

September 28, 2021

Brian Zolynas
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Dear Mr. Zolynas,

In accordance with Special Terms and Conditions paragraph 52, enclosed please find the Quarterly Progress Report for April 1, 2021, through June 30, 2021, which also includes the Quarterly Quality Initiative and the Arizona Medicaid Administrative Claiming Random Moment Time Study results.

If you have any questions about the enclosed report, please contact Alex Demyan at Alex.Demyan@azahcccs.gov or Shreya Arakere at Shreya.Arakere@azahcccs.gov.

Sincerely,



Shelli Silver
Deputy Director- Health Plan Operations

CC:
Heather Ross, CMS
Kelsey Smyth, CMS

AHCCCS Quarterly Report April 1, 2021 – June 30, 2021

TITLE

Arizona Health Care Cost Containment System – AHCCCS
A Statewide Approach to Cost Effective Health Care Financing

Section 1115 Quarterly Report

Demonstration Year: 38

Federal Fiscal Quarter: 3rd (April 1, 2021 – June 30, 2021)

INTRODUCTION

As written in Special Terms and Conditions (STCs), paragraph 52, the Arizona Health Care Cost Containment System (AHCCCS) submits quarterly progress reports to CMS. Quarterly reports inform CMS of significant demonstration activity from the time of approval through completion of the demonstration.

ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for April 1, 2021, through June 30, 2021, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

Table 1

Population Groups ¹	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr
Acute AFDC/SOBRA	1,251,903	3,356	4,526
Acute SSI	213,940	210	3,216
Prop 204 Restoration	431,177	1,410	5,004
Adult Expansion	188,053	556	726
LTC DD	37,126	50	136
LTC EPD	30,499	41	1,538
Non-Waiver	119,655	256	1,418
Total	2,272,353	5,879	16,564

¹ Data is loaded and reported 45 days after the end of the quarter. This report differs from previous reports in that data is unduplicated and is updated quarterly. Data that contains no Medicaid funding (state only) is excluded from this report.

Table 2 is a snapshot of the number of current enrollees (as of July 1, 2021) by funding categories, as requested by CMS.

Table 2

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan ²	1,487,590
Title XXI funded State Plan ³	56,142
Title XIX funded Expansion ⁴	581,850
• Prop 204 Restoration (0-100% FPL)	431,506
• Adult Expansion (100% - 133% FPL)	150,344
Enrollment Current as of	7/1/2021

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update:

Arizona’s 1115 Waiver demonstration is set to expire on September 30, 2021. As a result of the COVID-19 public health emergency, AHCCCS received a three-month extension from the Centers for Medicare and Medicaid Services (CMS) to submit the waiver renewal application packet. AHCCCS is requesting a five-year renewal of Arizona’s demonstration project under Section 1115 of the Social Security Act, and the application is seeking a renewal period from October 1, 2021, through September 30, 2026. AHCCCS submitted a waiver application to CMS on December 22, 2020, to renew its 1115 Waiver demonstration.

The current demonstration exempts Arizona from particular provisions of the Social Security Act and also includes expenditure authority permitting federal financial participation (FFP) for state expenditures that would not otherwise qualify for federal participation. Moreover, demonstration projects must establish budget neutrality where Medicaid costs to the federal government are not expected to exceed costs to the federal government in the absence of the demonstration.

With CMS’ approval of its demonstration renewal application, Arizona will continue its successful Medicaid program and implement programs including, but not limited to:

- Mandatory managed care,
- Home and community-based services for individuals in the Arizona Long Term Care System (ALTCS) program,
- Administrative simplifications that reduce inefficiencies in eligibility determination,
- Integrated health plans for AHCCCS members,
- Payments to providers participating in the Targeted Investments Program, and
- Waiver of Prior Quarter Coverage for specific populations.

² SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1

³ KidsCare.

⁴ Prop 204 Restoration & Adult Expansion.

In addition to renewing current waiver and expenditure authorities, AHCCCS is seeking an amendment of the 1115 Waiver to implement the [AHCCCS Housing and Health Opportunities \(H2O\) demonstration](#). This program will develop and improve housing services in conjunction with interventions for AHCCCS members who are experiencing homelessness or at risk of becoming homeless. Tapping into these essential social determinants of health (SDOH), the goals of the H2O demonstration include:

- Reducing the homeless population while promoting a member's ability to maintain housing,
- Strengthening and improving health and well-being to stabilize mental health conditions, reducing substance abuse, and improving primary care prevention services, and
- Reducing costs while improving member health outcomes.

Additionally, AHCCCS is seeking to implement:

- Authority to allow for verbal consent in lieu of written signature for up to 30 days for all care and treatment documentation for ALTCS members when included in the member's record and when identity can be reliably established,
- Authority to reimburse traditional healing services provided in, at, or as part of services offered by facilities and clinics operated by the Indian Health Service (IHS), a tribe or tribal organization, or an Urban Indian Health Program,
- Authority to reimburse IHS and Tribal 638 facilities to cover the cost of adult dental services that are eligible for 100 percent FFP, that are in excess of the \$1,000 emergency dental limit for adult members in Arizona's State Plan, and \$1,000 dental limit for individuals aged 21 or older enrolled in the ALTCS program.

More details on Arizona's 1115 Waiver renewal request (2021-2026), along with the proposal and supplemental documentation, is available on the [AHCCCS Section 1115 Waiver Renewal Request \(2021-2026\) web page](#).

On March 17 and March 24, 2020, AHCCCS submitted requests to the CMS administrator to waive certain Medicaid and CHIP requirements in order to combat the continued spread of COVID-19. AHCCCS sought a broad range of emergency authorities to:

- Strengthen the provider workforce and remove barriers to care for AHCCCS members,
- Enhance Medicaid services and supports for vulnerable members for the duration of the emergency period, and
- Remove cost sharing and other administrative requirements to support continued access to services.

CMS approved components of Arizona's requests under the 1135 Waiver, Appendix K, and the State Plan. Information regarding the status of AHCCCS Emergency Authority Requests (for the federally declared COVID-19 public health emergency) is available on the [AHCCCS COVID-19 Federal Emergency Authorities Request web page](#).

Waiver Evaluation Update:

In accordance with STC 59, AHCCCS must submit a draft Waiver Evaluation Design for its 1115 Waiver demonstration. In addition, AHCCCS is also required by CMS to submit an Interim Evaluation Report and a Summative Evaluation Report of the 1115 Waiver Demonstration by December 31, 2020, and March 30, 2023, respectively.

AHCCCS has contracted with the Health Services Advisory Group (HSAG) to serve as the independent evaluator for Arizona's 1115 Waiver Demonstration. In SFY 2019, AHCCCS worked with HSAG to develop Evaluation Design Plans for the following programs:

- AHCCCS Complete Care (ACC) Program,
- Arizona Long Term Care System (ALTCS) Program,
- Comprehensive Medical and Dental Program (CMDP),
- Regional Behavioral Health Authorities (RBHAs),
- Targeted Investments (TI) Program,
- Retroactive Coverage Waiver, and
- AHCCCS Works program.

On November 13, 2019, AHCCCS submitted an Evaluation Design Plan to CMS for Arizona's demonstration components noted above, with the exception of AHCCCS Works. Additionally, HSAG later developed, and AHCCCS submitted, a separate evaluation design plan to CMS for the AHCCCS Works program. Arizona's waiver evaluation design plan was approved by CMS on November 19, 2020.

As required by the STCs of Arizona's approved demonstration, an Interim Evaluation Report must be submitted and discuss the evaluation progress and findings-to-date, in conjunction with Arizona's demonstration renewal application. Arizona's interim evaluation report was submitted with the waiver renewal application on December 22, 2020.

Due to data limitations and operational constraints imposed by the COVID-19 pandemic, Arizona's previous interim evaluation report did not include data from all sources described in Arizona's evaluation design plan. Qualitative data based on key informant interviews and focus groups, as well as beneficiary survey data, were not collected.

For this reason, an updated interim evaluation report was developed and completed by August 30, 2021. HSAG's updated report contains results for additional years and includes findings-to-date from focus groups and qualitative interviews. In addition, the report used statistical techniques, where possible, to control for confounding factors and identify the impact of Arizona's demonstration initiatives on access to care, quality of care, and member experience with care. Once approved by CMS, AHCCCS intends to post the updated interim evaluation report to its website.

Additionally, AHCCCS worked with HSAG on developing an Evaluation Design Plan for the COVID-19 section of Arizona's 1115 Waiver, in accordance with the guidance issued by CMS on COVID-19 Section 1115 Waiver Monitoring and Evaluation. AHCCCS submitted the design plan to CMS on July 31, 2021.

Targeted Investments Program Update

The AHCCCS Targeted Investments (TI) Program achieved the following accomplishments and activities during the period April 1, 2021, to June 30, 2021:

- Quality Improvement Collaborative (QIC) in collaboration with Arizona State University (ASU), continued engaging participants in peer learning and process improvement guidance; session topics included effective use of telehealth, effective strategies for leveraging Health Information Exchange (HIE) participation, and strategies for effective follow up after hospitalization,
- Numerous individual technical assistance meetings were held with program participants; topics included addressing specific participant questions regarding the performance, data harmonization (understanding the measures' algorithms), performance improvement (including root cause analysis), and performance review (explaining the measures dashboard, and other resources),
- AHCCCS engaged numerous and diverse internal and external stakeholders regarding the focus and potential requirements for the renewal of the TI Program as part of the 2021-2026 1115 Waiver, including input on addressing social risk factors and health disparities,
- An expanded TI Renewal Concept Paper was drafted for submission to CMS that included updated and new milestones requirements,
- Year Four Program participant performance measure outcomes were determined and conveyed to program participants,
- TI performance measures findings and analysis were presented to the AHCCCS Quality Steering Committee,
- Participated in preparation of the TI section of 1115 waiver Interim Evaluation Report, and
- Consulted with participants on adoption of integration strategies including the Collaborative Care Model.

Legislative Update

The legislature passed a number of bills in the 2021 Legislative session that will have impacts on the agency including:

- **HB 2392** (AHCCCS; graduate medical education; reimbursement) establishes a community health center graduate medical education (GME) program,
- **HB 2521** (long-term care; health aides) creates a licensed health aide program to allow relatives to provide care to their family members with complex health conditions,
- **SB 1505** (health information; disclosures; prohibition) allows state, county, or local health departments to disclose communicable disease and immunization related information to the state's Health Information Exchange, and
- **SB 1824/SB 1823** (budget bills) contain appropriations for state agencies and programs. Specific to the AHCCCS Administration, the budget included the following items:
 - Secured authorization to spend federal funds tied to approval of the AHCCCS Housing and Health Opportunities (H2O) waiver proposal,
 - Funding for critical IT projects, and
 - Additional funding for providers of services for Elderly and Physical Disabled individuals.

