February 28, 2022

Brian Zolynas
Project Officer, CMS, San Francisco Regional Office
90 7th Street, Suite 5-300
San Francisco, CA 94103
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Dear Mr. Zolynas,

In accordance with Special Terms and Conditions paragraph 37, enclosed please find the Quarterly Progress Report for October 1, 2021, through December 31, 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
Arizona Health Care Cost Containment System

AHCCCS Quarterly Report
October 1, 2021 – December 31, 2021

TITLE

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

Section 1115 Quarterly Report
Demonstration Year: 39
Federal Fiscal Quarter: 1st (October 1, 2021 – December 31, 2021)

INTRODUCTION

As written in Special Terms and Conditions (STCs), paragraph 37, 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, 2021, through December 31, 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	1,287,009	3,324	8,949
Acute SSI	219,402	230	3,729
Prop 204 Restoration	472,865	1,549	7,133
Adult Expansion	192,977	657	1,264
LTC DD	37,797	56	191
LTC EPD	30,343	40	1,841
Non-Waiver	127,017	270	2,041
Total	2,367,410	6,126	25,148

[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 January 1, 2022) 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]	1,524,471
Title XXI funded State Plan [3]	62,397
Title XIX funded Expansion[4]	619,507
• Prop 204 Restoration (0-100% FPL)	470,155
• Adult Expansion (100% - 133% FPL)	149,352
Enrollment Current as of	1/1/2022

OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

Waiver Update

Arizona's 1115 Waiver demonstration was set to expire on September 30, 2021. However, on September 30, 2021, CMS approved a one-year extension of the previous period's waiver while it continues to review the agency's 2021-2026 waiver application. Because of the extension, it now becomes the 2022-2027 waiver application. 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, 2022, and the application is therefore seeking a renewal period from October 1, 2022, through September 30, 2027. 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 Arizona's unique Medicaid program and statewide managed care model, extending the authority for Arizona to 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,

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[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.

- 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.

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

- Authority to enhance and expand housing services and interventions for AHCCCS members who are homeless or at risk of becoming homeless through the Housing and Health Opportunities (H2O) program,
- 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, and
- 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 aged 21 or older enrolled in the ALTCS program.

More details on Arizona's section 1115 Waiver renewal request (2022-2027), 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 Children's Health Insurance Program (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.

On June 24, 2021, CMS withdrew the federal approval of the AHCCCS Works Community Engagement Program, which was impending implementation. The program is included in the 2021-2026 waiver renewal request and may be implemented in the future. Thus, the AHCCCS Works program will not be evaluated.

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 and received CMS approval on February 1, 2022.

Targeted Investments Program Update

The AHCCCS Targeted Investments (TI) Program achieved the following accomplishments and activities during the period October 1, 2021, to December 31, 2021:

- Calculated and disbursed Year Four Program incentive payments to participants through MCOs,
- Quality Improvement Collaborative (QIC) in collaboration with Arizona State University (ASU), continued engaging participants in process improvement guidance and individual technical assistance; topics included addressing specific participant questions regarding the performance, data harmonization (understanding the measures' algorithms), performance improvement (including root cause analysis), creating best-practice guides to summarize peer learning tips identified through previous QIC meetings on each performance measure, and performance review (explaining the measures dashboard, and other resources),
- Consulted with ASU Centers for Health Information and Research (CHiR) to develop a systematic analysis of the impact of failure modes (root causes) accounting for individual and aggregate providers' non-numerator qualifying events on TI performance measures; several root causes of the FUH measure have been explored, including: length of stay (discharge planning timeframe), Serious Mental Illness(SMI) status (available care management), data types submitted to Health Information Exchange (HIE) by discharging hospital, member age, member sex, admission/discharge day of the week, and non-qualifying visits in follow-up period,
- 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; topics and stakeholders include recommendations on addressing social risk factors and health disparities from nationally-recognized subject matter experts (including NCQA), updates on the current and future state of the health information exchange (HIE) and closed loop referral system from Arizona's HIE, recommendations on how to align with other AHCCCS quality improvement and whole-person-care initiatives and incentives from internal subject matter experts and community partners, and recommendations on how to support AHCCCS Criminal Justice initiatives,
- Toured the Yuma TIP Justice clinic that is co-located with Yuma County Probation, and
- Consulted with participants on adoption of integration strategies including the Collaborative Care Model.

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
21-0026 Third Party Liability	Attests to the State's compliance with Third Party Liability requirements as outlined in 1902(a)(25)(E) and 1902(a)(25)(F)(i).	12/20/21	12/27/21	12/31/21
21-0025 NF DAP	Updates the Nursing Facility DAP Program in the State Plan.	11/15/21	12/22/21	10/1/21
21-0024 OP DAP	Updates the Outpatient Differential Adjusted Payment Program in the State Plan.	11/15/21	2/4/22	10/1/21

SPA 21-023 Inpatient Hospital DAP	Updates the Inpatient Hospital Differential Adjusted Payment (DAP) Program.	11/15/21	12/22/21	10/1/21
SPA 21-022 - DRG Rates	Updates the DRG rates, effective October 1, 2021.	11/10/21	12/8/21	10/1/21
21-021 - Pediatric Immunization Program Rates	Updates the State Plan Rates for Vaccines Under the Pediatric Immunization Program, effective October 1, 2021.	11/10/21	12/17/21	10/1/21
21-0020 Other Provider Rates	Updates the State Plan Other Provider Rates, effective October 1, 2021.	11/10/21	1/20/22	10/1/21
21-0019 Outpatient Hospital Rates	Updates the State Plan Outpatient Hospital Rates, effective October 1, 2021.	11/10/21	2/4/22	10/1/21
21-0018 NF Rates	Updates the State Plan Nursing Facility Rates.	11/10/21	12/3/21	10/1/21
21-0017 LTC and Rehab Rates	Updates the State Plan rates for long-term care and rehabilitation.	11/10/21	11/24/21	10/1/21
21-0016 EMT Rates	Updates the State Plan EMT rates.	11/10/21	1/19/22	10/1/21
21-0013 Clinical Nurse Specialist	Adds Clinical Nurse Specialist as a new provider type in alignment with ARS 32-1651.	9/28/21	12/21/21	10/1/21
19-0010 GF GME	Updates the General Fund GME Program in the State Plan.	9/30/19	12/3/21	12/3/21
21-0018 ET3	Adds Emergency Triage, Treat and Transport (ET3) services to the State Plan.	9/7/21	11/4/21	10/1/21
21-0006 School Based Claiming Reimbursement	Describes the methods and standards for reimbursing for school-based health and related services.	4/26/21	10/25/21	10/1/21

CONSUMER ISSUES

Table 4 summarizes advocacy issues received by the Office of Client Advocacy (OCA) for the quarter October 1, 2021 – December 31, 2021. The originators of the issues are identified in Table 5.

