April 15, 2021

Brian Zolynas
Project Officer, CMS, San Francisco Regional Office
90 7th Street, Suite 5-300
San Francisco, CA 94103
Phone: (415) 744-3502
Fax: (443) 380-8863

Dear Mr. Zolynas,

In accordance with Special Terms and Conditions paragraph 52, enclosed please find the Quarterly Progress Report for October 1, 2020 through December 31, 2020, 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 Mohamed Arif at Mohamed.Arif@azahcccs.gov or Shreya Arakere at Shreya.Arakere@azahcccs.gov.

Sincerely,

[redacted]

Shelli Silver
Deputy Director- Health Plan Operations

CC:
Heather Ross, CMS
Kelsey Smyth, CMS

AHCCCS Quarterly Report
October 1, 2020 – December 31, 2020

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: 1st (October 1, 2020 – December 31, 2020)

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 October 1, 2020 through December 31, 2020, 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[2]
Acute AFDC/SOBRA	1,218,062	3,242	5,338
Acute SSI	209,585	219	3,319
Prop 204 Restoration	399,372	1,275	4,451
Adult Expansion	167,054	494	679
LTC DD	36,490	38	183
LTC EPD	31,866	37	2,312
Non-Waiver	110,677	192	1,426
Total	**2,173,106**	**5,497**	**17,708**

[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. State only Regional Behavioral Health Authority (RBHA) Plans have no Medicaid funding and are excluded from this CMS report.

[2] Number of involuntary disenrollment are impacted (reduced) due to maintenance of effort requirements in place related to the Families First Coronavirus Response Act

Table 2 is a snapshot of the number of current enrollees (as of January 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 [3]	**1,447,791**
Title XXI funded State Plan [4]	**48,797**
Title XIX funded Expansion[5]	**530,439**
• **Prop 204 Restoration (0-100% FPL)**	393,724
• **Adult Expansion (100% - 133% FPL)**	136,715
Enrollment Current as of	1/1/2021

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 pandemic, AHCCCS received a three-month extension from 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. Arizona's existing demonstration project is currently approved through September 30, 2021, and the application is seeking a renewal period from October 1, 2021 through September 30, 2026. AHCCCS submitted a waiver application to CMS to renew its 1115 Waiver demonstration on December 22, 2020.

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, including Arizona's, 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.

CMS's approval of Arizona's demonstration renewal application will continue the success of its unique Medicaid program and statewide managed care model, extending the authority for it to implement programs including, but not limited to:

- Mandatory managed care,
- Home and community-based services for individuals in the 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,
- Waiver of Prior Quarter Coverage for specific populations, and

[3] SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCS, FTW, QMB, BCCP, SLMB, QI-1
[4] KidsCare.
[5] Prop 204 Restoration & Adult Expansion.

- AHCCCS Works (not yet implemented).

In addition to renewing current waiver and expenditure authorities, AHCCCS is seeking to implement the following:

- 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 Indian Health Services 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 age 21 or older enrolled in the ALTCS program.

More details on Arizona's section 1115 Waiver renewal request (2021-2026), along with the proposal and supplemental documentation can be found 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 2019 novel coronavirus (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 emergency) can be found 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 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 intends to use this design plan to guide the evaluation of the AHCCCS Works program upon the implementation of the community engagement requirements, if the program is implemented. 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 that discusses 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 current interim evaluation report does 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 will be completed by HSAG in fall of 2021. This report will contain results for additional years and include findings to date from focus groups and qualitative interviews. In addition, the updated interim evaluation report will use statistical techniques, where possible, in order 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 finalized, AHCCCS intends to post the updated interim evaluation report to its website.

Targeted Investments Program Update

The AHCCCS Targeted Investments (TI) Program achieved the following accomplishments and activities during the period October 1, 2020 to December 31, 2020:

- Program participants received TI Program Year 3 incentive payments,
- The Year 5 monthly Quality Improvement Collaborative (QIC) commenced in collaboration with Arizona State University (ASU), engaging participants in peer learning and process improvement guidance,
- An enhanced Year 5 performance measure methodology was developed,

- AHCCCS developed performance measure milestone dashboards to provide ongoing feedback for both participants and MCOs,
- Participants submitted Year 4 milestone attestations through the TI Attestation Portal,
- The TI team engaged with numerous program participants individually and in groups to discuss topics such as telehealth and incentive performance measures affected by COVID-19,
- The TI team engaged ASU-Center for Health information and Research (CHiR) to analyze preliminary data and assess performance trends affected by COVID-19,
- Through the QIC, the ASU College of Health Solutions identified and distributed best practices to limit COVID-19 impact to service delivery.
- AHCCCS engaged internal and external stakeholders regarding program sustainability opportunities, including the potential renewal of the TI Program with the 2021-2026 1115 waiver.
- The TI team provided AHCCCS Subject Matter Experts (SMEs) with feedback from justice stakeholders; the TI participants' experiences with integration models like the Collaborative Care Model; and performance measure attribution methodologies.
- Program participants' feedback informed AHCCCS SMEs who are developing the Whole Person Care Initiative addressing the social risk factors affecting health.
- PCP participants validated assigned membership that will affect Year 4 payment.