The Arizona Legislature adjourned *Sine Die* on June 30, 2021; the general effective date for legislation is September 29, 2021.

State Plan Update

During the reporting period, the State Plan Amendments (SPAs) noted in Table 3 were filed and/or approved:

Table 3

SPA #	Description	Filed	Approved	Eff. Date
20-030	Updates the Inpatient Differential Adjusted Payment (DAP) Program	12/17/2020	6/23/2021	10/1/2020
20-015	Updates the State Plan to reflect DSH funding for SFY 2021	9/30/2020	5/17/2021	10/1/2020
21-001	Updates the State Plan to allow the Administration to reimburse IHS/638 facilities at the outpatient All-Inclusive Rate (AIR) for COVID-19 vaccine administration by registered nurses under an individual or standing order for the duration of the PHE.	1/27/2021	4/20/2021	12/1/2020
21-004	Updates the NEMT rate for drive-through vaccination sites	2/23/2021	4/20/2021	2/22/2021
21-005	Expands School Based Claiming services rendered to Medicaid-enrolled student beneficiaries.	4/26/2021	7/20/2021	10/1/2021
21-006	Describes the methods and standards for reimbursing school-based health and related services.	4/26/2021	<i>Not approved</i>	10/1/2021

CONSUMER ISSUES

Table 4 summarizes advocacy issues received by the Office of Client Advocacy (OCA) for the quarter April 1, 2021 – June 30, 2021. The originators of the issues are identified in Table 5.

Table 4

Advocacy Issues ⁵	April	May	June	Total
Billing Issues	5	10	13	28
<ul style="list-style-type: none"> ● Member reimbursements ● Unpaid bills 				
Cost Sharing	0	1	0	1
<ul style="list-style-type: none"> ● Co-pays ● Share of cost (ALTCS) ● Premiums (KidsCare, Medicare) 				
Covered Services	12	10	14	36
ALTCS	2	9	5	16
<ul style="list-style-type: none"> ● Resources ● Income ● Medical 				
DES	11	13	34	58
<ul style="list-style-type: none"> ● Income ● Incorrect determination ● Improper referrals 				
KidsCare	0	1	0	1
<ul style="list-style-type: none"> ● Income ● Incorrect determination 				
SSI/Medical Assistance Only	2	8	3	13
<ul style="list-style-type: none"> ● Income ● Not categorically linked 				
Information	20	28	48	96
<ul style="list-style-type: none"> ● Status of application ● Eligibility criteria ● Community resources ● Notification (did not receive or didn't understand) 				
Medicare	1	2	2	5
<ul style="list-style-type: none"> ● Medicare coverage ● Medicare Savings Program ● Medicare Part D 				
Prescriptions	5	5	5	15
<ul style="list-style-type: none"> ● Prescription coverage ● Prescription denial 				
Fraud-Referred to Office of Inspector General (OIG)	0	2	0	2

⁵ Categories of good customer service, bad customer service, documentation, policy, and process are captured under the category it may relate to.

Quality of Care-Referred to Division of Health Care Management (DHCM)	13	9	14	36
Total	71	98	138	307

Table 5

Issue Originator⁶	April	May	June	Total
Applicant, Member, or Representative	66	78	109	253
CMS	0	0	0	0
Governor’s Office	4	12	13	29
Ombudsmen/Advocates/Other Agencies	0	7	12	19
Senate & House	1	1	4	6
Total	71	98	138	307

OPT-OUT FOR CAUSE

Attachment 1 summarizes the opt-out requests filed by individuals with a serious mental illness (SMI) designation in Maricopa County and greater Arizona, broken down by months, MCOs, counties, reasons for opt-out requests, opt-out outcome, and post-appeal opt-out outcomes.

QUALITY ASSURANCE/MONITORING ACTIVITY

Attachment 2 describes AHCCCS’ Quality Assurance/Monitoring Activities during the quarter, along with updates on implementation of the AHCCCS Quality Assessment and Performance Improvement Strategy, in accordance with Balanced Budget Act (BBA) requirements.

ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance/Monitoring Activities

Attachment 3: Arizona Medicaid Administrative Claiming Random Moment Time Study Report

STATE CONTACT(S)

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⁶ This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

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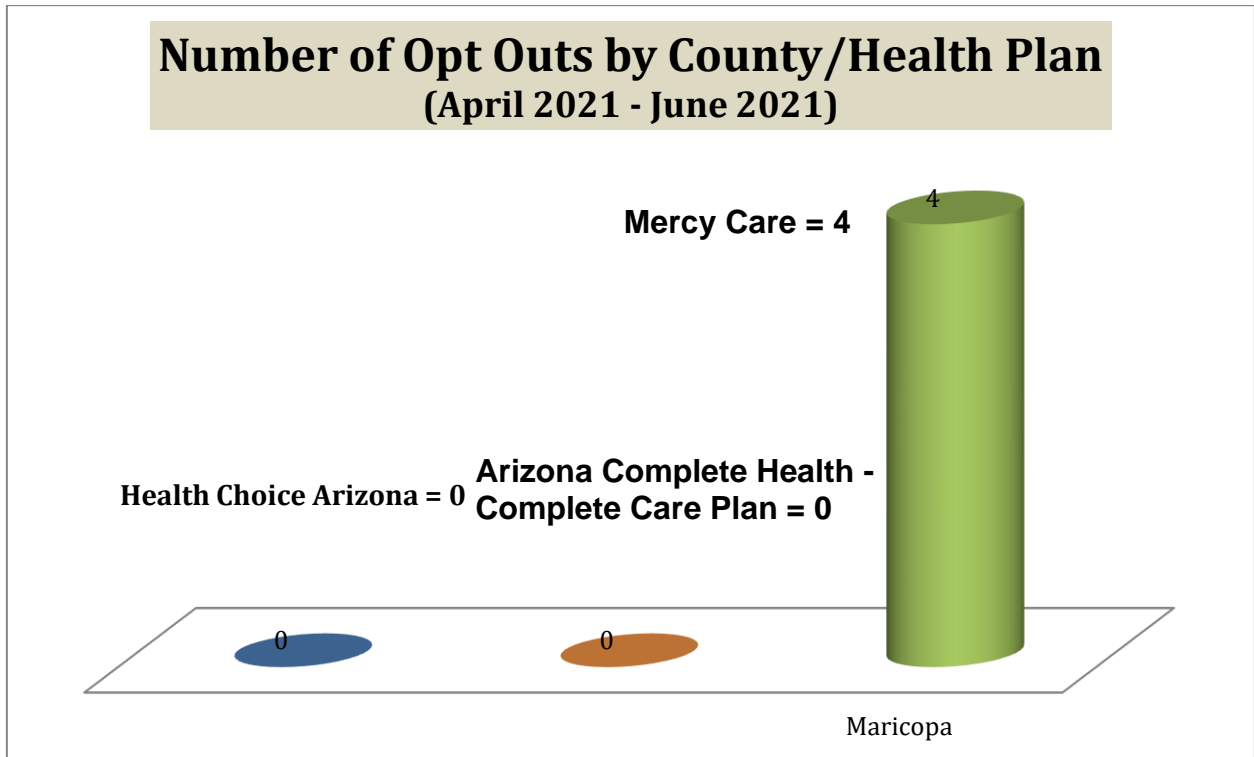
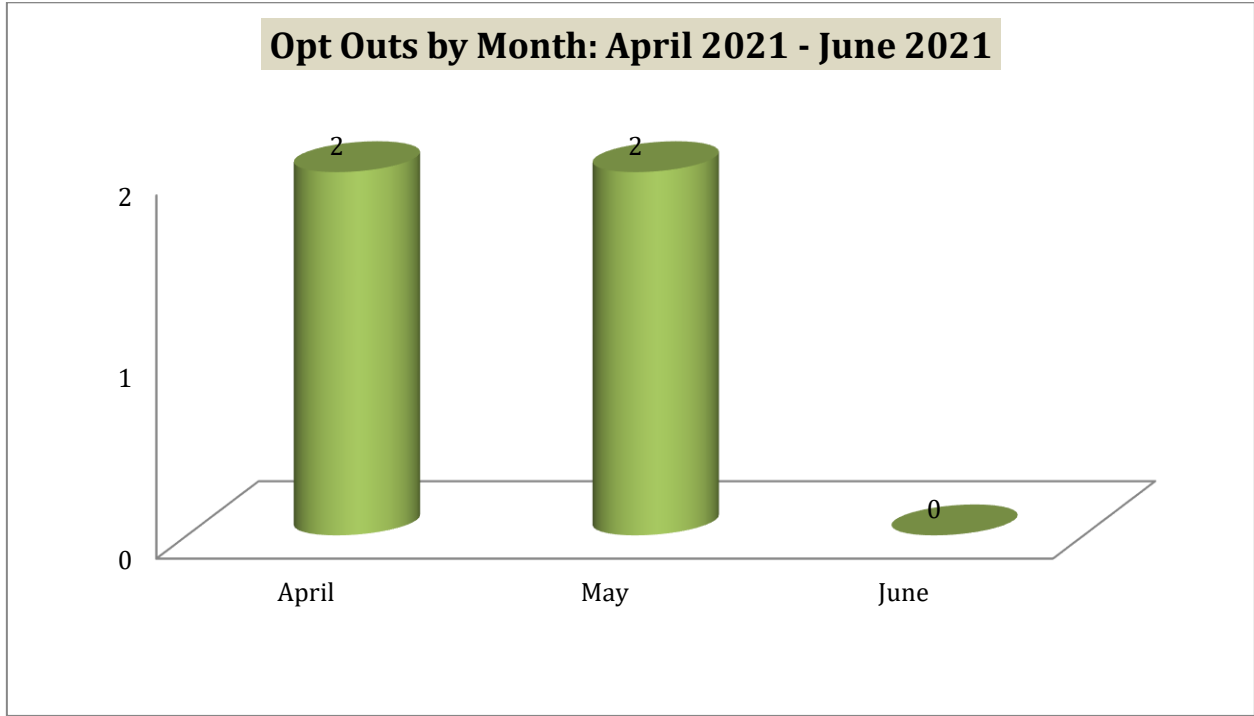
DATE SUBMITTED TO CMS

