

August 28, 2023

Brian Zolynas

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Dear Mr. Zolynas,

In accordance with Special Terms and Conditions paragraph 85, enclosed please find the Quarterly Progress Report for April 1, 2023, through June 30, 2023, 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 Shreya Arakere at [Shreya.Arakere@azahcccs.gov](mailto:Shreya.Arakere@azahcccs.gov) or Maxwell Seifer at [Maxwell.Seifer@azahcccs.gov](mailto:Maxwell.Seifer@azahcccs.gov).

Sincerely,

Alex Demyan,

Assistant Director, Division of Community Advocacy and Intergovernmental Relations

CC:

Katherine Friedman, CMS

Lorraine Nawara, CMS



# **AHCCCS Quarterly Report**

## **April 1, 2023 – June 30, 2023**

**August 2023**

# AHCCCS Quarterly Report

## April 1, 2023 – June 30, 2023

### TITLE

Arizona Health Care Cost Containment System – AHCCCS  
A Statewide Approach to Cost Effective Health Care Financing  
Section 1115 Quarterly Report  
Demonstration Year: 40  
Federal Fiscal Quarter: 3rd (April 1, 2023 – June 30, 2023)

### INTRODUCTION

As written in Special Terms and Conditions (STCs), paragraph 85, the Arizona Health Care Cost Containment System (AHCCCS) submits quarterly progress reports to the Centers for Medicare and Medicaid Services (CMS). Quarterly reports inform CMS of significant Demonstration activity from the time of approval through completion of the Demonstration.

### ENROLLMENT INFORMATION

Table 1 contains a summary of the number of unduplicated enrollees for April 1, 2023, through June 30, 2023, by population categories. The table also includes the number of voluntarily and involuntarily disenrolled members during this period.

**Table 1**

Population Groups <sup>1</sup>	Number Enrollees	Number Voluntarily Disenrolled-Current Qtr	Number Involuntarily Disenrolled-Current Qtr
Acute AFDC/SOBRA	1,348,822	4,256	123,306
Acute SSI	226,357	266	9,087
Prop 204 Restoration	582,107	1,902	43,252
Adult Expansion	190,057	588	45,918
LTC DD	38,846	100	193
LTC EPD	29,173	53	1,649
Non-Waiver	160,218	389	17,982
<b>Total</b>	<b>2,575,580</b>	<b>7,554</b>	<b>241,387</b>

Table 2 is a snapshot of the number of current enrollees (as of July 1, 2023) by funding categories, as requested by CMS.

<sup>1</sup> 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**

State Reported Enrollment in the Demonstration (as requested)	Current Enrollees
Title XIX funded State Plan <sup>2</sup>	1,474,196
Title XXI funded State Plan <sup>3</sup>	62,160
Title XIX funded Expansion <sup>4</sup>	630,939
• Prop 204 Restoration (0-100% FPL)	538,721
• Adult Expansion (100% - 133% FPL)	92,218
Enrollment Current as of	7/1/2023

## OPERATIONAL/POLICY DEVELOPMENTS/ISSUES

### *Waiver Update*

On October 14, 2022, AHCCCS received approval for its five-year renewal of Arizona’s Demonstration project under Section 1115 of the Social Security Act. This renewal is effective through September 30, 2027. 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 in the absence of the Demonstration.

The current 1115 Waiver approval continues the long-standing authorities and programs that have made Arizona’s Medicaid program innovative, effective, and efficient, including integrated managed care for AHCCCS populations through AHCCCS Complete Care (ACC); the Arizona Long Term Care System (ALTCs); the Comprehensive Health Plan (CHP) for children in foster care; and AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs) which provide integrated care for individuals with a Serious Mental Illness (SMI) designation; Payments to providers participating in the Targeted Investments (TI) Program, and Waiver of Prior Quarter Coverage for specific populations.

In addition to renewing these historic programs, this 1115 Waiver includes approval for transformative projects intended to advance member health outcomes including:

- 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 with a target implementation date of October 1, 2024,
- Authority to direct managed care organizations to make specific incentive payments to providers that meet the criteria for receiving these payments with the goal of improving health

<sup>2</sup> SSI Cash and Related, 1931 Families and Children, 1931 Related, TMA, SOBRA child and pregnant, ALTCs, FTW, QMB, BCCP, SLMB, QI-1

<sup>3</sup> KidsCare

<sup>4</sup> Prop 204 Restoration & Adult Expansion

equity for target populations by addressing health-related social needs (HRSN) through the Targeted Investments 2.0 (TI) Program, and

- Authority to reimburse Indian Health Service (IHS) and Tribal 638 facilities to cover the cost of adult dental services that are eligible for 100 percent FFP, that are in excess of the \$1,000 emergency dental limit for adult members in Arizona's State Plan, and that are in excess of the \$1,000 dental limit for individuals aged 21 or older enrolled in AHCCCS.

In its approval notice, CMS recognized the State's interest in reimbursing for traditional healing services offered by tribal nations and will continue to work with Arizona on this request.

On March 30, 2023, the State submitted an 1115 Waiver Amendment Proposal in alignment with House Bill 2622 passed by Arizona's 55th Legislature. Subject to approval from CMS, AHCCCS will annually renew the eligibility of an individual who was in the custody of the Arizona Department of Child Safety (DCS) when the individual reached 18 years of age without requiring additional information from the individual until the individual reaches 26 years of age unless the individual notifies AHCCCS that the individual moved out of Arizona or has provided information indicating that the individual may qualify for a different eligibility category. If approved, the amendment will run concurrently with AHCCCS' requested renewal period through September 30, 2027. The negotiations with CMS on this proposal are yet to begin and the State is awaiting the approval of this authority.

More details on Arizona's section 1115 Waiver renewal approval (2022-2027), along with the proposal, approval letter, Special Terms and Conditions, and supplemental documentation can be found on the [AHCCCS Section 1115 Demonstration Waiver \(2022-2027\) 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.

Throughout the pandemic, CMS approved components of Arizona's requests under the 1135 Waiver, Appendix K, and State Plan, all of which were set to end along a time frame attached with the expiration of the Public Health Emergency declaration. AHCCCS's extension of the previously approved Emergency Preparedness and Response Attachment K authority is set to expire November 11, 2023, which includes the flexibility to allow for parents of minor children and spouses to receive payment for direct care services. AHCCCS is seeking to make the Parents as Paid Caregivers program a more permanent flexibility of the state's 1115 Demonstration Waiver and has just concluded the public comment period. AHCCCS is in the process of reviewing all comments received and making adjustments to the original proposal with the intention of submitting the amendment to CMS in September.

On June 6, 2023, CMS approved Arizona's application request for continuous coverage for individuals

determined ineligible for the Children's Health Insurance Program (CHIP) due to change of circumstances. This amendment will allow Arizona to align its policies for young adults in Medicaid and CHIP, and thereby prevent gaps in coverage during the PHE unwinding and redetermination period.

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](#).

### ***New Waiver Program Implementation Updates***

#### **Housing and Health Opportunities (H2O)**

In accordance with STCs, AHCCCS submitted the following H2O related deliverables to CMS in the third 2023 federal fiscal quarter:

- Submitted responses to CMS questions on the Maintenance of Effort (MOE) which detailed how the State will determine baseline spending for the Housing and Health Opportunities (H2O) Program,
- Submitted responses to CMS questions on the Designated State Health Programs (DSHP) list,
- Replied to two rounds of CMS questions regarding the Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O services,
- Held workgroup meetings with internal AHCCCS subject matter experts to continue to develop items related to the 1115 waiver such as HCBS data collection and DSHP protocol,
- Collaborated internally about key H2O Program decisions such as items related to the third party administrator and eligible chronic conditions, and
- Drafted updates to the Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O services based on CMS's questions in preparation for submission in Q4.