Table 4

Advocacy Issues[5]	October	November	December	Total
Billing Issues • Member reimbursements • Unpaid bills	7	6	5	18
Cost Sharing • Co-pays	0	3	0	3

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

• Share of cost (ALTCS) • Premiums (KidsCare, Medicare)				
Covered Services	7	6	14	27
ALTCS • Resources • Income • Medical	12	5	1	18
DES • Income • Incorrect determination • Improper referrals	6	25	5	36
KidsCare • Income • Incorrect determination	0	0	0	0
SSI/Medical Assistance Only • Income • Not categorically linked	4	8	0	12
Information • Status of application • Eligibility criteria • Community resources • Notification (did not receive or didn't understand)	41	36	67	144
Medicare • Medicare coverage • Medicare Savings Program • Medicare Part D	1	5	0	6
Prescriptions • Prescription coverage • Prescription denial	1	1	0	2
Fraud-Referred to Office of Inspector General (OIG)	2	0	0	2
Quality of Care-Referred to Division of Health Care Management (DHCM)	13	20	5	38
Total	94	115	97	306

Table 5

Issue Originator[6]	October	November	December	Total
Applicant, Member, or Representative	75	70	20	165
CMS	0	4	0	4
Governor's Office	10	14	19	43
Ombudsmen/Advocates/Other Agencies	6	27	58	91
Senate & House	3	0	0	3
Total	94	115	97	306

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

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.

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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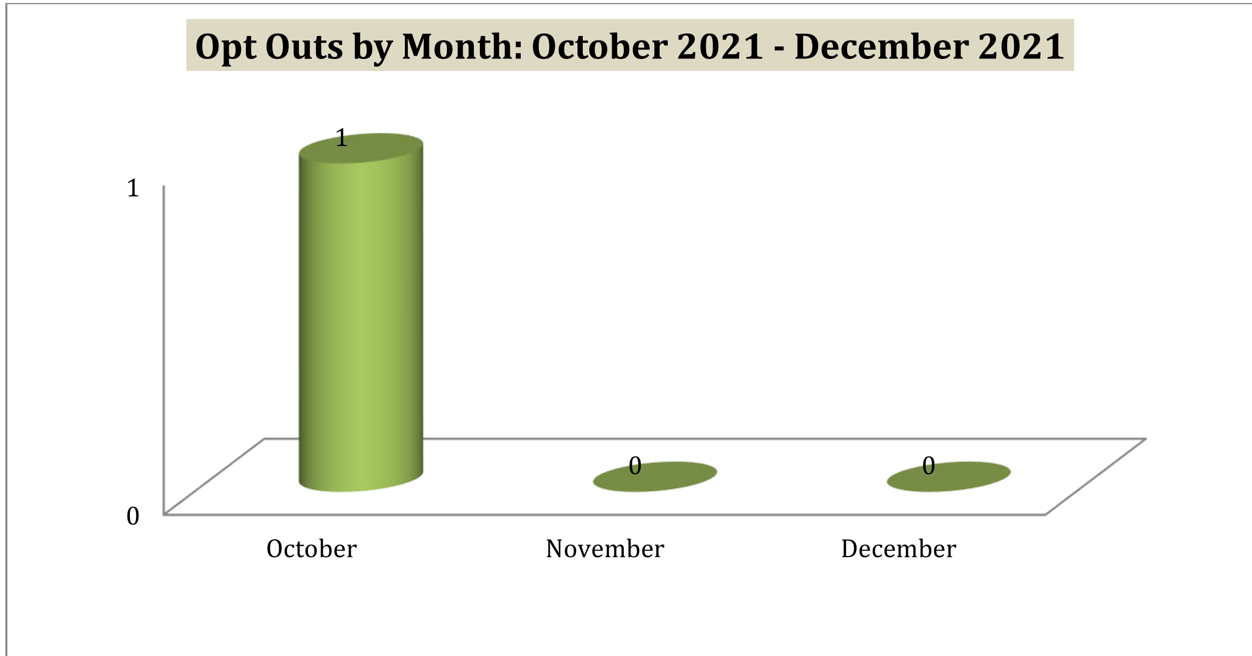
DATE SUBMITTED TO CMS

