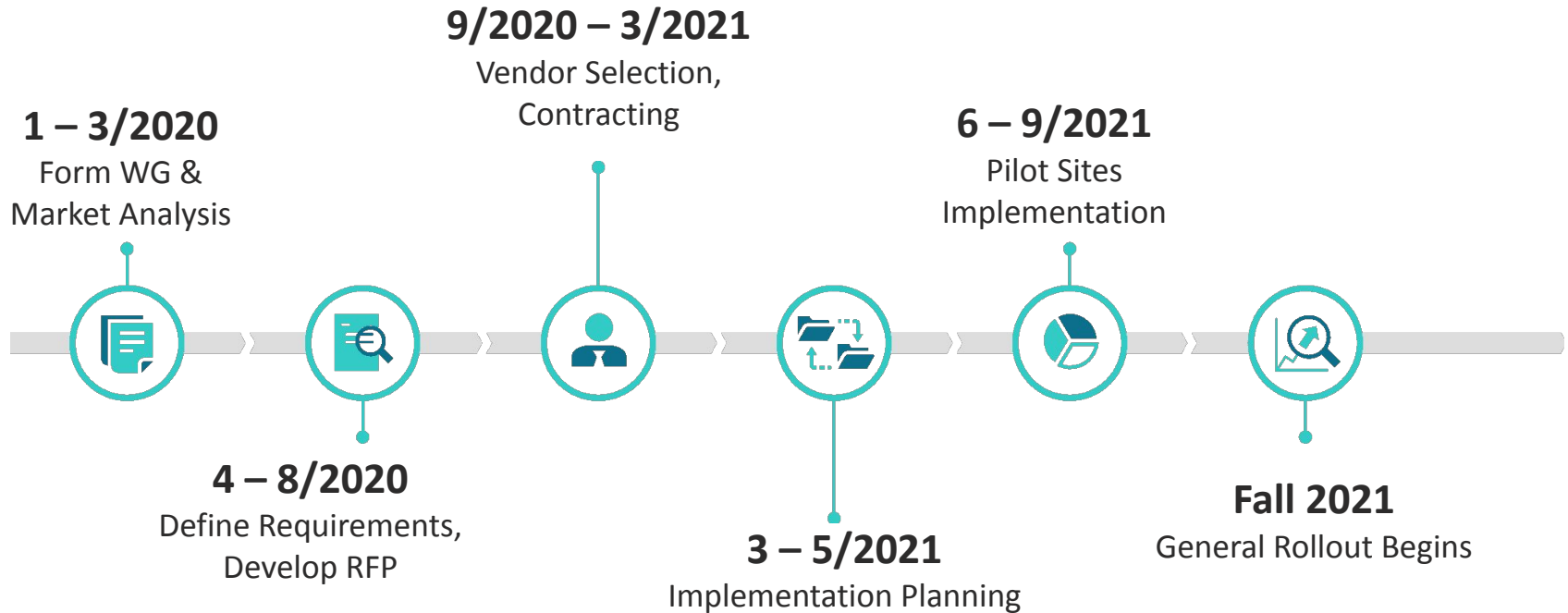
- Continued efforts - transportation, social isolation



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

# Real Time Social Service Referral System

System Partners: NowPow, Health Current, Crisis Response Network, 211, Managed Care Organizations, Providers, Community Based Organizations





# Legislative Session Update

# Legislative Session Update

- Record-breaking 1,708 bills were introduced this year (compared to 1,607 last year)
- The budget is currently being negotiated
- 100th day of session deadline was 4/24/21
- Notable bills which have been signed into law include:
  - Creation of LHAs
  - GME program for community health centers
  - Bill requiring licensure of nursing-supported group homes



# Legislative Session Update

- Other bills of interest:
  - Expanding BH services at private offices or clinics
  - Establishing a maternal mental health advisory committee
  - Allowing immunization data to be shared with the HIE and other AHCCCS contractors
  - Telehealth Regulation
- AHCCCS granted \$3B in federal expenditure authority







# Update on Federal Legislation

## American Rescue Plan Act

## Home and Community Based Services

# 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**

# American Rescue Plan Act of 2021

- Clarifies that COVID-19 vaccines and administration are covered without cost-sharing for Medicaid beneficiaries; applies to all Medicaid beneficiaries including those with limited benefits, and
- Offers 100% FMAP for COVID vaccine and vaccine administration.

## Status: In Progress

The mandatory COVID-19 vaccine coverage provision has been implemented for AHCCCS members. AHCCCS is seeking further guidance from CMS on the expectation related to limited benefit populations.

The 100% FMAP is currently available to AHCCCS.



### Vaccine COVID-19 Administration

Mandatory  
Coverage: 3/11/21  
Enhanced FMAP:  
4/1/21 until one  
year after the end  
of the PHE

# American Rescue Plan Act of 2021

- Creates a state option to cover community-based mobile crisis intervention services with 85% federal matching funds, and
- Authorizes \$15 million for state planning grants, to be awarded by the HHS Secretary as soon as practicable.

## **Status: This Provision Is Not Yet In Effect**

AHCCCS is working with stakeholder partners to explore potential program improvements that meet the parameters advanced by the legislation.



### **Mobile Crisis Services**

4/1/22 -  
3/31/27

# American Rescue Plan Act of 2021



Eliminates federal rebate cap on the amount of rebates manufacturers pay to Medicaid in exchange for coverage of their FDA-approved drugs; currently, the rebate cap is set at 100% of the average manufacturer price.

**Status: This Provision Is Not Yet In Effect**

This provision will be effective on 1/1/24.

**Elimination of  
Medicaid Drug  
Rebate Cap**

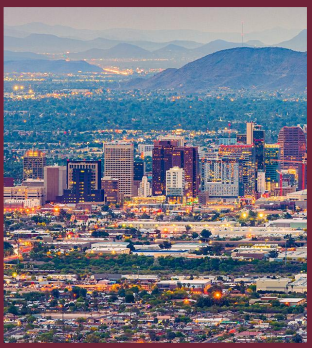
1/1/24

# American Rescue Plan Act of 2021

- Provides 100 percent federal matching funds for services received through Urban Indian Health Programs with grants or contracts with Indian Health Service.

## Status: In Progress

The 100% FMAP is currently available to AHCCCS.



**100% FMAP for  
Urban Indian  
Health Program**

4/1/21 - 3/31/23

# American Rescue Plan Act of 2021



Provides 10 percentage point increase in federal matching funds (capped at 95 percent) for Home and Community Based Services (HCBS) to implement or expand one or more activities to enhance HCBS.

## **Status: In progress**

AHCCCS is awaiting guidance from CMS on what services qualify as HCBS improvement activities; CMS' understanding of the requirement that the funds be used only to supplement, not supplant, current levels of state HCBS spending; and the timeframe for spending any accrued savings.

**10% Increase to  
FMAP for HCBS**

4/1/21 - 3/31/22

# American Rescue Plan Act of 2021

Creates a state option to extend coverage for postpartum women to 12 months, instead of 60 days.

## **Status: This Provision Is Not Yet In Effect**

AHCCCS already provides ongoing coverage to individuals up to 133% of FPL. AHCCCS is seeking guidance from CMS to clarify if states can implement this expansion of coverage for individuals 134-150% of FPL, leaving existing eligibility determinations for those up to 133% unchanged.