AHCCCS has now held three rounds of stakeholder feedback sessions including 11 total presentations and a Tribal Consultation where input was received on various components of the program including but not limited to services, eligibility for target populations and prioritizations, provider qualifications, infrastructure, and more.

Due to the unprecedented nature of the Housing and Health Opportunities Program, CMS and AHCCCS have agreed to postpone the planned start date of the program to October 1, 2024, which will allow CMS adequate review time for previous and future deliverables along with an extended implementation period to ensure the success of the program. CMS has approved extensions for several items including the DSHP Claiming Protocol, New Initiatives Implementation Plan, and 1115 Waiver Evaluation.

#### **Targeted Investments (TI) 2.0**

For the last five years, the Targeted Investments (TI) Program has helped providers integrate physical and behavioral health care at the point of service, increasing members' access to a full array of services and demonstrating significant improvements in health outcomes. TI 2.0 will extend the

program to additional providers and continue provider incentive funding to further integration efforts, including a range of initiatives aimed at addressing social drivers of health. Between January 2023 and June 2023, the TI 2.0 program has:

- Previewed Year 6 end performance measure target attainment results,
- Published TI 2.0 eligibility requirements and required documentation,
- Designed and launched a pre-application document review process,
- Drafted tentative Quality Improvement Collaborative (QIC) structure and scheduled in-person kickoff meeting,
- Drafted needs assessments and led focus groups to review annual requirements for all areas of concentration,
- Continued revisions to draft documentation requirements that participants will need to submit to AHCCCS to meet annual requirements,
- Collaborated with Contexture (Arizona Health Information Exchange) and Arizona State University (ASU), Arizona Department of Health Services (ADHS), Arizona Department of Housing (ADOH), and other data sources to explore future demographic data enrichment strategies and electronic clinical quality measurement (eCQM) opportunities,
- Began programming the TI 2.0 application portal,
- Collaborated with National Committee for Quality Assurance (NCQA), contracted managed care organizations, their sub-contracted accountable care organizations, provider organizations, and other key stakeholders to operationalize simultaneous Health Equity accreditation for each layer of Arizona's healthcare system,
- Collaborated with Contexture, State agencies, and counties to explore ways to complement programs with mutual initiatives, such as: the closed-loop referral system (CommunityCares), housing support, Community Health Worker/ Representative reimbursement, and Tobacco Cessation, and
- Facilitated open-registration TI 2.0 Information Sessions as well as individualized presentations to various networks, provider organizations, and justice partners to broadcast awareness of the TI 2.0 program and provide technical support with the application.

### **IHS/638 Tribal Dental Services**

Effective October 14, 2022, the \$1,000 emergency dental services limit for American Indian or Alaska Native (AI/AN) members over 21 years of age, and the \$1000 limit for AI/AN ALTCS members receiving services for medically necessary diagnostic, therapeutic, and preventative dental services at IHS/638 facilities are eliminated. This flexibility applies to medically necessary diagnostic, therapeutic, and preventative dental services for beneficiaries who are AI/AN as long as the services are received at participating IHS facilities and/or Tribal 638 facilities.

The \$1,000 limit on emergency services and the \$1,000 dental limit for ALTCS beneficiaries age 21 or older still applies when performed outside of the IHS/638 Tribal facilities.

### **Waiver Evaluation**

In accordance with the Special Terms and Conditions of the 2016-2022 and 2022-2027 1115 Waiver Demonstrations, AHCCCS must submit a Waiver Evaluation Design, Interim, and Summative

Evaluation Reports. AHCCCS has contracted with Health Services Advisory Group (HSAG) to serve as the independent evaluator for both of Arizona's 1115 Waiver Demonstration periods. In State Fiscal Year (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 Health Plan (CHP),
- AHCCCS Complete Care-Regional Behavioral Health Agreements (ACC-RBHAs), formerly known as Regional Behavioral Health Authorities (RBHAs),
- Targeted Investments (TI) Program,
- Retroactive Coverage Waiver, and
- AHCCCS Works program.

AHCCCS has also continued work with HSAG on the Demonstration's 2016-2022 Summative Evaluation Report, in alignment with the approved Evaluation Design. The Summative Evaluation Report will include a longer implementation period with more robust analysis and promises to provide additional evidence to support a fuller understanding of the effects of each of the programs included in the Demonstration. This report is due for submission to CMS by April 14, 2024.

Development of the new 2022-2027 Waiver Evaluation Design Plan has begun for all historical programs within Arizona's 1115 Demonstration Waiver along with new programs including Targeted Investments 2.0, and the Tribal Dental Benefit. Arizona and HSAG plan to build off of the foundation established during the previous waiver period to create a more robust Evaluation Design Plan with new metrics, data, and hypotheses, wherever possible.

Per discussions with CMS, AHCCCS will submit two separate Evaluation Design Plans. One Evaluation Design Plan will address the evaluation for all of the 1115 Waiver programs except the H2O program. The second Evaluation Design Plan will exclusively address evaluation of the H2O program and it will be submitted at a later date than the general 1115 Waiver Evaluation Design Plan. The 1115 Evaluation Plan is due to CMS on September 30, 2023. A due date of the H2O Evaluation Design Plan will be set after additional CMS technical guidance has been provided and after approval of other dependent items such as the Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications for H2O services and additional guidance from CMS.

### ***Legislative Update***

The 56th Arizona Legislature, First Regular Session, began on January 9, 2023, and is ongoing at this time.

The Arizona Legislature adjourned Sine Die on July 31, 2023. The legislature passed a number of bills in the 2023 legislative session that will impact the agency, including:

- **HB 2624** ("AHCCCS; redeterminations") requires AHCCCS to submit a monthly report on redeterminations during the Medicaid Unwinding period, and contains certain requirements related to redeterminations in alignment with AHCCCS' Unwinding plan submitted to CMS.
- **HB 2432** ("supplemental appropriation; AHCCCS; adjustments") provides expenditure authority to AHCCCS for adjustments in formula requirements.



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- **HB 2826** (“health boards; AHCCCS; continuation”) In Arizona, State agencies and boards are subject to statutory sunset provisions. HB 2826 continues the agency through June 30, 2029.
- **SB 1720/SB 1726** (budget bills) contain appropriations for State agencies and programs. Specific to the AHCCCS Administration, the budget included the following items:
  - Continued funding for AHCCCS’ Medicaid Enterprise System (MES) Modernization, to come into compliance with federal interoperability regulations,
  - Provides State-only funding for qualifying Community Health Clinics in low-volume obstetric delivery areas and rural communities for “unreimbursed costs” to pay for on-call OBGYN services, and
  - Increases eligibility for Kidscare (CHIP) from 200% FPL to 225% FPL, contingent upon approval by CMS.

The General Effective Date (GED) is October 30, 2023. The next legislative session will begin in mid-January of 2024.