State Plan Update

During the reporting period, the following State Plan Amendments (SPAs) were filed and/or approved:

Table 3

SPA #	Description	Filed	Approved	Eff. Date
SPA 20-020 - Vaccination Rate Increase	Updates the State Plan to reflect a rate increase for vaccination and vaccination administration codes, and to change the Vaccines for Children administration rate.	*9/30/2020*	*12/16/2020*	*9/1/20*
SPA 20-021 Pharmacy Techs/Interns	Updates the State Plan to allow Pharmacy Technicians and Pharmacy Interns to administer the influenza vaccine and the COVID-19 vaccine.	*12/2/2020*	*3/2/2021*	*9/1/2020*
SPA 20-022 EMS Rates	Updates the State Plan Emergency Medical Services rates.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-023 LTC and Rehab Rates	Updates the State Plan long-term care and rehabilitation rates.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-024 Jan NF Rates	Updates the State Plan Nursing Facility (NF) rates.	*12/17/2020*	*NA*	*1/1/2021*
SPA 20-025 OP Hospital Rates	Revises the State Plan to update the Outpatient Hospital rates.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-026 Other Provider Rates	Updates the State Plan Other Provider rates.	*12/17/2020*	*NA*	*10/1/2020*

SPA 20-027 DRG	Updates the State Plan Diagnostic Related Group rates.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-028 NF DAP	Updates the State Plan to update the NF Differential Adjusted Payment (DAP) program.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-029 IP DAP	Updates the State Plan to update the Inpatient DAP program.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-030 OP DAP	Updates the State Plan to update the Outpatient DAP program.	*12/17/2020*	*NA*	*10/1/2020*
SPA 20-031 COVID Vaccine Medicare Rate	Updates the State Plan to allow the state to establish Medicare rates for the administration of COVID-19 vaccines.	*12/23/2020*	*NA*	*12/1/2020*

CONSUMER ISSUES

In support of the quarterly report to CMS, the following is a summary of advocacy issues received by the Office of Client Advocacy (OCA) for the quarter October 1, 2020 – December 31, 2020.

Table 4

Advocacy Issues[6]	October	November	December	Total
Billing Issues • Member reimbursements • Unpaid bills	12	8	11	**31**
Cost Sharing • Co-pays • Share of cost (ALTCS) • Premiums (KidsCare, Medicare)	0	1	1	**2**
Covered Services	12	12	13	**37**
ALTCS • Resources • Income • Medical	6	6	1	**13**
DES • Income • Incorrect determination • Improper referrals	25	26	22	**73**
KidsCare • Income • Incorrect determination	0	2	1	**3**
SSI/Medical Assistance Only • Income • Not categorically linked	4	4	8	**16**

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

Information • Status of application • Eligibility criteria • Community resources • Notification (did not receive or didn't understand)	35	35	43	**113**
Medicare • Medicare coverage • Medicare Savings Program • Medicare Part D	1	6	4	**11**
Prescriptions • Prescription coverage • Prescription denial	4	8	11	**23**
Fraud-Referred to Office of Inspector General (OIG)	0	0	0	**0**
Quality of Care-Referred to Division of Health Care Management (DHCM)	13	8	6	**27**
Total	**112**	**116**	**121**	**349**

Table 5

Issue Originator[7]	October	November	December	Total
Applicant, Member, or Representative	85	101	110	296
CMS	1	1	3	5
Governor's Office	20	9	4	33
Ombudsmen/Advocates/Other Agencies	2	5	3	10
Senate & House	4	0	1	5
Total	**112**	**116**	**121**	**349**

OPT-OUT FOR CAUSE

Attachment 1 is a summary of 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 is a description of 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

[7] This data was compiled from the OCA logs from the OCA Client Advocate and the Member Liaison.

STATE CONTACT(S)

Mohamed Arif
Federal Relations Administrator
AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD- 4200
Phoenix, AZ 85034
Mohamed.Arif@azahcccs.gov

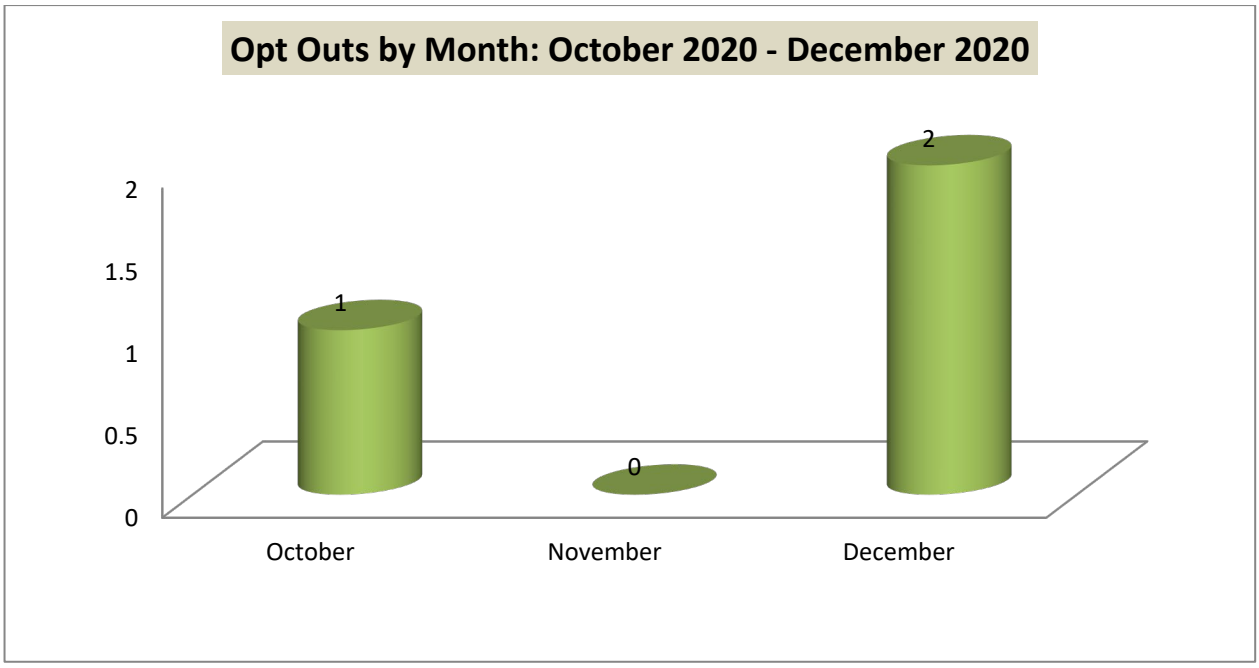
Shreya Arakere
Waiver Manager
AHCCCS Division of Community Advocacy and Intergovernmental Relations
801 E. Jefferson St., MD- 4200
Phoenix, AZ 85034
Shreya.Arakere@azahcccs.gov