**Twelve Months  
Postpartum  
Coverage**

4/1/22 - 3/31/27



# HCBS Access Act

- Mandates HCBS in Medicaid
- Sets HCBS FMAP at 100% in perpetuity
- Creates grant program to support states in implementing mandatory HCBS benefit
- Creates minimum set of HCBS services
- Creates a new eligibility standard for HCBS
- Calls for the development of standard set of quality metrics (access to care, experience of care, #/% of individuals served in institutional setting)

# HCBS Access Act: Proposed Eligibility Standard

## Eligible individuals:

- Any individual receiving HCBS in a state Medicaid program at time of enactment of the legislation
- Individuals who have a functional impairment expected to last longer than 90 days, as determined in an individualized assessment
  - Functional impairment is defined as two or more Activities of Daily Living (ADLs) or two or more instrumental ADLs
  - Individual assessment must be conducted with the presumption that the individual can be served in the home or community, and the individual has the option to self-direct their services



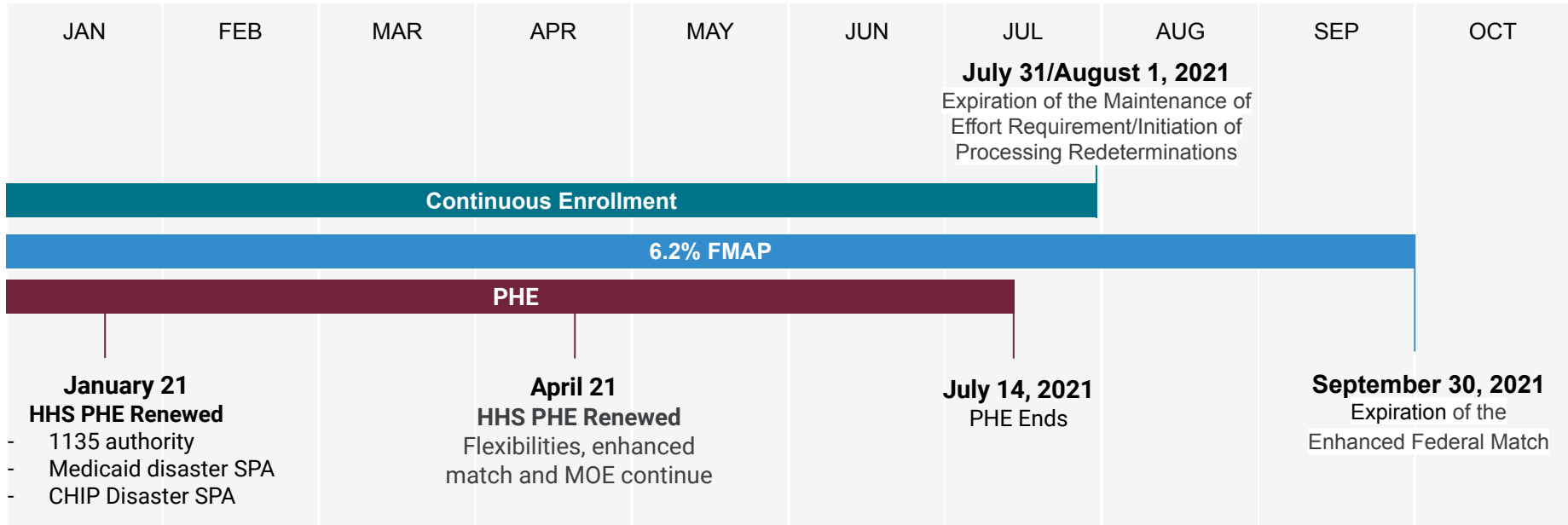
# Unwinding from the PHE

# Key Flexibilities Offered During the Public Health Emergency

- Streamlined provider enrollment
- Amended prior and continued authorization processes
- Provided continuous eligibility
- Waived premiums and copays
- Enhanced electronic method for services (telehealth and telephonic)

For a complete list see the [table](#) on the AHCCCS website

# PHE Timeline as of April 21, 2021



# Check-In:

## 2021 Priorities

- Continued roll out of Electronic Visit Verification
- Implemented integrated care product for children served by the foster care system since 4/1/21
- 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



# Open Discussion



# Agenda Item Request

## Targeted Investments Program Recap





## Targeted Investments Recap

George Jacobson, Project Administrator for the Targeted Investments Program

# Targeted Investments Program

- Five year program (2017-2021) with incentives to support providers that integrate and improve care coordination between physical and behavioral health providers
- TI Program participation is voluntary, and milestones must be met to earn incentive payments
- The Program ends September 30, 2021
- A TI Renewal (2.0) is being proposed to CMS (reviewed at the April 5, 2021 TC) that would enable additional providers to participate

# Infrastructure Initiatives

## **Delivery System Reform Incentive Payments (DSRIP)**

- American Indian Medical Home via SPA instead of DSRIP-ongoing authority, not time limited

## **Differential Adjustment Payments (Contract year)**

- Health Information Exchange for IHS/638 facilities
- Behavioral Health Services in the Grand Canyon
- Care Coordination - 100% FMAP

# Open Discussion

# Division of Member and Provider Services (DMPS)



# AHCCCS Provider Enrollment Portal

Patricia Santa Cruz, Provider Enrollment Administrator



# Workload Update

- Average processing time:
  - Paper submitted - 10 days
  - APEP submitted - 4 days
- 10,980 Provider re-registrations completed
- 8,046 new applications completed

# Provider Activity

- Total Applications submitted - 13,858
- Re-registrations “In Process” - 3,494
- 10,832 providers have accessed APEP

22,522 re-registration invites have been mailed.

424 providers have attended the monthly APEP training.



# Call Center Activity

- 7268 calls received.
- 2.49% abandoned.
- 1:12 mins average speed of answer.

- APEP provider training available.  
Registration instructions posted online

<https://azahcccs.gov/PlansProviders/APEP/APEPTraining/TrainingOnlineRegistration.html>

- Service Ticket  
Method to create.  
Timeliness

# Open Discussion

Provider Assistance (602)417-7670 option 5

[APEPTrainingQuestions@azahcccs.gov](mailto:APEPTrainingQuestions@azahcccs.gov)

# Division of Grants Administration (DGA)



# Arizona State Pilot Project for Treatment of Pregnant and Postpartum Women with Substance Use Disorder (PPW-PLT)

Kate Dobler, PPW-PLT Project Manager



# Arizona State Pilot Grant Program for Treatment for Pregnant and Postpartum Women (PPW-PLT)

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Grant**
- **Funding Period:** August 31, 2020 through August 30, 2023 (3 years)
- **Amount:** \$900,000 per year
- **Area served:** Direct service will be provided in Tucson. Participation in the cross-sector PPW-PLT Learning Collaborative, and related Training, is statewide
- **Population of Focus:** Pregnant and postpartum women, together with their children through age 17

# PPW-PLT Multi-Pronged Approach

- **Direct Service:** CODAC OTP Clinic located in Tucson
- **PPW-PLT Learning Collaborative:** Cross-sector, statewide collaborative of programs and partners working with PPW-PLT with SUD/ODU
- **Training:** Available to Learning Collaborative membership
- **Data Collection and Evaluation:** GPRA Data Collection, Needs Assessment and Infographics



Kate Dobler, Project Director

[catherine.dobler@azahcccs.gov](mailto:catherine.dobler@azahcccs.gov)

602-417-4768

# Open Discussion





# State Opioid Response II (SOR II) Tribal Needs Assessment

Hazel Alvarenga, Opioid Grants Administrator



# State Opioid Response II

- **Substance Abuse and Mental Health Services Administration (SAMHSA) Grant**
- **Funding Period:** 9/30/20 – 9/29/22 (2 years)
- **Amount:** \$31,606,462 per year
- **Area served:** All Regions
- **Population of Focus:** individuals with active opioid use; individuals with Opioid Use Disorder (OUD); individuals at risk for opioid overdose; individuals with stimulant use disorder; individuals in recovery; and youth, parents, community members and health consumers unaware of the potential risks of opioid/stimulant misuse and abuse

# State Opioid Response II

The overarching goal of the grant is to increase access to:

- Medication-Assisted Treatment,
- Coordinated and Integrated care,
- Opioid Use Disorder (OUD)/stimulant use disorder (SUD) recovery support services, and
- Prevention activities to reduce the prevalence of OUDs, SUDs, and opioid-related overdose deaths.

# SOR II Subrecipients

Arizona Department of  
Child Safety

Arizona Department of  
Corrections, Rehabilitation  
and Reentry

Arizona Department of  
Veterans' Services

Governor's Office of Youth,  
Faith and Family

University of Arizona

Arizona State University

First Things First

Arizona Department of  
Health Services

Gila River TRBHA

Pascua Yaqui TRBHA

City of Tucson –High  
Intensity Drug Trafficking  
Program

City of Phoenix – Phoenix  
Police Department

PAXIS Institute

Arizona Complete Health  
RBHA

Mercy Care RBHA

Health Choice RBHA

# SOR II Tribal Needs Assessment

- **Key Informant Interviews** – with Tribal Health Directors, or others in similar positions.
- **Focus Groups** – We will be hosting several sessions with approximately 10 individuals each and will be conducted remotely.
- **Surveys** – We will be conducting two surveys (responses will be anonymous), one for adults and one for adolescents.