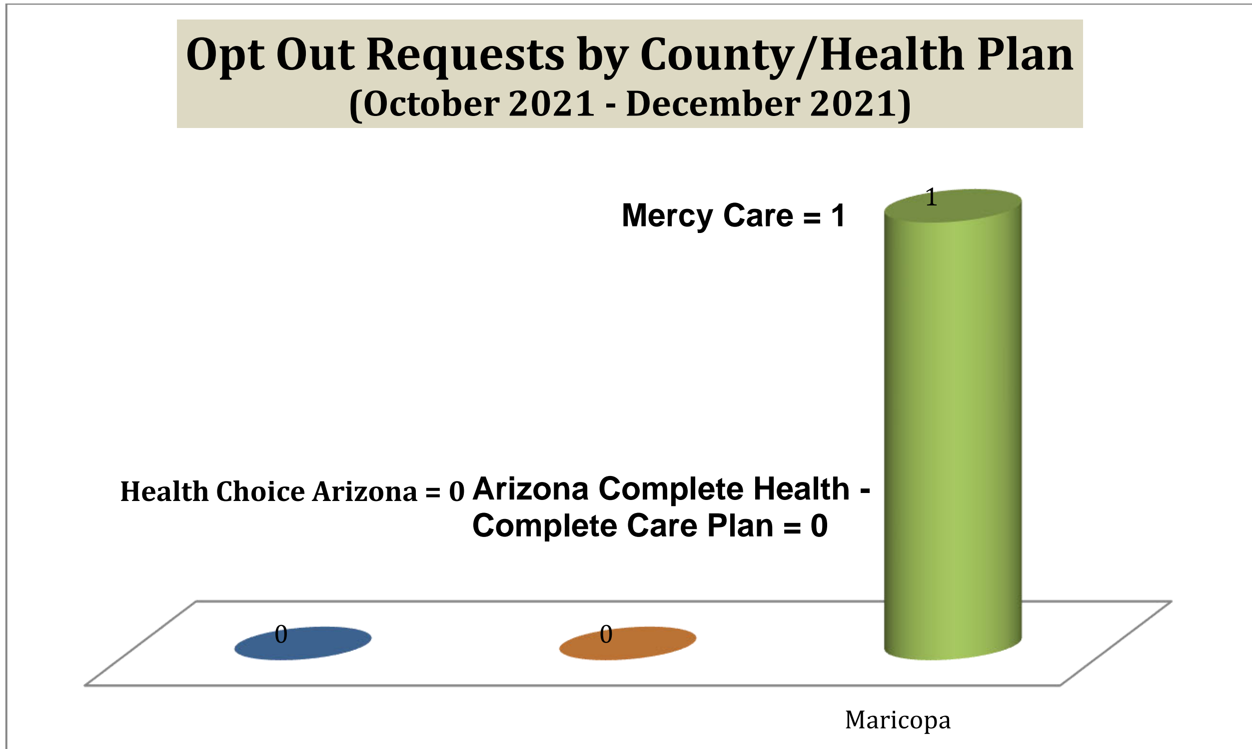
February 28, 2022

ATTACHMENT 1

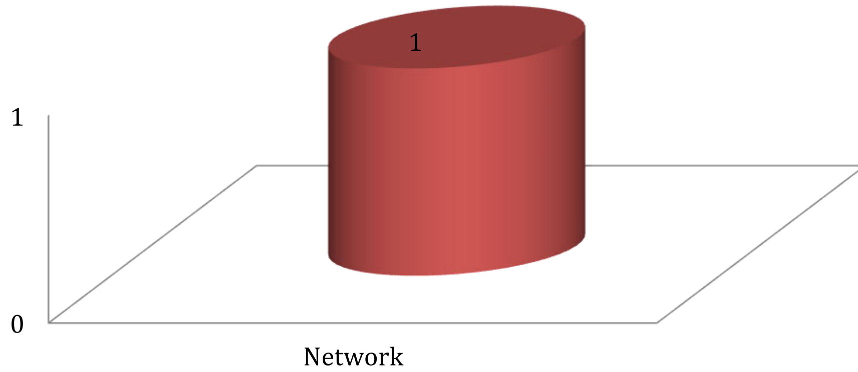
SMI Opt Out for Cause Quarter 1
(October 1, 2021 – December 31, 2021)

Opt Out Requests for Quarter 1 (October 1, 2021 – December 31, 2021)

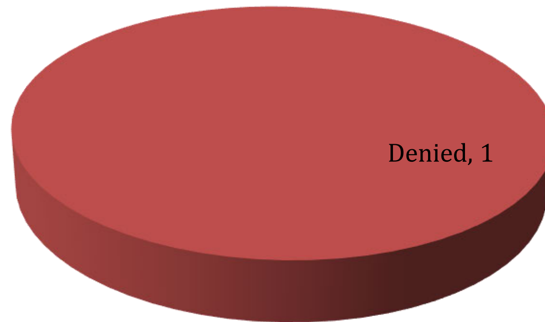




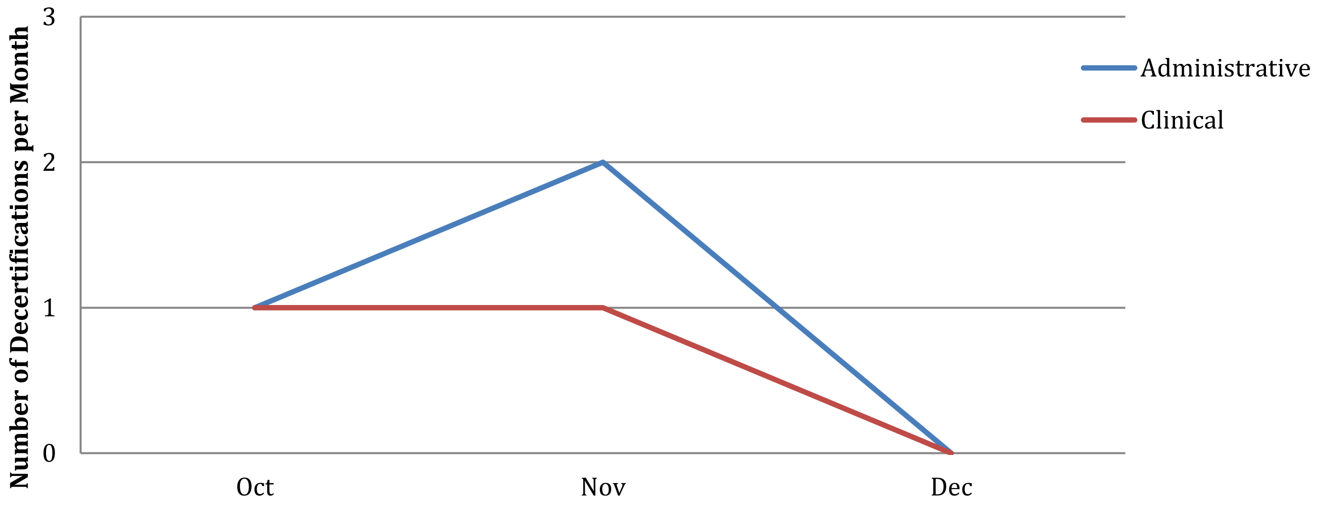
Reason for Opt Out Request
(October 2021 - December 2021)



Initial Opt Out Decision
(October 2021 - December 2021)



Appeal Outcomes (October 2021 - December 2021)			
Approved	**Withdrawn**	**Denied**	**Pending**
0	0	0	0


SMI Decertifications by Type per Month: October 2021 - December 2021
Number of Decertifications per Month
3
2
1
0
Oct
Nov
Dec
Administrative
Clinical

ATTACHMENT 2

Quality Assurance/Monitoring Activity Quarter 1
(October 1, 2021 – December 31, 2021)

Introduction

This report describes AHCCCS' quality assurance and monitoring activities that occurred during the first quarter of federal fiscal year (FFY) 2022, as required in STC 37 of the State's Section 1115 Waiver. This report also includes updates related to AHCCCS' Quality Assessment and Performance Improvement Strategy. This report highlights activities and goals for the statewide care delivery model that occurred predominantly between October 1, 2021, and December 31, 2021, along with other activities related to ongoing quality and performance improvement activities since the last reporting period.