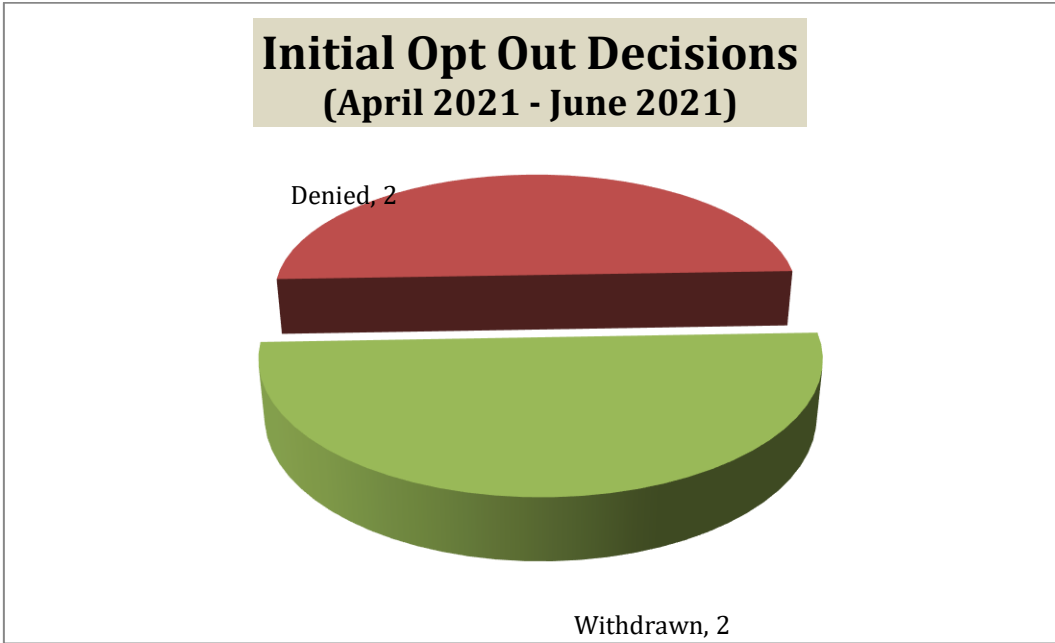
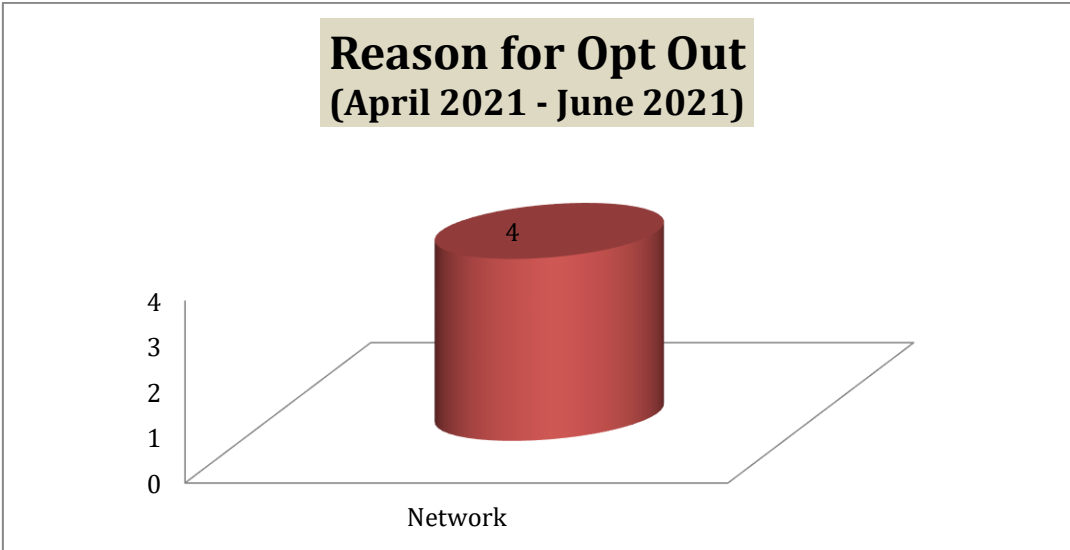
September 28, 2021

ATTACHMENT 1

SMI Opt Out for Cause Quarter 3 (April 1, 2021 – June 30, 2021)

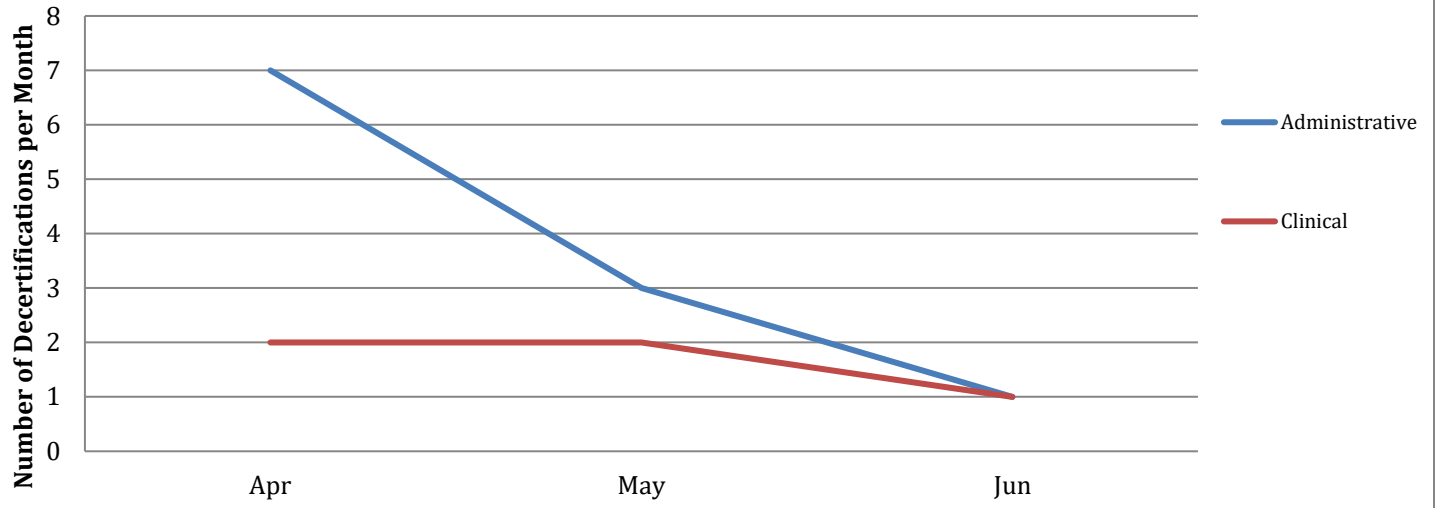
Opt Outs for Quarter 3 April – June 2021





Appeal Outcomes (April 2021 - June 2021)			
Approved	Withdrawn	Denied	Pending
0	0	0	0

Decertification by Type per Month: April 2021 - June 2021



ATTACHMENT 2

Quality Assurance/Monitoring Activity Quarter 3
(April 1, 2021 – June 30, 2021)

Introduction

This report describes AHCCCS' quality assurance and monitoring activities that occurred during the third quarter of FFY 21, as required in STC 52 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy, in accordance with the Managed Care Act requirements. This report highlights activities and goals for the statewide care delivery model that occurred predominantly between April 1, 2021, and June 30, 2021, along with other activities related to ongoing quality and performance improvement during the quarter.

The reported activities were overseen by AHCCCS' Division of Health Care Management (DHCM), including Quality Management (QM), Performance Improvement (PI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), System of Care, Workforce Development, and the Arizona Long Term Care System (ALTCS). Additional activities within other areas of AHCCCS, such as Office of the Director (OOD), Office of Individual and Family Affairs (OIFA), Division of Grants Management (DGA), and the Information Systems Division (ISD) will also be reported, given their impact on quality and performance.

AHCCCS Strengths – Innovation and Community Involvement

AHCCCS is continually reviewing opportunities to improve the effectiveness and efficiency of Arizona's health care delivery system, as well as the methods utilized to promote optimal health for members. Throughout AHCCCS, various teams promote innovation and transparency for internal and external processes, as summarized below.

Innovative Practices and Delivery System Improvement

Ongoing COVID-19 Adaptations and Delivery System Improvements:

Since March 2020, AHCCCS leadership has continued to address and ameliorate the effects of COVID-19 on the delivery system. AHCCCS acted as a conduit between the Governor's Office, the Arizona Department of Health Services (ADHS), the Managed Care Organizations (MCOs), and providers to ensure that the MCOs, community stakeholders, and AHCCCS members had the most up-to-date information possible regarding service delivery guidelines and changes.

COVID-19 Frequently Asked Questions (FAQs) were immediately added to the AHCCCS website at the outset of the COVID-19 public health emergency (PHE) and continue to be updated regularly. Topics include, but are not limited to:

- Clinical Delivery,
- General COVID-19 Questions and COVID-19 Vaccine,
- Health Plans & AHCCCS Fee-for-Service programs (AIHP, TRBHAs, and Tribal ALTCS) General Guidance, Health Plan Requirements and Deliverables,
- Telehealth Delivery & Billing, and
- Uninsured Testing.

Specific examples of AHCCCS COVID-19 activities pertinent to all MCOs:

- AHCCCS changed the frequency of the weekly MCO meetings to monthly as the PHE continued. The focus continues to be dissemination and discussion of information, as well as any challenges or barriers experienced by the MCOs.
- AHCCCS has maintained its relaxation of requirements for onsite audits, unless there is a potential quality issue, but maintains requirements for several reports such as notification of Quality-of-Care Concerns, Incident/Accident/Death Reports, and Seclusion and Restraint Reports.

In addition to the above COVID-19 related activities, AHCCCS actively expanded the network of available providers who could administer the influenza vaccine during the PHE. This included commercial pharmacists as allowed within their scope of practice. AHCCCS also collaborated with the Governor's Office and MCOs to provide member incentives to obtain influenza vaccination.

AHCCCS Complete Care (ACC):

The current focus with the integrated care contracts remains similar to that of the past quarter. Strategies are still ongoing to enhance evaluation of contract compliance, service delivery, care coordination, and use of evidence-based models. AHCCCS maintained an increased focus on network adequacy during the third quarter. The network analysis requirement, which was added to capture real-time availability for various specialty behavioral health residential treatment settings, formed the basis for enhanced collaboration and more timely utilization data.