### *State Plan Update*

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

**Table 3**

SPA #	Description	Filed	Approved	Eff. Date
<b>23-0010 Alcohol and/or Drug Services, Intensive Outpatient</b>	Updates the reimbursement methodology for alcohol and/or drug services, intensive outpatient.	6/28/23	NA	5/1/23
<b>23-0009 State Agency Roles</b>	Identifies the role of State agencies in determining eligibility and conducting hearings.	4/18/23	NA	4/1/23
<b>23-0008 COVID Payment</b>	Provides for a COVID-19 related lump-sum payment for select providers.	4/6/23	5/5/23	1/1/23
<b>23-0007 FFCC Eligibility Group</b>	Attests to the state's compliance with the SUPPORT Act requirements for coverage of former foster care children/youth.	3/27/23	6/15/23	1/1/23
<b>23-0004 DSH Medicaid Shortfall Calculation</b>	Updates the DSH Medicaid shortfall calculation.	3/16/23	4/13/23	2/2/23
<b>23-0002 January Nursing Facility Rate Update</b>	Updates nursing facility rates.	3/16/23	5/1/23	1/1/23
<b>23-0001 APR-DRG January Update</b>	Updates APR-DRG rates.	3/16/23	4/24/23	1/1/23
<b>22-0014 DSH Budget (2023)</b>	Updates the State Plan Year (SPY) 2023 DSH Budget.	9/27/22	6/2/23	10/1/22

## CONSUMER ISSUES

Table 4 summarizes advocacy issues received by the Office of Client Advocacy (OCA) for the quarter October 1, 2022 – December 31, 2022. The originators of the issues are identified in Table 5.

**Table 4**

Advocacy Issues <sup>5</sup>	April	May	June	Total
Billing Issues <ul style="list-style-type: none"> <li>Member reimbursements</li> <li>Unpaid bills</li> </ul>	1	0	1	2
Cost Sharing <ul style="list-style-type: none"> <li>Co-pays</li> <li>Share of cost (ALTCS)</li> <li>Premiums (KidsCare, Medicare)</li> </ul>	3	0	1	4
Covered Services	0	1	4	5
ALTCS <ul style="list-style-type: none"> <li>Resources</li> <li>Income</li> <li>Medical</li> </ul>	3	1	2	6
DES <ul style="list-style-type: none"> <li>Income</li> <li>Incorrect determination</li> <li>Improper referrals</li> </ul>	8	9	19	36
KidsCare <ul style="list-style-type: none"> <li>Income</li> <li>Incorrect determination</li> </ul>	0	0	0	0
SSI/Medical Assistance Only <ul style="list-style-type: none"> <li>Income</li> <li>Not categorically linked</li> </ul>	3	9	13	25
Information <ul style="list-style-type: none"> <li>Status of application</li> <li>Eligibility criteria</li> <li>Community resources</li> <li>Notification (did not receive or didn't understand)</li> </ul>	40	43	52	135
Medicare <ul style="list-style-type: none"> <li>Medicare coverage</li> <li>Medicare Savings Program</li> <li>Medicare Part D</li> </ul>	7	3	2	12
Prescriptions <ul style="list-style-type: none"> <li>Prescription coverage</li> <li>Prescription denial</li> </ul>	0	0	1	1

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Advocacy Issues <sup>5</sup>	April	May	June	Total
Fraud-Referred to Office of Inspector General (OIG)	2	4	1	7
Quality of Care-Referred to Division of Health Care Management (DHCM)	5	7	10	22
<b>Total</b>	<b>72</b>	<b>77</b>	<b>106</b>	<b>255</b>

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

**Table 5**

Issue Originator <sup>6</sup>	April	May	June	Total
Applicant, Member, or Representative	5	5	11	21
CMS	1	3	1	5
Governor's Office	6	5	13	24
Ombudsmen/Advocates/Other Agencies	57	62	81	200
Senate & House	3	2	0	5
<b>Total</b>	<b>72</b>	<b>77</b>	<b>106</b>	<b>255</b>

<sup>6</sup> 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 living 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 AND MONITORING ACTIVITY

Attachment 2 describes AHCCCS' quality assurance and monitoring activities that occurred during the quarter, as required in the Special Terms and Conditions of the State's Section 1115 Waiver. This report highlights activities related to delivery system initiatives, innovations, improvements, and Managed Care Organization (MCO) monitoring and compliance.

### ENCLOSURES/ATTACHMENTS

Attachment 1: SMI Opt-Out for Cause Report

Attachment 2: Quality Assurance and Monitoring Activities

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

## **STATE CONTACT(S)**

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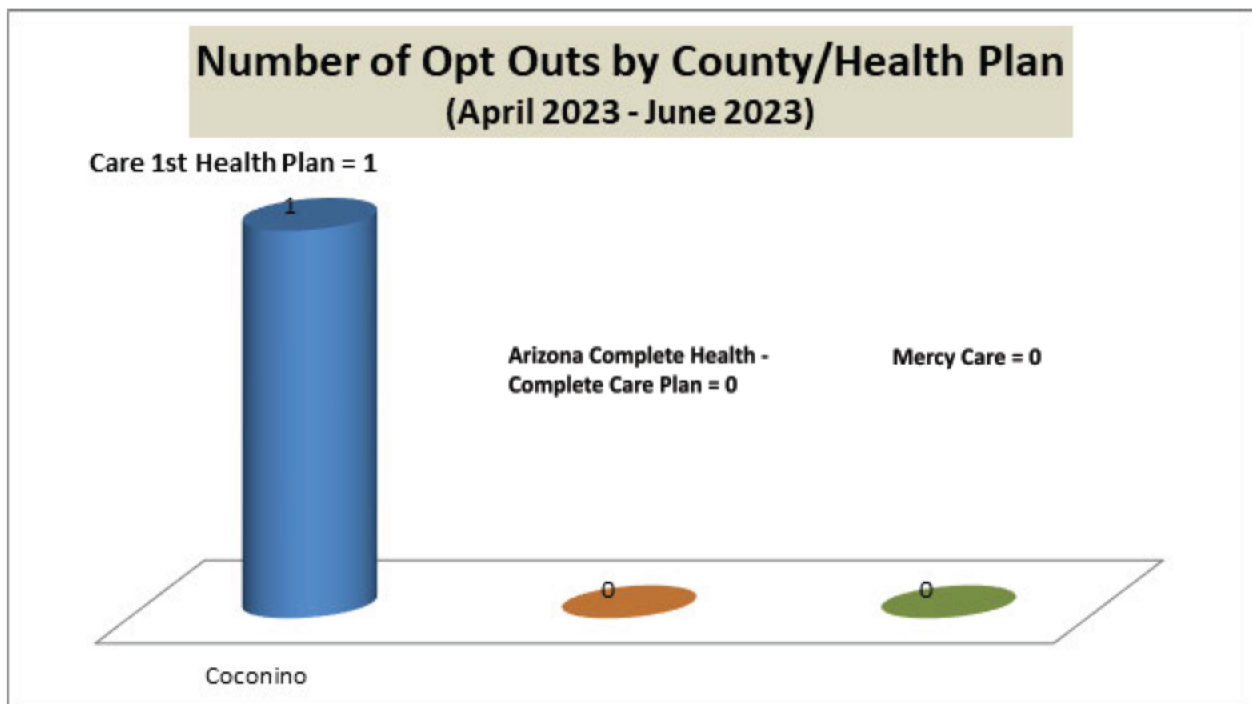
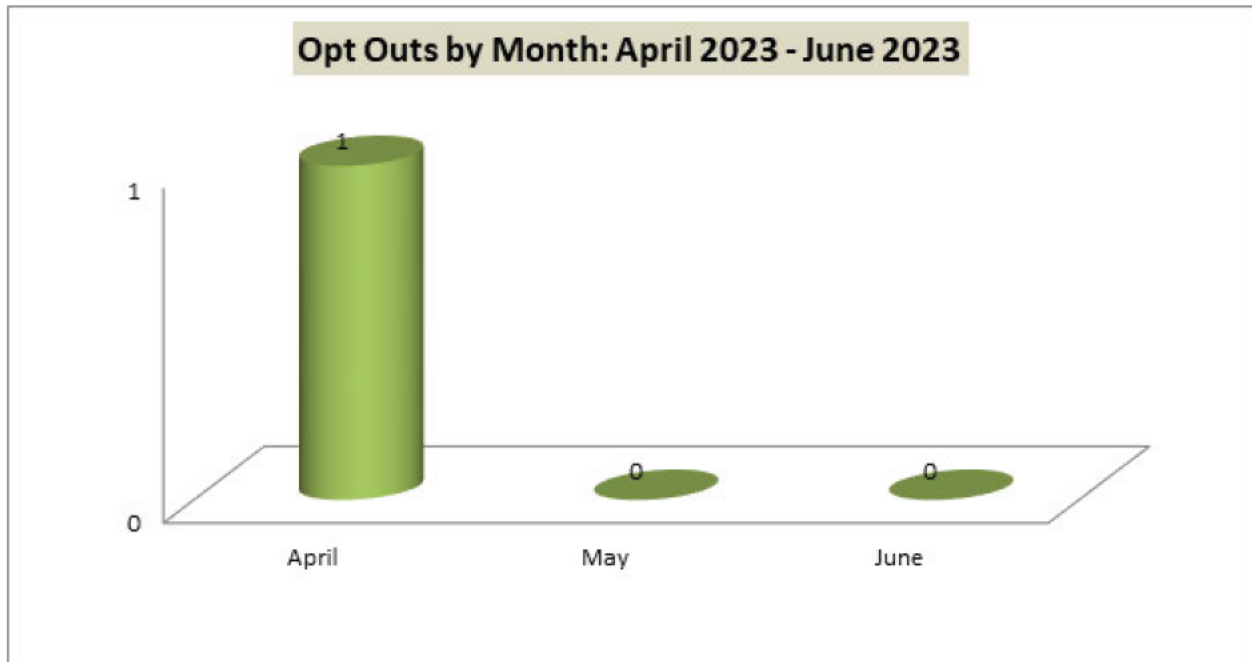
Shreya Arakere  
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[Shreya.Arakere@azahcccs.gov](mailto:Shreya.Arakere@azahcccs.gov)