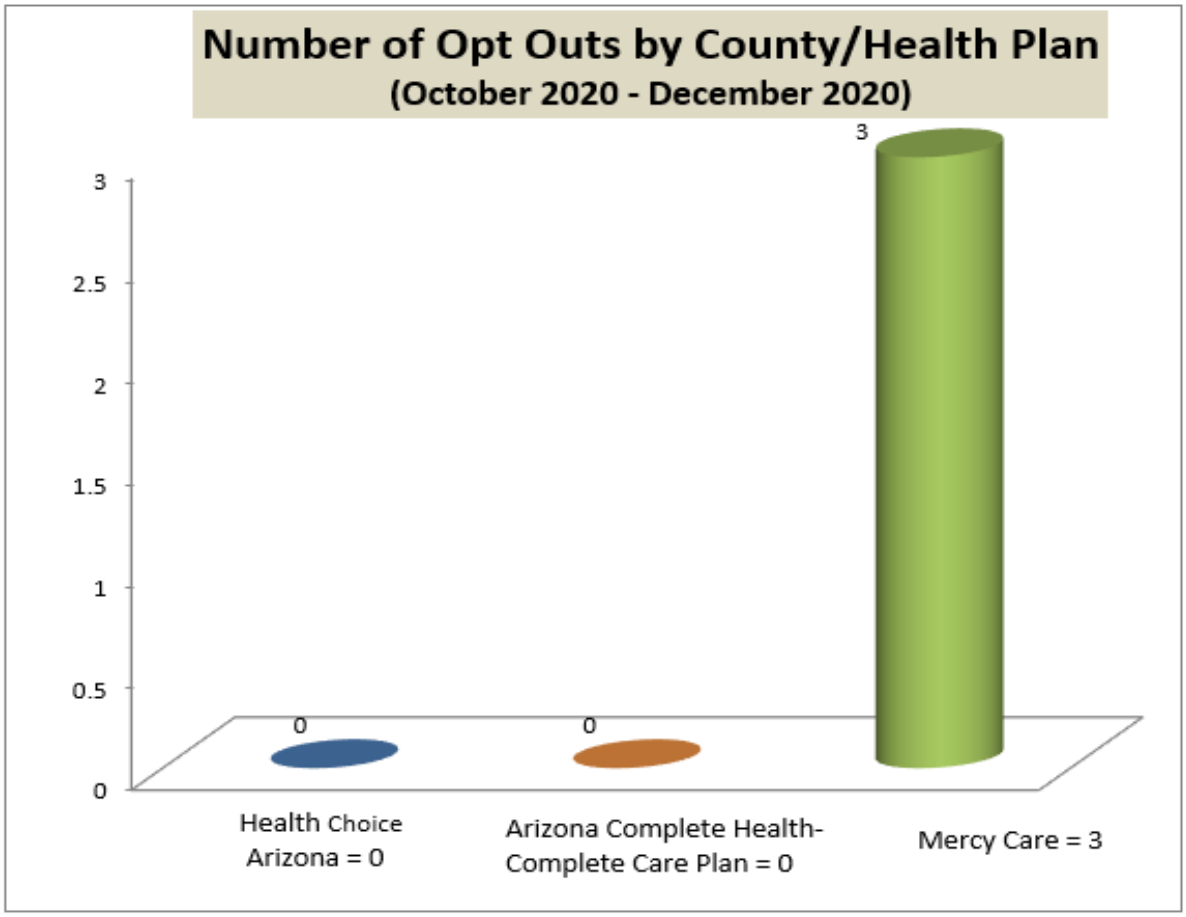
DATE SUBMITTED TO CMS

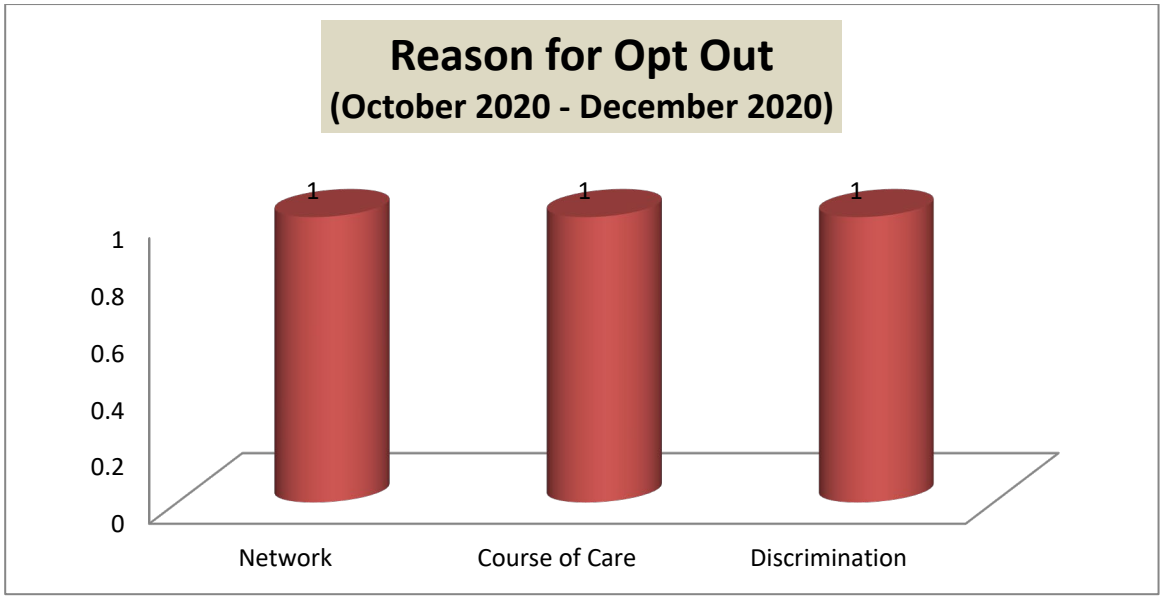
April 15, 2021

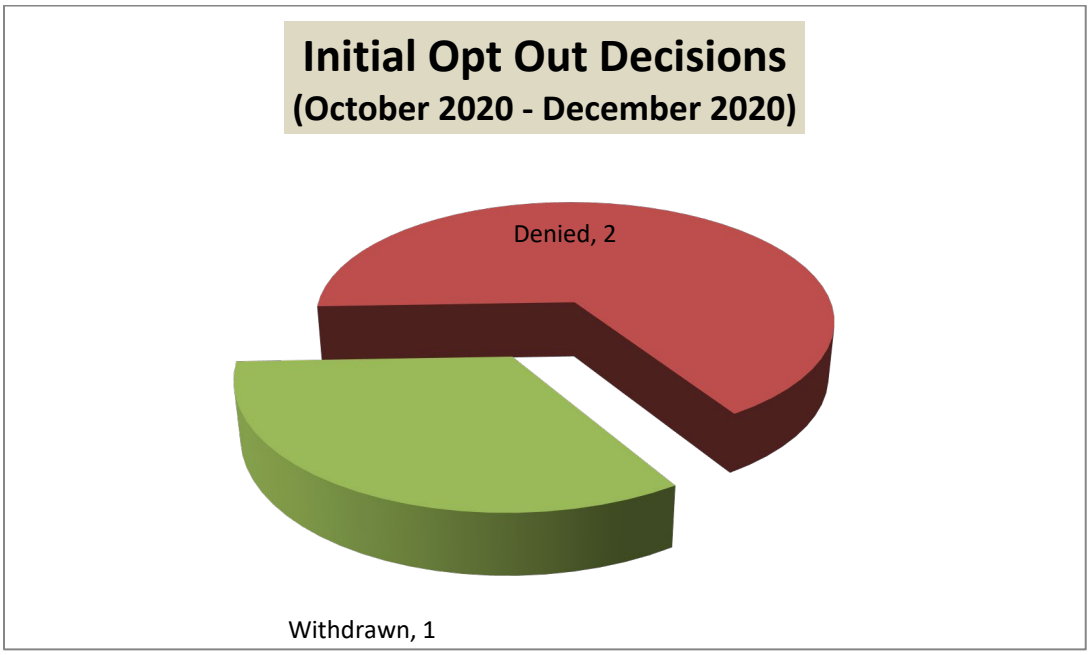
ATTACHMENT 1

SMI Opt Out for Cause Quarter 1
(October 1, 2020 – December 31, 2020)

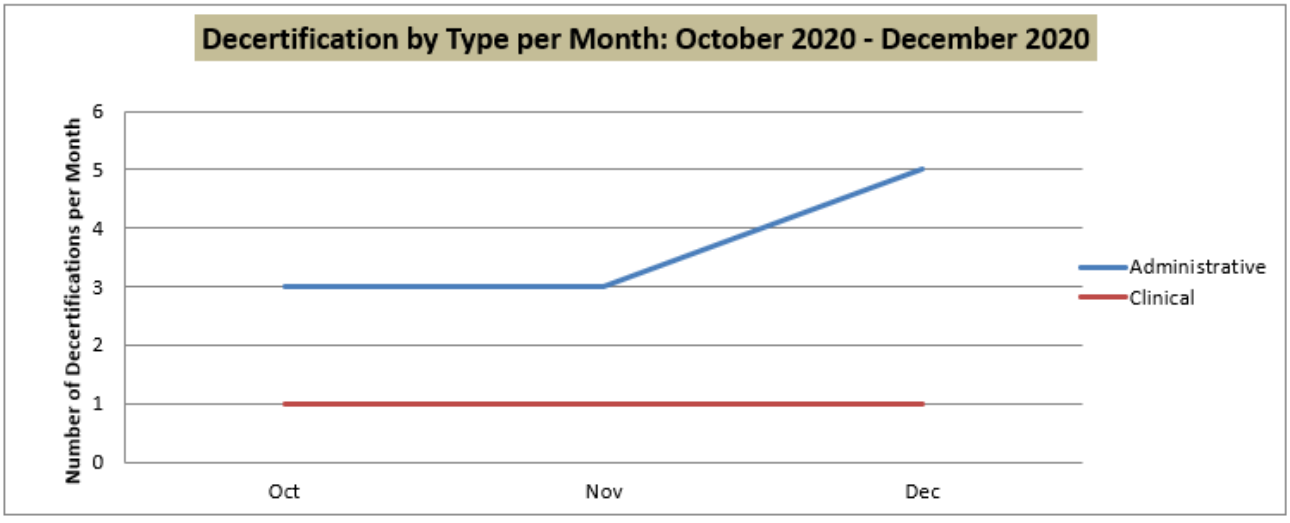

Opt Outs by Month: October 2020 - December 2020
2
1.5
1
0.5
0
1
0
2
October
November
December


Number of Opt Outs by County/Health Plan
(October 2020 - December 2020)
3
2.5
2
1.5
1
0.5
0
0
0
3
Health Choice Arizona = 0
Arizona Complete Health-Complete Care Plan = 0
Mercy Care = 3


Reason for Opt Out
(October 2020 - December 2020)
1
0.8
0.6
0.4
0.2
0
1
1
1
Network
Course of Care
Discrimination



Appeal Outcomes (October 2020 - December 2020)			
Approved	**Withdrawn**	**Denied**	**Pending**
0	0	0	0



ATTACHMENT 2

Quality Assurance/Monitoring Activity Quarter 1
(October 1, 2020 – December 31, 2020)

Introduction

This report describes AHCCCS' quality assurance and monitoring activities that occurred during the first quarter of Federal Fiscal Year 2021, 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 October 1, 2020 and December 31, 2020, along with other activities related to ongoing quality and performance improvement during the quarter.

