



AHCCCS Update

AACHC Conference
February 11, 2020

2019 Accomplishments

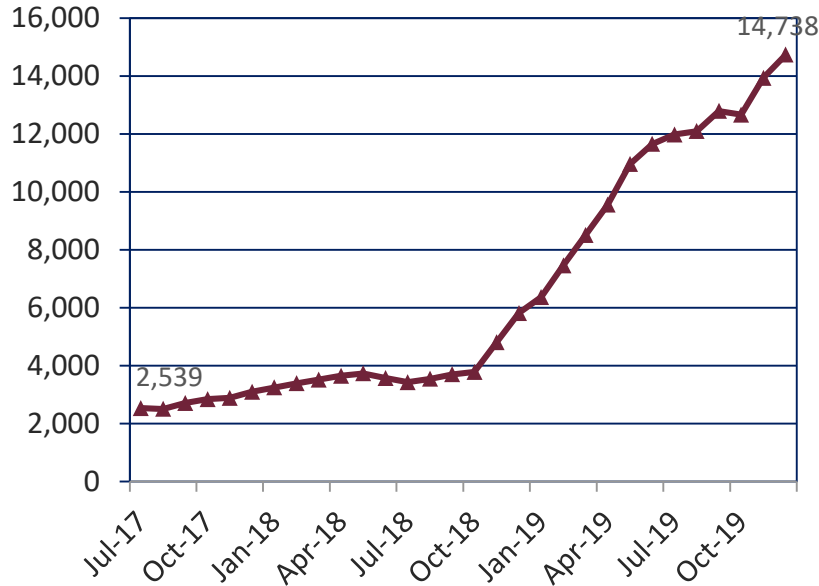
- **34,000 members with intellectual and developmental disabilities were transitioned to an integrated health plan for physical and behavioral health services**
- **Transportation advances**
 - **Helicopter and equine transport were added to the non-emergency transportation (NEMT) benefit**
 - **Rideshare companies became eligible to provide NEMT**
- **3 new American Indian Medical Homes were added, bringing the total to 6**
- **14,000+ students received behavioral health services on school campuses**
- **41,000 underinsured and uninsured individuals with Opioid Use Disorder received critical recovery and support services**

2019 Accomplishments

- **Increased the number of providers participating in Arizona's Health Information Exchange to 656**
- **Expanded the telehealth benefit**
- **4,727 fraud investigations were completed (Office of Inspector General)**
- **86% of Arizona Long Term Care System applications are now processed within 45 days**
- **90% of eligibility renewals processed automatically**
- **Reduced provider enrollment inventory from over 7500 records to 155 records, resulting in an average processing time of 13 days for new and reactivating applications**