# SOR II Tribal Needs Assessment

The assessment topics include, but are not limited to:

- Extent of OUDs/SUDs;
- Awareness and availability of information on opioid/stimulant risks;
- Stigma associated with OUDs/SUDs and seeking help;
- Awareness of and availability of prevention services;
- Awareness of and availability of treatment services;
- Barriers to access within the healthcare delivery system;
- Quality/helpfulness of current services; and
- Most significant unmet needs.

Hazel Alvarenga

[Hazel.alvarenga@azahcccs.gov](mailto:Hazel.alvarenga@azahcccs.gov)

602-417-4023

# Open Discussion





# AHCCCS Suicide Prevention Efforts

Zeruiah Buchanan (She/Her), AHCCCS  
Suicide Prevention Epidemiologist



# Content Warning

# Big Picture

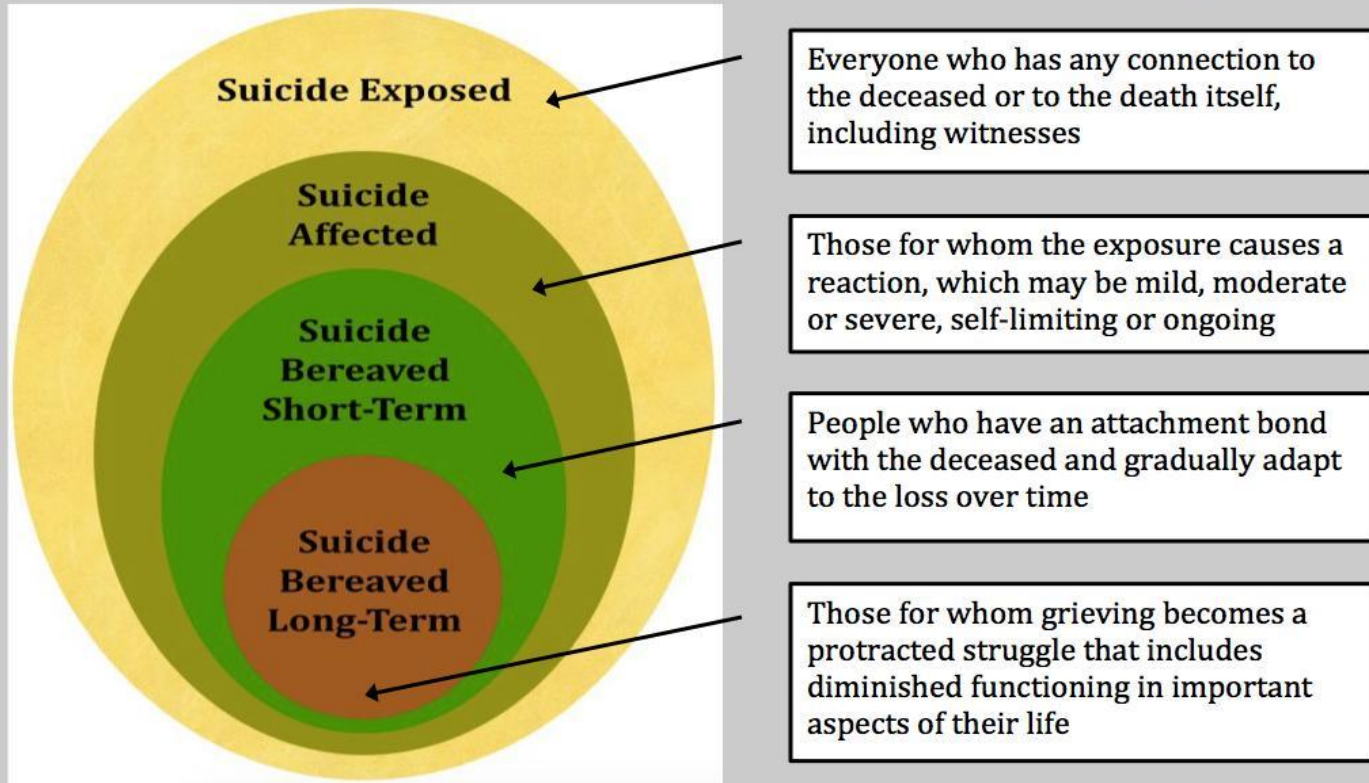


## Ripple Effect

- Up to 135 people are affected by a suicide

## Suicide Contagion

# The Continuum Model: Effects of Suicide Exposure



Based on: Cerel, J., McIntosh, J. L., Neimeyer, R. A., Maple, M., & Marshall, D. (2014). The Continuum of Survivorship: Definitional Issues in the Aftermath of Suicide. *Suicide and Life-Threatening Behavior*, 44, 591–600.

# What is Postvention?

Postvention is an organized immediate, short-term, and long-term response in the aftermath of a suicide to promote healing and mitigate the negative effects of exposure to suicide.

Postvention = Prevention

# Why?

Being Prepared



Being an Example



Promoting Suicide Prevention

# Responses

## Immediate

- Coordination
- Communication
- Support

## Short-Term

- Connection
- Comfort
- Restoration

## Long-Term

- Preparation
- Transition

# Key Components

Create a Crisis  
Response  
Team (CRT)

Family of  
Deceased

Disseminating  
Proper  
Information

Have  
Statements  
Prepared

Uniform  
Response

Support

Anniversaries



# Partnership



# Contact Information

Zeruiah Buchanan (She/Her)

- [zeruiah.buchanan@azahcccs.gov](mailto:zeruiah.buchanan@azahcccs.gov)
- Office: 602-417-4833

# Open Discussion

**BREAK**

We will resume at 3:00 pm MST

# Division of Health Care Management (DHCM)



# Crisis 988

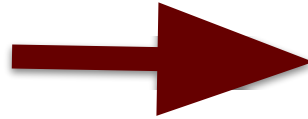
Jakenna Lebsack, DHCM Assistant Director



# 9-8-8 Legislation

## National Suicide Hotline Designation Act (S. 2661)

- Signed into law on October 17, 2020
  - Designates 988 as the dialing code for the Lifeline
  - Increased Lifeline federal appropriation
  - Clears a path for states to deploy a local telecommunications fee to fund 988 (similar to how 911 is funded).



- Implementation on or before **July 16, 2022**

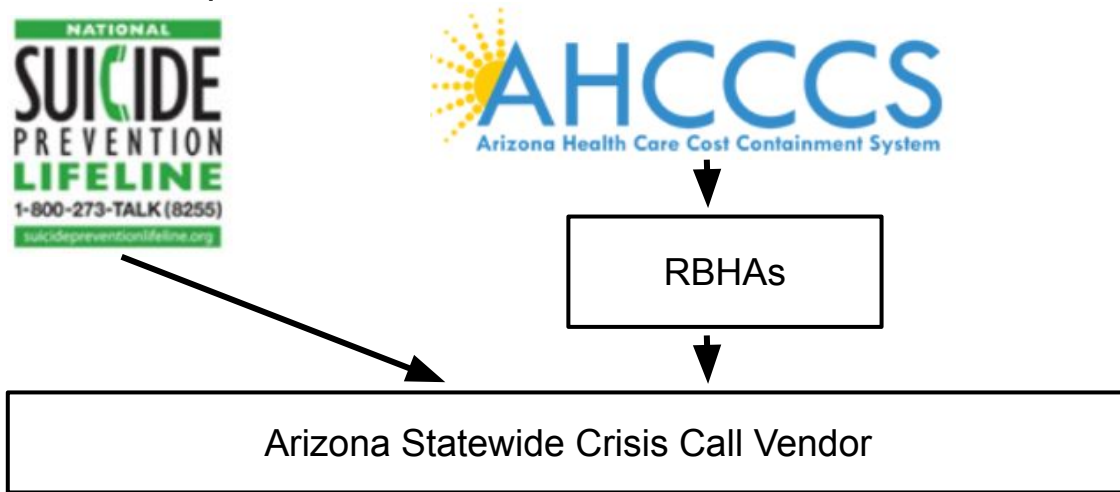
# 9-8-8 and Arizona Crisis Lines





# 9-8-8 Planning Grant

- \$135K awarded 2/1/21 for 9-8-8 implementation planning.
- Funds are being used to establish a stakeholder coalition to discuss and consider consolidation of current in-state crisis call center services into a singular statewide network inclusive of 988, leveraging existing RBHA crisis call lines and the NSPL into a single statewide provider.



# LeCroy & Milligan Associates (LMA)



LeCroy & Milligan  
ASSOCIATES, INC.