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), Integrated 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

Competitive Contract Expansion (CCE)

On August 4, 2021, AHCCCS issued a solicitation notification to seek proposals for provision of integrated physical and behavioral health services for Title XIX/XXI eligible adults not enrolled with ALTCS-Elderly and Physical Disabilities (EPD), ALTCS-Developmental Disabilities (DD) or American Indian Health Plan (AIHP), as well as Non-Title XIX/XXI individuals. These services are currently provided by contracted health plans known as Regional Behavioral Health Authorities (RBHAs). The contract expansions will be known as Regional Behavioral Health Agreements, and they will broaden the existing ACC contracts with Mercy Care, Arizona Complete Health (AZCH) and Care1st Health Plan Arizona, Inc. to include the additional eligible individuals and categorical services outlined below.

The expansion will realign the counties that comprise each Geographic Service Agency (GSA) as follows:

Contract Awards: Effective October 1, 2022	
Health Plan	**Geographic Service Area (GSA)**
Mercy Care	**Central** Maricopa, Gila, and Pinal Counties (Excluding zip codes 85542, 85192, and 85550) Gila County moving to Central GSA from North GSA Pinal County moving to Central GSA from South GSA
Arizona Complete Health	**South** Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz, and Yuma Counties (including zip codes 85542, 85192, and 85550) *Pinal County moving to Central GSA*
Care1st Health Plan	**North** Mohave, Coconino, Yavapai, Navajo, and Apache Counties *Gila County moving to Central GSA*

Through this contract expansion, existing health plans will provide integrated services to Medicaid members who have an SMI designation. Also included will be Non-Title XIX/XXI state and grant funded services, statewide crisis services for all Arizonans and court ordered evaluation services when contracted by certain Arizona counties.

Qualifying Health Plans were notified of their awards on November 15, 2021, with a contract implementation date of October 1, 2022.

Crisis Planning-988 Implementation:
AHCCCS has worked with a contracted consultant, LeCroy and Milligan, to engage stakeholders and gather feedback regarding the best plan for implementing 988 and ensuring that our current and future crisis services and providers are aligned to enhance the quality of crisis care for all Arizonans. LeCroy and Milligan hosted four feedback sessions in the final quarter of 2022, which focused on: children and youth crisis services, 911 and 988 collaboration, survey results from nearly 600 Arizonans and a final listening session open to all previous stakeholders to provide input on the final implementation plan. AHCCCS submitted the final Arizona 988 Implementation plan in January of 2022.

Ongoing COVID-19 Adaptations and Delivery System Improvements:
Since March 2020, AHCCCS leadership continues to address and ameliorate the effects of COVID-19 on the delivery system and will continue its efforts until the Public Health Emergency (PHE) subsides. 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 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,
- Planning For the end of the Public Health Emergency (PHE), 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, challenges or barriers experienced by the MCOs and, more recently, preparation for unwinding.
- 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 added numerous resources onto a dedicated resource page within the AHCCCS website. The list of resources includes:

- Vaccine Resources,
- National, State, and County Resources,
- Behavioral Health Resources,
- 24-Hour Nurse Line Numbers by Health Plan, and
- Information on Public Health Emergency Planning and Scams/and Fraudulent Activities.

AHCCCS Complete Care (ACC):

The current focus with the integrated care contracts remains similar to that of the previous quarters. Strategies are still ongoing to enhance evaluation of contract compliance, service delivery, care coordination, and use of evidence-based models. AHCCCS has maintained increased focus on network adequacy during the entire FFY. The network analysis requirement 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 FFY 22 (e.g., modification of existing policies to reflect continuing integration efforts 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 practice at its core. To ensure that ACC plans incorporate additional integration approaches and System of Care Principles, efforts have continued 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 RBHAs. This has included justice reach-in processes and emphasis on special health care 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 DDD subcontracted MCOs 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 FFY 21, AHCCCS implemented the new AHCCCS Person Centered Service Plan (PCSP), the new AHCCCS PCSP Tool and process.

AHCCCS has determined that it is going to take time for MCOs 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.

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, 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.

Transition Age Youth:
As an additional effort to engage stakeholder and community involvement, AHCCCS is working with the CMS-contracted Lewin Group regarding Arizona's efforts to support youth as they transition out of foster care. The Transition Age Youth (TAY) population is an area of focus for Arizona and the TAY will be included in the expanded housing services proposed in the Housing and Health Opportunities (H2O) waiver. Proposed additional eligibility requirements under the Demonstration are as follows:

- Expansion of the target population for the H2O waiver for TAY from the previous age range of 18 through 24 to age 18 through age 26.
    - This will ensure the H2O waiver proposed services run concurrently with other Medicaid covered services for youth exiting foster care,
    - Prioritization of homeless (or at risk of homeless) TAY populations were identified in the proposal, and
    - Persons with General Mental Health and/or Substance Use Disorders (GMH/SUD) and persons with disabilities, including persons enrolled in ALTCS, who are in the eligible target population for the proposed H2O waiver services and supports.

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 an SMI designation, (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, and
- 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.

In addition to the above recommendations, 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." The intent was 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. Internal efforts continue into FFY 2022 to suggest updates to Arizona Administrative Code. These efforts are based on recommendations from the Continuum of Care Stakeholder Workgroup.

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 SUD, and children with a 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. 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):
Through a partnership between AHCCCS and Arizona Department of Health Services (ADHS), AHCCCS has contracted with the Peer and Family Career Academy (PFCA) to provide a Peer-to-Peer support program for Peer Recovery Support Specialists (PRSS) and Parent/Family Support Specialists (FSS) delivering services during the pandemic. The purpose of this free program is to prevent burnout, compassion fatigue, and other emotional distress common to health care workers delivering services during the public health emergency.