School-Based Services

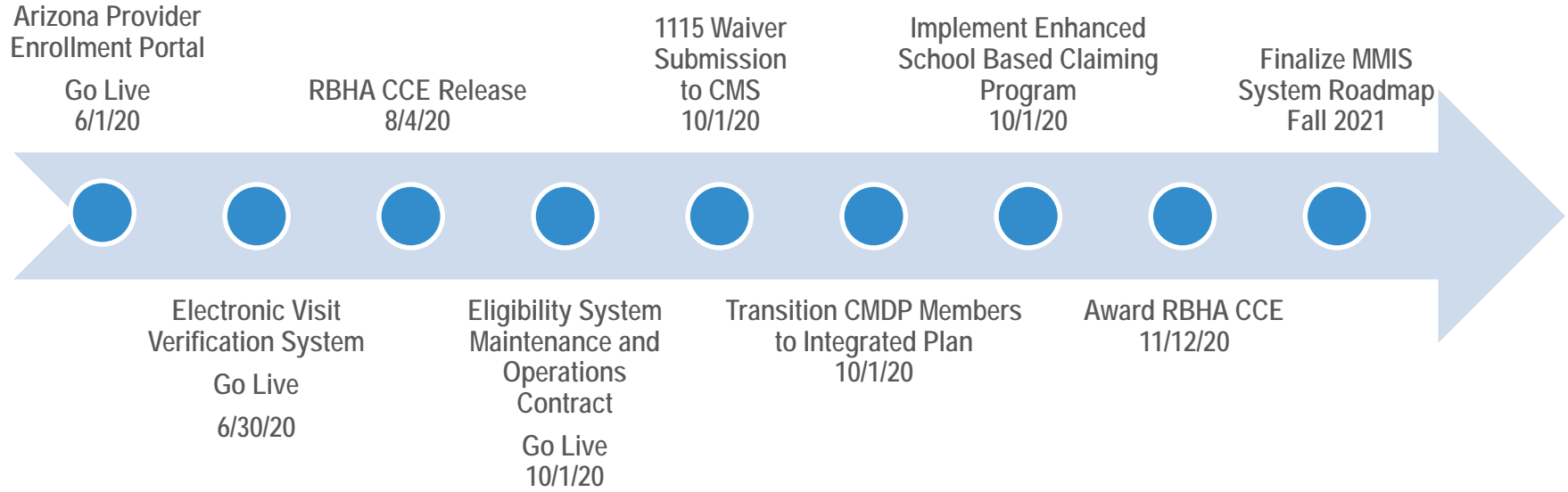
Students Receiving Behavioral Health Services
in Schools through Co-Location Model



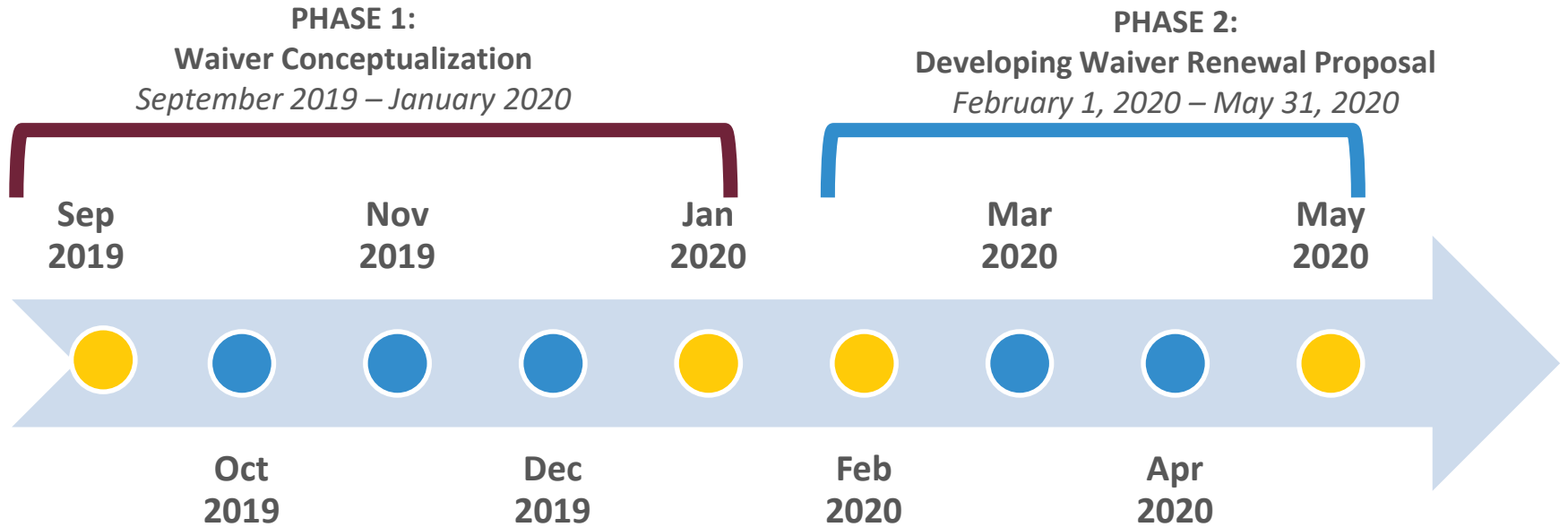
Medicaid School Based Claiming Program

- Limited to students with an Individualized Education Plan currently
- AHCCCS will submit a SPA in Spring 2020 with the following enhancements to the program:
 - Extending program to broader student population
 - Exploring additional provider types
- AHCCCS School Based Claiming program enhancements will be effective 10/1/2020
- For additional information regarding the SBC program in Arizona, please contact Lisa DeWitt (lisa.dewitt@azahcccs.gov)