Founded in 1991, LMA is a consulting firm specializing in social services and education program evaluation, needs assessments, strategic planning and training that is comprehensive, research-driven and useful. LMA has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

LMA has been contracted by AHCCCS to support the roll-out of 988 as a centralized line to support suicide prevention and crisis interventions in Arizona by developing a series of opportunities for different communities and stakeholders to share ideas, concerns and feedback to inform the planning process.

# Resources / Contact

- AHCCCS Crisis Services Website:  
[azahcccs.gov/BehavioralHealth/crisis.html](http://azahcccs.gov/BehavioralHealth/crisis.html)
- AHCCCS Crisis Services FAQs:  
[azahcccs.gov/AHCCCS/Downloads/ACC/View\\_Crisis\\_System\\_FAQs.pdf](http://azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf)
- 988 Fact Sheet:  
<https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>
- **Contact: Lou Anne Allard/ Project Manager**  
[louanne.allard@azahcccs.gov](mailto:louanne.allard@azahcccs.gov) (602) 364-4625

# Open Discussion



# IHS/638 Ground Transportation Rates

Benjamin Kauffman, AHCCCS Reimbursement Administrator

# Background Information

- In 2017 & 2018, AHCCCS and tribal partners engaged in conversations to re-evaluate the ground emergency transportation fee schedule for IHS/638 providers.
  - Prior to October 2018, there was no such ground emergency transportation rate schedule.
- In October 2018, State Plan Amendment language was submitted to CMS for approval for a new rate methodology.
- On March 18, 2019, CMS approved the state plan language with an effective date of October 1, 2018.

# Current State Plan Language

Effective October 1, 2018, rates for ground ambulance services provided by an I.H.S provider or a tribally owned or operated provider with a section 638 agreement that does not have a Certificate of Necessity (CON) issued by the Arizona Department of Health Services (ADHS), will be the higher of:

1. The weighted average of the provider-specific rates as set by ADHS that are in effect on July 1st for each provider that has been issued a CON weighted by utilization of each ground transportation service code derived from both paid claims and encounters for the 12 months ending September 30

# Current State Plan Language

2. The weighted average of the provider-specific rates as set by ADHS that are in effect on July 1st for each provider that has been issued a CON weighted by utilization of each ground transportation service code derived from only paid claims for the 12 months ending September 30.

The higher of the two methodologies will then be multiplied by 68.59% to establish the AHCCCS rate for each ambulance service.



# Proposed State Plan Language

## Before:

*The higher of the two methodologies will then be multiplied by 68.59% to establish the AHCCCS rate for each ambulance service.*

## After:

*The higher of the two methodologies will then be multiplied by 68.59% to establish the AHCCCS rate for each ambulance service. **If the methodology produces a rate for the Basic Life Support (BLS) that exceeds the Advanced Life Support (ALS) rate, the Advanced Life Support rate shall be set at 107.5% of the calculated Basic Life Support rate.***

# Rate Calculation - Current vs. Proposed Methodology

- Below is the estimated October 1, 2021 rate calculation for the current and proposed methodology.

Service	Method	Current Methodology	Proposed Methodology
ALS	Claims & Encounters	832.19	\$832.19
ALS	Claims Only	920.55	\$920.55
ALS- Proposed	Adjusted Method		1,011.90
BLS	Claims & Encounters	735.58	\$735.58
BLS	Claims Only	941.30	\$941.30

# Proposed Methodology Outcome

- Under the proposed methodology, BLS is still calculated under the current methodology from October 1, 2018.
  - ALS is only altered from the current methodology if it is below the BLS rate.
  - In this example, ALS rate would have been \$920.55 and now would be set at \$1,011.90 while BLS is maintained at \$941.30
- AHCCCS desire was to ensure the ALS rate was set higher than the BLS rates without negatively impacting the methodology from 2018.

# Open Discussion

# Division of Fee for Service Management (DFSM)



# DDD-AIHP Integration

Kayla Kleissle, DFSM Manager of Strategic Initiatives



# DDD-American Indian Health Plan

- Target implementation is **April 1, 2022**
- A Communication Plan has been developed in partnership with DDD which includes opportunities to receive feedback from the Tribes
  - Department of Economic Security began discussing during June 25, 2020 Tribal Consultation
  - AHCCCS began discussing during July 7, 2020 Tribal Consultation

## **GOAL:**

Improve care coordination and increase system transparency for members and providers

# Current and Future Options for DDD AI/AN ALTCS Members

Current						Future
Current Health Plan Enrollment / Assignments	Physical Health	Behavioral Health	CRS*	LTSS**	AI/AN member count	Division of Developmental Disabilities Options for American Indian / Alaska Native members
Option 1	DDD HP (UHC & MC)	DDD HP (SMI)	DDD HP (UHC & MC)	DDD	Approx. 883	No change
Option 2	DDD HP (UHC & MC)	TRBHA (SMI)	DDD HP (UHC & MC)	DDD	Approx. 189	No change
Option 3	DDD-AIHP	TRBHA (SMI)	DDD-AIHP	DDD	Approx. 312	DDD AIHP with AHCCCS *AHCCCS DFSM would become responsible for <b>PH (CRS)</b> claims/care management on 4/1/22 (including SMI)
Option 4	DDD-AIHP	DDD AIHP (SMI)	DDD-AIHP	DDD	Approx. 198	DDD AIHP with AHCCCS *AHCCCS DFSM would become responsible for <b>PH and BH (CRS)</b> claims/care management on 4/1/22 (including SMI)



# Open Discussion

[Kayla.Kleissle@azahcccs.gov](mailto:Kayla.Kleissle@azahcccs.gov)



# ROPA and Pharmacy Updates

Ewaryst Jedrasik, DFSM Deputy Assistant Director



# ROPA

- Due to the COVID-19 Public Health Emergency, and the efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021.**
- After June 1, 2021, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed. This might affect facilities where residents, interns and pharmacists are not registered with AHCCCS as providers.
- IHS/638 facilities should visit <https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html> to view a ROPA Excepted Providers List and review FAQ's .
- To be added to the excepted list, residents, interns and pharmacists must submit the following information to the EMAIL: [ROPAXceptions@azahcccs.gov](mailto:ROPAXceptions@azahcccs.gov):
  - NPI,
  - Provider Name,
  - Indication of whether the NPI is associated with a Resident, an Intern or a Pharmacists, and
  - The beginning date associated with this association.

# Pharmacy ROPA

- Since pharmacists may act as the prescribers for immunizations administered in the pharmacy, AHCCCS created a flexibility that will allow AHCCCS to capture the required data in the system for claims payment, without requiring pharmacists to enroll as participating providers.
- The initial lists with the needed data, were collected from IHS/638 pharmacies by Lisa Dewitt, and were included in ROPA Excepted Providers List. To update the list, pharmacists must submit the following information to the EMAIL: [ROPAExceptions@azahcccs.gov](mailto:ROPAExceptions@azahcccs.gov):
  - NPI,
  - Provider Name,
  - Indication of whether the NPI is associated with a Resident, an Intern or a Pharmacists, and
  - The beginning date associated with this association.

# SPA 21-001 - IHS/638 RN AIR

- This flexibility approved on 4/20/21, and effective 12/1/2020 for the duration of the PHE, allows COVID-19 vaccine administration by a Registered Nurse, without another billable clinic service being provided on the same day. AHCCCS will reimburse IHS/638 facilities at the outpatient AIR. An order (individual or standing) is required for vaccine administration.
- The claim must be billed with the primary diagnosis code: Z23. An order (individual or standing) is required for vaccine administration, and the ordering provider shall be listed in field 76 of the claim. The same billing rules will apply to the 1st and 2nd dose of any multi-dose vaccine.

# Open Discussion



# American Indian Medical Home and 100% FMAP Care Coordination Agreements

Leslie Short, DFSM Integrated Services Administrator



# American Indian Medical Home (AIMH) Program

- The American Indian Medical Home is a care management model that puts AHCCCS American Indian Health Program (AIHP) members at the forefront of care.
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination through the use of Primary Care Case Managers (PCCM) and 24 hour access to the care team.



