Summer Institute Presentation

Dana Hearn, Assistant Director, DCAIR
Mohamed Arif, Federal Relations Administrator, DCAIR
Division of Community Advocacy & Intergovernmental Relations (DCAIR)
The Division of Community Advocacy and Intergovernmental Relations (DCAIR) houses all of the functions that interface with our Members, Peers, Family Members, Federal partners (CMS), Tribal community, and other stakeholders in our program.
Offices and Committees:

- Office of Federal Relations and Communications (FRAC)
- The Office of Individual and Family Affairs (OIFA)
- The Office of Human Rights (OHR)
- Human Rights Committees (HRC) Liaison
- The State Medicaid Advisory Committee (SMAC)
- Arizona Long Term Care System (ALTCS) Advisory Committee
- Behavioral Health Planning Council

Your Voice – Heard!

DCAIR provides the much needed voice to members seeking assistance, clarification, or representation. DCAIR staff have experiences, which give a unique position to support the members.

Whether ensuring compliance, or advocating for rights during a hearing, DCAIR goes above and beyond!
Recent Integration Efforts
MCO Integration Progress To Date

% Program Funding

1989 2013 2014 2015 2016 2018

98%

40%

20%

0

ALTCS/EPD 29,200

CRS 17,000

SMI Maricopa 18,000

SMI Greater AZ 17,000

AIHP/TRBHA 80,000

GMH/SA Duals 80,000

GMH/SA Adults & Non CMDP Children

Approximately 1.5 million

Approximately 1.5 million
AHCCCS Complete Care

A HUGE step to integrate healthcare in a single ACC Health Plan that:

• Includes physical and behavioral healthcare service providers (including CRS – 18k)
• Manages the provider network for all healthcare services
• Provides comprehensive managed care for the whole person
Integration at all 3 Levels

- New provider type - Integrated Clinics
- Licensure changes
- Provider payment incentives
- Targeted Investment - $300M

- ALTCS – EPD
- Individuals with SMI
- Non-SMI Dual Eligible Members
- Children’s Rehabilitative Services (one plan)
- **Oct 2018 – ACC/AIHP - 1.5M Children/Adults**
- ALTCS DD – 2019/2020
- Foster Children - 2020

- Administrative Simplification – ADHS/BHS joins AHCCCS Administration
- Grant/Housing Funding into Medicaid System

Reaching across Arizona to provide comprehensive quality health care for those in need
The Benefits of Integration

1. One Plan
2. One Payer
3. One Provider Network
4. Easier to Navigate
5. Streamline care coordination to get better outcomes
6. Improve a person’s whole health

Reaching across Arizona to provide comprehensive quality health care for those in need
Integration Effort
Outcomes
Methodology: SMI Evaluation

Timeframe

Pre-Integration Baseline
October 1, 2012 – March 31, 2014

Post-Integration Period 1
April 1, 2014 – March 31, 2015

Post-Integration Period 2
April 1, 2015 – March 31, 2016

Post-integration Period 3
April 1, 2016 – March 31, 2017

Reaching across Arizona to provide comprehensive quality health care for those in need
SMI Integration Evaluation Findings

- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement
  - Adult access to preventive/ambulatory health services: +2%
  - Comprehensive Diabetes Care - HbA1c: +4%
  - Medication management for people with Asthma (50% compliance): +32%
  - Medication management for people with Asthma (75% compliance): +35%
SMI Integration Evaluation Findings

• All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases

  o Rating of Health Plan: + 16%
  o Rating of All Health Care: + 12%
  o Rating of Personal Doctor: + 10%
  o Shared Decision Making: + 61%
  o Coordination of Care: + 14%
SMI Integration Evaluation Findings

• Of the 8 hospital-related measures:
  o 5 measures showed improvement
    ▪ Emergency Department Utilization rate decreased by 10%
    ▪ Readmission rate declined by 13%
    ▪ Admissions for short term complications for diabetes decreased by 6%
    ▪ Admissions for COPD/Asthma decreased by 25%
    ▪ 30-day post hospitalization for mental illness follow up rate increased by 10%
Integration... still to go...
AHCCCS Contract Timeline

- **2016**
  - 10/16: Release ALTCS RFP
  - 3/17: Award ALTCS
  - 10/1/17: Transition ALTCS

- **2017**
  - 1/17: Release Acute RFI
  - 10/17: Release ACC RFP
  - 3/18: Award ACC
  - 10/1/18: Transition ACC