OIFA continues to fulfill its purpose of bringing in the voice of the community to AHCCCS Leadership and educating the community utilizing a variety of channels including:

- OIFA Advisory Council
- Peer Support and Family Support web page
- Community Policy Meeting
- Jacobs Law Training
- AHCCCS Hot Topics and Community Forums
- Weekly Newsletter

To improve our state's overall peer support training program, AHCCCS OIFA launched the first version of a standardized application for peer support training in October 2021. This process was implemented in alignment with the Government Accountability Office 2018 report, best practice number 1.

OIFA's One-Page Empowerment Tools:
OIFA's engagement with the community has highlighted areas for community education on how Arizona's Medicaid program operates. These opportunities for education become our One-Pager Empowerment Tools. These tools provide information to help members overcome barriers to care on one sheet of paper. During this quarter, the following One-Pagers were published in both English and Spanish:

- SMI Benefits,
- General Grievances, and
- Appeals.

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. New activities that have been added for the first quarter of FFY 2022 include involvement with the SPARK Youth Equity Project, the Eyes on Learning Advisory Board, TAPI Steering Committee and Lead Poisoning Prevention Coalition.

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's 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

INITIATIVE	LEAD AGENCY	AHCCCS INVOLVEMENT
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 of maternal mental health disorders)	AHCCCS	Lead/Chair of Committee
SPARK Youth Health Equity Project Committee	Arizona Family Health Partnership	Representation/Participation
TAPI Steering Committee	Arizona Partnership for Immunization (TAPI)	Representation/Participation
Lead Poisoning Prevention Coalition	ADHS	Representation/Participation
ADHS Advisory Committee on Maternal Fatalities and Morbidity	ADHS	Representation/Participation
ADHS Injury Prevention Advisory Council (child fatalities)	ADHS	Representation/Participation
Eyes on Learning Advisory Board	Eyes on Learning	Representation/Participation

During the first quarter, the MCH/EPSDT department continued efforts to revise pertinent policies and resume activities that had been set aside during the pandemic. The following policy revisions were completed and became effective October 1, 2021. Several policies were developed to clarify provider and MCO responsibilities for the following:

- Well-women's screening,
- Family planning options (out of network),
- Prenatal and postpartum care,
- Reporting requirements for pregnancy terminations,
- Dental sealants through school-based programs,
- Member outreach,
- Care provision and reporting to ensure guidelines align with American College of Obstetrics and Gynecology (ACOG), and
- EPSDT services (i.e., developmental screening, blood lead and supplemental nutrition).

Arizona Stakeholders and ALTCS Case Management Unit:
The AHCCCS ALTCS Case Management Unit also partners with a large number of community stakeholders, including:

- 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 allow AHCCCS to compare and contrast MCO quality performance, analyze outcomes, and facilitate improved MCO and agency performance. The Quality Management Portal also serves as the single statewide incident management system, allowing for streamlined reporting of incidents and efficient review for possible quality of care concerns.

AHCCCS implemented a Health Equity Committee in July 2020 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-19, efforts were realigned to address health care disparities associated with the pandemic.

The Health Equity Committee developed a Communications subcommittee that is 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.

In the fourth quarter of FFY 2021, AHCCCS commissioned a report from Burns & Associates/Health Management Associates. Using claims data, the contractor assessed the delivery of services to AHCCCS members with a substance use disorder across calendar years 2018, 2019, and 2020. The report defined the population across multiple demographics including gender, age, race, geographic region, and enrollment with AHCCCS MCOs. The study identified several areas in which service delivery could be improved or enhanced, including:

- Increasing community-based treatment utilization to drive down ED utilization,
- Increasing outpatient service utilization to drive down costs associated with short term inpatient treatment,
- Fostering greater utilization of medication management services, including medication assisted treatment to areas outside of the two most populated metropolitan areas (Maricopa and Pima counties), and
- Increasing coordination of care following an acute event (e.g. inpatient hospital stay for SUD or short term residential treatment stay for SUD).

AHCCCS plans to form a workgroup with its MCOs 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 continued to adjust policies, to address the unique needs of children served by Arizona's foster care system. During the reporting period, AHCCCS continued to update and convert existing Behavioral Health System Guidance Tools for inclusion as a dedicated set of policies under the AMPM. Revised tools became effective October 1, 2021. 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.

As of Q1 of FFY 2022, AHCCCS is participating in an affinity group with the Centers for Medicare and Medicaid Services targeted at improvement to streamline collection of data when children first enter into foster care The goals aim to improve the timely provision of care and services to children in the custody of the Department of Child Safety (DCS) and enrolled with DCS' Comprehensive Health Plan as evidenced by increasing the rate of comprehensive health assessments completed within 30 days of entering foster care, increasing the rate of completed well visits for first 15 months, and increasing the rate of completed preventative dental visits. Through participation in the affinity group, AHCCCS is leading to work around development of additional processes and ideas around coding, standardization of assessment, and eligibility of benefits. The work is also looking into potential change ideas that include adding an ages/stages questionnaire as a standardized screening tool to every Rapid Response completed statewide to ensure appropriate identification of behavioral health/developmental needs for members. Collaboration outreach to community providers and family run organizations have been added to state monthly meetings to discuss Rapid Response processes and any barriers for ongoing services following initial contact.

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 and fourth quarter of FFY2021, a redesigned audit was presented to MCO staff and various AHCCCS staff with OIFA, to provide feedback. As appropriate, feedback was incorporated. A survey was developed, which captured the specific audit elements and shared with stakeholders and MCO staff. The survey included scoring mechanisms to allow for feedback related to each item that included suggested revisions, and whether or not the element should be maintained or deleted. Survey results were tabulated and used to identify the need for tool modifications. Additionally, results were screened for possible guidance and training efforts under workforce development.

The tool was finalized during the first quarter of FFY 2022 and will be disseminated to the MCOs during the upcoming quarter. Discussions will continue with the MCOs and stakeholders 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. The intent of the tool is focused on these subpopulations:

- ALTCS (EPD and DD):
- Adults with an SMI designation,
- Adults who do not have an SMI designation, and
- Children with or without a SED.
- Acute (ACC and RBHA):
- Adults who are categorized as GMH/SU, 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 Health care Workforce Development (WFD) to monitor, assess, forecast, and plan for both current and future workforce development requirements. Since that time AHCCCS requires ACC, ALTCS, RBHA and, effective April 2021, CHP health plans to 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 health care workforce. Throughout FFY 2020 and continuing through the fourth quarter of FFY 2021, the WFD teams have addressed multiple projects.