# Current AIMHs

AIMH	Tier Level	Members
Phoenix Indian Medical Center	2	5,055
Chinle Comprehensive Healthcare Facility	4	13,275
Winslow Indian Health Care	4	3,488
Whiteriver Indian Hospital	2	5,636
San Carlos Apache Healthcare	4	3,281
Fort Yuma Health Center	1	12
Tuba City Regional Health Care	4	880

- 31,627 or 24.9% of AIHP members empaneled
- AIMHs have claimed over \$14,210,174 to date

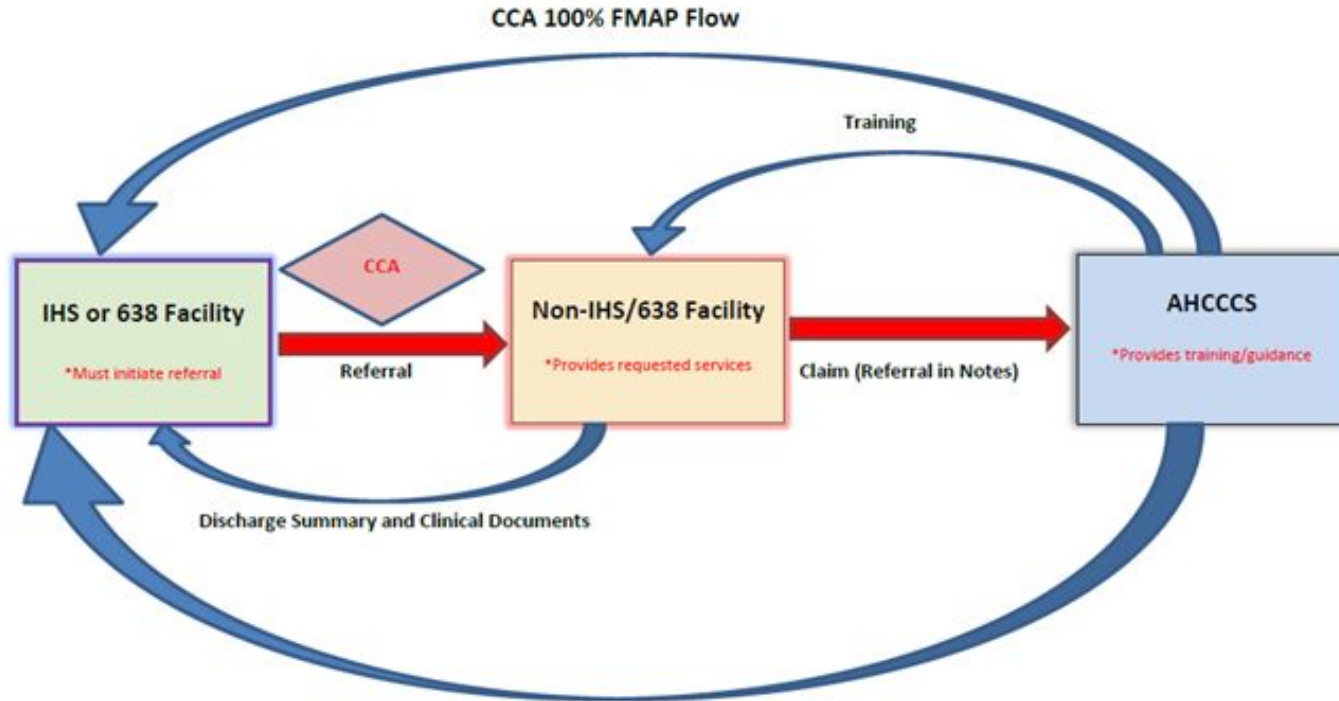
# AIMH Resources

- IHS/638 Providers can send questions to:
  - [AIMH@azahcccs.gov](mailto:AIMH@azahcccs.gov)
- AIMH information can be found at:
  - <https://www.azahcccs.gov/AmericanIndians/AmericanIndianMedicalHome/>

# 100% Federal Funding for Services Furnished via Care Coordination Agreements

- SHO Guidance 16-002, released February 2016
- 100% federal match (FMAP) for services “received through” IHS/Tribal facilities, per CMS reinterpretation of statute
- Extends 100% FMAP for services provided by Non-IHS/Tribal facilities under a written Care Coordination Agreement (CCA) to furnish services for patients who are AI/AN Medicaid beneficiaries
- Payment policy update is intended to help states, the IHS, and Tribes to improve delivery systems for AI/ANs by increasing access to care, strengthening continuity of care, and improving population health.

# CCA Process Flow



AHCCCS to Validate Claims to Determine Compliance and Ability to Claim 100% FMAP

# CYE 22 IHS/Tribal 638 Facility DAP

- Final DAP for Care Coordination Agreements with Non-IHS/Tribal 638 Facilities (0.5%)
  - The CCA with a non-IHS/Tribal 638 facility must be for inpatient, outpatient, and ambulatory services provided through a referral
- Letters of Intent:
  - Gila River: Valleywise Health and Phoenix Children's Hospital
  - Phoenix Indian Medical Center: Valleywise Health
  - Tohono O'odham: Tucson Medical Center
  - Tuba City: Northern Arizona Healthcare/FMC

# CCA Resources

- IHS/638 Providers can send questions to:
  - [Tribalcarecoordination\\_fmap@azahcccs.gov](mailto:Tribalcarecoordination_fmap@azahcccs.gov)
- SHO #16-002:
  - <https://www.medicaid.gov/federal-policy-guidance/downloads/SHO022616.pdf>

# Open Discussion

# Division of Community Advocacy and Intergovernmental Relations (DCAIR)





# State Plan Amendments

Ruben Soliz, AHCCCS State Plan Manager

# 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.
- States must follow broad federal rules in order to receive federal matching funds, but have flexibility to design their own version of Medicaid within the federal statute's basic framework.
- In order to alter a State Plan, states must submit State Plan Amendments (SPAs), and receive approval from CMS.

## Disaster SPAs Submitted in Response to COVID-19

- Disaster SPAs are effective for the duration of the PHE, or any renewal thereof.
- All disaster SPAs include a streamlined approval process, which allows AHCCCS to respond to the PHE in real-time.
- For a full list of COVID-19 disaster SPA flexibilities (CHIP & T-XIX):
  - <https://azahcccs.gov/Resources/Downloads/1115Waiver/COVID19StatusofFlexibilities.pdf>

# Recently Approved SPAs (All PHE Related)

- [20-021](#): Pharmacy techs and interns may administer COVID and influenza vaccines
- [20-031](#): COVID Vaccination reimbursed at the Medicare rate
- [21-001](#): IHS/638s reimbursed at the all inclusive rate for administration of COVID vaccine by registered nurses
- [21-004](#): Updates NEMT rate for wait-time at COVID-19 drive-through vaccination sites

# REMINDER

# Medicaid School Based Claiming (MSBC)

- MSBC is currently limited only to students with an Individualized Education Plan (IEP)
- This SPA expands the MSBC program to also include services documented in other individualized health or behavioral health plans
- MSBC Program Expansion will be effective by 10/1/2021
- For additional information please contact Lisa DeWitt ([lisa.dewitt@azahcccs.gov](mailto:lisa.dewitt@azahcccs.gov))

# Tribal Consultation and Public Comment Process

Public Comments or Written Testimony from tribes and I/T/Us may be submitted to AHCCCS via:

- Email: [publicinput@azahcccs.gov](mailto:publicinput@azahcccs.gov)
- Mail: AHCCCS Attn: Office of Intergovernmental Relations  
801 E. Jefferson St., MD 4200 Phoenix, AZ 85034