- **2018**
  - 4/1/18: Award DDD Acute/BH
  - 10/1/19: DDD Acute/BH

- **2019**
  - 10/1/20: CMDP Integrated Care

- **2020**
  - 10/1/20: 5 Years Greater AZ MMIC Contract Expires
RBHA Services Transfer RFI

Requests for Information (RFIs)

YH19-0084 RBHA Services Transfer

- **Due Date:** March 14, 2019, 3:00 P.M. Arizona Time
- **Deadline for Questions:** February 21, 2019 5:00 P.M. Arizona Time
- **Notice of Request for Information**
  - Questions and Answers Form
  - Solicitation Amendment 1
  - Appendix
  - Revised Appendix 3/8/19
  - Solicitation Amendment 2
**What is an RFI?**

- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.
- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.
AHCCCS Care Delivery System
October 1, 2018

AHCCCS

Fee for Service System (AHCCCS Administered)
- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
- TRBHA IGA

Regional Behavioral Health Authorities*
- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

AHCCCS Complete Care (physical, behavioral health and CRS services)
- Arizona Complete Health
- Banner University Family Care
- Care1st
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan

Arizona Long Term Care System
ALTCS – E/PD and DD
(physical, behavioral health, long term care services)
- Banner University Family Care
- Mercy Care
- UnitedHealthcare Community Plan

*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.
Current status with RBHA services

Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

• Foster children enrolled in CMDP
• Members enrolled with DES/DD;
• Individuals determined to have a serious mental illness (SMI)
• Crisis services, grant funded, and state-only funded services
  o Populations:
    ▪ Northern GSA Enrollment 5,725
    ▪ Central GSA Enrollment 21,597
    ▪ South GSA Enrollment 13,352
Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Next steps

• In ACC RFP it announced AHCCCS sole discretion to allow at least one ACC plan in each GSA to expand services to those served by a RBHA

• No sooner than 10-1-20
Announcements

1. Mercy Care extended so all RBHA services will be transitioned at same time - Oct 2021

2. We will be limiting our RFP (or transfer of services) to the current ACC plans in each area - known contractors already with providers and members.
Let’s talk about our questions...

Should AHCCCS allow choice of plan by allowing more than one ACC plan to address unique RBHA services for Central and Pima?
Should decertification remain?

Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?
What about Crisis Services?

• Should there be a single statewide vendor for crisis services? Single regional vendor?
• Should there be a single statewide number for crisis services?
• Other thoughts to improve the first 24 hours of crisis service delivery?
• For more info on crisis services now: www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf
Crisis and NTXIX Services on Tribal Lands

• What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?
American Indian Members

• AHCCCS is meeting with the 22 Tribes in Arizona to discuss:
  o Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?
  o Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options.
Payment for Court Ordered Evaluations (COE)

- Currently each Regional Behavioral Health Authority (RBHA) pays some or all COE services within one county of their service area.
- As of October 1, 2021, how should COE payment per county be delegated?
OIFA

- AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?
SMI Specific Responsibilities

- What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?
Next Steps

What other feedback should AHCCCS consider during our next step of integration?
Questions?
AHCCCS Works & Prior Quarter Coverage Overview
Section 1115 Waiver

• Section 1115 of the Social Security Acts gives states authority to be waived from selected Medicaid requirements in federal law

• Centers for Medicare & Medicaid Services (CMS) is the federal agency responsible for the oversight of 1115 waivers

• States must obtain approval from CMS before implementing 1115 waivers
1115 Waiver Approval Process

Develop Draft Waiver Application

Provide at least 45 days of Public Notice, Conduct Public Forums, and Tribal Consultation

Submit Final Waiver Application to CMS

Negotiate Terms and Conditions with CMS

Receive Waiver Approval or Denial from CMS
The Waiver Allows Arizona to

- Run its unique Medicaid model built around a statewide managed care system
- Serve members enrolled in the Arizona Long Term Care System (ALTCS) in the community rather than more costly institutions
- Provide health care to expanded populations
- Implement AHCCCS Works and Prior Quarter Coverage changes
Presentation Overview

• AHCCCS Works & Prior Quarter Coverage Background
• AHCCCS Works Requirements
• AHCCCS Works Exemptions
• Community Engagement Orientation Period
• Reporting Requirements, Suspensions, & Automatic Reinstatement
• Geographic Phase-in Recommendation
• Waiver of Prior Quarter Coverage
• Populations Affected by Waiver of Prior Quarter Coverage
• Next Steps
AHCCCS Works Timeline and Law Requirement