## **DATE SUBMITTED TO CMS**

August 28, 2023

**ATTACHMENT 1**  
**SMI Opt Out for Cause Quarter 3**  
**(April 1, 2023 – June 30, 2023)**

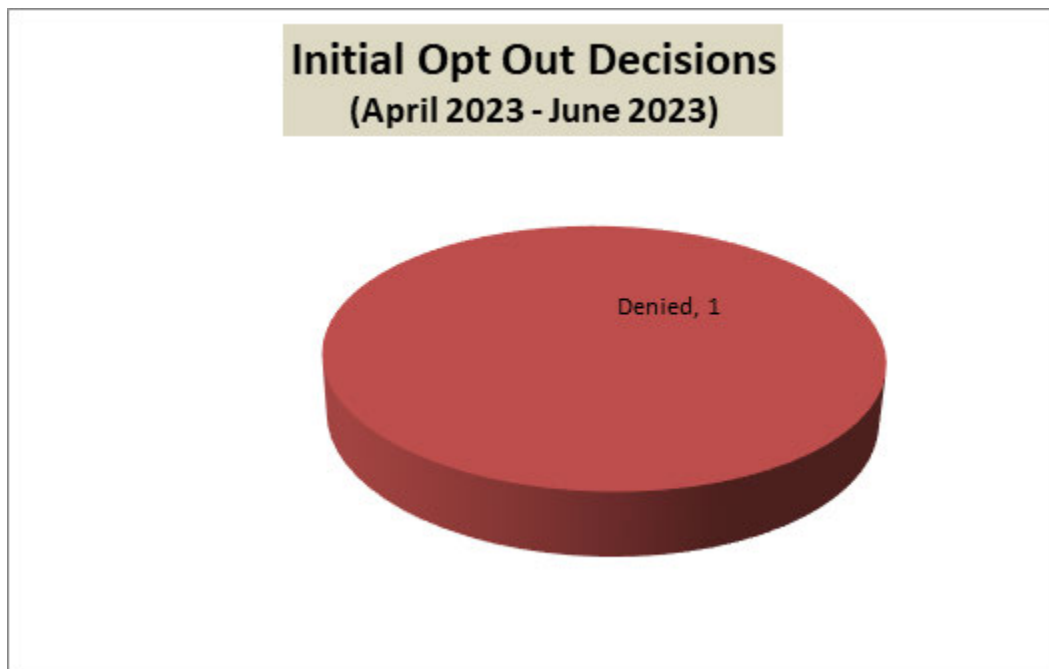
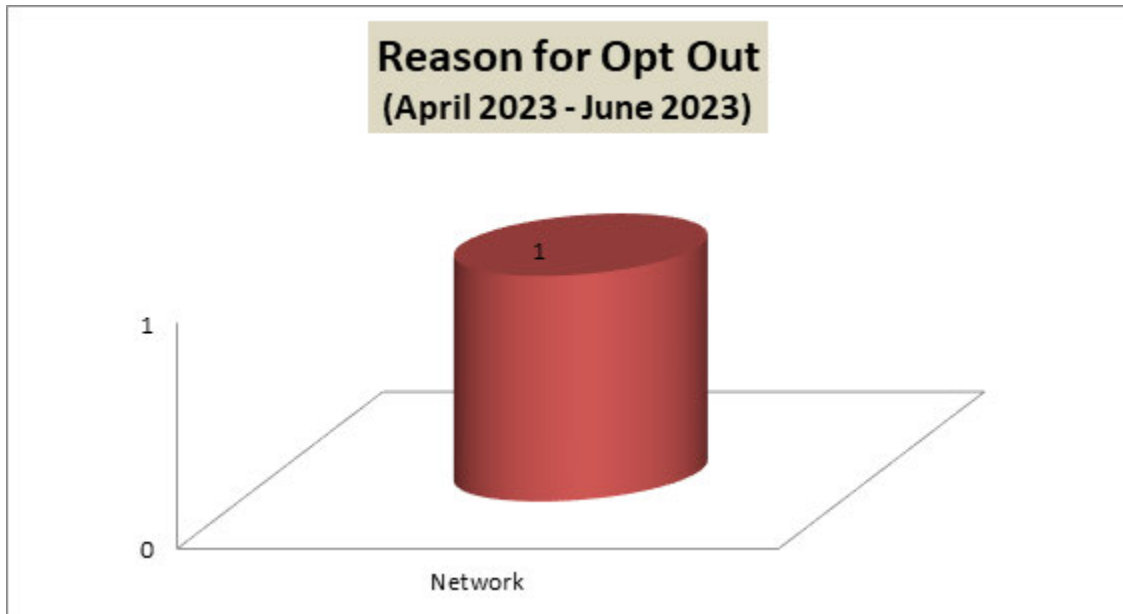
**Opt Out Requests for Quarter 3, 2023 (April 1, 2023 – June 30, 2023)**



*\*Effective 10/1/22, new ACC-RBHA contracts were awarded to Mercy Care in the Central GSA, Arizona Complete Health-Complete Care Plan in the South GSA, and Care1st Health Plan in the North GSA. Under the new contracts, the*