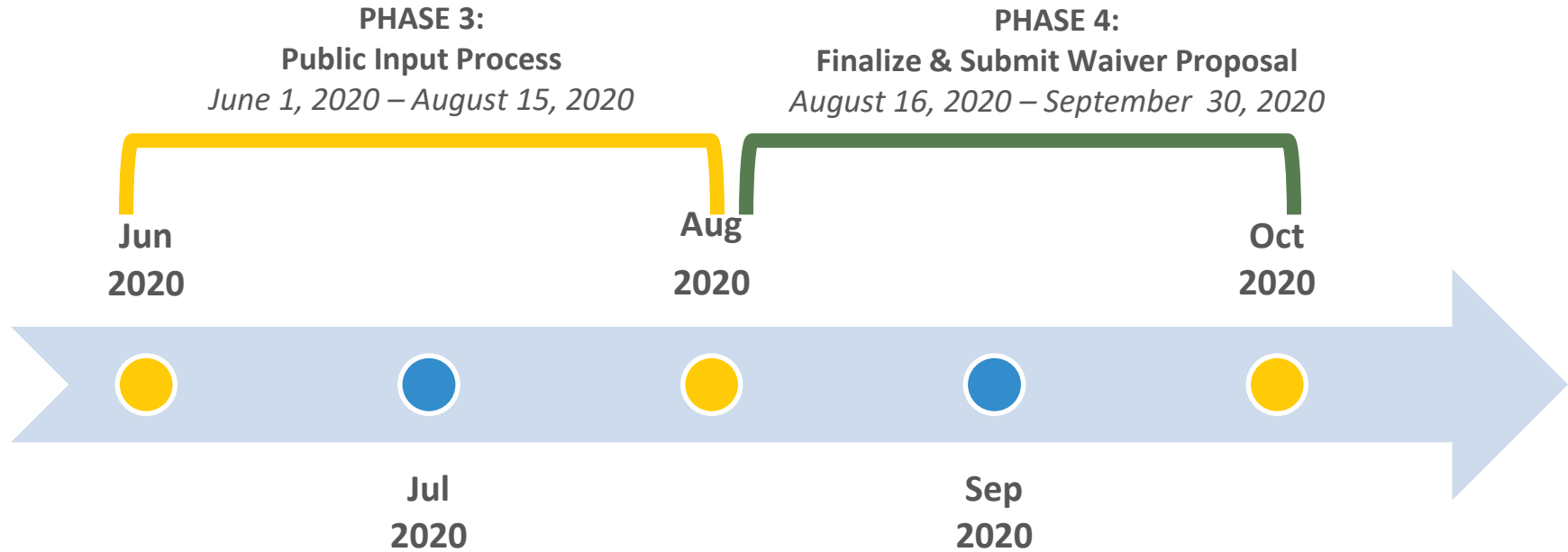
2020 Priorities



Important Milestones for Arizona's 1115 Waiver Renewal



Important Milestones for Arizona's 1115 Waiver Renewal



Whole Person Care Initiative

- Officially launched the Whole Person Health Initiative in November 2019
- Focused on role social risk factors play in influencing individual health outcomes
- Three areas of need identified by stakeholders
 - Transitional housing, particularly for individuals leaving a correctional facility; those being discharged from a behavioral health inpatient stay; and individuals experiencing chronic homelessness
 - Non-medical transportation with a focus on access to healthy food and employment navigation services
 - Social isolation that can impact individuals who receive Arizona Long Term Care System (ALTC) services in their own homes including, but not limited to, peer support programs
- Partnership with Health Current to explore technology that will facilitate screening for social risk factors and seamless referral to community resources