2015
AZ law amended to include work requirements & 5-year lifetime limit for AHCCCS members

January - March 2017
AHCCCS Works Public Comment Period

December 19, 2017
AHCCCS Works Waiver submitted to CMS
January 18, 2019
CMS approves AHCCCS Works

March – July 2019
Conduct 12 Community Presentations Across The State

No Sooner Than Spring 2020
Implementation
National Landscape: Community Engagement Waivers
National Landscape: Community Engagement Waivers
AHCCCS Works Unique Program Features

• First in the nation to exempt members of federally recognized tribes
• First in the nation to allow members who are suspended to automatically re-enrolled at the expiration of the Suspension Period as long as they meet all other eligibility criteria

Reaching across Arizona to provide comprehensive quality health care for those in need
AHCCCS Works Requirements

• No sooner than **January 1, 2020**, able-bodied adults* 19-49 who do not qualify for an exemption must, for at least 80 hours per month:
  o Be employed (including self-employment);
  o Actively seek employment;
  o Attend school (less than full time);
  o Participate in other employment readiness activities, i.e., job skills training, life skills training & health education; or
  o Engage in Community Service.

* Adults = SSA Group VIII expansion population, a.k.a, Adult group
Who is Exempt

- Members of federally recognized tribes
- Former Arizona foster youth up to age 26
- Members determined to have a serious mental illness (SMI)
- Members with a disability recognized under federal law and individuals receiving long term disability benefits
- Individuals who are homeless
- Individuals who receive assistance through SNAP, Cash Assistance or Unemployment Insurance or who participate in another AHCCCS-approved work program
- Pregnant women up to the 60th day post-pregnancy
- Members who are medically frail
- Caregivers who are responsible for the care of an individual with a disability
- Members who are in active treatment for a substance use disorder
- Members who have an acute medical condition
- Survivors of domestic violence
- Full-time high school, college, or trade school students
- Designated caretakers of a child under age 18
A Year in the Life of a New AHCCCS Works Member

In this example, January represents the first month any new AHCCCS member is required to comply.

**JANUARY**
AHCCCS sends an AHCCCS Works orientation packet. Her 3-month grace period begins February 1.

**FEBRUARY**
Jane learns about the AHCCCS Works requirements and explores opportunities to engage in her community. In April, she receives a reminder notice that she must participate in at least 80 hours of community engagement activities per month beginning in May.

**JULY**
Jane reports her June hours by July 10, but does not complete 80 hours of community engagement activities in July. If Jane has good cause for not complying in July, she can tell AHCCCS anytime next month.
- **☑** June reporting
- **❌** July participation

**AUGUST**
Because Jane failed to comply in July, AHCCCS sends her a notice on August 11 that her AHCCCS coverage will be suspended for two months beginning September 1.
- **❌** July reporting

**SEPTEMBER**
Jane’s coverage is suspended for two months. In October, AHCCCS reminds Jane that her enrollment in AHCCCS will be automatically reinstated on November 1.

**OCTOBER**
Jane’s AHCCCS coverage is automatically reinstated as of November 1. She completes 80 hours of community engagement activities in November, and must report them by December 10.
- **☑** November reporting
- **☑** November participation

**DECEMBER**
By December 10, Jane reports November’s hours and completes 80 hours of community engagement activities in December.
- **☑** November reporting
- **☑** December participation

**JUNE**
By June 10, Jane reports the 80 hours of community engagement activities she completed in May. She also completes 80 hours of community engagement activities in June.
- **☑** May reporting
- **☑** June participation

**MAY**
Jane completes 80 hours of community engagement activities in May. She begins reporting these hours, and must complete May’s reporting by June 10.
- **☑** May participation
Reporting Requirement

- Must complete at least 80 hours of qualifying activities each month and report these hours by the 10th day of the following month.
- Members will be allowed to report AW activities through several methods including in a state portal, by phone, and in person.
Reactivation of Eligibility During Suspension Period

• Member is automatically reinstated immediately following the 2 month suspension period.