The reported activities were overseen by the 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 Information Systems 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 our system's ability to continue its integrated efforts. AHCCCS acted as a conduit between the Governor's Office, the Arizona Department of Health Services, the MCOs, and their providers to ensure that they, community stakeholders, and AHCCCS members have 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 and continue to be updated regularly. The FAQs were updated throughout all quarters occurring since the onset of the pandemic, with the last update posted on December 30, 2020. The additions during this quarter included:

- **Clinical Delivery:**
  - Updated 12/12/20 to provide information on Prior Authorization and Concurrent Review procedures during the COVID-19 emergency.

- **Telehealth Delivery & Billing:**
  - Updated 11/4/20 to provide a response to questions regarding use of telehealth for initial appointments,
  - Added 11/23/20 to address questions regarding expiration of telehealth flexibilities offered during COVID-19; extension will be through 9/30/21 and re-evaluated if the pandemic continues; AHCCCS will finalize its post-pandemic telehealth policy decisions by 7/1/21.
- **COVID 19 Vaccine:**
  - Added 12/3/20 to indicate that AHCCCS will reimburse medical assistants (with direct supervision as required under Arizona rule) for administration of the COVID-19 vaccine; information also added to address fee-for-service rates for administration.
  - Added 12/17/20 to notify AHCCCS members that they will receive the COVID-19 vaccine at no charge.
  - Added or updated as of 12/17/20 to indicate reimbursement structures for various registered AHCCCS provider types.
  - Updated 12/23/20 to provide information on availability of COVID-19 vaccines, with referral to Arizona Department of Health Services website for further information.

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

- AHCCCS has changed the frequency of the weekly MCO meetings to monthly. The focus continues to be dissemination and discussion of information, challenges or barriers experienced by the MCOs.
- AHCCCS has maintained its relaxation of requirements for on-site 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 public health emergency. This included commercial pharmacists as allowed within their scope of practice. AHCCCS also collaborated with the Governor's Office and contracted health plans to provide member incentives to obtain influenza vaccination.

AHCCCS Complete Care (ACC):

As of the first quarter of FY 21, the focus with the integrated care contracts remains similar to the past quarter. Strategies are still ongoing to enhance evaluation of contract compliance, service delivery, care coordination, and use of evidence-based models. AHCCCS has executed increased focus on network adequacy during the first quarter. More specifically, a network analysis requirement has been added that focuses on capturing real-time availability for various specialty behavioral health residential treatment settings.

Activities that began during the last reporting year have been carried over to the first quarter of FY 21 (e.g., modification of existing policies to reflect integration; 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 began during the first quarter to address MCO adherence to these changes via development of revised operational review tools.

Currently, the ACC MCOs are being encouraged to participate in activities that have previously been under the purview of the RBHAs. This has included justice reach-in processes and emphasis on special healthcare needs, particularly if there is a comorbid behavioral health condition. AHCCCS plans to continue working with the ACC plans in these areas, but with the added burdens associated with the pandemic, these plans are temporarily being re-evaluated.

ALTCS/DDD:

Following implementation of DES/DDD's new subcontracted, integrated MCOs on October 1, 2019, AHCCCS continues to monitor DDD and their oversight of the subcontractors through contract deliverables, quarterly meetings, and technical assistance. In March 2020, AHCCCS began working with 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 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, member outreach, and 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 E/PD:

AHCCCS has been working on a variety of activities to enhance compliance with CMS requirements and HCBS Rules. These activities occurred in conjunction with various member councils, various member councils, ten tribes and members of the Sonoran University Center of Excellence for Developmental Disabilities (UCEDD). During the third quarter and lasting into the first quarter of FY21, specific activities have included:

- Completion of slides and packets for Train-the-Trainer. a two-day training course related to Person Centered Planning,
- Revisions of the AHCCCS Medical Policy Manual (AMPM) chapters related to ALTCS E/PD guidelines and processes for Case Management and Person-Centered Service Planning (PCSP),
- Completion of a draft Frequently Asked Questions (FAQ) fact sheet for members. Information was developed in collaboration with contractor's member councils and the PCSP workgroup membership, and

- UCEDD meetings with ALTCS member teams in multiple areas of Arizona to identify outstanding training needs.

Due to COVID-19, several related activities have been postponed:

- PCSP training that was scheduled for April 2020; training is now tentatively scheduled for March 2021, with implementation of the new AHCCCS Person Centered Service Plan/Process to occur on June 1, 2021,
- PCSP Tool implementation postponed until training can be completed, and
- The Intergovernmental Services Agreement (ISA) with UCEDD has been extended to July 2021.

Stakeholder Involvement:

The agency's ongoing success stems from its concentrated efforts to cultivate partnerships with other state agencies, its contracted MCOs and 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 focus 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 topics included:

- Focus on network development and services to address the behavioral health service 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.

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":

- ALTCS Benefits and Services,
- Adult Family Support, and
- Behavioral Health Respite in the Children's System.

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 the Department of Economic Security/Division of Developmental Disabilities (DES/DDD). 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 designated as SMI, 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 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 voice of the community, 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 DCAIR attended the advisory council to hear from and share information directly with the community.