Activities that began during the last reporting year have been carried over to the third quarter of FFY 21 (e.g., modification of existing policies to reflect integration and the adoption of behavioral health System of Care principles). The System of Care Model emphasizes a culturally competent, coordinated team approach to member care with timeliness and accessibility to evidence-based care at its core. To ensure that ACC plans incorporate additional integration approaches and System of Care Principles, efforts continue into the third quarter to address MCO adherence to these changes via education and further refinement of monitoring tools.

Currently, the ACC MCOs are being encouraged to participate in activities that have previously been under the purview of the Regional Behavioral Health Authorities (RBHAs). This has included justice reach-in processes and emphasis on special healthcare needs, particularly if there is a comorbid behavioral health condition.

ALTCS-DD:

Following implementation of Department of Economic Security's Division of Developmental Disabilities' (DES/DDD) new subcontracted, integrated MCOs on October 1, 2019, AHCCCS continues to monitor DES/DDD and their oversight of the subcontractors through contract deliverables, quarterly meetings, and technical assistance. In March 2020, AHCCCS began working with DES/DDD on their augmentative and alternative communication device processes and procedures. As of January 1, 2021, the augmentative and alternative communication devices program was delegated to DES/DDD's subcontracted MCOs. AHCCCS was involved in the transition of this process by reviewing and approving transition activities, including but not limited to, review of policy requirements, approval of network requirements, review of member outreach,

and participation in community forums. AHCCCS continues to be involved in post-transition activities and provides technical assistance as warranted.

Although the Direct Care Worker (DCW) Training Program has been in effect since 2013, due to COVID-19 concerns, AHCCCS has suspended the 90-day training requirement, thus allowing DCWs to provide care while simultaneously receiving training. During this time, AHCCCS encourages the agencies to utilize remote learning opportunities to support the DCWs, then evaluate in-person skills following the COVID-19 emergency.

ALTCS:

AHCCCS has been working on a variety of activities to enhance compliance with CMS requirements and the Home and Community Based Services (HCBS) Rules that are applicable to both DD and EPD. These activities occur in conjunction with various member councils, the MCOs, 10 tribes, and members of the Sonoran University Center of Excellence for Developmental Disabilities (UCEDD). During the third quarter of FFY 21, specific activities included:

- Sonoran (UCEDD) completed an evaluation of the Person-Centered Service Plan (PCSP) Train the Trainer sessions,
- Post-Train the Trainer Evaluation Summary provided to AHCCCS PCSP team,
- PCSP Case Manager training conducted by the ALTCS-EPD contractors concluded on May 31, 2021,
- Implementation of the new AHCCCS PCSP Tool and process occurred on June 1, 2021, and
- Post-Implementation Monitoring activities were identified. First deliverable due September 2021.

AHCCCS has determined that it is going to take time for contractors and their case managers to develop the needed competencies around this new tool and process during this transition period. Thus, any auditing that may occur during this time will be for Technical Assistance (TA) purposes only. AHCCCS does not intend to audit for compliance for at least the first year of implementation. Instead, there will be a focus on TA and process improvement.

Stakeholder Involvement:

The agency's ongoing success stems from its concentrated efforts to cultivate partnerships with other state agencies, its contracted MCOs, registered providers, and the community. This collaboration helps AHCCCS address common issues and maintain or improve the delivery of high-quality health care to Medicaid recipients and KidsCare members. AHCCCS makes specific efforts to include stakeholder and member feedback throughout its operations, including the Policy Committee, quarterly Quality Management meetings related to the adult/child systems of care, and separate quarterly meetings for Maternal Child Health/EPSDT and Medical Management requirements.

Ongoing advisory councils and specialty workgroups, such as the Behavioral Health Planning Council and the Office of Individual and Family Affairs (OIFA) Advisory Council work to ensure stakeholder involvement occurs on a regular basis.

Continuum of Care Stakeholder Workgroup:

AHCCCS continues to foster a collaborative relationship with the Continuum of Care Stakeholder Workgroup that originated in 2019. AHCCCS engaged with more than 97 stakeholders in distinct subgroups that focused on three primary populations: (1) individuals with a serious mental illness designation (SMI), (2) children, and (3) adults with General Mental Health/Substance Use (GMHSU) concerns. AHCCCS and the Continuum of Care subgroups have reviewed policies, processes, and trends to engage in high-level themes, discussing recommendations for improvements and next steps. The Continuum of Care subgroups prompted and aided in the implementation and achievements of their priority goals. In collaboration with the AHCCCS MCOs, the following behavioral health services and recommendations included:

- Focus on network development and services to address the behavioral health needs of children from ages birth through five,
- Processes to identify individual behavioral health needs prior to release from a correctional setting; this includes specific steps for the assessment and referral process. Should authorizations be necessary for services or medications, they are procured prior to the individual's release,
- Processes to measure/assess current peer and family support services and outcomes. AHCCCS will also continue ongoing collaboration with community groups and Peer & Family Run Organizations (PFROs) to identify opportunities to improve family support services, and
- Current efforts are being undertaken to enhance the ability of primary care physicians (PCPs) and emergency departments (EDs) to bridge to medication-assisted treatment (MAT) when clinically appropriate.

AHCCCS and the subgroups reviewed policies in order to identify areas that needed improvement to support access to care and outcomes. The following policies were updated and sent out for public comment:

- AMPM 964 – Credentialed Parent Family Support Requirements, and
- AMPM 320 – Behavioral Health Assessment and Treatment Service Planning.

In addition to policy updates, the subgroups met with AHCCCS to review the regulations under the Arizona Administrative Code Title 9, Chapter 21, "Behavioral Health Services for Persons with Serious Mental Illness" to recommend amendments to the rule to improve access to services, incorporate person-centered language, and align Administrative Code content with current best practices and current contracting language.

The Continuum of Care subgroup's feedback inspired the creation of the following educational documents to benefit the community, posted on the AHCCCS OIFA web page under [Info At A Glance](#)

- Employment Services, and
- AHCCCS Housing Program

AHCCCS and the Continuum of Care workgroup are exploring opportunities for enhancing connectivity and information exchange between crisis providers, detoxification providers, and clinics. Coordination and engagement with the stakeholders will continue with a focus on the use of integrated care concepts to promote improved member outcomes.

Behavioral Health Planning Council:

Each state is required to establish and maintain a behavioral health planning council to carry out the statutory functions as described in 42 U.S. Code 300x-3 for adults with an SMI designation, individuals with a substance use disorder (SUD), and children with Severe Emotional Disturbance (SED).

The mission of the Arizona Behavioral Health Planning Council is to advise the State in planning and implementing a comprehensive community-based system of behavioral and mental health services. The majority (51 percent or more) of a state’s planning council should be composed of members and family members. During this quarter, the Council voted in a new member from a provider agency. There are 21 members, and all required positions are filled at this time. This Council is mandated to perform the following duties:

- To review plans provided to the Council by the State of Arizona and to submit to the State any recommendations of the Council for modifications to the plans,
- To serve as an advocate for adults with an SMI designation, children with SED, and other individuals with mental illnesses or emotional problems,
- To ensure collaboration among key state agencies and facilitate member input into the State’s mental health services and activities, and
- To monitor, review, and evaluate not less than once each year for the allocation and adequacy of mental health services within the state.

Office of Individual and Family Affairs (OIFA):

In alignment with its mission to bring in the community’s voice, OIFA has maintained an advisory council with representation from all stakeholders since 2010. During the COVID-19 pandemic, the Director of AHCCCS and Assistant Director of the Division of Community Advocacy and Intergovernmental Relations (DCAIR) attended the advisory council to hear from and share information directly with the community.

OIFA continued to use their weekly newsletters to communicate with stakeholders as a means to both gather and disseminate critical information. OIFA’s Friday newsletter performs above the typical industry average of “click” rates (the percentage of those who open the newsletter and click on any item or link), indicating a readership appreciation of relevant content.

OIFA regularly hosts statewide community Forums to engage with members, family members, and stakeholders to provide information on AHCCCS initiatives and gather feedback. During the third quarter, OIFA restructured Community Forums to spotlight AHCCCS’ future system updates, making them more accessible by using a 30 minute “Hot Topic” design. In addition to the community forums, OIFA hosted:

- Community Conversations - The PHE impacted the typical member and family member engagement level. In order to continue connection with the community, particularly during this challenging time, the OIFA department at AHCCCS partnered with the OIFAs at the MCOs to launch a series of events called, "OIFA Community Conversations." These events create opportunities to gather input, discuss issues, identify challenges and barriers, problem-solve, and share information. Two events have been held during the third quarter:
 - Trauma Informed Care

- Youth Involvement in the System
- The OIFA web page was regularly updated to include easy access to view community engagement calendar events.

To inspire recovery and wellness as part of professional development, OIFA through its contractor, has created and supported the Peer and Family Career Academy (PFCA) since 2014. Collaborative efforts between the Academy and community allowed for advanced training and ongoing learning to Peer Recovery Support Specialists (PRSS) and Parent/Family support Specialists (FSS). From the inception of the PFCA, the goal was to base the Academy in the community as a self-sustaining entity. On June 30, 2021, this vision was achieved when the Academy was relaunched as an independent and self-sustaining institution, operated by peers and family members. OIFA anticipates the Academy will play a pivotal role in the future of peer and family support within Arizona.

Through a partnership between AHCCCS and ADHS, AHCCCS has contracted with the PFCA to provide a Peer-to-Peer support program for PRSS and FSS delivering services during the pandemic, at no cost to those utilizing these services. The purpose of this program is to prevent burnout, compassion fatigue and other emotional distress common to healthcare workers delivering services during the pandemic

OIFA's One-Page Empowerment Tools:

Based on community conversations and feedback, OIFA continues to develop one-page empowerment tools, which are documents that provide information to help members overcome barriers to care. The one-pagers are available on OIFA's web page. To continue the success of this initiative, OIFA:

- Created a portal on the web page for stakeholders to suggest topics for future one-pagers,
- Translated all one-pagers into Spanish, and
- Maintained a monthly system navigation meeting to empower members, family members, and stakeholders. The meetings provide education on how to use the one-pagers to overcome barriers to care and access services. Topics included:
 - AHCCCS Housing Programs
 - Foster Care Rights and Protections

Arizona Stakeholders and AHCCCS MCH/EPSDT:

AHCCCS continued its work with other state partners to prepare for the flu vaccination season by encouraging all providers to re-enroll with the Vaccine for Children's (VFC) Program. AHCCCS partners with the local chapter of the American Academy of Pediatrics to increase awareness of providers being available for EPSDT well-child visits. In-person visits had declined, necessitating an expanded member outreach campaign to re-establish the importance of routine well-childcare.