During the reporting period, the AHCCCS Workforce Development unit continued to shape Workforce Development activities for FFY 2021 and beyond. In the area of workforce policy there were several important developments beginning in the third quarter:

- The Department of Child Safety (DCS), the most recent health plan to implement a workforce development operation, formed a collaboration with the Workforce Development unit of its subcontractor Mercy Care, to produce its first annual Workforce Development Plan. The primary objectives highlighted in the plan were to:
    - Develop the working agreements between the Workforce Development operation and other DCS units as required by ACOM 407,
    - Develop procedures for Mercy Care to manage the process of ensuring providers comply with policy--driven training requirements, and
    - Initiation of a provider workforce assessment process to determine their most immediate workforce/staffing needs.
- Per ACOM Policy 407, health plans are required to submit descriptions of the working relationship between the MCO's Workforce Development, Network Development, and Quality Management departments. All MCOs satisfied this requirement are now collaborating with their respective Network and Quality Management departments to ensure that workforce capacity and worker capability needs are addressed. Per ACOM 407, a workforce data collection requirement was planned for implementation by October 2, 2021. The Workforce Development Administrators from all health plans, with support from the Arizona Association of Health Plans (AzAHP), developed and implemented an online data collection system for the provider networks under all lines of business. Data will include elements to measure workforce volatility, turnover and retention, length of time to fill the most challenging positions, and comparison of licensed versus unlicensed staff.
- In collaboration with the AHCCCS's System of Care Team, WFD Administrators from the ACC/RBHA health plans developed, and made ready for implementation, two standardized education and training programs for the behavioral health workforce.
    - Children Family Team Facilitators Training (CFT Training). In response to stakeholder concerns about declining performance of CFT Facilitators the

combined team of WFD Administrators undertook an extensive revision of the CFT training curriculum. The goal was to make the training process more experiential and to require a competency-based evaluation of the facilitator as well as the team process. As a result, in addition to upgrading the "in-class" training experiences for CFT Facilitators, considerable effort was directed toward improving supervisory evaluation and review of the CFT meeting as a whole as well as the Facilitators performance. This work required the updating of the CFT Supervisory Fidelity Review Tool as well as the development of a specialized training for clinical supervisors. In deference to the COVID 19 health emergency, implementation of the CFT Training program is on hold until when in-person training can resume.

  - Court Ordered Evaluation and Court Ordered Treatment (COE/COT). Development of a COE/COT education program was in response to stakeholder concerns about the process being unevenly applied across the state. The COE/COT process can vary from county to county. Thus, the intent of this education and awareness program was to ensure that all standard provisions of Arizona law covering these processes were put in a single training program and made available for clinical practitioners charged with ensuring the process is administered lawfully and equitably. The COE/COT training program will be deployed as an online training course.

- 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. These efforts focused on refining staff and supervisory training designed to recognize and prevent abuse and neglect. In addition, health plans began disseminating stress reduction and burnout prevention resources to caregivers. Per the directives of the Governor's Task Force, these resources are intended to help caregivers deal with job related stress by reducing burnout and stabilizing the high turnover rates that may contribute to the abuse and neglect of AHCCCS members.

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. Further, a statewide behavioral health resource guide has been developed for all schools, which includes suicide prevention protocols. Three school districts received targeted support to enhance the connections between behavioral health services and the school: Baboquivari, Sunnyside, and Glendale Elementary. A second round of Project AWARE (Project AWARE II) was awarded funding, with programming commencing on October 1, 2021. This new five-year award will expand the work of the current project and add partnerships with three additional school districts: Maricopa Unified, Roosevelt Elementary, and Glendale Union High School.

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 continued pandemic, many behavioral health providers continue to find innovative ways to meet students in locations that best serve the needs of the students. From October 1, 2021, through November 30, 2021, 2,256 referrals were provided for behavioral health services. Through December 31, 2021, these referrals came from 556 schools across the state of Arizona, Services are provided via telehealth, in the home, in clinics, and at schools where available. 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 ADHS and ADE to fund and launch a peer training program that resulted in 18 teachers and administrators being trained to provide peer counseling via telephone. To date, the Educator Peer Support Program has engaged 87 educators statewide, and services will continue through March 2022, expanding the partnership with ADE and ADHS to train administrators in districts throughout the state.

The Arizona Legislature added the Children's Behavioral Health Services Fund (CBHSF) in 2020 for 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. From October 1, 2021, through December 31, 2021, 166 individuals have been referred for the CBHSF.

The legislation for CBHSF requires AHCCCS to conduct a survey of services provided through this funding source. The survey was made available to RBHA-contracted providers in July 2021. As of December 31, 2021, 35 surveys have been completed by families that provide information regarding behavioral health services received and thus far, the surveys have indicated optimal satisfaction.

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.

AHCCCS launched a web-based, opioid services locator to help Arizonans who are looking for services to treat Opioid Use Disorder and where to find Naloxone, the opioid overdose reversal medication. The web-based tool is a location-based search engine featuring real-time services, by health plan network, distance, and type of services offered. Users can find certified opioid treatment programs, office-based treatment, residential services, and where to obtain Naloxone. Find the new tool on the AHCCCS website at OpioidServiceLocator.azahcccs.gov.

The State Opioid Response II (SOR II) grant was awarded to AHCCCS in September 2020. This grant is 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 December 31, 2021, 9,573 individuals have been connected to OUD treatment through the SOR II grant.

AHCCCS sustained and enhanced a concentrated effort through the SOR II grant to increase peer support utilization for individuals with Opioid Use Disorder. Through the SOR II grant, 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, 2021, 18,824 individuals have received peer support and recovery services through the SOR II grant. Special populations served by 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 II funded OUD treatment and recovery support services are provided in Table 7.

Table 7

SOR II	Year 1 09/30/2020-09/29/2021	Year 2 09/30/2021-11/30/2022	Cumulative Total
Treatment Services	8,737	836	9,573
Recovery Services	14,899	3,925	18,824

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 68 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 67 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, 2021 - September 30, 2021, 5,724 individuals have been served through training and outreach. Additionally, during the reporting period 23,953 Naloxone doses (3x doses per kit) were distributed, 1,189 reported reversals and 223 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 can be developed to provide supportive mental health treatment at a community-based facility with a home-like atmosphere. As of the first quarter of FFY 2022, the awardees continued work to secure properties for development. The time frame for site procurement, construction, and program development may need to be extended through the 2022 calendar year as the grant awardee reports that property acquisition has been challenged by availability and increasing cost. The award recipient also reports that projected building expenditures identified under the original funding have increased exponentially due to supply shortages and the effects of the COVID-19 pandemic.