Since the beginning of the COVID-19 pandemic, OIFA has been using their weekly newsletter to communicate with stakeholders as a means to both gather and disseminate critical information. OIFA's Friday Newsletter performs above industry average in both open rates (the percentage of subscribers opening the newsletter) and click rates (the percentage of those who open the newsletter and click on any item or link). The open and click rates across all industries are 18 percent and 8 percent, respectively. During this past quarter, OIFA's Friday Newsletter maintained an average open rate of 23 percent and 18 percent respectively, indicating that users find the content relevant and engaging. OIFA regularly hosts Community Forums to engage with members, family members, and stakeholders statewide, to inform the community of AHCCCS initiatives, and gather feedback. Based on feedback from these forums OIFA added two new initiatives during this quarter:

- PRSS/FSS Exchange – An opportunity to dialogue directly with Peer Recovery Support Specialists (PRSS) providing peer support services and Family Support Specialists (FSS) providing family support services. This ongoing conversation provides OIFA with information on strengthening these critical supportive services through ongoing policy development.
- The OIFA Annual Community Feedback Survey - Published annually in December, this tool is used to gather information from members, family members, providers, and other stakeholders about their experiences and perspectives. This feedback helps OIFA shape future initiatives and community engagements.

OIFA's One-Page Empowerment Tools:

Based on conversations with and feedback from the community, OIFA develops one-page empowerment tools, documents that provide information to help members overcome barriers to care. The one-pagers are available on OIFA's webpage at azahcccs.gov/OIFA. To continue the success of this initiative, OIFA:

- Created a portal on their webpage for stakeholders to suggest topics for future one-pagers,
- Included member services contact information for all health plans and AHCCCS' Clinical Resolution Unit on every one-pager,
- Is translating all one-pagers into Spanish, and
- Established a monthly system navigation meeting to empower members, family members, and stakeholders to use the one-pagers to help members navigate and access services.

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 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.
AHCCCS greatly expanded telephonic and telehealth visits for all members, including EPSDT eligible members. This was particularly critical during the statewide closure in the spring of 2020 due to the pandemic.

The MCH/EPSDT team was able to further efforts toward increasing statewide capacity for screening, referral, and access to early intervention services by working with various state agencies and community stakeholders, such as the Department of Health Services, the Department of Education, and the Department of Economic Security, and others.

Table 6 profiles continuing activities for the Maternal Child Health 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	AHCCCS	Lead/Chair of Committee

More recently, AHCCCS staff participated with the First Things First initiative to address workforce development needs throughout the state. Based on stakeholder input, the decision was made to survey stakeholders in early education and intervention throughout Arizona on current workforce knowledge and training in the areas of Trauma Informed Care and Cultural Competency. All counties within Arizona were represented in the results and responses reflected multiple stakeholder settings, including state or federal entities, private businesses, educational settings, and public service/nonprofit. Summary scores indicated a majority (55 percent) of the respondents offered Trauma Informed Care and/or practice to employees. Results for Cultural Competency also showed similar results in that 63.4 percent of the respondents offered training.

Arizona Stakeholder 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 identification of priority areas: (1) the focused initiative has actionable elements; (2) there is 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.

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

During the latter half of FY20, AHCCCS implemented a Health Equity Committee to identify and address health care disparities. The committee will make recommendations that are data-driven and inclusive of Arizona communities. Between September and December 2020, the Health Equity Committee (1) held five public forums, (2) finalized its charter, and (3) made recommendations to identify baseline data to be shared with the AHCCCS director.

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.

During the latter half of FY20, a determination was made to move toward aligning AHCCCS' quality expectations with NCQA. As of October 1, 2020, contracts were updated to include new requirements for accreditation. Contractors are required to inform AHCCCS of current accreditation status (if accredited by a private independent accrediting entity). Updated contracts also reflect requirements for future implementation of NCQA Accreditation. The achievement date for NCQA First Accreditation, inclusive of the NCQA Medicaid Module, specific to its Medicaid line of business, is set for October 1, 2023. Contractors for ALTCS (E/PD and DD) will be required to obtain the NCQA Long-Term Services and Supports distinction.

Ongoing Initiatives:

Collaboration with the 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 will change 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 will become fully integrated, and henceforth be known as Comprehensive Health Plan (CHP). CHP has contracted with Mercy Care Plan 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 FY20 and continuing into the first quarter of FY21, AHCCCS engaged in readiness efforts to finalize upcoming contract requirements for integration of behavioral and physical health

services with CMDP. AHCCCS continues to engage and administer oversight of the RBHAs that provide behavioral health services to these children until April 1, 2021.
With the advent of an integrated care model, AHCCCS and CMDP/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 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 in CMDP/CHP. Specific metrics include, but are not limited to:

- CMDP 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 will also continue to adjust policies, to address the unique needs of children served by Arizona's foster care system. As an example of continuing activities, AHCCCS finalized a policy outlining requirements for provision of Therapeutic Foster Care, with an effective date of October 1, 2020. Additionally, a decision was rendered during the first quarter of FY21 to update and convert existing Behavioral Health System Guidance Tools to be included 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. 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 first round results for the audits on April 15, 2020. The second-round audit results were due October 15, 2020, but the process was suspended due to the COVID-19 pandemic. Due to the pandemic, in addition to health plan and community feedback, AHCCCS began an internal review of the audit tool requirements. Each requirement was evaluated in terms of feedback received, current federal and/or state regulations, in addition to current clinical practice and integrated care. Numerous elements were either removed if redundant or no longer required. Moreover, revisions were completed as appropriate to accommodate changing regulatory and practice patterns. Ultimately, all elements will be designed for response sets based on the below subpopulations:

- ALTCS (E/PD and DD)
  - Adults with an SMI designation
  - Adults who do not have an SMI designation.
  - 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.
  - Children who are categorized as General Mental Health
  - Adults with an SMI designation

Workforce Development (WFD):
In 2016, AHCCCS added a contract requirement that ACC, ALTCS, and RBHAs create a Workforce Development Operation led by a WFD Administrator. Operational activities focus on monitoring, assessing, and planning for current workforce development needs, as well as forecasting and planning for future workforce needs. In addition, WFD Operations at the MCO level 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 FY20 and continuing into the first quarter of FY21, the WFD teams have addressed multiple projects.