Table 6 profiles continuing activities for the MCH Department and demonstrates continued community involvement with the Governor's Goal Council on Strategic Initiatives. Many of the activities within this table relate to ongoing grant performance for opioid and substance use treatment that is currently under AHCCCS purview.

Table 6

INITIATIVE	LEAD AGENCY	AHCCCS INVOLVEMENT
Maternal Mortality Review Committee ARS 36-3501 (Component of Child Fatality Review)	ADHS	Representation/Participation
Maternal Health Task Force	ADHS	Representation/Participation
Maternal Mortality Breakthrough Action Plan	Governor Health Goal Council	Representation/Participation
SB 1040 Advisory Committee On Maternal Fatalities and Morbidity	Arizona Legislature	Representation/Participation
Maternal Health Innovation Grant (\$2.1M / year over five (5) years)	HHS	Letter of Support Representation/Participation
Maternal Mortality Grant (\$450K/year over five (5) years)	CDC	Letter of Support Representation/Participation
Task Force on Preventing Prenatal Exposure to Alcohol and Other Drugs	ADHS	Representation/Participation
SUD Block Grant	AHCCCS	Lead
SB 1290 (established to recommend improvements for screening and treatment maternal mental health disorders)	AHCCCS	Lead/Chair of Committee

During the third quarter, the MCH/EPSDT department continued efforts to revise pertinent policies and resume activities that had been set aside during the pandemic. Policy revisions were completed for maternity care, family planning services and well women's care. Operational reviews were resumed for the RBHAs and DES/DDD.

Arizona Stakeholders and ALTCS Case Management Unit:

The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders:

- Statewide Independent Living Council
- Long Term Care Ombudsman
- Regional Center for Border Health
- ARC of Arizona
- Rehabilitation Services Administration
- Raising Special Kids
- UCP of Southern Arizona
- Arizona Association for Providers for People with Disabilities
- Aging and Disability Resource Center
- DES/DDD Employment Specialists

- Governor’s Advisory Council on Aging
- AARP
- Easter Seals Blake Foundation
- Arizona Health Care Association
- Governor’s Office on Aging
- Sonoran University Center on Excellence in Developmental Disabilities
- Arizona Autism Coalition
- Office of Children with Special Health Care Needs

Identifying Priority Areas for Improvement

AHCCCS has established an objective, systematic process for identifying priority areas for improvement. This process involves a review of data from both internal and external sources. Two considerations continue to drive decisions for the identification of priority areas: (1) the focused initiative has actionable elements, and (2) the potential for enhanced quality improvement, member satisfaction, and system efficiencies, especially as they relate to the pandemic (e.g., increased telemedicine options, allowing for verbal consent for services). MCO input is sought as part of the identification process when prioritizing areas for improvement.

AHCCCS utilizes its Quality Management Portal to conduct data mining to track and trend quality issues at both the macro (systemic) and micro (case by case) levels. These data analytic activities will allow AHCCCS to compare and contrast MCO quality performance, analyze outcomes, and facilitate improved MCO and agency performance.

Throughout the process of identifying meaningful improvements, additional criteria include: (1) prevalence of a particular condition and the population affected, and (2) resources required by both AHCCCS and its MCOs to conduct studies and shape improvement. Additionally, AHCCCS evaluates whether focus areas are current priorities of CMS or the State of Arizona leadership and the feasibility of combining CMS priorities with current initiatives.

During the latter half of FFY 20, AHCCCS implemented a Health Equity Committee to identify and address health care disparities. The committee’s goal is to make recommendations that are data-driven and inclusive of Arizona communities. With the advent of COVID, efforts were realigned to address healthcare disparities associated with the pandemic.

The Health Equity Committee has recently developed a Communications subcommittee that will be tasked with several activities including:

- Reviewing design changes to AHCCCS web pages,
- Assisting in development of a communications plan for both internal and external dissemination of information,
- Stakeholder outreach and public presentations, and
- Coordinate with other state agencies on health equity initiatives.

Going forward, AHCCCS will form a workgroup with its contractors to determine shared goals and objectives for future health equity initiatives. Other health equity activities and needs will be identified through development of a strategic plan.

Ongoing Initiatives:

Collaboration with the Arizona Department of Child Safety:

AHCCCS has sustained its efforts to improve physical and behavioral health care for children in the foster care system who are served under Comprehensive Medical and Dental Program (CMDP), Arizona's Medicaid plan for children in Arizona's foster care system. However, the model with which these efforts have been orchestrated, changed as of April 1, 2021. Historically, CMDP has followed a traditional model of bifurcated service delivery with physical health being provided through CMDP and behavioral health services being provided via Arizona's RBHA system. As of April 1, CMDP became fully integrated, with a formal name change to Comprehensive Health Plan (CHP). CHP is contracted with Mercy Care to provide the full range of behavioral and physical health services as of this date. CHP will provide oversight of Mercy Care as the subcontractor for the integrated service delivery model.

During FFY 20 and continuing into the third quarter of FFY 21, AHCCCS engaged in readiness efforts to finalize upcoming contract requirements for integration of behavioral and physical health services with CMDP/CHP.

With the advent of an integrated care model, AHCCCS and CHP will be better able to continue efforts in these areas:

- Ongoing oversight to ensure regular collaboration with the Arizona Department of Child Safety (DCS),
- Reduction of DCS shelter placements for foster children (e.g., number of days in shelter, number of different shelter placements),
- Reduction of placement disruptions with completion of quarterly reviews for children with high number of placements,
- Strengthening of the policy covering the "72-hour Rapid Response" process, which requires that a behavioral health service provider be dispatched within 72 hours to assess a child's immediate behavioral health needs. Referrals are completed to obtain additional services through the behavioral health system, and
- Strengthen AHCCCS policies related to timely and appropriate delivery of services to both foster and adoptive children with AHCCCS Contractor Operations Manual (ACOM) 449.

AHCCCS will continue to monitor and report outcomes within the quarterly Clinical Oversight meeting and on the AHCCCS website, through the transition and beyond, for children enrolled in CMDP/CHP. Specific metrics include, but are not limited to:

- CHP enrollment (i.e., out-of-home placements) and shelter placement rates,
- Enrolled/served rates,
- Utilization of crisis and respite services, and
- Service timeliness and communication volume (as required in policy).

AHCCCS continued to adjust policies, to address the unique needs of children served by Arizona's foster care system. During the third quarter, AHCCCS continued to update and convert existing Behavioral Health System Guidance Tools for inclusion as a dedicated set of policies under the AMPM. These tools have been stand-alone best practice guides for system principles and service provision for children within the foster care system for over a decade and they cover the following:

- Child and Family Team Practice,
- Children’s Out of Home Services,
- Family and Youth Involvement in the Children’s Behavioral Health System,
- Psychiatric and Psychotherapeutic Best Practices for Children: Birth Through Five Years of Age,
- Support and Rehabilitation Services for Children, Adolescents, and Young Adults,
- Transition to Adulthood,
- Unique Behavioral Health Services for Needs of Children, Youth and Families Involved with Department of Child Safety,
- Working with the Birth Through Five Population, and
- Youth Involvement in the Children’s Behavioral Health System.

Behavioral Health Audit Tool:

As reported previously, AHCCCS developed a statewide behavioral health audit tool, which was implemented on October 1, 2019. Providers were expected to provide the first round of results for the audits on April 15, 2020. The third-round audit results were due October 15, 2020, but the process was suspended due to the COVID-19 pandemic.

AHCCCS’ decision to suspend reporting requirements provided an opportunity to make significant changes to the audit tool. Historically, the audit process has focused on required and detailed processes for intake, assessment, and service planning within the Arizona Medicaid system. A decision was made to refocus audit efforts on outcomes as opposed to process-oriented requirements. During the third quarter, a redesigned audit was presented to MCO staff and various AHCCCS staff with the OIFA, to provide feedback. As appropriate, the initial feedback will be incorporated, and the tool will then be shared with community stakeholders and providers for their perspective. Initial feedback on the suggested tool revisions has been positive, with acknowledgement that the tool is more focused on member outcomes and improved ease of administration.

Work on the tool will continue throughout the remainder of FFY 2021 to ensure that the audit tool is appropriately focused on member outcomes and fidelity to the Arizona System of Care models for adults and children. Ultimately, all elements will be designed for response sets based on the below subpopulations:

- ALTCS (EPD and DD):
 - Adults with an SMI designation,
 - Adults who do not have an SMI designation, and
 - Children with or without a serious emotional disturbance (SED).
- Acute (ACC and RBHA):
 - Adults who are categorized as General Mental Health and/or Substance Use, and
 - Children who are categorized as General Mental Health.
- Adults with an SMI designation.
- Children being served through DCS/CHP.

Workforce Development (WFD):

In 2016, AHCCCS established the Office of Healthcare Workforce Development (WFD) to monitor, assess, forecast, and plan for both current and future workforce development requirements. Since that time AHCCCS has required that ACC, ALTCS, and RBHA health plans maintain Workforce Development Operations led by a WFD Administrator to monitor, assess, and plan for current workforce needs of their respective networks, as well as to collaborate with AHCCCS in forecasting and planning for future workforce needs.

In addition, the health plan WFD Operations units are expected to provide technical assistance directly to providers to help them with recruitment, selection, training, deployment, and retention issues, as needed. Workforce Development contributes to AHCCCS' quality improvement goals by assisting provider organizations to acquire, develop, and retain a clinically, culturally, and technically capable healthcare workforce. The AHCCCS Office of Healthcare Workforce Development oversees the workforce development efforts of all ACC, RBHA, and ALTCS MCOs and, in 2021, effective with its integration effort, CMDP. Throughout FFY 20 and continuing through the third quarter of FFY 21, the WFD teams have addressed multiple projects.

During the reporting period, the AHCCCS Workforce Development unit continues to shape Workforce Development activities for FFY 21 and beyond. In the area of workforce policy there were several important developments in Q3.