# Open Discussion



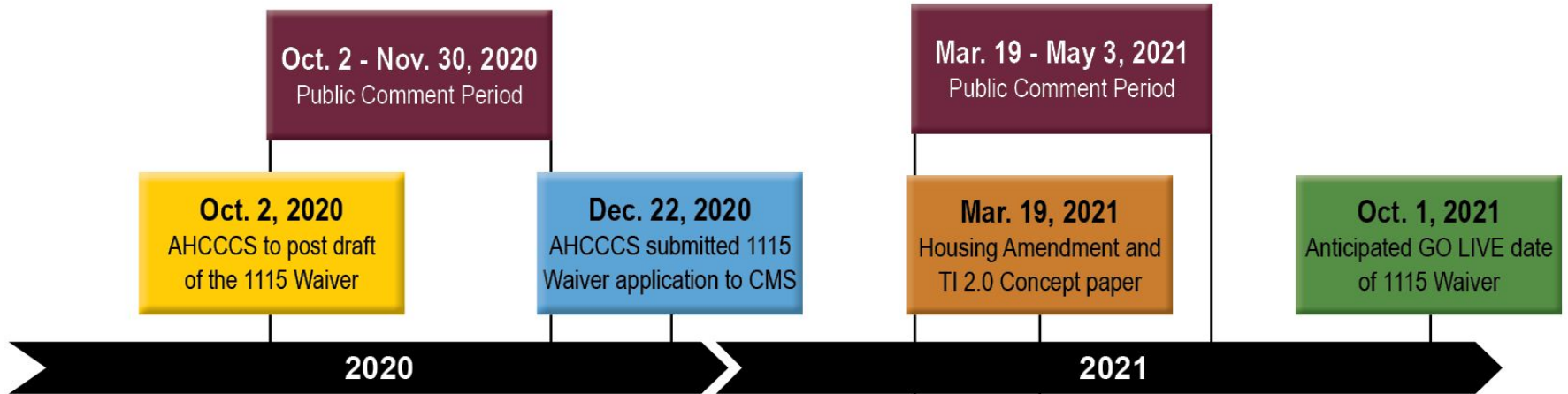


# Waiver Update

Shreya Arakere, AHCCCS Waiver Manager

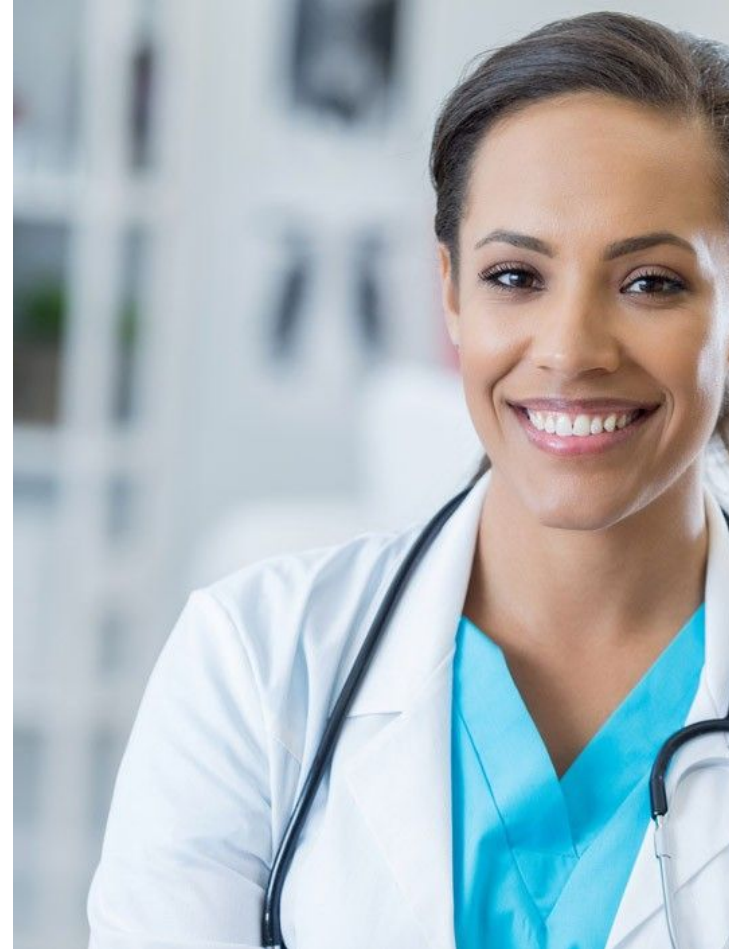


# Arizona's 1115 Waiver Renewal Timeline



# 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
  - Exceeding the \$1,000 emergency dental limit for adult members and the \$1,000 dental limit for individuals age 21 or older enrolled in the ALTCS program

# Recent Developments: 1115 Waiver

- **AHCCCS Housing and Health Opportunities (H2O)**
  - Increase positive health and wellbeing outcomes for target populations
  - Reduce the cost of care for individuals successfully housed
  - Reduce homelessness and improve members' skills to maintain stable housing
- **Targeted Investments Program 2.0**
  - Two distinct cohorts - extension cohort and expansion cohort
  - Sustain integration efforts of current TI participants
  - Expand integration opportunities to new providers
  - Improve the program requirements to provide whole person care more comprehensively

# H2O Proposal and TI 2.0 Concept Paper Public Comments Summary

## H2O:

- Recommendations to include additional populations (e.g. Individuals aging out of tribal foster care)
- Recommendations for AHCCCS to develop health equity strategies for the H2O demonstration
  - Disaggregate socio demographic data for H2O populations
  - Develop strategies for racial and ethnic populations who have limited access to housing and housing supports

## TI 2.0

- Recommendations to include Physician Assistants as an eligible provider type.
- Inclusion of CBOs, IHS and 638s facilities in the TI 2.0 program
- Recommendations to include milestone details and performance measure metrics in the concept paper

# Next Steps for 1115 Waiver Renewal Process

- AHCCCS will submit the H2O demonstration proposal to CMS by the end of May.
- AHCCCS will negotiate special terms and conditions of Arizona's Waiver with CMS throughout 2021
- AHCCCS is currently developing a revised Interim Evaluation Report coming out in late summer/early fall.

# Open Discussion





# AHCCCS Tribal Consultation Policy

Amanda Bahe, AHCCCS Tribal Liaison



# Governor's Office on Tribal Relations Mandates

## AHCCCS Agency Practices

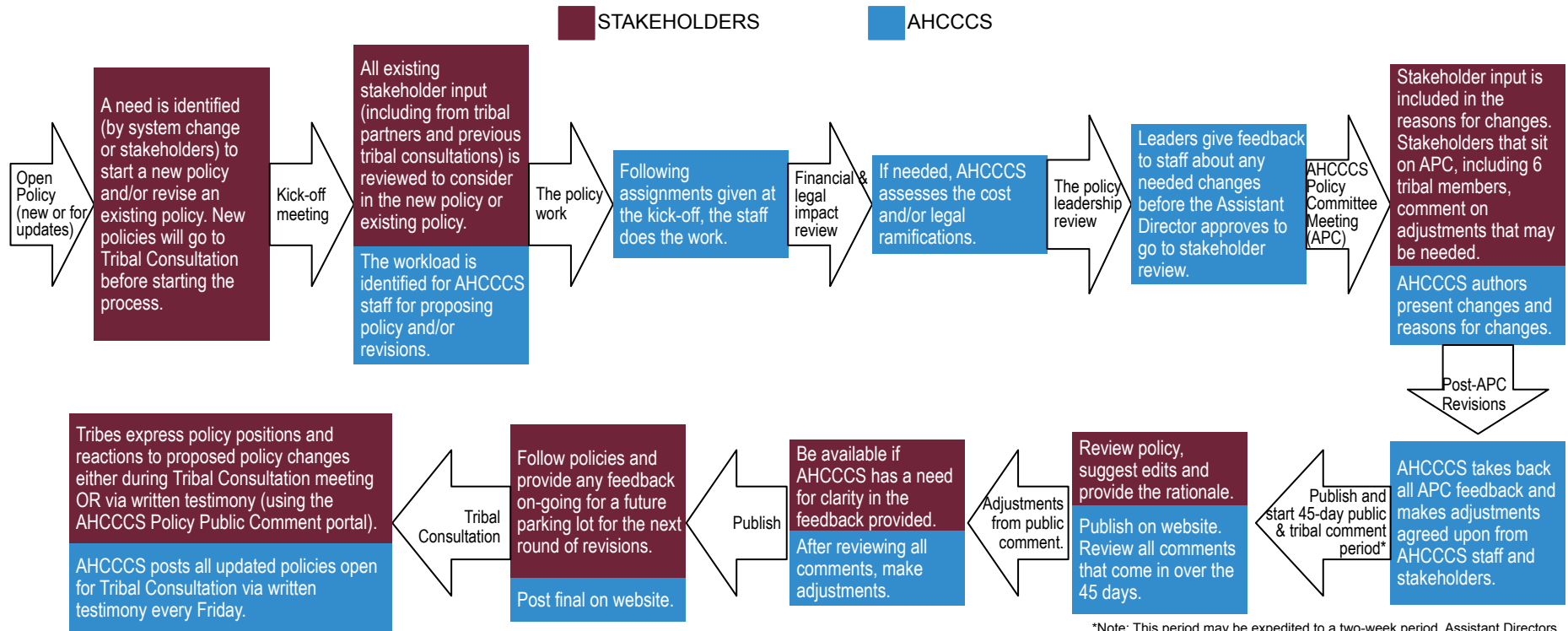
# 1. AHCCCS Tribal Consultation Policy

- Current policy can be found on [AHCCCS Tribal Relations web](#)
  - Outlines agency's responsibility to engage with tribal leaders and be inclusive of tribal communities in programming/policy
- Areas of measurement for annual reporting:
  - Communications with tribal leadership
  - Bi-directional consultation and information sharing
  - Seeking formal recommendations from tribes and I/T/U
  - Providing basis for ongoing and meaningful discussions

## 2. AHCCCS Tribal Consultation

- Held at least on a quarterly basis
  - Includes updates from across the agency with time for discussion and consultation at the end of each presentation
  - Agenda, attachments, and slide deck uploaded to AHCCCS Tribal Consultation Meeting Materials page for review ahead of meeting.
- Agenda Item Request Period ends 14 days prior to each Tribal Consultation meeting
  - Tribal and ITU leaders may request agenda items and items of discussion for each Tribal Consultation
    - Including discussions regarding new or revised policies

# AHCCCS Tribal Consultation for Policy Process



\*Note: This period may be expedited to a two-week period. Assistant Directors determine which policies must undergo the Public Comment and Tribal Consultation process.