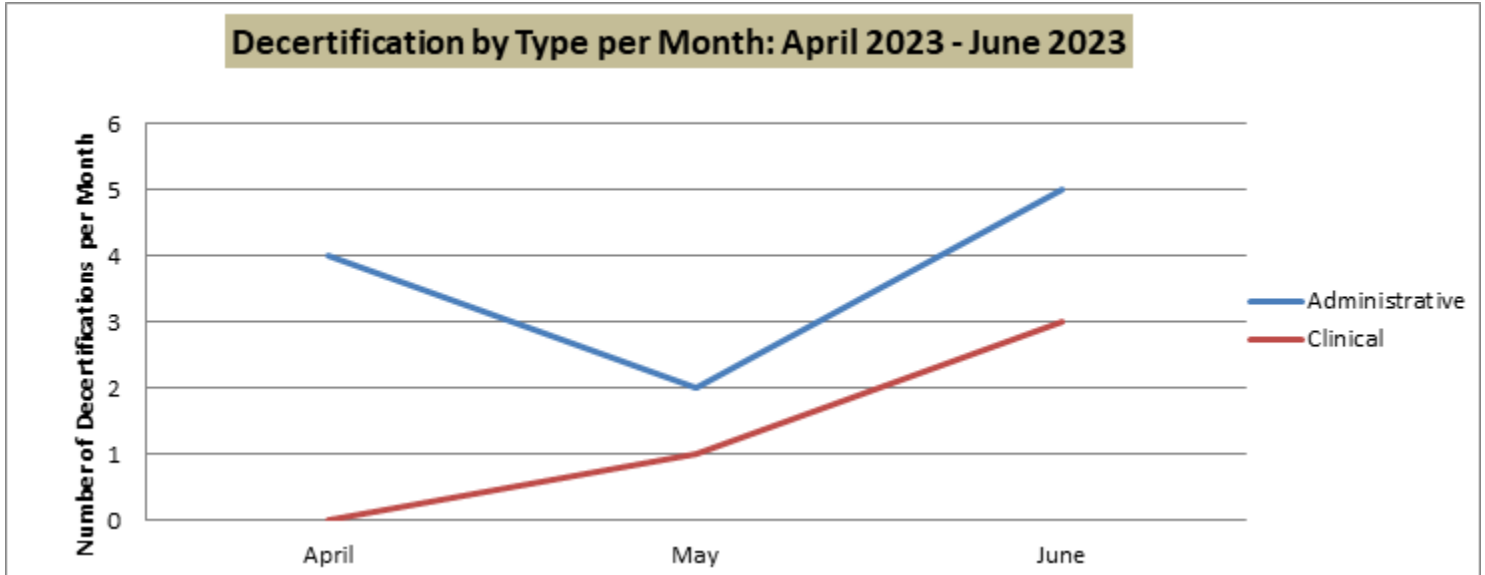
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*central GSA was expanded with the movement of Gila (formerly North) and Pinal (formerly South) Counties. The Opt Out numbers for Gila and Pinal are now reflected under Mercy Care's GSA.*



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Appeal Outcomes (April 2023 - June 2023)			
Approved	Withdrawn	Denied	Pending
0	0	0	0





**ATTACHMENT 2**  
**Quality Assurance and Monitoring Activity Quarter**  
**Three**  
**(April 1, 2023 – June 30, 2023)**

## **INTRODUCTION**

This report describes AHCCCS' quality assurance and monitoring activities that occurred during the quarter, as required in Special Terms and Conditions of the State's Section 1115 Waiver. This report highlights activities related to delivery system initiatives, innovations, and improvements as well as Managed Care Organization (MCO) monitoring and compliance. The main report headers are indicated in blue with related sub-headers in maroon. The sections under the maroon sub-headers contain quarterly-specific updates. AHCCCS' Division of Health Care Services (DHCS) [formerly Division of Health Care Management], Division of Grants Innovation (DGI) [formerly Division of Grants Administration] including Operations, Compliance, Quality Management (QM), Quality Improvement (QI), Medical Management (MM), Maternal, Child Health/Early and Periodic Screening, Diagnostic and Treatment (MCH/EPSDT), and Integrated System of Care (ISOC) oversee the reported activities.

## **MANAGED CARE PROGRAMS**

AHCCCS maintains its overall objectives for its Managed Care Demonstration programs, AHCCCS Complete Care (ACC), ACC plans with Regional Behavioral Health Agreements (ACC-RBHAs), Arizona Long Term Care System (ALTCs) for the Elderly and/or Physically Disabled (EPD) and Developmentally Disabled (DD), and the Comprehensive Health Plan (CHP) for children in the foster care system. These objectives include maintaining and improving care coordination among primary care and behavioral health providers; maintaining and enhancing access to care and quality of care; improving health outcomes and member satisfaction as well as quality of life for members; and continuing to operate as a cost-effective managed care delivery model. AHCCCS has engaged in a multi-year effort to reduce delivery system fragmentation at all levels through the transformational initiative of integrating physical and behavioral health services under the same MCO to enhance care management and quality of care across the entire continuum of care. AHCCCS' objectives are further supported by evidence of integration's benefits (including whole-person care, increased care coordination, simplifying a complex health care system for members and providers, and resulting in improved health outcomes). 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.

## **DELIVERY SYSTEM INITIATIVES, INNOVATIONS, AND IMPROVEMENTS**

AHCCCS is committed to the development of a thoughtful, data-informed delivery system that incorporates CMS priorities and AHCCCS' business needs and promotes optimal health outcomes for all members. Throughout AHCCCS, various teams undertake extensive efforts to promote delivery system innovation and improvement for internal and external processes.

## ***Initiatives***

### **American Rescue Plan (ARP) Act**

In January 2022, CMS granted approval of Arizona's ARP Act of 2021 (Pub. L. 117-2) Home and Community Based Services (HCBS) Spending Plan. This allowed the Agency to begin implementing activities outlined in the Spending Plan and to qualify for a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain HCBS Medicaid expenditures, provided such funds are expended during the approved timeframe. While CMS has approved an expenditure authority through March 2025 (SMD #22-002), AHCCCS has opted to adhere to a shorter extension through September 30, 2024, or until funds are expended, whichever comes first.

Arizona has identified two critical priorities in its Spending Plan: (1) Strengthening and Enhancing Arizona's HCBS System of Care; and (2) Advancing Technology to Support Greater Independence and Community Connection. Each activity identified in the State's Spending Plan supports these priorities, resulting in member-centric strategies that will serve as a roadmap for the State's use of these dollars. Further, the State's Spending Plan activities are designed to support transformational change of the delivery system, leading to enhancements in care delivery to individuals who are accessing general mental health and substance use disorder (SUD) services. Arizona has identified four key populations at the center of the efforts outlined in this spending plan, specifically seniors, individuals with disabilities, individuals with an SMI designation, and children with behavioral health needs.

AHCCCS has worked to implement and operationalize activities since the approval of the ARP HCBS Spending Plan. These include the following activities that have been completed as of June 30, 2023:

1. AHCCCS obtained expenditure authority from the State Legislature; upon approval, the Agency immediately released one-time directed payments to providers for the purposes of strengthening their workforce and enhancing HCBS. Based on stakeholder feedback, these funds provided immediate support for HCBS direct care workers to ensure effective and efficient service delivery. AHCCCS has dispersed 2022 directed payments and have allowed providers until February 28, 2023 to expend funds. AHCCCS released and collected attestations to providers for CYE 2023 payments in March. AHCCCS began release of directed payments for year two in May of 2023, with the anticipation of releasing all year two payments by September 2023.
2. AHCCCS is working with the community colleges to develop partnerships to assist with the implementation of workforce development activities, including tuition assistance and curriculum development for Direct Care Workers (DCWs) and Behavioral Health Technicians/Behavioral Health Professionals (BHT/BHP) providers. AHCCCS has contracted with Maricopa County Community College District (MCCCD), who will partner with other community college districts in the State, to assist with disbursement of scholarship and tuition assistance funds. AHCCCS has also partnered with MCCCD and Navajo County Community College District (NCCCD) to bolster participation in behavioral health training programs.
3. AHCCCS has partnered with the Arizona Department of Economic Security (DES) for several ARP HCBS Spending Plan initiatives. These activities include enhancements to the Disability

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Benefits website, creation of a central employment repository, and support for the abuse and neglect awareness campaign. AHCCCS will continue to work with DES to ensure that activities are implemented in line with the goals and objectives of the ARP Spending Plan.