• Member who is suspended will have eligibility reactivated immediately during the suspension period if:
  o Member is found eligible for another eligibility category.
  o Verifies that he or she currently qualifies for an AW exemption.
AHCCCS Works Geographic Phase-in Recommendation

- Gradually phase-in AHCCCS Works program by geographic areas.
- If approved, the AW program will be implemented in three phases:
  - **Phase 1**: Most Urbanized Counties: Maricopa, Pima, and Yuma
  - **Phase 2**: Semi-Urbanized Counties: Cochise, Coconino, Mohave, Pinal, Santa Cruz, & Yavapai
  - **Phase 3**: Least Urbanized Counties: Apache, Gila, Graham, Greenlee, La Paz, & Navajo

**Why:**

- Need time to establish community engagement supports for members in regions with limited employment, educational and training opportunities, accessible transportation, and child care services.
- Phase-in approach will give the State time to assess the availability of community engagement resources in rural areas and address gaps.
- Counties with a higher percentage of urban populations are likely to have sufficient community engagement supports compared to counties with a higher percentage of rural populations.
## AHCCCS Works Geographic Phase-in Recommendation

<table>
<thead>
<tr>
<th>Counties</th>
<th>Percentage of the County Population Residing in Rural Areas as of the 2010 Census.</th>
<th>Percentage of AW Members Residing in the County</th>
<th>AW Implementation Phases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maricopa</td>
<td>2.4</td>
<td>56.9</td>
<td>Phase I</td>
</tr>
<tr>
<td>Pima</td>
<td>7.5</td>
<td>17.6</td>
<td>Phase I 2020 – 2021</td>
</tr>
<tr>
<td>Yuma</td>
<td>10.4</td>
<td>4.1</td>
<td></td>
</tr>
<tr>
<td><strong>Total Phase I</strong></td>
<td>-</td>
<td><strong>78.6</strong></td>
<td></td>
</tr>
<tr>
<td>Pinal</td>
<td>21.9</td>
<td>4.7</td>
<td>Phase II</td>
</tr>
<tr>
<td>Mohave</td>
<td>23</td>
<td>5</td>
<td>Phase II 2021 – 2022</td>
</tr>
<tr>
<td>Santa Cruz</td>
<td>26.9</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Coconino</td>
<td>31.5</td>
<td>1.5</td>
<td></td>
</tr>
<tr>
<td>Yavapai</td>
<td>33.2</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Cochise</td>
<td>36.3</td>
<td>2.6</td>
<td></td>
</tr>
<tr>
<td><strong>Total Phase II</strong></td>
<td>-</td>
<td><strong>18.1</strong></td>
<td></td>
</tr>
<tr>
<td>Gila</td>
<td>41.1</td>
<td>0.9</td>
<td>Phase III</td>
</tr>
<tr>
<td>Graham</td>
<td>46.4</td>
<td>0.6</td>
<td>Phase III 2022 – 2023</td>
</tr>
<tr>
<td>Greenlee</td>
<td>46.6</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Navajo</td>
<td>54.1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>La Paz</td>
<td>56.3</td>
<td>0.3</td>
<td></td>
</tr>
<tr>
<td>Apache</td>
<td>74.1</td>
<td>0.4</td>
<td></td>
</tr>
<tr>
<td><strong>Total Phase III</strong></td>
<td>-</td>
<td><strong>3.3</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Key:**
- = < 20% Low Rural Population
- = 40% - 20% Moderate Rural Population
- = > 40% High Rural Population
Next Steps: AHCCCS Works

February 18, 2019
Waiver Acceptance Letter and Technical Corrections

July 17, 2019
Waiver Evaluation Design Plan (In Progress)

July 1, 2019
Implementation Plan

August 16, 2019
Monitoring Protocol (In Progress)

No sooner than Spring 2020
AHCCCS Works program begins

Reaching across Arizona to provide comprehensive quality health care for those in need
**Implementation Plan**

- Describes the state’s approach to implementing the AHCCCS Works program, including exemptions, coordination with other agencies, member protections, and outreach.
Evaluation Design Plan

• Specifies the state’s plan for evaluating the success of the AHCCCS Works and Retroactive Coverage Waivers
• The Evaluation Design Plan includes research questions, hypotheses, and proposed measures, and method for conducting evaluation.
• The Evaluation Design Plan must be developed by an independent party.
Monitoring Protocol

• Specifies the state’s plan for reporting required monitoring metrics and implementation updates to CMS.

• CMS will provide the state with a set of required metrics including:
  o Total members exempted from AHCCCS Works requirement in the month
  o Members with approved good cause circumstances
  o Total members whose benefits were reinstated after being in suspended status for non-compliance
Waiver of Prior Quarter Coverage

• CMS has approved Arizona’s waiver request to limits retroactive coverage to the month application for all AHCCCS members except for children under the age of 19 and women who are pregnant (including post-partum) once they become eligible.

• The waiver of Prior Quarter Coverage is effective July 1, 2019.
Thank You!