

AHCCCS Priorities

Arizona Rural Health Conference June 14, 2022



AHCCCS Enrollment: March 2020- June 2022





Response to the COVID-19 Public Health Emergency

- Maintained coverage for all beneficiaries enrolled during the federally declared public health emergency
- Maintained more than 47 programmatic flexibilities including: telehealth, parents as paid caregivers, expedited provider enrollment, etc.
- Distributed over \$126 million in additional pandemic relief funding

to nursing facilities, HCBS providers, hospitals, etc.

- Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries
 - Achieved ALTCS vaccination rates as high as 89 percent
- Maintained the <u>Crisis Counseling Program</u>, serving more than **17,000** unique individuals statewide with crisis counseling and group counseling/public education





PHE Renewed - Effective April 16, 2022



**CMS has indicated that they will provide states with 60 days advance notice prior to ending the federally declared PHE.



Unwinding Following the End of the Federal Public Health Emergency (PHE)



AHCCCS Eligibility and Enrollment During the PHE

- Renewals continued through PHE
- Approximately 600,000 "COVID override" members
 - Did not complete renewal or failed to supply needed documentation
 - Screened or determined to be ineligible
- Estimate that it will take 9 months to complete redeterminations



Preparing to Return to Normal Eligibility Renewal Operations

- Reminders to provide updates to contact information or household circumstances and to respond to letters.
- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.
- EVERYONE can help ensure member contact information is accurate and current.
- Working with Federal partners and States to identify best practices.





What Can Members Do Today to Prepare? Update contact info in HEAPlus

See this flier for more information on how to update contact info in HEAPlus





Programmatic Flexibilities to **Expire** at End of PHE

The following flexibilities will be terminated upon the end of the PHE:

- Continuous eligibility
- Suspension of standard prior authorization (PA) requirements
- Allowing providers licensed in another state to offer emergency and non-emergency care to AHCCCS enrollees
- Waiver of home health service requirements
- Removal of hourly service limitation (40 hours in 7-day period) for spouses who provide paid care



Programmatic Flexibilities to Be **Extended** Beyond the PHE

AHCCCS is seeking to continue the following flexibilities indefinitely:

- Verbal consent in lieu of written signature on plans of care for up to 30 days for ALTCS enrollees; *need CMS approval*
- Provision of home delivered meals to individuals served by the Department of Economic Security/Division of Developmental Disabilities; *need CMS approval*
- Provision of personal care services in an acute care setting when an individual requires such services for communication, behavioral stabilization, etc; *need CMS approval*
- 10 percent rate increase for in-office flu vaccination codes and administration
- Allowing pharmacists and pharmacy interns to administer the COVID-19 and flu vaccines



1115 Demonstration Waiver Renewal



1115 Demonstration Waiver Renewal

- Initiatives to Be Continued
 - Managed care
 - Home and community based services
 - Targeted Investments Program
 - AHCCCS Works
 - Waiver of prior quarter coverage for certain populations



1115 Demonstration Waiver Renewal



New Initiatives

- Verbal consent in lieu of written signature for up to 30 days for care and treatment documentation for ALTCS members
- Reimbursement for traditional healing services (renewed request)
- Reimbursement for adult dental services eligible for 100% federal financial participation provided by IHS and Tribal 638 facilities



Targeted Investments Program

- \$300 million authorized by CMS in January, 2017 as a part of 1115 waiver
- Five year project providing resources to providers to support integration of behavioral and physical health care
- Incentive payments based on meeting milestones that support integration and whole person care
- A sixth program year was approved, funded at \$50 million
- Seeking authority to extend program for 5 additional years



Targeted Investments 2.0 Program Goals

Sustain the integration efforts of current TI participants

Expand integration opportunities to new providers

Enhance program incentives to focus on whole person care

Align and support the AHCCCS Strategic Plan



AHCCCS Housing & Health Opportunities (H2O)

Increase positive health and wellbeing outcomes for target populations

Reduce the cost of care for individuals successfully housed Reduce homelessness and maintain housing stability









AHCCCS H2O Demonstration Strategies

Strategy 1: Strengthening Homeless Outreach and Service Engagement

<u>Strategy 2</u>: Securing Housing Funding for Members Who are Homeless or At-Risk of Homelessness

<u>Strategy 3</u>: Enhancing Medicaid Wraparound Services and Supports

On the Horizon



On the Horizon

- Unwinding from the Public Health Emergency (PHE)
- 1115 Waiver Negotiations for 10/1/2022
 - Targeted Investments 2.0
 - Housing and Health Opportunities
 Demonstration (H20)
 - Reimbursement for traditional healing services
 - Reimbursement for adult dental services provided by IHS and Tribal 638 facilities
- ARPA HCBS Implementation
 - \$500 million in provider payments to be disseminated in May 2022
- Completion of the Medicaid Enterprise System Roadmap
- Initial preparations for ALTCS bid (contracts term on 9/30/24)
- Readiness and launch of ACC/RBHAs on 10/1/2022
 - Includes statewide crisis line & 988 readiness and launch



Questions