New Initiatives:

AHCCCS 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) vendor, Contexture, 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, Contexture tested the new platform with "early adopters" of the technology in Summer 2021 and launched the platform, branded as Community Cares, during the reporting quarter.

Improving Oversight of HCBS Rules:

As a new initiative, AHCCCS has begun to focus on improving the oversight of adherence to HCBS Rules. Continuing into the first quarter of FFY 22, the following has been completed:

- Specific HCBS settings workgroups, consisting of AHCCCS, MCOs, 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 began in April 2021 and continued throughout the reporting quarter. 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 track 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 2022.
- AHCCCS created a reporting mechanism for MCOs to share HCBS assessment progress at the end of September. The MCOs have entered all assessment progress since March 31, 2021. AHCCCS will be using the data to begin reporting quarterly progress to CMS. AHCCCS' first quarterly report was submitted to CMS on December 2, 2021.
- All service settings must come into compliance by March 2023.
- AHCCCS is currently working with CMS to finalize HCBS rules.

Revised Policy Language to Promote Improved Outcomes:
AMPM policies related to quality management were revised to clarify and enhance Quality Improvement-related requirements. During the latter half of 2021, in an effort to enhance and streamline overall AHCCCS policy, a dedicated dictionary was developed to create consistency in policy terms by removing terms and definitions from individual policies. In addition to this overarching change, other policies were updated to improve efficiency. For example, the policy outlining requirements for Performance Improvement Projects (PIPs) was modified to streamline the reporting process. Previously, multiple PIP guidance and reporting documents were utilized, which varied based on the AHCCCS MCOs conducting PIPs. With the policy revision, the variant reporting templates were combined into one PIP guidance document and checklist to be used by all MCOs.

Integrated System of Care Enhancements:
Historically, Integrated System of Care (ISOC) 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 ISOC model can incorporate adults with a greater focus on physical health. Existing MCO deliverables are also being reevaluated to identify potential duplication of effort across clinical measurement tools. Future plans include formalizing requirements into policy and contract for adults, to create written guidance and best practice models similar to 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 has been revised to accommodate this plan.

A key component of enhancing Integrated System of Care requirements has been continuation of the implementation of system requirements for the use 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. As of October 1, 2021, use of the CALOCUS became a required tool for use by all contracted providers serving children. A corresponding frequently asked questions (FAQs) document was added to the AHCCCS website under a dedicated Integrated System of Care web page. CALOCUS assessments are completed within an AHCCCS hosted portal and will be included in the HIE to assist in care coordination and consistency across all service providers. Providers are also working to integrate the CALOCUS tool directly into their electronic health records over the next year, to create a bidirectional data flow between providers and the HIE.

AHCCCS continues to evaluate opportunities for the implementation of LOCUS (Level of Care Utilization System), a companion assessment tool for adults 18 years of age and older. Many providers have already begun utilizing this as a measure of service acuity needs for outpatient behavioral health and crisis services, though implementation of formal contract requirements remain pending. Moreover, AHCCCS is working with the American Academy of Child and Adolescent Psychiatry (AACAP) to utilize the Early Childhood Service Intensity Instrument (ECSII) for use with children birth through five. The combination of these tools will allow AHCCCS to utilize standardized assessments based on nationally recognized clinical indicators of member level of care needs The focus of the LOCUS family of 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, and the use of the full LOCUS family of tools will allow for a comprehensive view of service acuity needs and outcomes across the lifespan, while allowing for standardized approaches to evaluate associated metrics.

Another ongoing component of enhancing the ISOC has been the development of a network analysis tool designed to assess several factors related to residential and home and community-based settings. This project was in development for most of FFY 20 and enhancements have continued through the first quarter of FFY 22. This project 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 and facilities within the state, development of a member tracking system was started with focus on the Children's and Adult's Systems of Care. This member tracking system allows for tracking and trending of the system of care issues and to assist health plans to rectify barriers that may exist for members to access health care 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. Historically, the ORs have been conducted with a combination of onsite and desk reviews. However, due to the PHE, these have been completed via desk reviews and virtual meetings with the MCOs.

During the fourth quarter of FFY 2021, AHCCCS conducted several ORs: one for DES/DDD and one for each of the three RBHAs. Also, during the fourth quarter and well into the first quarter of FFY 2022, AHCCCS revised and updated the OR tool that will be utilized for the ACC MCOs beginning during the second quarter of FFY 2022.

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 of Arizona, the Arizona President of the Senate, the Arizona Speaker of the House of Representatives, and other key legislative members.

During the first quarter of FFY 2022, the Clinical Oversight meeting was held November 5, 2021. Per the meeting agenda, the following topics were addressed:

- COVID-19 Pandemic, Quality Improvement, Substance Use Disorder (SUD), and Children's Mental Health initiatives.
- The review of:
    - COVID-19 vaccination rates for Arizona Medicaid members and reviewed results from a vaccine survey,
    - Behavioral health reimbursement data before and after the emergency declaration,
    - Performance Improvement Projects (PIPs) and back to school EPSDT efforts,
    - SUD initiatives related to the Opioid Services Locator and MAT data trends, and
    - The quarterly foster care data dashboard for children's mental health.

Performance Measure Dashboards:

AHCCCS has developed and is in the process of updating its Quality Dashboard, which includes a selected set of performance measures that are reported based on the lines of business. The dashboard compares the line of business and statewide 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. For FFY 22, 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 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 continued to be virtually administered by the Western Interstate Commission of Higher Education (WICHE). To better capture the ambiguity in scoring when utilizing the use of telephone or telehealth (video conferencing) for Assertive Community Treatment (ACT) and Supported Employment reviews, WICHE reviewers referenced the historic Dartmouth Assertive Community Treatment Scale (DACTS) that was adapted from the ACT Evidence-Based Practices (EBP) kit produced by the Substance Abuse and Mental Health Service Administration (SAMHSA). WICHE continued to offer feedback and recommendations to support and educate ACT team members of their responsibility for living environments of ACT members; especially as there were changes in staff due the vacancies related to the pandemic. Fidelity Review team. WICHE moved away from self-reporting items to more data driven evidence for scoring on the SAMHSA ACT Fidelity Scale following training from national EBP experts.