During the reporting period, the AHCCCS Workforce Development unit made the following contributions that will shape Workforce Development activities for FY 2021 and beyond. The ACOM Policy 407, revised during FY20, became effective October 1, 2020. The most significant change to the policy involved development of an attachment that outlines minimum standards for creation of a Network and Workforce Development Plan. The intent of these new requirements is to improve collaboration between each of the MCO's Workforce Development, Network Development, and Quality Management departments. MCOs are now required to submit annual plans that describe the following activities, via their annual work plans:

- Workforce development operations,

- Profile of the MCOs network workforce,
- Workforce capacity assessment and development goals and work plan, and
- Workforce capability/competency assessment and development goals.

The policy also incorporates a Workforce Data section, which outlines the requirements for collection and analysis of workforce data.

Workforce Development teams helped enact recommendations from Governor Ducey's Taskforce on the Prevention of Abuse and Neglect of Vulnerable Populations by forming work groups consisting of health plan and provider staff to implement the following recommendations:

- Create scenario-based staff training designed to sharpen the discrimination and communication skills essential for recognizing and preventing abuse and neglect.
- Develop supervisory support strategies that ensure scenario-based training is implemented and contributes to maintaining 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 following are some ongoing activities.

- In conjunction with the Workforce Development Operations of the MCOs, AHCCCS continued the long-term project of transforming Arizona's training system structure by making a number of significant strides. Per the requirements of ACOM 447, standard job and service specific competencies for staff who provide and support employment services to members were implemented, along with a uniform approach to evaluating and documenting competency levels.
- In a similar policy-driven effort, AHCCCS restructured the Child and Family Team (CFT) process. This effort included a competency-based evaluation, training, and on-the-job coaching and development for CFT facilitators. The Arizona Children's System of Care is effective in large part due to the skillfulness of the cadre of CFT facilitators.
- AHCCCS procured a consultant to create a uniform, basic orientation video series for all new provider staff. The series describes AHCCCS' vision of integrated healthcare from the practitioner's point of care perspective.

The ALTCS E/PD and DDD 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 Alliance, the NCIA Board, and leaders from the assisted living and in-home care industries endeavored to implement two new pieces of legislation that increases reciprocity in training and testing between in-home care and assisted living caregivers,
- Adoption of SB1244, which gives workers the flexibility to move between inpatient and in-home settings without requiring them to take potentially redundant trainings,

- Adoption of SB1210, which allows assistant caregivers and new caregivers an option to acquire the skills and knowledge needed to be a caregiver via either on-the-job training options or a more traditional training route,
- Continued efforts of the Alliance to expand unique partnerships with secondary education sectors to bring newly graduated students into the long-term care workforce as direct care workers, with the support of AHCCCS, the ALTCS Workforce Development Advisory Committee, and the Workforce Development Alliance of the E/PD and DDD ALTCS plans, and
- Joint contracts between AHCCCS MCOs and PHI International, an organization that offers consulting related to the unlicensed, long-term care, direct care workforce. This relationship allows the creation of an Arizona-specific survey of the unlicensed direct service caregiver personnel. The survey is intended to achieve 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 more personalized strategies to improve retention.

Workforce Development was recognized by the Office of Governor as an Arizona Management System (AMS) success story for its work in facilitating a collaborative approach to workforce development. This effort has involved all MCOs and resulted in a more efficient dissemination of training content and a reduction in the administrative burden borne by provider organizations.

Community Initiatives:

Behavioral Health in Schools:

In the last few years, AHCCCS collaborated with the Arizona Department of Education on two innovative projects that brought together the professions of behavioral health and education. The first project was the SAMHSA-funded Project AWARE (Advancing Wellness and Resiliency in Education), which began in 2018. The five-year grant aims to increase access to behavioral health providers and suicide prevention resources in public and charter schools. It is estimated some 15,000 Arizonans will receive training during the grant period.

Furthermore, AHCCCS worked with the Department of Education from FY18 - FY20, via an Interagency Service Agreement to fund, with State-only dollars, mental health training to public and charter school staff statewide. In the first year of this funding, more than 350 school staff participated. AHCCCS has also 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 fiscal year 2020.

During the pandemic, many behavioral health providers continued this work in innovative ways 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. Further, a new parity law will provide $8 million to extend this work to

students who are underinsured or uninsured, allowing essentially all students, regardless of Medicaid status, to receive services on campus if necessary.

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, and service enhancements, plus 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 contract, 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 supports, access to additional care coordination efforts among high risk and priority populations, and additional recovery supports for housing and employment.

Arizona has 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 December 31, 2020, 35,553 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 December 31, 2020, 21,167 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.

OUD treatment and numbers reflective of recovery service delivery for SOR and SOR II 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 09/30/2020-11/30/2020	Year 1 09/30/2020-11/30/2020	**Cumulative Total**
Recovery Support Services	10,156	17,800	4,856	2,741	35,553
Treatment Services	4,576	10,924	2,142	3,525	21,167

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 forty-seventh state to adopt the Oxford House model. The Oxford House model provides support to individuals with a Substance Use Disorder (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 45 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 64 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 July 1, 2020 to September 30, 2020, 15,544 individuals have been served through training and outreach. Additionally, during the reporting period 35,744 Naloxone kits were distributed, there were 1,333 reported reversals and 416 people were referred to treatment.

Secured Behavioral Health Residential (BHRF) Settings

Beginning in November 2020, AHCCCS began overseeing a new grant awarded on September 23, 2020. The focus of the grant funds (provided for under the Arizona Housing Development 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 first quarter of FY21, the awardees were working with securing the 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 public health emergency 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 sourcing a Closed-Loop Referral System, a technical tool so providers can identify social risk factors and manage referrals to community-based agencies who can address social risk factors of health.

Whole Person Care and COVID-19:

Following the onset of the public health emergency, 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 third quarter and continuing into the first quarter of FY21, 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 emergency.