# ACOM and AMPM Clarification

## **AHCCCS Contractor Operations Manual (ACOM)**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors.

## **AHCCCS Medical Policy Manual (AMPM)**

This Policy applies to ACC, ALTCS E/PD, DCS/Comprehensive Health Plan (CHP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS, TRBHA; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100).

# Tribal Consultation Process for AHCCCS Policy

1. Overview at Tribal Consultation for feedback on the following:
  - New ACOM and AMPM policies
  - ACOM and AMPM policies with substantive changes
2. Feedback sent to internal policy workgroups for review
  - Feedback reviewed for relevance and/or inclusion
3. Policies taken to AHCCCS Policy Committee for additional feedback and revisions
4. Policies undergo 14-day (expedited) or 45-day Tribal Consultation Written Testimony feedback period
  - Via the AHCCCS Public Comment Portal

# Tribal Consultation Process for AHCCCS Policy (continued)

5. All written comments received by tribal and ITU leaders forwarded to AHCCCS Tribal Liaison and internal policy workgroups for review:
  - Feedback reviewed for relevance and/or inclusion
  - Some comments may go to “Parking Lot” for future revisions
6. New or Revised Policy published with an effective date

**NOTE: FORMAL DISCUSSION ON ANY AHCCCS POLICY MAY OCCUR AT ANY QUARTERLY TRIBAL CONSULTATION MEETING**



# Tribal Consultation Process for AHCCCS Policy (continued)

- Formal Discussion on AHCCCS Policies at Tribal Consultation Meetings
  - A Tribal or ITU leader must formally request that a specific policy be brought to a Quarterly Tribal Consultation Meeting for consultation
  - Formal request should include the reasons for discussion to ensure meaningful consultation
    - Concerns regarding policy language vs. operationalization
    - Recommendations for solutions regarding stated concerns

### 3. Seek Input from Tribal Officials

- [AHCCCS Tribal Consultation Policy Attachment B: Formal Recommendation](#)
- Letterhead/Other legible written format
- Tribal Consultation
- IHS Area Director and Chief Medical Officer Meetings
- Tribal Forums
- AZ Advisory Council on Indian Health Care



The image shows a sample of the AHCCCS Tribal Consultation Form: Formal Recommendations. The form is tilted and contains the following fields:

- Date: [Redacted]
- Name of Submitter: [Redacted]
- Title: [Redacted]
- Program: [Redacted]
- Tribe/Organization: [Redacted]
- Description of Issue/Topic: [Redacted]
- Impact: [Redacted]
- Recommendation: [Redacted]

At the bottom of the form, it states: "Please submit completed forms to the AHCCCS Tribal Relations Liaison at [amanda.bahe@azahcccs.gov](mailto:amanda.bahe@azahcccs.gov)"

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# Tribal Consultation References

- Recommendations and Concerns can be sent to [AHCCCS Tribal Liaison](#) at any time via mail, fax, email, or by phone.
  - Email: [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov)
  - Mail: AHCCCS Attn: Federal Relations - Tribal Liaison, 801 E. Jefferson St., MD 4200 Phoenix, AZ 85034
- Leaders and Stakeholders can sign-up for AHCCCS Policy Tribal Consultation Notifications via email
  - [CLICK HERE](#) for subscription webpage
- List of Policies Open for Tribal Consultation on AHCCCS Tribal Relations Webpage:  
<https://www.azahcccs.gov/AmericanIndians/TribalConsultation/policypubliccomment.html>

## 4. AHCCCS Annual Agency Report on Tribal Activities

- Submitted to Governor's Office annually
- Documents AHCCCS Tribal Outreach and Engagement Activities conducted by agency divisions
  - Goals – Derived from Tribal Consultation Policy
  - Objectives – Defines reasons for conducting tribal outreach as defined by Tribal Consultation Policy
  - Measures – Describes action taken by agency and any outcomes associated with action

# Open Discussion

# General Discussion

# AHCCCS Policies Currently Open for Written Testimony

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of May 19, 2021 (EXPEDITED)**

The following policies had an APC date of May 04, 2021 and notification of Tribal Consultation via written comment was sent out on May 12, 2021.

- [AMPM Policy 320-T1 – Block Grants and Discretionary Grants](#)
- [AMPM Policy 320-T2 – Non-Title XIX XXI Services and Funding \(Excluding Block Grants and Discretionary\)](#)

- **Written Testimony Deadline of May 21, 2021**

The following policies had an APC date of April 1, 2021 and notification of Tribal Consultation via written comment was sent out on April 15, 2021.

- [AMPM Policy 310-BB – Transportation](#)
- [AMPM Policy 310-BB – Attachment A – Community Based Support Programs](#)
- [AMPM Policy 320-U – Pre-Petition Screening, Court Ordered Evaluation, and Court Ordered Treatment](#)
- [AMPM Policy 320-U- Attachment A – Reserved](#)
- [AMPM Policy 320-U – Attachment B – A.R.S. 12-136 Flow Chart, Recognition of Tribal Court Order Process](#)
- [AMPM Policy 1620-G – Behavioral Health Standards](#)



# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of May 24, 2021**

The following policies had an APC date of April 6, 2021 and April 8, 2021 and notification of Tribal Consultation via written comment was sent out on April 15, 2021.

- [ACOM Policy 201 – Medicare Cost Sharing for Members Covered by Medicare and Medicaid](#)
- [ACOM Policy 201 – Attachment A – AHCCCS Notification to Waive Medicare Part D Copayment](#)
- [ACOM Policy 434 – Coordination of Benefits and Third Party Liability](#)
- [ACOM Policy 434 – Attachment A – Total Plan Case Settlement Notification Form](#)
- [ACOM Policy 434 – Attachment B – Trauma Code ICD-10 List](#)
- [ACOM Policy 449 – Behavioral Health Services for Children in DCS and Adopted Children](#)
- [ACOM Policy 449 – Attachment A – DCS and Adopted Children Services Reporting – Access to Services](#)
- [AMPM Policy 420 – Family Planning](#)
- [AMPM Policy 420 – Attachment A – Consent to Sterilization](#)
- [AMPM Policy 420 – Attachment B – AHCCCS Sterilization Reporting Form for Members Under 21 Years of Age](#)
- [AMPM Policy 520 – Member Transitions](#)
- [AMPM Policy 520 – Attachment A – Enrollment Transition Information Form](#)
- [AMPM Policy 520 – Attachment B – Out of Service Area Placement Request](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of May 26, 2021 (EXPEDITED)**

The following policies had an APC date of May 11, 2021 and notification of Tribal Consultation via written comment was sent out on May 12, 2021.

- [AMPM Policy 310-M - Immunizations](#)

- **Written Testimony Deadline of May 29, 2021**

The following policies had an APC date of April 8, 2021 and April 13, 2021 and notification of Tribal Consultation via written comment was sent out on April 15, 2021.

- [ACOM Policy 447, Employment](#)
- [ACOM Policy 447 – Attachment A – Psychiatric Rehabilitation Progress Report Specifications for RBHA and ACC Contractors](#)
- [AMPM Exhibit 300-2B – AHCCCS Covered Non-Title XIX-XXI Behavioral Health Services](#)
- [AMPM Policy 580 – Behavioral Health Referral Process](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 03, 2021**

The following policies had an APC date of April 13, 2021 and notification of Tribal Consultation via written comment was sent out on April 20, 2021.