Quarterly EPSDT/Adult Monitoring Report:
Historically, AHCCCS 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. Calendar Year 2020 MCO and line of business performance measure rates are anticipated to be available in February/March 2022.

The contract year ending (CYE) 2022 contract amendments continue the use of national benchmark data (i.e., CMS Medicaid median and NCQA HEDIS® Medicaid mean) to evaluate MCO performance rather than the former method using an AHCCCS-established minimum performance standard. AHCCCS also intends to utilize historical performance data to evaluate MCO, line of business, and agency performance.

Performance Measure Monitoring Report:
AHCCCS requires all MCOs to submit quarterly Performance Measure Monitoring Reports. AHCCCS worked with its MCOs to update and streamline the reporting template so it can be utilized for quarterly performance measure monitoring, annual QM/PI Program Plan Work Plan,

and QM/PI Program Plan Work Plan Evaluation reporting. Updates to the calendar year (CY) 2022 reporting template are currently in progress and will soon be distributed to the MCOs. The first CY 2022 quarterly reporting submission will be due in April/May 2022.

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 span at least four years. While MCOs are required to select and implement internal PIPs to address self-identified opportunities for improvement, AHCCCS mandates other program-wide PIPs in which MCOs must participate, and monitors performance until each MCO meets requirements for demonstrable and sustained improvement.

- **Back to Basics:** The Back-to-Basics PIP has been selected for ACC/KidsCare, CHP, and DES/DDD MCOs. 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. To account for the impact of the COVID-19 public health emergency, this PIP includes two intervention years within its design, with CYE 2019 serving as the baseline year and CY 2021 serving as an intervention year.
- **Breast Cancer Screening:** The Breast Cancer Screening PIP has been selected for ALTCS-EPD MCOs. The purpose of this PIP is to increase the number and percent of breast cancer screenings. To account for the impact of the COVID-19 public health emergency, this PIP includes two intervention years within its design, with CYE 2019 serving as the baseline year and CY 2021 serving as an intervention year
- **Preventive Screening:** The Preventive Screening PIP has been selected for RBHA SMI MCOs. The purpose of this PIP is to increase the number and percent of breast cancer and cervical cancer screenings[7]. To account for the impact of the COVID-19 public health emergency, this PIP includes two intervention years within its design, with CYE 2019 serving as the baseline year and CY 2021 serving as an intervention year.

Maintaining an Information System that Supports Initial and Ongoing Operations

Some notable achievements of AHCCCS Office of Data Analytics (AODA) during the reporting quarter include:

- Development of EVV Key Performance Indicators (KPIs),
- Extensive, ongoing analysis of SMI utilization and telehealth utilization,
- Monitoring of monthly telehealth utilization,
- 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.

[7]Baseline PIP indicator data was included in the CMS FFY 2021 Annual Report for each of the three PIPs.

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	ACC	ALTCS EPD	CHP Sub-Contracted Health Plan	RBHA		DDD	
		(EPD/ MA-DSNP)		SMI-Integrated	Non-Integrated	Sub-contracted Health Plans	LTSS
CYE 2020	60%	60%	N/A	50%	25%	50%	20%
CYE 2021	65%	65%	N/A	55%	30%	55%	25%
CYE 2022	65%	65%	25%	55%	30%	55%	25%

AHCCCS has begun a VBP workgroup with its MCOs to discuss future strategies for improving the state's VBP initiatives. Broadly, the workgroups have focused on what challenges MCOs, providers, and other stakeholders face when participating in VBP, how to improve quality outcomes in VBP arrangements, and potential ways to incorporate health equity initiatives in AHCCCS' VBP strategy. AHCCCS intends for the workgroups to end mid-spring 2022 with implementation of new requirements beginning in CYE 2023 and future years.

ATTACHMENT 3

Quarterly Random Moment Time Study Report Quarter 1
(October 1, 2021 – December 31, 2021)

Arizona Health Care Cost Containment System (AHCCCS)
Quarterly Random Moment Time Study Report
October 1, 2021-December 31, 2021

The October through December 2021 (OD21) quarter for the Medicaid School Based Claiming (MSBC) program Random Moment Time Study (RMTS) was completed successfully with the administrative service, 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 service, direct service, and personal care time study staff pools at the beginning of the quarter.

Staff Pool	October 2021- December 2021
Administrative	2,678
Direct Service	3,396
Personal Care	5,254

Sampling Requirements

To achieve statistical validity, maintain program efficiencies, and reduce unnecessary district administrative burden, the Arizona Health Care Cost Containment System (AHCCCS) implements a consistent sampling methodology for all activity codes and groups to be used. AHCCCS has constructed the RMTS sampling methodology to achieve a level of precision of +/- 2 percent with a 95 percent confidence level for activities.

Statistical calculations show that a minimum sample of 2,401 completed moments each quarter, per cost pool, is adequate to obtain this precision when the total pool of moments is greater than 3,839,197. Additional moments are selected each quarter to account for invalid moments.

Moment Response

For each of the three cost pools, more moments are generated than are needed for statistical validity, as allowed by the Time Study Implementation Guide approved by CMS. This oversample allows for the occurrence of invalid moments, which are observations that cannot be used for analysis (i.e., moments selected for staff no longer at the school district, who changed jobs and are no longer in an allowable position and their old position has not been filled or were not working and were unpaid).

The tables below demonstrate that the administrative service, direct service, and personal care time study achieved statistical validity in the reporting quarter. The response rate reflects the

number of valid responses received divided by the total number of valid moments generated per cost pool per quarter.

Administrative Service

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
October 2021 – December 2021 Total Moments	2,900	2,557	2,523	98.67%

Direct Service

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
October 2021 – December 2021 Total Moments	3,300	2,676	2,630	98.28%

Personal Care

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
October 2021 – December 2021 Total Moments	3,300	2,625	2,493	94.97%

As these results illustrate, the administrative service, direct service, and personal care time study reached statistical validity for the quarter with more than 2,401 valid responses received.