- The Department of Child Safety, the health plan responsible for the Children's Health Program, became the most recent health plan to hire a Workforce Development Administrator and implement a workforce development operation.
- Per ACOM Policy 407, health plans are working to improve the integration and collaboration between the MCO's Workforce Development, Network Development, and Quality Management departments. This internal collaboration between Workforce Development, Networks and Quality Management will result in increased accuracy in the assessment of capacity and capability needs of the network's workforce and more substantive planning of workforce development interventions.
- ACOM 407 also incorporates a Workforce Data collection requirement. The Workforce Development Administrators from all health plans are collaboratively creating a single data collection system to minimize the administrative burden caused to providers and increase the ease of collecting and analyzing workforce data.
- Health plan Workforce Development teams continued helping to enact recommendations from Governor Ducey's Taskforce on the Prevention of Abuse and Neglect of Vulnerable Populations by creating scenario-based staff training designed to sharpen the discrimination and communication skills essential for recognizing and preventing abuse and neglect.
- Development of supervisory support strategies that help to maintain an organizational culture of respect and compassion that is inherently inhospitable to abusive and neglectful behavior.
- Facilitate the provision of resources and staff support to reduce the burnout for residential or in-home staff, as well as paid and non-paid family-member caregivers.

The Workforce Development Operations of the MCOs continued the long-term project of transforming Arizona's training system structure by making a number of significant strides.

- Completion of the Child and Family Team (CFT) Facilitator training and development process. This effort included a competency-based evaluation, training, and on-the-job coaching and development for CFT facilitators. The next step is for the revised CFT curriculum to be presented as pilot training as soon as the restrictions on in-person training are lifted.
- Development of an orientation level staff education course describing the various Court Ordered Evaluation (COE) and Court Ordered Treatment (COT) processes required by individual counties across the state of Arizona. This online course will be located in the RELIAS learning management system and available to behavioral health professionals across the state who need to understand the COE/COT process required by different counties.
- Development of the competency evaluation process required for all behavioral health staff by ACOM 447, the Employment Service Policy. In addition, the curriculum for instructing supervisors in how to conduct the competency evaluation process was completed.

The ALTCS-EPD and DD Health Plan Alliance continue to work in partnership with providers and industry leaders to address the impending shortages of direct care/direct support workers. For the current reporting period, activities included:

- The ALTCS Workforce Development Alliance and leaders from the assisted living and in-home care industries continue to monitor and support the impact of legislation intended to increase reciprocity in training and testing between in-home care and assisted living caregivers.
- With the support of AHCCCS and the ALTCS Workforce Development Advisory Committee, the ALTCS Workforce Develop Alliance continues to expand partnerships with secondary and community college education sectors to bring newly graduated students into the long-term care workforce, as direct care workers.
- In April, *Insights from the Frontline: Results of a Statewide Survey of Paid Caregivers in Arizona*. was completed. The report, produced by PHI National, is the result of a unique collaboration by the Workforce Development departments of four ALTCS health plans: the Division of Developmental Disabilities, Banner University Family Health Plan, Mercy Care and UnitedHealthcare. PHI surveyed approximately 4,500 (25 percent) of the Direct Care Workers (DCW) workforce. DCW's provide HCBS services to seniors and individuals with developmental and physical disabilities. The survey had two goals: 1) describe the reasons that caregivers both stay and leave their jobs, and (2) assist leaders of long-term care service agencies to develop personalized strategies to improve recruitment and retention. Results from the survey were presented to the leadership teams of Banner University Family Health Plan, DES/DDD, Mercy Care, and UnitedHealthcare as well as AHCCCS. Additional presentations were made to the Long-Term Care Workforce Advisory Committee as well as all provider agencies having five or more staff participating in the survey. The next step in the process will be to incorporate the results into the network and statewide workforce development plans.

Community Initiatives:

Behavioral Health in Schools:

AHCCCS collaborates with the Arizona Department of Education (ADE) and the Arizona Department of Health Services (ADHS) on innovative projects that bring together behavioral health and education.

The SAMHSA-funded Project AWARE (Advancing Wellness and Resiliency in Education), which began in 2018, is a five-year grant to increase access to behavioral health providers and suicide prevention resources in public and charter schools. Three school districts receive targeted support: Baboquivari, Sunnyside, and Glendale Elementary. Further, new tools have been developed for all schools, including a statewide behavioral health resource guide for schools that includes suicide prevention protocols. A second round of Project AWARE funding for a new cohort is pending grant approval.

AHCCCS has incentivized providers to join with schools to provide behavioral health services on campus. This has resulted in a 300 percent increase in these services, with more than 16,000 of Arizona's students receiving services on a school campus in FFY 20.

During the pandemic, AHCCCS leadership was encouraged to see that many behavioral health providers found innovative ways to continue this work given the volume of school closures. Providers met students in locations meeting the best needs of the students. Services were provided via telehealth, in the home, and in clinics. AHCCCS staff continues to work with education leaders statewide to encourage additional partnerships between districts and providers.

In the Spring of 2021, AHCCCS partnered with the ADHS and ADE to fund and launch a peer program that resulted in 18 teachers and administrators being trained to provide peer counseling via telephone. The program began in April 2021 and there is interest in expanding it to a second group of trained peers.

The Arizona Legislature passed Children's Behavioral Health Services Fund in late 2020 funds behavioral health services for uninsured and underinsured children who are referred through an educational institution. Funding is authorized for services provided through June 2022. Schools that meet the requirements of the law are able to refer students for behavioral health services, regardless of a student's Medicaid eligibility. This legislation requires AHCCCS to conduct a survey of services provided through this funding source. Input from multiple sources, which included ADE and the RHBAs, occurred to create this required survey during this quarter.

AHCCCS Opioid Initiative:

The overarching goal of this initiative is to reduce the prevalence of Opioid Use Disorders (OUD) and opioid-related overdose deaths. The initiative approach includes advancing and supporting state, regional, and local level collaborations, service enhancements, and development and implementation of best practices to address the full continuum of care related to opioid misuse, abuse, and dependency. Strategies include:

- Increasing access to Naloxone through community-based education and distribution, as well as a co-prescribing campaign for individuals receiving opioid prescriptions in excess of 90 morphine equivalent daily doses and combinations of opioids and benzodiazepines,

- Increasing access to participation and retention in Medication Assisted Treatment,
- Increasing access to recovery support services,
- Reducing the number of opioid-naïve members unnecessarily started on prescription opioid pain management, and
- Promoting best practices and improving care process models for chronic pain and high-risk members.

AHCCCS continues to revise policies as changes are dictated by current contracts, state regulation, grant requirements, and best practices.

The State Opioid Response (SOR) grant and State Opioid Response II (SOR II) grant were awarded to AHCCCS in September 2018 and September 2020, respectively. These grants are designed to sustain and enhance community-based prevention, treatment, and recovery, including 24/7 access to treatment sites in “hotspot” areas through Arizona. Additional Opioid Treatment Programs (OTPs) have extended hours, thereby increasing the availability of peer support, access to additional care coordination efforts among high risk and priority populations, and additional recovery support for housing and employment.

Arizona opened four 24/7 access points for opioid treatment. The 24/7 access point is an Opioid Treatment Program in a designated "hotspot" that is always open for intakes and warm handoff navigation on a post-intake basis. As of June 30, 2021, 41,552 individuals have been connected to OUD treatment through the SOR and SOR II grants.

AHCCCS sustained and enhanced a concentrated effort through the SOR and SOR II grants to increase peer support utilization for individuals with Opioid Use Disorder. Through the SOR and SOR II grants, additional peer support navigators were hired in identified hotspots in Arizona, and increased efforts to include peer support navigation in the 24/7 OTPs, jails, and emergency departments. First responder scenes in the hotspot areas have been increased. As of June 30, 2021, 37,109 individuals have received peer support and recovery services through the SOR and SOR II grants. Special populations served by SOR and SOR II include justice-involved individuals, pregnant and parenting women, tribal populations, veterans, service members, military families, and individuals with brain and/or spinal cord injuries.

The SOR and SOR II funded OUD treatment and recovery support services are provided in Table 7.

Table 7

	SOR			SOR II	
	Year 1 09/30/2018- 09/29/2019	Year 2 09/30/2019- 09/29/2020	Year 3 09/30/2020- 05/31/2021	Year 1 09/30/2020- 05/31/2021	Cumulative Total

Treatment Services	10,156	17,800	6,170	7,426	41,552
Recovery Services	4,576	10,924	4,745	16,864	37,109

Use of Evidence Based Practice:

Additional AHCCCS efforts to combat the opioid epidemic:

- **Oxford House:**

Each RBHA is contracted with Oxford House, Inc. utilizing SAMHSA Substance Abuse Block Grant (SABG) and State Opioid Response (SOR) funds. Oxford House is a worldwide network of over 2,500 sober living houses. Arizona was the 47th state to adopt the Oxford House model. The Oxford House model provides support to individuals with a SUD diagnosis or a co-occurring disorder (SUD and mental health issues), who would benefit from practicing the Social Model of Recovery, which allows individuals a residential setting, peer support, and the time they need to bring about behavior change that promotes permanent sobriety and recovery. This is an initial step in assisting individuals with behavioral health needs who also have needs related to Social Determinants of Health (SDOH). Oxford House Inc. will assist in addressing housing, employment, income, and social connectedness. This resource can be part of a continuum of services addressing SDOH, in addition to the clinical and recovery services currently available within Arizona’s RBHA system. Currently, Arizona has forty-nine Oxford houses.

- **Medication Assisted Treatment (MAT):**

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies for the treatment of substance use disorders. For those with an opioid use disorder (OUD), medication addresses the physical difficulties that individuals experience when they stop taking opioids. MAT can help to reestablish normal brain function, reduce substance cravings, and prevent relapse. The longer individuals are in treatment, the more they will be able to manage their dependency and move toward recovery. Arizona has 66 OTPs throughout the state that are certified through SAMHSA.

- **Harm Reduction:**

Harm reduction models use a variety of strategies to reduce the harmful consequences associated with substance misuse. Harm reduction strategies seek to reduce morbidity and mortality associated with substance misuse for those whose abstinence is not an immediate and/or feasible goal. The goal of harm reduction models is to reduce at-risk, moderate, and high-risk behaviors often associated with substance use disorders.

- **Naloxone Expansion Program:**

Through a direct contract supported by the Substance Abuse Block Grant from January 1, 2021 - March 31, 2021, 8,173 individuals have been served through training and outreach. Additionally, during the reporting period 43,316 Naloxone doses (3x doses per kit - approximately 14,439 kits) were distributed, 1,097 reported reversals and 92 people were connected to treatment.