- The workgroups have been preparing the final tool suite that will be used by the Quality Management units at each MCO to assess for provider HCBS compliance. 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.
- AHCCCS has ongoing meetings with MCO Workforce Development Officers to define and offer the provider training sessions that will be offered in early 2021.

CMS Core Measure Set Alignment:

AHCCCS further advanced its Quality Steering Committee by establishing an AHCCCS MCO Quality Performance Measure Workgroup aimed at operationalizing the Agency Performance Measure Transitions. AHCCCS worked to strategically align its statewide performance measures with the CMS Child and Adult Core Sets prior to implementation of mandatory child and behavioral health measure reporting. As a result, substantial updates were made to the Performance Measure Sets found within the MCO contracts that started in CYE 2020. AHCCCS intends to prioritize its focus on meaningful measures specific to the population(s) served and high priority agency initiatives.

Revised Policy Language to Promote Improved Outcomes:

AMPM policies related to quality management recently underwent revision to clarify and enhance QI-related requirements. During the second quarter, policy revisions were made 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 FY19, are continuing into the first quarter of FY21. 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.

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 the Division of Health Care Management (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 first quarter of FY21 has been to finalize steps toward adoption of the CALOCUS (Child and Adolescent Level of Care Utilization System), a nationally recognized assessment tool for children ages birth to eighteen. This tool will replace the CASII (Child and Adolescent Service Intensity Instrument), which had been used within Arizona since the mid-2000s. AHCCCS is considering use of the LOCUS (Level of Care Utilization System), a companion assessment tool for adults 18 and above. 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 has been in development for most of FY20 but came to fruition at the beginning of FY21. 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, 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.).

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. It is designed to ensure enactment of two key requirements:

- Transparent and frequent communication across all levels of AHCCCS, plus the community of stakeholders and AHCCCS membership 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 first quarter of FY21, the Clinical Oversight meeting was held November 30, 2020. Per the meeting agenda, the following topics were addressed:
- COVID-19: Updates related to telehealth, progress on COVID-19 vaccine, the Physician Peer to Peer program, AHCCCS strategies for addressing COVID-19 related housing needs and those experiencing homelessness,
- Targeted Investment: Years Four & Five Performance Measure selection process, and
- Behavioral Health Service Delivery: Updates on the Behavioral Health Audit, crisis system SMI eligibility, ASAM Continuum implementation, and quarterly grant activity.

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 becomes 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 FY21, 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-E/PD, 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 were administered by the Western Interstate Commission of Higher Education (WICHE). Due to the extension of the COVID-19 public health emergency, the AHCCCS contractor reviews for the first quarter continued to be conducted virtually.

The staff and members who participated in the October through December reviews commented that, if available, they would continue to utilize telehealth in the future. Reports from clinical teams and members representing multiple programs cited a preference for utilizing telehealth because it provided flexibility and convenience for those employed, or in day programs, during what would be normal appointment hours. Services requested, or those that require in-person care, continue to be available with attention to provider and member safety. During this quarter, program staff and members also established additional times for appointments and opportunities to connect via phone or video platforms that allowed for support at a safe distance. Members also identified that they now utilize phone or video platforms more frequently to interact and participate in community support programs and activities.

Quarterly EPSDT/Adult Monitoring Report:
Historically, AHCCCS has required all MCOs to submit quarterly an EPSDT and Adult Monitoring Report. 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 line of business specific historical performance data to evaluate MCO, Line of Business, and AHCCCS performance.

Performance Measure Monitoring Report:
AHCCCS requires all contractors to submit quarterly Performance Measure Monitoring Reports. AHCCCS is working with its contractors to update and streamline the reporting template so that it can be utilized for both quarterly performance measure monitoring and annual Quality Management/Performance Improvement Work Plan Evaluation reporting. This deliverable submission is currently suspended due to the COVID-19 public health emergency.

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 their own PIPs to address self-identified opportunities specific to their plans, 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 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 PIP has been selected for ALTCS-E/PD 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 and cervical cancer screenings.

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 public health emergency,
- 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-E/PD, ALTCS/DD, and RBHA populations. The APM is designed to encourage MCO activity in the area of quality improvement, 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 will be performed annually on a contract year basis. The contracts that the MCOs execute with health care providers, governed by APM arrangements, will have increases according to the tables immediately below.

Table 8

ALTCS/DDD		
INTENDED MINIMUM VALUE PERCENTAGE		
Year	**Sub-Contracted MCOs**	**LTSS**
CYE 20	50%	20%
CYE 21	60%	35%

Table 9

ACC	
YEAR	**INTENDED MINIMUM VALUE PERCENTAGE**
CYE 20	60%
CYE 21	70%

Table 10

ALTCS-E/PD	
YEAR	**INTENDED MINIMUM VALUE PERCENTAGE (ALTCS E/PD AND MA D SNP)**
CYE 20	60%
CYE 21	70%

Table 11

RBHA		
INTENDED MINIMUM VALUE PERCENTAGE		
YEAR	**SMI-Integrated**	**Non-Integrated**
CYE 20	50%	25%
CYE 21	60%	25%

Reviewing and Revising the Quality Strategy

AHCCCS enhanced the Agency's Quality Strategy report 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, Assessment, and Performance Report 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 public, and stakeholders provide input and recommendations regarding the content and direction of the Quality Strategy through stakeholder presentations and public comments.

The Agency's enhanced Quality Strategy was submitted to CMS in July 2018 for review and approval. 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 AHCCCS website and submitted to CMS in June 2021.

ATTACHMENT 3

Quarterly Random Moment Time Study Report Quarter 1 (October 1, 2020 – December 31, 2020)

The October through December 2020 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	October – December 2020
Administrative	2,793
Direct Service	3,441
Personal Care	5,187

The table below demonstrates the administrative, direct service, and personal care time study achieved the 85 percent return rate in the October to December 2020 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	2,770	95.52%
Direct Service	3,300	3,106	94.12%
Personal Care	3,300	2,937	89.00%