- [AMPM Policy 320-V – Behavioral Health Residential Facilities](#)

- **Written Testimony Deadline of June 05, 2021**

The following policies did not go through APC and a notification of Tribal Consultation via written comment was sent out on April 21, 2021.

- [ACOM Policy 305 – Performance Bond and Equity per Member Requirements](#)

- **Written Testimony Deadline of June 07, 2021**

The following policies had an APC date of April 22, 2021 and notification of Tribal Consultation via written comment was sent out on April 23, 2021.

- [ACOM Policy 438 – Administrative Services Subcontractor Evaluation](#)
- [ACOM Policy 438 – Attachment A – Administrative Services Subcontract Checklist](#)
- [ACOM Policy 438 – Attachment B – Administrative Services Subcontractor Evaluation Report Template](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 11, 2021**

The following policies had an APC date of April 27, 2021 and notification of Tribal Consultation via written comment was sent out on April 27, 2021.

- [AMPM Policy 910 – Quality Management – Performance Improvement Program Scope](#)
- [AMPM Policy 910 – Attachment A – AHCCCS Contractor Services-Service Site Monitoring](#)
- [AMPM Policy 910 – Attachment B – Contractor Monitoring of Direct Care Worker \(DCS\) Training and Testing Standards](#)
- [AMPM Policy 920 – Quality Management – Performance Improvement Program Administrative Requirements](#)
- [AMPM Policy 920 – Attachment A – Reserved](#)
- [AMPM Policy 920 – Attachment B – AHCCCS Quality Improvement Corrective Action Plan Contractor Checklist](#)
- [AMPM Policy 970 – Performance Measures](#)

- **Written Testimony Deadline of June 13, 2021**

The following policies had an APC date of April 22, 2021 and notification of Tribal Consultation via written comment was sent out on April 29, 2021.

- [AMPM Policy 940 – Medical Records and Communication of Clinical Information](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 14, 2021**

The following policies had an APC date of April 29, 2021 and notification of Tribal Consultation via written comment was sent out on May 04, 2021.

- [AMPM Policy 960 – Quality of Care Concerns](#)
- [AMPM Policy 960 – Attachment A – Reserved](#)
- [AMPM Policy 960 – Attachment B – Reserved](#)
- [AMPM Policy 960 – Attachment C – Health and Safety Update – Onsite Review Form](#)
- [AMPM Policy 960 – Attachment D – Individuals with Intellectual Disabilities Investigation Training](#)
- [ACOM Policy 406 – Member Handbook and Provider Directory](#)
- [ACOM Policy 406 – Attachment A – Member Handbook Checklist](#)
- [ACOM Policy 406 – Attachment B – Definitions for AHCCCS Members Pursuant to 42 CFR 438.10](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 20, 2021**

The following policies had an APC date of April 22, 2021 and May 04, 2021 and notification of Tribal Consultation via written comment was sent out on May 12, 2021.

- [AMPM Policy 310-B – Title XIX -XXI Behavioral Health Service Benefit](#)
- [AMPM Policy 541-Coordination of Care with Other Government Agencies](#)
- [AMPM Policy 1040 – Outreach, Engagement, and Re-Engagement for Behavioral Health](#)
- [ACOM Policy 436 – Network Standards](#)
- [ACOM Policy 436 – Attachment A – Minimum Network Requirements Verification Template](#)
- [ACOM Policy 436 – Attachment B – Mobile Crisis Team Response Reporting](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 21, 2021**

The following policies had an APC date of May 06, 2021 and notification of Tribal Consultation via written comment was sent out on May 12, 2021.

- [ACOM Policy 103 – Fraud, Waste, and Abuse](#)
- [ACOM Policy 103 – Attachment A- Representations and Certifications of Contractor](#)
- [ACOM Policy 103 – Attachment A-1 – Disclosure Information: Disclosure of Ownership and Control](#)
- [ACOM Policy 103 – Attachment B – Corporate Compliance Plan Sample](#)
- [ACOM Policy 103 – Attachment C – External Audit Plan Template](#)
- [ACOM Policy 404 – Contractor Website and Member Information](#)
- [ACOM Policy 404 – Attachment A – Organizations Recognized by AHCCCS](#)
- [ACOM Policy 404 – Attachment B – Contractor Website Checklist](#)
- [ACOM Policy 404 – Attachment C – Member Information Attestation Statement](#)
- [ACOM Policy 405 – Cultural Competency, Language Access Plan, and Family/Member Centered Care](#)
- [ACOM Policy 405 – Attachment A – Cultural Competency Plan, Assessment, Language Access Plan, and Family-Member Centered Care Reporting Checklist](#)

# Policies Open for TC as of May 13, 2021

- **Written Testimony Deadline of June 26, 2021**

The following policies had an APC date of May 11, 2021 and notification of Tribal Consultation via written comment was sent out on May 12, 2021.

- o [AMPM Policy 963 – Peer and Recovery Support Service Provision Requirements](#)
- o [AMPM Policy 963 – Attachment A – Peer Recovery Support Specialist Involvement in Service Delivery](#)
- o [AMPM Policy 963 – Attachment B – Peer Support Employment Training Program Application Template](#)
- o [AMPM Policy 963 – Attachment C – Peer Support Employment and Training Graduates](#)



# Announcements

## Next AHCCCS Tribal Consultation:

**June 16, 2021 at 10 am**

Please check [AHCCCS Tribal Consultation Webpage](#) for meeting information.

\*Please send any agenda recommendations to [Amanda.Bahe@azahcccs.gov](mailto:Amanda.Bahe@azahcccs.gov) by May 31, 2021.

# AHCCCS on the Road (Virtually!)

The Arizona Health Care Cost Containment System (AHCCCS) is hosting online forums to inform the community and gather feedback on the upcoming AHCCCS initiatives:

- The Future of Regional Behavioral Health Agreements (RBHA)
- Competitive Contract Expansion
- Whole Person Care Initiative
- Waiver
- AHCCCS COVID 19 Response

**June 14, 2021**

**1:00 pm - 3:00 pm**

**Location: Webinar**

**Registration Link: TBA**



See the following webpage for all Community Forum updates:

<https://www.azahcccs.gov/AHCCCS/PublicNotices/CommunityPresentations.html>

# 2021 Tribal Consultation Calendar

- **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**
  - Agenda Item Request Deadline: June 28, 2021
- **August 12, 2021: Regular Quarterly TC**
  - Agenda Item Request Deadline: July 23, 2021
- **November 4, 2021: Regular Quarterly TC**
  - Agenda Item Request Deadline: October 18, 2021

For all AHCCCS Tribal Consultation Dates and Meeting Materials, see the following link: <https://www.azahcccs.gov/AmericanIndians/TribalConsultation>

# Follow & Support AHCCCS on Social Media

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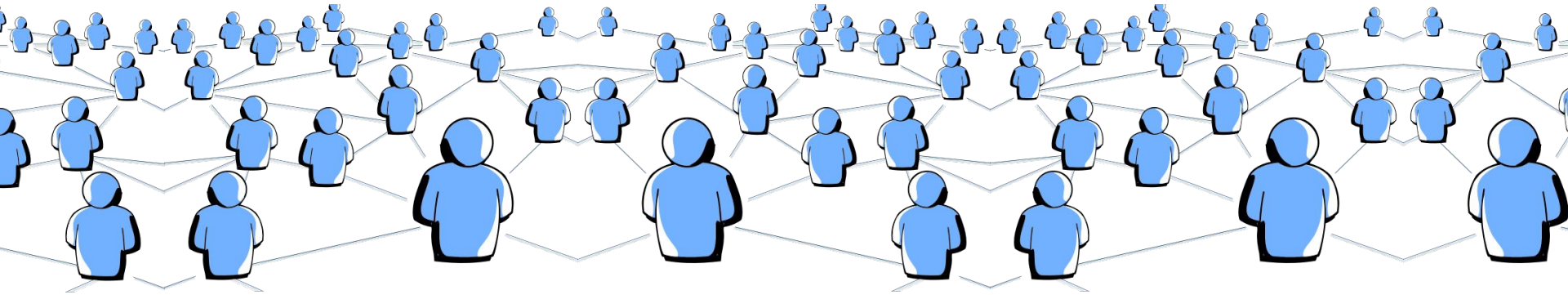
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 **YouTube**

Channel:

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



## 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!