Secured Behavioral Health Residential (BHRF) Settings

In November 2020, AHCCCS began overseeing a new grant awarded on September 23, 2020. The focus of the grant funds (provided under the Arizona Housing Trust Fund) is to implement one or more secured behavioral health residential settings for individuals with an SMI designation and under formal court order for mental health treatment, provided they meet criteria under Arizona State law (A.R.S. §36-540; A.R.S. §36-550.09).

Under auspices of the grant funding, up to two facilities will be developed to provide supportive mental health treatment at a community-based facility with a home-like atmosphere. As of the third quarter of FFY 21, the awardees continued work to secure properties for development. The grant period for site procurement, construction, and program development is expected to extend through the 2021 calendar year.

New Initiatives:

Whole Person Care Initiative:

The AHCCCS Whole Person Care Initiative was designed to build upon the integrated service delivery model and to further the agency's efforts to address the social risk factors that may contribute more to a person's wellbeing than their access to health care. Integrated, whole person health care is not only a cost-efficient approach to health care delivery, but also the best opportunity to improve members' health outcomes. AHCCCS demonstrates its ongoing commitment to this initiative by the specific efforts we have made during the PHE to address exacerbated social risk factors, and by exploring options to expand whole person care while bending the cost curve in accordance with AHCCCS' strategic plan. AHCCCS has addressed these complex issues through efforts to provide housing, employment, coordination with the criminal justice system, non-emergency transportation, and home/community-based services for members using Medicaid covered services. The programmatic details are in development and the initiative will focus on the following risk factors:

- Housing,
- Employment,
- Criminal justice initiatives, and
- Reducing social isolation for individuals who receive services through ALTCS.

Additionally, Arizona's Health Information Exchange (HIE), Health Current, and AHCCCS are collaborating to implement a single, statewide Closed-Loop Referral System, a technology platform which will facilitate and encourage providers to screen for social risk factors, seamlessly refer individuals to highly matched community resources, and serve as a platform for tracking social service fulfillment. Having selected a technology vendor for the platform, NowPow, Health Current has begun engaging participants to test the platform as "early adopters" of the technology in Summer 2021 and intends to fully launch the platform in Fall 2021.

Whole Person Care and COVID-19:

Following the onset of the PHE, AHCCCS requested federal flexibilities in order to address social risk factors where possible. The agency hosted weekly meetings with MCOs to ensure that members experiencing homelessness had access to the resources they needed during the pandemic. The Rehabilitation Services Administration/Vocational Rehabilitation program provided virtual services for clients, including the ability to sign vocational rehabilitation applications and

Individualized Plans for Employment electronically. Medicaid providers were afforded the opportunity to provide services telephonically and bill for pre- and post-employment services. For individuals transitioning from the criminal justice system, AHCCCS provided educational resources to help members find available transportation to and from shelters and hospitals.

Recognizing the critical role that available transportation plays in determining health outcomes, AHCCCS established a fleet of non-emergency transportation (NEMT) providers willing to transport COVID-19 positive and presumptive positive members, allowing them to access ongoing treatment for conditions such as kidney failure and cancer. In recognizing NEMT providers as COVID-19 fleet partners, interested providers were required to submit proposals to AHCCCS regarding safety precautions including, but not limited to, driver training, personal protective equipment, and comprehensive disinfection strategies. Upon approving their participation in the COVID-19 fleet, AHCCCS established an add-on rate in recognition of these increased costs. AHCCCS' Whole Person Care Initiative will remain agile over the coming months to ensure our members receive the care they need during the pandemic.

Improving Oversight of HCBS Rules:

As a new initiative, AHCCCS has begun to focus on improving the oversight of adherence to HCBS Rules. As of the first quarter and continuing into the third quarter of FFY 21, the following has been completed:

- Specific HCBS settings workgroups, consisting of AHCCCS, MCO, providers, and members were established to provide feedback on the HCBS assessment tool suites while AHCCCS works on finalizing the tools internally. AHCCCS, the workgroups, and CMS have worked to create a desk audit in place of on-site assessments in order to move forward with the HCBS assessments during the COVID-19 public health emergency.
- The tool suite that will be used by the Quality Management units at each MCO, to assess for provider HCBS compliance has been finalized. The tool suite consists of a provider self-assessment, member file review, member interviews, and observations plus community interviews.
- Interface continued with the MCO Quality Management teams to develop a collaborative HCBS assessment process. A pilot program was deployed in October 2020 among a small group of HCBS providers, to begin using the desk audit created during the COVID-19 emergency. These providers were selected because they were identified as needing more immediate technical assistance to comply with the HCBS Rules. The pilot was finalized at the end of March 2021. Full assessments of all HCBS settings have begun as of April 2021. Every HCBS setting will have at least one full assessment completed by March 31, 2022.
- To prepare and re-engage providers for the HCBS assessment process, AHCCCS held a series of four setting-specific tracks. Each type represented unique setting types that utilized a peer-to-peer, provider-to-provider approach to share and discuss specific person-centered practices that align with the HCBS Rules. These sessions were held in March 2021 and were recorded and posted to our website for ongoing reference.
- AHCCCS has ongoing meetings with MCO Workforce Development Officers to define and offer the provider training sessions that will be offered throughout 2021.

Revised Policy Language to Promote Improved Outcomes:

AMPM policies related to quality management were recently revised to clarify and enhance Quality Improvement-related requirements. During the third quarter, policy revisions were finalized to address medical and behavioral health records maintenance and oversight required by the MCOs for their provider networks. The policy added requirements that focused on alignment and integration of behavioral and physical health record components, when possible and clinically appropriate, including but not limited to the following:

- Family history,
- Past medical and behavioral health history, and
- Referral tracking and documentation of coordination of care activities.

Further enhancements to the new crisis policy, which began during the third quarter of FFY 19, are continuing into the third quarter of FFY 21. As stated in prior reports, these will outline specific requirements for mobile crisis response teams, as well as the crisis call centers that are available to Arizona communities. The policy will also address cross-system coordination standards, engagement with first responders, and requirements for development of at-risk crisis planning for members at increased clinical risk for crisis events. AHCCCS is seeking feedback from MCOs regarding what guidelines would be most helpful to ensure crisis planning and services meet the needs of the individuals they serve.

AHCCCS created a new policy to address case management requirements for behavioral health providers. This policy summarizes numerous case management activities, roles and responsibilities such as development and assistance with service planning and development, coordination of care across systems involved in the member's care, post crisis outreach and follow-up, plus member and family education, and support regarding the individual's diagnosis and treatment. Additional guidelines within this policy establish case management ratios based on the child's or adults needs and acuity levels. A newly developed report has also been added as part of the case management policy. This report will require MCOs to complete an annual Case Management Plan that describes how case management standards and ratios will be implemented and monitored.

System of Care Enhancements:

Historically, System of Care policies and guidelines have addressed requirements, functions, and processes within the children's behavioral health system. Discussions have expanded to identify ways in which the System of Care Model can incorporate adults and focus more on physical health, as part of the overall AHCCCS System of Care. Existing MCO deliverables are also being reevaluated to accommodate potential changes currently under discussion.

The System of Care team that was created within DHCM to address specific System of Care improvements continues to expand its efforts. The focus to identify potential duplication of effort across clinical measurement tools, while also enhancing integrated requirements, is being realized through significant changes to the Behavioral Health Audit Tool (as identified in an earlier section of this document). An additional plan is to formalize the Adult System of Care requirements into policy and contract, so that the Adult System of Care incorporates written guidance and best practice models similar to what has been immortalized as part of the children's System of Care. This undertaking will be guided by those principles that translate clinically and practically to the Adult System of Care. The Behavioral Health Audit Tool is being revised to accommodate this plan.

A key component of enhancing System of Care requirements during the third quarter of FFY 21 has been to continue finalizing steps toward adoption of CALOCUS (Child and Adolescent Level of Care Utilization System), which is a nationally recognized assessment tool for children ages birth to 18 years of age. AHCCCS is considering use of the LOCUS (Level of Care Utilization System), a companion assessment tool for adults 18 years of age and older. The combination of these tools will allow AHCCCS to standardize assessments based on nationally recognized clinical indicators of member needs. The focus of both tools is to identify the needs of the member, and the supportive services required, whether within a home setting or an out-of-home setting.

Another component of enhancing the System of Care requirements has been the development of a network analysis tool that is designed to assess several factors related to residential and home and community-based settings. This project was in development for most of FFY 20 but came to fruition at the beginning of FFY 21. The tool will allow for identification of numerous descriptive aspects for each setting, including but not limited to:

- Type of setting (e.g., therapeutic foster care, assisted living, skilled nursing facility, behavioral health residential setting, group home for developmental disabilities, subacute, or residential treatment),
- Existing network capacity by provider type,
- Current and total bed capacity,
- Any MCO with which the provider holds a contract, and
- Provider specializations (e.g., autism, significant behavioral needs, complex medical needs, substance use, etc.).

In addition to assessing barriers to treatment that may reside within the state, development of a member tracking system was started with focus on the children's system of care and will include the adult system of care in the future. This member tracking system will start to trend the system of care issues that have been identified and work to assist health plans to rectify barriers that may exist for members to access healthcare treatment options.

Regular Monitoring and Evaluation of MCO Compliance

AHCCCS monitors and evaluates access to care, organizational structure and operations, clinical and non-clinical quality measurement, and performance improvement outcomes through several methods outlined below.

On-site Operational Reviews:

AHCCCS conducts Operational Reviews (ORs) to evaluate MCO compliance related to access/availability and quality of services, including implementation of policies, procedures, and progress toward plans of correction to improve quality of care and service for members. A complete OR is conducted every three years, which includes a combination of onsite and desk reviews.

Clinical Oversight Committee:

The Clinical Oversight Committee meets on a quarterly basis and is designed to ensure the enactment of two key requirements:

- Transparent and frequent communication across all levels of AHCCCS, including the community of stakeholders and AHCCCS members regarding quality initiatives, activities, and outcomes, and
- Development of a reporting mechanism for review by the Governor, the President of the Senate, the Speaker of the House of Representatives, and other key legislative members.