4. AHCCCS has partnered with the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) for several key initiatives outlined in the Spending Plan. This includes development of training modules, such as positive behavior supports, for DDD providers. AHCCCS will continue to provide oversight support to DES/DDD as they work to implement these initiatives.
5. AHCCCS has formally partnered with Pipeline AZ to develop a Caregiver Career Development Pathway (Pathway) program. Pathway is designed to encourage individuals to begin a career as a DCW and guide them down their ideal career path through site tours, training, financial resources, etc. AHCCCS is continuing to work with Pipeline AZ to ensure that the Pathway program becomes a pivotal resource in expanding the HCBS workforce. AHCCCS has also set aside funds to provide incentives to providers to participate in Pipeline AZ.
6. AHCCCS has partnered or is in the process of partnering with several vendors to provide training and curriculum development support. These partners include Arizona State University, National Wraparound Implementation Center, and the University of New Hampshire's National Center of START Services. AHCCCS anticipates these activities to be completed by September 2024 and will continue to provide oversight support to these partners.
7. AHCCCS partnered with NTT to do a review of the State's Client Assessment and Tracking System and Quality Improvement System. NTT conducted a review and has offered recommendations for next steps. AHCCCS has begun to consider integration of their recommendations in their system. As a result, at this time, work on these initiatives is complete.
8. AHCCCS has partnered with Public Consulting Group (PCG) to administer their ARP Program Awards. These awards allow providers to make key program and infrastructure investments. AHCCCS has worked with PCG to develop an application process and will open applications to providers on April 17, 2023. AHCCCS anticipates the first round of ARP Program Awards to be made by August 2023.
9. AHCCCS partnered with ADvancing States to assist with timely implementation of Spending Plan initiatives. ADvancing States provided technical assistance and subject matter expertise to support diligent and thoughtful implementation of AHCCCS' Spending Plan in a manner that aligns with existing program goals and that supports long-term innovative growth for the State's HCBS populations. AHCCCS received final recommendations from ADvancing States in June 2023 and is in the process of determining next steps.
10. AHCCCS is working to partner with Accenture to make enhancements to their HEAplus system. This includes upgrades that support members to upload documentation and access correspondence stored in the system as well as translation of member worker screens to Spanish. AHCCCS anticipates completion of these enhancements by September 2024.

### **Behavioral Health Clinical Chart Audits**

During quarter three, AHCCCS developed the AHCCCS Behavioral Health Audit Portal (i.e., Portal), which allows MCOs to input data as behavioral health clinical chart audits are being conducted; this offered an opportunity for real-time audit data input not previously available to the MCOs. The Portal has been in full operation since May 18, 2023, and MCOs have reported the process to be very user-friendly. The Portal also allows MCOs to run data based on predefined reports (e.g., MCO, region, gender, age, line of business) and the reports can be exported to Excel to facilitate more in-depth analysis. Additionally, AHCCCS has the capability to run its own AHCCCS-level reports as needed for any of its MCOs, based on the same predefined reports. Companion documents were developed to provide instructions to the MCOs on (1) Portal Registration, (2) Technical Assistance for Portal usage and report generation, and (3) Instructions for Behavioral Health Clinical Chart Audit Instruction Guide. The AHCCCS Behavioral Health Clinical Chart Audit Instruction Guide and BH Audit Tool template are available on the AHCCCS website.

A separate portal issue tracking tool was also developed by AHCCCS for MCOs to utilize to provide feedback regarding effectiveness of Portal operation. The feedback from this tracking tool is incorporated, as appropriate, to support full utility of the Portal. Portal enhancements suggested thus far have included availability of draft and permanent audit record capability to allow for a mechanism to make corrections as needed without deleting any audit data. This change will be implemented by the AHCCCS ISD team during the upcoming quarter.

AHCCCS continues to meet bi-monthly with MCOs to discuss and incorporate, as appropriate, MCO feedback regarding Behavioral Health Clinical Chart Audit scoring and use of the Portal.

### **Children and Family Team (CFT) Facilitators Training**

During quarter three, AHCCCS continued to monitor and coordinate provider training for the CALOCUS and ECSII assessment tools.

AHCCCS has continued to work with its training vendor, Deerfield, to:

1. Ensure providers complete CALOCUS training,
2. Enhance existing tracking documents to facilitate improved analysis of completed CALOCUS trainings,
3. Closely scrutinize training completion criteria, and
4. Ensure that providers attend the entire training before receiving a training certificate.

Additionally, AHCCCS updated the CALOCUS FAQs on the AHCCCS website to clarify that CALOCUS training and assessments are also required to be completed for child-serving providers and presented at the MCO provider forum to further communicate this requirement. AHCCCS continues to work with Deerfield to identify opportunities to improve the fidelity of CALOCUS training.

AHCCCS is working on fidelity monitoring efforts for ECSII via a pilot study with the American Academy of Child Adolescent Psychiatry (AACAP) and the AHCCCS and MCO Workforce Development

Administrators to set up a model for monitoring fidelity to the ECSII. The model will involve use of MCO-level Super-Users who have completed ECSII training and participated with AACAP and AHCCCS to develop initial fidelity criteria and expectations for monitoring. These Super-Users will also be responsible for overseeing ongoing fidelity monitoring once initial criteria and expectations are finalized. Upon finalization the Super-Users will identify and engage Fidelity Champions at the provider-level to implement ECSII fidelity monitoring. Fidelity Champions at the provider-level will be ECSII subject matter experts and licensed behavioral health professionals who will have more direct oversight of the fidelity process. Fidelity Champions will collaborate with the Super-Users to communicate ongoing fidelity adherence, as well as opportunities for enhancement to the fidelity process. Discussions thus far have concluded that ECSII fidelity monitoring will measure consistency within and across providers in determining the level of care scoring. Other considerations may include fidelity to the care plan development, according to unique member and family needs and service availability within the surrounding community. Because the ECSII is not a required tool at this time, AHCCCS initiated a social media campaign in quarter three to encourage providers, MCOs, and community-based organizations to avail themselves of the ECSII training, which is available at no cost to the end user. As part of the ECSII campaign, the benefits of taking the training to enhance knowledge of infants and toddlers were emphasized. Since the ECSII social media campaign began, there has been a 49% increase in completed trainings.

### **Clinical and Operational Significant Policy Changes**

In quarter three, the following significant Policy revisions were completed:

1. AMPM Policy 310-D1, Dental Services for Members 21 Years of Age and Older and AMPM Policy 310-D2, Arizona Long Term Care system Adult Dental Services were revised to align with Arizona Revised Statute (A.R.S.) § 36-2907 which was amended to stipulate Indian Health service and Tribal facilities are not subject to the \$1000 adult emergency dental limit.
2. AMPM Policy 680-C, Pre-Admission Screening and Resident Review (PASRR), was revised to align with A.R.S. § 36-551 which was amended to add the diagnosis of Down Syndrome to the list of recognized developmental disabilities.
3. AMPM Policy 610, AHCCCS Provider Qualifications was revised to change the Non-Emergency Transportation Provider Type (28) Risk Level from “M” (Moderate) to “H” (High).

