











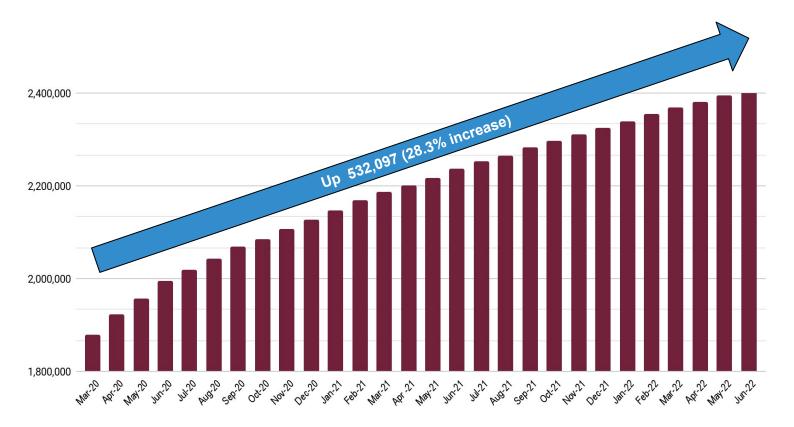


### **AHCCCS Priorities**

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.

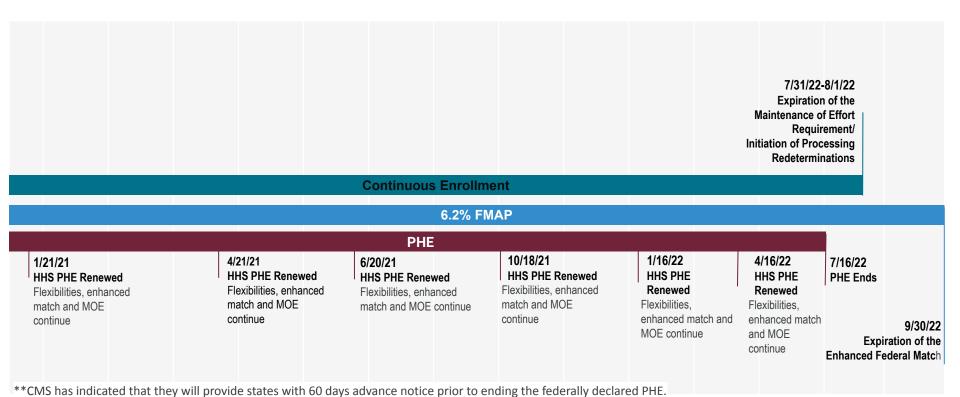
 Implemented strategies to increase COVID-19 vaccination rates among vulnerable AHCCCS beneficiaries

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





# 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

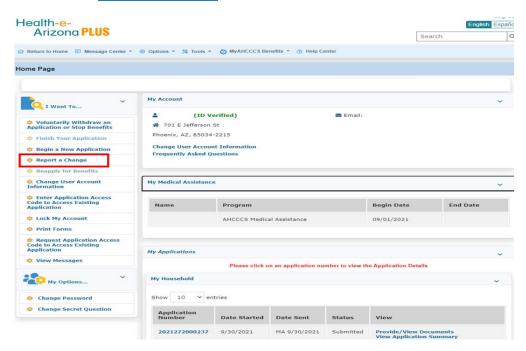
- Reminders to provide updates to contact information or household circumstances and to respond to letters.
- MCOs assisting with member outreach to maintain coverage or connect individuals to alternate coverage options.
- EVERYONE can help ensure member contact information is accurate and current.
-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





Log in or create an account at www.healthearizonaplus.gov



## 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 fluvaccines



## 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

<u>Strategy 1</u>: Strengthening Homeless Outreach and Service Engagement

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

**Strategy 3**: 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