During the third quarter of FFY 21, the Clinical Oversight meeting was held May 7, 2021. Per the meeting agenda, the following topics were addressed:

- Behavioral Health Service Delivery: Updates on the Behavioral Health Audit, crisis system, SMI eligibility, suicide prevention programming, and CALOCUS implementation, and
- Physical Health Service Delivery: Low Birth Rates, American Academy of Pediatrics COVID-19 Report, and Vaccines for Children Program.

Performance Measure Dashboards:

AHCCCS has developed a Quality Dashboard inclusive of a selected set of performance measures that are reported based on the lines of business. The dashboard compares the line of business aggregate rate with the associated CMS Medicaid median and quartile data. AHCCCS intends to expand the list of selected performance measures, as well as enhance the dashboard as additional years of performance measure data become available and stakeholder feedback is received.

Review and Analysis of Periodic Reports:

A number of contract deliverables are used to monitor and evaluate MCO compliance and performance. AHCCCS reviews, provides feedback, and approves these reports as appropriate. Quarterly reports are reviewed during the quarter that follows the reporting quarter.

For FFY 21, the submission deadlines for the Annual Quality Management/Performance Improvement (QM/PI) Plan deliverables were modified. For the contract cycle beginning October 1, 2020, the submission deadlines were realigned to comport with performance measure periods and specifications. As such, QM/PI plans will now be submitted on July 30, for the ACC, ALTCS-EPD, and RBHA plans. For DES/DDD and CMDP/CHP, the due dates will be August 15, to accommodate their need to receive and review the plan submissions from the subcontractors.

Fidelity to Service Delivery for Individuals with Serious Mental Illness:

AHCCCS contractor reviews continue to be administered virtually by the Western Interstate Commission of Higher Education (WICHE) as a result of the PHE. In addition to the annual fidelity reviews for 2021, WICHE provided training sessions on each of the four evidence-based practices: Assertive Community Treatment, peer support, supported employment, and supportive housing. Each training topic was offered in a two-part series. The first session was a high-level overview of the evidence-based practice, designed to provide an orientation to the basic principles of the programs to refresh experienced staff on the specific requirements or for anyone else who wanted to learn more about each practice. Participants were then invited to submit questions through an online survey, which was utilized to inform a second training session; the questions were answered by a subject matter expert from WICHE. All sessions were recorded and have been made available on the AHCCCS website.

Quarterly EPSDT/Adult Monitoring Report:

Historically, AHCCCS has required all MCOs to submit quarterly EPSDT and Adult Monitoring Reports. These reports track ongoing efforts of the MCOs to engage specific populations in preventive care as well as track progress towards annual performance metrics. These reports have been suspended due to the pandemic; however, the time is being used to revise the tools and evaluate internal data efficiencies to enhance ongoing monitoring efforts related to these topics.

Performance Measures:

AHCCCS transitioned from utilizing External Quality Review Organization (EQRO) calculated rates to measure and report MCO level data to utilizing MCO-calculated performance measure rates that have undergone EQRO validation starting with its 2020 performance measures. Beginning with its CYE 2021 contract amendments, AHCCCS transitioned from its use of internally established Minimum Performance Standards (MPS) to the use of national benchmark data (i.e., CMS Medicaid median and NCQA HEDIS® Medicaid mean) to evaluate MCO performance. AHCCCS also intends to utilize historical performance data to evaluate MCO, line of business, and agency performance.

Performance Measure Monitoring Report:

AHCCCS requires all contractors to submit quarterly Performance Measure Monitoring Reports. AHCCCS worked with its contractors to update and streamline the reporting template so it can be utilized for both the quarterly performance measure monitoring and the annual Quality Management/Performance Improvement Work Plan Evaluation reporting. Contractors are to resume reporting, utilizing the updated reporting template, in July 2021.

Review and analysis of Program-Specific Performance Improvement Projects:

AHCCCS considers a Performance Improvement Project (PIP) as a planned process of data gathering, evaluation, and analysis to determine interventions or activities that are anticipated to have a positive outcome. PIPs are designed to improve the quality of care and service delivery and usually last at least four years. While contractors are required to select and implement internal PIPs to address self-identified opportunities, AHCCCS mandates other program-wide PIPs in which contractors must participate, and monitors performance until each contractor meets requirements for demonstrable and sustained improvement.

- **Back to Basics:** The Back-to-Basics PIP has been selected for ACC/KidsCare, CMDP, and DES/DDD contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number of children and adolescent well-child/well-care visits, and to increase the number of children and adolescents receiving annual dental visits.
- **Breast Cancer Screening:** The Breast Cancer Screening PIP has been selected for ALTCS-EPD contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percent of breast cancer screenings.
- **Preventive Screening:** The Preventive Screening PIP has been selected for RBHA SMI contractors with a baseline measurement year of CYE 2019. The purpose of this PIP is to increase the number and percent of breast cancer and cervical cancer screenings.

AHCCCS is currently working to validate and finalize its CYE 2019 Performance Measure Rates; as a result, baseline PIP indicator data is anticipated to be available in late summer 2021.

Maintaining an Information System that Supports Initial and Ongoing Operations

Identifying, Collecting and Assessing Relevant Data:

AHCCCS maintains a robust information system — the Prepaid Medical Management Information System (PMMIS)—that documents all members, their claims and encounter data, and many other data points. PMMIS data feeds into the AHCCCS Data Warehouse, which is the centralized system used for data analytics. The Data Integrity Warehouse team supports the maintenance of valid, accurate, and reliable data for reporting and data transactions. This team is made up of system experts and data users from across AHCCCS. The team meets at least quarterly to discuss any issues or opportunities around the data and systems. AHCCCS has focused on building data expertise within every division of the agency, promoting data analytics as the cornerstone of operations and monitoring/oversight activities. AHCCCS has created a centralized Office of Data Analytics (AODA), which is charged with evaluation and documentation of data. More specifically, AODA is focused on understanding/using data to provide a clear picture of the agency’s past, present, and future. AODA is responsible for:

- Participation and provision of project management for agency technical/data related projects and initiatives,
- Providing AHCCCS processing systems insights and suggestions,
- Provision of agency technical/data interfaces to AHCCCS’ contracted MCOs,
- Report generation, including operational, grant, and ad hoc reports,
- Dashboard development and maintenance,
- Data analytics training and technical support for questions, including best practices use of the Data Warehouse,
- Data mining and focused analysis,
- Agency data stewardship oversight and coordination,
- Data domain projects,
- Development and oversight of agency data-related documentation,
- Preparation of data-related deliverables,
- Support for report and data extract development, and
- Technical support for data validation.

Some notable recent achievements of AODA:

- Development of a Performance Measure Data Dashboard (CYE 2016-2018),
- Extensive, ongoing analysis of telehealth utilization during the PHE,
- Implementation of a monthly telehealth tracking mechanism,
- Enhancement of a monthly report of statewide crisis response calls,
- Numerous analytics and operational reports distributed to multiple areas of the agency, and
- Continuous improvement of agency, data stewardship oversight, and coordination.

Establishing Realistic Outcome-Based Performance Measures

Payment Reform Efforts:

During previous reports, AHCCCS reported implementation of a payment reform initiative (PRI) for the Acute Care, Children’s Rehabilitative Services (CRS), and ALTCS populations. CRS and Acute Care are no longer contracted lines of business (they have been rolled into the ACC line of business) and thus are not reported separately.

AHCCCS has implemented an updated Value Based Purchasing (VBP) Alternative Payment Model (APM) for the ACC, ALTCS-EPD, ALTCS-DD, and RBHA populations. Effective April 1, 2021, the Comprehensive Health Plan (CHP), formerly known as CMDP, is also included in the VBP APM. The APM is designed to encourage MCO quality improvement activities, particularly those initiatives that are conducive to improved health outcomes and cost savings, and those related to child and adolescent health. This VBP APM process is performed annually on a calendar year basis. Each year MCOs execute contracts with health care providers, governed by APM arrangements, with the VBP APM minimum value percentages according to Table 8.

Table 8

VBP APM MINIMUM VALUE PERCENTAGES							
CYE	AC C	ALTCS EPD	CHP SUB-CONTRACTED HEALTH PLAN	RBHA		DDD	
		(EPD/MA-DSNP)		SMI-INTEGRATED	NON-INTEGRATED	SUB-CONTRACTED HEALTH PLANS	LTSS
CYE 20	60%	60%	N/A	50%	25%	50%	20%
CYE 21	65%	65%	N/A	55%	30%	55%	25%
CYE 22	70%	70%	25%	60%	35%	60%	30%
CYE 23	75%	75%	35%	65%	40%	65%	35%

Reviewing and Revising the Quality Strategy

AHCCCS enhanced its Quality Strategy by reevaluating its structure, content, and data analysis. Part of the approach was to incorporate synchronized reporting processes to ensure alignment across various AHCCCS reports that relate to quality (e.g., Strategic Plan, Quality Strategy, and External Quality Review Organization report). The AHCCCS Quality Strategy is a coordinated, comprehensive, and proactive approach to drive improved health outcomes by utilizing creative initiatives, ongoing assessment and monitoring, and result-based performance improvement. Members, the general public, and stakeholders provided input and recommendations regarding the content and direction of the Quality Strategy through stakeholder presentations and public comments.

In June 2020, AHCCCS began efforts to update its Quality Strategy to reflect changes within the Arizona Medicaid delivery system as well as incorporate the feedback received from CMS, in alignment with required elements outlined in 42 CFR 438.340. AHCCCS anticipates its Quality Strategy updates to be posted to the agency’s website and submitted to CMS in July 2021.

ATTACHMENT 3

Quarterly Random Moment Time Study Report Quarter 3 (April 1, 2021 – June 30, 2021)

The April through June 2021 quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative, direct service, and personal care time study cost pools.

Active Participants

The “Medicaid Administrative Claiming Program Guide” mandates that all school district employees identified by the district’s RMTS coordinator as being qualified to provide direct services or administrative activities participate in a RMTS. Staff rosters are updated by RMTS coordinators on a quarterly basis to ensure accuracy of participants in the time study. The table below shows the number of participants in the administrative, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	April 2021-June 2021
Administrative	2,752
Direct Service	3,486
Personal Care	5,246

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85 percent return rate in the April to June 2021 quarter.

The return rate reflects the number of responses received divided by the total number of moments generated per quarter.

Return Rate

Cost Pool	Moments Generated	Valid Response	Return Rate
Administrative	2,900	2,777	95.8%
Direct Service	3,300	3,200	97.0%
Personal Care	3,300	2,973	90.1%