### **Collaboration with Arizona Department of Education (ADE) and Arizona Department of Health Services (ADHS) for Behavioral Health in Schools**

AHCCCS has continued its collaboration with ADE and ADHS regarding coordinating and improving behavioral health services in schools throughout quarter three. The AHCCCS School-Based Universal Referral Form was developed to reduce redundancy when making school-based referrals to community behavioral health providers and the Form was finalized and posted on the AHCCCS website. The Form is connected to a Differential Adjustment Payment (DAP) for behavioral health outpatient clinics to incentivize these providers to receive and utilize the Form. Additionally, an AHCCCS School Feedback Form was developed, finalized, and posted on the AHCCCS website to capture the experience of schools working with community behavioral health providers; to identify the successes, delays, and/or barriers schools have experienced within Arizona.

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AHCCCS staff presented on the *Accessing Behavioral Health Services in Schools* initiative at the “2023 Trauma Sensitive Schools Symposium.” This was a virtual conference for school behavioral health professionals (e.g., mental health counselors, school psychologists, school social workers, nurses). Ninety participants attended the conference, and the following resources were provided to aid in facilitation of referral pathways to community providers for attendees: local and national crisis phone numbers, AHCCCS School-Based Universal Referral Form the AHCCSC School Feedback Form.

#### **Collaboration with Arizona Department of Child Safety (DCS)**

AHCCCS participates in an affinity group with CMS with the goal of improving the timely provision of care and services to children in the custody of DCS and thereby enrolled with CHP. The affinity group developed the EPSDT objective of increasing the rate of comprehensive health assessments completed within 30 days of a child entering the custody of DCS through streamlining the collection of data when a child first enters the custody of DCS. The affinity group concludes at the end of quarter three. Accomplishments for the affinity group include:

1. Establishment of an effective DCS EPSDT claims report for evaluation of the EPSDT measure: increasing the rate of comprehensive health assessments completed within 30 days of a child entering the custody of DCS.
2. Monitoring of care coordination transpiring for members within the first 14 days of enrollment with CHP for completion of an EPSDT visit within the 30 days noted above.
3. Due to the intensity of care coordination across multiple providers and agencies, CHP’s Subcontracted Health Plan, Mercy Care, established a new and fully staffed position to focus on improvement in appointment scheduling and care coordination.
4. Implementation of the TJ claim modifier (Health Choice Early & Periodic Health Screen) for tracking EPSDT visits for those children first entering DCS custody. This modifier was implemented for providers to use along with the EPSDT billing claim code and includes a rate enhancement to incentivize providers to utilize the modifier.
5. Inclusion of EPSDT education to the provider network through provider forums.

AHCCCS will continue collaborative efforts for State system improvements by continued monitoring of the EPSDT measure, including tracking of TJ modifier utilization, and providing opportunities within community forums to garner the perspective of caregivers on barriers for children to receive the EPSDT appointment within 30 days of entering DCS custody. DCS also has plans to enhance DCS messaging to families regarding completion of EPSDT appointments utilizing a variety of methods (e.g., social media platforms, mass emails, and DCS staff and leadership summits).

#### **Court Ordered Evaluation (COE) and Court Ordered Treatment (COT)**

AHCCCS continues to work in concert with MCOs and providers to ensure individuals needing COE and COT are served as effectively and efficiently as possible. Currently, the pilot project between Valley Wise hospital and Mercy Care is ongoing and combines the ability of an individual to see a judge using remote capabilities while remaining in the hospital. This change in service delivery appears to reflect a decline in wait times and expedient transition to additional services, irrespective



of the assignment of a court order for treatment. AHCCCS continues to work with the MCOs and providers to monitor the number of referrals for COE and SMI Eligibility Determinations as well as to monitor the number of individuals on COT and ensuring these individuals are in contact with, and receiving services from, the MCO and contracted providers. AHCCCS policy related to COE and COT was updated in Spring 2023 and is currently awaiting public comment. After the public comment period is complete, final revisions will be made as necessary, and the final updated policy will be ready for implementation October 1, 2023.

#### **National Committee for Quality Assurance (NCQA) MCO Accreditation**

AHCCCS is continuing its efforts related to MCO accreditation and comparing the NCQA Health Plan Accreditation standards, NCQA Medicaid Managed Care Toolkit, as well as current contractual and policy requirements, to ensure maximum alignment of regulatory oversight, increase opportunities for non-duplication as permitted by 42 CFR 438.360, and to leverage data validation tools. AHCCCS' MCOs are simultaneously prioritizing initial NCQA MCO accreditation efforts and collaborating with AHCCCS to raise questions and considerations as they work through their Accreditation review processes. Quarter three accreditation activities included:

1. Ongoing review of AHCCCS MCO deliverables, policies, and compliance review standards required under 42 CFR 438.358(b)(1)(iii) against NCQA standards to identify revisions for alignment and non-duplication,
2. Ongoing review of the recently released 2023 NCQA Health Plan Accreditation standards and the 2022 NCQA Medicaid Managed Care Toolkit, and
3. Adding language to the MCO October 1, 2023, Contracts that AHCCCS is requiring NCQA Health Equity Accreditation by October 1, 2025.

#### ***Innovative Approaches and Continuous Quality Improvement***

##### **Behavioral Health Follow-Up Affinity Group**

AHCCCS has been participating in an affinity group with CMS with the goal to improve the rate of behavioral health follow-up visits after an Emergency Department (ED) visit discharge for members with Substance Use Disorder (SUD), within seven days of an ED discharge. The affinity group concludes at the end of quarter three.

One main accomplishment for this affinity group included an in-depth analysis of hospital Admission, Discharge, and Transfer (ADT) alerts received by providers from the State-designated Health Information Exchange (HIE), Contexture, and improvement activities conducted by the provider(s) as a result of these alerts. This analysis identified the need for collaboration between Contexture, providers, and hospitals to ensure all are signed up to receive all available alerts provided by the HIE system including the ADT alerts. The affinity group then targeted improving member engagement efforts through provider outreach processes.

A study was conducted involving two high performing outpatient providers and their outreach and engagement processes which resulted in the development of an outreach guide script; the guide script is intended for use by the providers to maximize outreach for HIE ADT alerts to prioritize prompt follow-up with members. The study included numerous rewarding discussions and feedback



regarding the HIE ADT alert process with a variety of providers across the State.

Additionally, a study was conducted which included claims analysis of specific codes used in the CMS Core Set for the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) measure.

Affinity group activities also included a study of a rapid response provider services which demonstrated that when a rapid response provider was meeting with a member in the ED prior to discharge, it resulted in a 100% success rate in meeting the FUA measure specifications.

AHCCCS will continue collaborative efforts for State system improvements by continued monitoring of the FUA measure in ongoing QI forums, provision of the outreach guide script to providers statewide, development of a statewide campaign for provider education to improve understanding of billable, measure numerator-qualifying services, and development of additional instructions for expanding the use of rapid response as a primary strategy to increase compliance with measure specifications.

### **Electronic Visit Verification (EVV)**

AHCCCS implemented hard claims edits for EVV services on January 1, 2023. To support providers, AHCCCS provided resources to help agencies self-monitor compliance and detect any issues that may be contributing to notifications of claim failures during the hard claim edits period. AHCCCS also released several FAQs and quick reminders based on common questions and issues providers sent to AHCCCS.

AHCCCS is leveraging the EVV mandate to develop a more streamlined reporting approach to ensure, track, and monitor timely service delivery and access to care for members. AHCCCS is currently working with the State-sponsored EVV system vendor to make system customizations and standard reports to assist providers, MCOs, and AHCCCS to streamline administrative processes and to mitigate access to care challenges. The reporting will support monitoring scheduled service visits versus occurrences of late or missed visits and the actions the providers took in response to the member's contingency plan for such occurrences.