RBHA Services - Post 10/1/21

Competitive Contract Expansion

- Naming convention: AHCCCS Complete Care Plan with a Regional Behavioral Health Agreement (ACC-RBHA); TRBHA will remain as **Tribal Regional Behavioral Health Authority**
- Will expand the provision of services for **one** ACC plan in each GSA (only ACC Plans currently serving in a given GSA eligible to compete)
- Members determined to have an SMI will have the option to opt-out of receiving physical health services through their single ACC Plan
- Effective 7/1/21, AHCCCS will directly administer SABG funding used for prevention services
- ACC-RBHAs will provide the full continuum of crisis services to all individuals within their awarded GSA, including mobile crisis teams and crisis stabilization services
 - Tribal governments will continue to determine right of entry and have the ability to select other providers if desired
- ACC-RBHAs will be required to jointly select, contract with, and oversee a single, statewide crisis phone vendor
 - Tribal governments will continue to have the ability to select another phone vendor
- Members currently served by AIHP and RBHA will be transitioned to AIHP and will continue to have ongoing enrollment choice

SFY 2021 Budget

- Executive Recommendation
 - \$195M additional GF funding
 - \$6M ongoing funding for the Substance Use Disorder Fund
 - Shift of GME funding - \$3M to FY21, \$6M to FY22 and \$9M to FY23
 - \$78k for a consultant to create an MMIS replacement roadmap
 - \$3M for ongoing operating costs for 3 federally required IT systems (AVS, EVV, APEP)

SFY 2021 Budget

- 24.5M in supplemental funding for FY20
 - Caseload growth
 - FY20 appropriation assumed caseload growth of 0.2% (4300 members)
 - Caseload growth in the first 6 months of FY20 at 1% (17,500 members)
 - More than 300% the annual projected growth
 - Increased medical costs
 - Pharmacy
 - Inpatient and outpatient hospital
 - Federally Qualified Health Center (FQHC)
 - ALTCS EPD placement and acute care trends

2020 Legislation

- **AHCCCS Legislation**
 - **SB 1163 substance abuse treatment; AHCCCS**
 - Arizona's Family First program is a cooperative program between DCS and AHCCCS to help parents address substance abuse issues that are affecting their ability to care appropriately for their children
 - Language was not transitioned during the DBHS transition
 - SB 1163 updates the statutory language to reflect the current/historic structure of the AFF program
- **Areas of Interest**
 - Housing, chiropractic care, dental benefits, GME, school-based services, opioid treatment disorder services/supports, abuse/neglect

Medicaid Fiscal Accountability Regulation

- CMS published proposed rule published 11/18/2019
- Rule addresses various fiscal issues which, as proposed, has significant implications for the ways in which states finance their Medicaid programs and pay for Medicaid services
- Comments submitted to CMS on 01/31/2020
- See MFAR summary and full response on the AHCCCS website:
 - <https://www.azahcccs.gov/shared/News/GeneralNews/MFAR.html>
 - https://www.azahcccs.gov/shared/Downloads/News/2020/AHCCCS_MFAR_Response_01312020.pdf

Medicaid Fiscal Accountability Regulation

- Certified Public Expenditures (CPEs)
 - Proposed regulation is inconsistent with AHCCCS' historical experience with CPE funding accepted by CMS
- Permissible Sources of Non-Federal Share
 - Appears to limit sources of non-federal share to State or local taxes
- “Net Effect” Test
 - Provider payments that could be construed as holding a provider harmless from a provider tax could be restricted
- “Undue Burden” for Health Care Related Taxes
 - Could be interpreted to permit CMS to exercise broad discretion to prohibit provider exceptions to health care related taxes



Questions