In quarter three AHCCCS created tools and training to assist providers that are using an alternate vendor to ensure their vendor complies with AHCCCS EVV policy requirements. These tools and comprehensive training will be made publicly available in quarter four pending internal approvals.

### **HCBS Rule**

On March 17, 2023, CMS remarked on the compliance milestone for the HCBS Settings Rules (HCBS Rules) intended to afford members access to the full benefits of community living. More than seven years ago AHCCCS began working with a wide range of stakeholders representing the long-term care community to assess the State's compliance with the HCBS Rules and identify further opportunities to enhance member integration experience and outcomes by building off Arizona's long-standing history of the provision of home and community-based services. AHCCCS submitted Arizona's Systemic Assessment and Transition Plan to CMS in October 2015. Subsequently, a few iterations of

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the Transition Plan have been updated and informed by stakeholder input with AHCCCS receiving final approval of the Arizona Transition Plan on January 20, 2023.

In January 2023, CMS' approval of the Transition Plan solely addressed the State's compliance with applicable Medicaid authorities and the State's process for assessing setting compliance, including settings that meet the criteria for Heightened Scrutiny. CMS' review of settings submitted for Heightened Scrutiny and subsequent determinations are separate and distinct from final approval of the Transition Plan. If States want to preserve settings that are presumed institutional in nature and the State asserts the setting complies with the HCBS Rules, the States must submit evidence to CMS to make a final determination. CMS determines whether the evidence supports that the setting is or can become compliant with the HCBS Rules. Given the March 17, 2023, deadline has passed, and CMS has not yet requested evidentiary documentation packages for a sampling of settings meeting Heightened Scrutiny, a Corrective Action Plan (CAP) is warranted to afford CMS more time to review the State's assessment documentation and either affirm the State's findings or require remediation for identified settings. The CAP allows for a 12-month remediation period should CMS have any findings when they complete their review. The CAP was approved by CMS on April 17, 2023, and posted to the AHCCCS HCBS webpage.

#### **Performance Measure Monitoring Report**

AHCCCS requires all MCOs to submit Performance Measure Monitoring Reports (PMMRs) that are utilized to monitor MCO performance. During quarter three, AHCCCS updated the PMMR Reporting Template and Attachment to reflect updates to the 2023 and 2024 Child and Adult Core Health Care Quality Measurement Sets. AHCCCS will continue to review, provide feedback, and approve these reports, as appropriate.

#### **Statewide Closed-Loop Referral System (CLRS)**

Quarter three saw increased utilization in the statewide CLRS, known as CommunityCares. As of the date of this report CommunityCares has 110 system users. Contexture, the organization that manages the CommunityCares, hired five new staff members to help with the promotion and management of the system. The new staff will be dedicated to engaging health care providers and community-based organizations and helping onboard users into the system. The CommunityCares platform is powered by the vendor Unite Us, who has a team dedicated to providing technical support for system onboarding and technical troubleshooting for existing users. AHCCCS has received two initial utilization reports on the types of Health-Related Social Needs (HRSNs) our members are experiencing; however, the system has only been live for six months and it is too early to begin analyzing data trends. AHCCCS will continue to monitor CommunityCares enrollment, utilization, and referrals.

## **MANAGED CARE ORGANIZATION MONITORING AND COMPLIANCE**

AHCCCS monitors and evaluates the availability of services and access to care, organizational structure and operations, clinical and non-clinical quality measurement, and performance improvement outcomes through several methods including:

1. Operational Reviews,

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2. Review and Analysis of Periodic Monitoring Reports,
3. Performance Measures,
4. Performance Improvement Projects,
5. Data Analysis,
6. Provider Network Time and Distance Standards Monitoring,
7. Appointment Availability, Monitoring, and Reporting,
8. Case Management Ratios,
9. Assessment of Fidelity to Service Delivery for Individuals with a Serious Mental Illness Designation, and
10. Surveys.

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.

### ***Monitoring and Compliance***

#### **MCO Operational Reviews**

AHCCCS conducts compliance reviews (i.e., Operational Reviews [ORs]) to evaluate MCO compliance related to 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. These reviews are completed via desk review and virtual meetings with the MCOs. During quarter three, in May of 2023, AHCCCS conducted an OR for Mercy Care, ALTCS-EPD.

#### **Request for Proposal (RFP) – External Quality Review Organization (EQRO)**

AHCCCS issued an RFI March 1, 2023, to gather information from External Quality Review Organizations (EQROs) regarding EQRO performance of mandatory and optional EQR activities. AHCCCS began its review of the RFI responses, and development of the subsequent EQRO RFP, in May of 2023. The EQRO RFP is anticipated to be issued on January 10, 2024.

#### **RFP – ALTCS-EPD**

AHCCCS is continuing its activities for the development of an RFP to solicit bids from qualified MCOs for the service delivery of the ALTCS EPD Program. AHCCCS will be including significant initiatives and other items that will need to be considered including detailed information regarding pricing and services in the MCO's bid. Currently there are three MCOs working with the ALTCS EPD population. The current contracts will expire on September 30, 2024, with the new Contract beginning on October 1, 2024. The RFP is scheduled to be posted to the AHCCCS website on August 1, 2023. AHCCCS will be analyzing and comparing MCO skills, experience, and rates to find the right MCO partners and announce the award on December 13, 2023. Presentations to solicit input from stakeholders regarding the current EPD program began in June 2022. In quarter three AHCCCS posted a new RFP major decision regarding Medicare Advantage D-SNP Requirements for Supplemental Benefits: Effective January 1, 2025, AHCCCS will require its contracted FIDE SNPs to offer, at a minimum, the following Supplemental Benefits: Dental, Hearing, Vision, Fitness Benefits, Telehealth, and OTC Drugs.

#### **Contract Readiness – Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED)**

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**Eligibility Determinations**

AHCCCS has continued readiness activities with the contracted vendor, Solari Crisis and Human Services (Solari), to prepare for the launch of the new Contract, including the addition of performing SED eligibility determinations, to begin on October 1, 2023. AHCCCS has regular communications and meetings with Solari and has developed a schedule for presentations to be conducted by Solari in a variety of community venues to ensure stakeholders such as MCOs, providers, families, and members are aware of the new Contract and new processes. AHCCCS continues its evaluation of the SED-specific contract addition to assess impacts to the delivery system, administrative, financial, and grievance and appeals content to ensure completion prior to October 1, 2023, contract implementation.

**ATTACHMENT 3**  
**Quarterly Random Moment Time Study Report**  
**Quarter 3**  
**(April 1, 2023 – June 30, 2023)**

**Arizona Health Care Cost Containment System (AHCCCS) Quarterly  
Random Moment Time Study Report**

**April 2023 - June 2023**

The April - June 2023 (AJ23) 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.

**Table 6**

Staff Pool	April 2023 - June 2023
Administrative	2,586
Direct Service	3,560
Personal Care	5,813

### **SAMPLING REQUIREMENTS**

To achieve statistical validity, maintain program efficiencies, and reduce unnecessary district administrative burden, 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% with a 95% 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 the Centers for Medicare and Medicaid Services (CMS). This oversample allows for the occurrence of invalid moments,

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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 AJ23 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

**Table 7**

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
April 2023 – June 2023 Total Moments	3,000	2,744	2,690	98.03%

### DIRECT SERVICE

**Table 8**

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
April 2023 – June 2023 Total Moments	3,300	2,773	2,718	98.02%

### PERSONAL CARE

**Table 9**

Quarter	Moments Generated	Valid Moments	Valid Responses Received	Response Rate
April 2023 – June 2023 Total Moments	3,500	2,817	2,651	94.11%

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.