AHCCCS
Arizona Health Care Cost Containment System

Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

Revised Spending Plan: January 19, 2022

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Submitted with Original Spending Plan
July 12, 2021

Chiquita Brooks-LaSure
Administrator
Department of Health and Human Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure:

Thank you for the opportunity to provide, for CMS review, the attached spending plan and narrative for implementation of section 9817 of the American Rescue Plan Act of 2021.

As identified in State Medicaid Director Letter #21-003, we are pleased to offer the following assurances:

- Arizona will use the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid home and community based services (HCBS) in effect as of April 1, 2021,
- Arizona will use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program,
- Arizona will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021,
- Arizona will preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021, and
- Arizona will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

AHCCCS looks forward to working with CMS to attain the appropriate federal authorities to implement the strategies proposed in the spending plan below, including, as needed, amendments to the 1115 Waiver, State Plan, MCO contracts, and capitation rates, as well as CMS concurrence for strategies that do not require specific federal authority. Distinct authority for included proposals will be sought upon approval of the enclosed spending plan strategies.

Should you have any questions regarding the proposal, do not hesitate to contact Alex Demyan at alex.demyan@azahcccs.gov.

Sincerely,

Jami Snyder
Director

Executive Summary

On March 11, 2021, President Biden signed the American Rescue Plan Act of 2021 (ARPA) (Pub.L. 117-2) into law. Section 9817 of the ARPA provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS). On May 13, 2021, CMS published State Medicaid Director Letter (SMDL) #21-003, which further clarified the qualifying services, improvement activities, and reporting requirements expected of states under Section 9817 of the ARPA. This document serves as Arizona's spending plan as required under Section D of SMDL #21-003.

Arizona's spending plan aims to leverage this historic, time-limited funding to expand and complement AHCCCS' existing HCBS program. Arizona has a long history of supporting individuals enrolled in the Arizona Long Term Care System (ALTCS) to live at home and in the community, demonstrating remarkable success over the past 32 years in ever-increasing HCBS placements. Allowing members to reside in their own homes and community-based settings results in significant program savings while also enhancing members' quality of life. Today, 91 percent of ALTCS members are receiving services in their own homes or in community based settings. These placements generate over $2.2 billion in annual ALTCS program savings (approximately $39,000 per year per member served) while offering enrollees the opportunity to live, work, and engage in the community. Additionally, these funds will be able to provide HCBS supports to non-ALTCS populations, which will further strengthen AHCCCS' commitment to serving members in the least restrictive settings possible, while also promoting the benefit of local, member-centric quality care.

Arizona has identified four key populations at the center of the efforts outlined in this spending plan. They include:

- Arizona's seniors,
- Individuals with disabilities,
- Individuals living with a Serious Mental Illness (SMI), and
- Children with behavioral health needs

Additionally, this spending plan will allow for transformational change of the delivery system, which will enhance care delivery to individuals who are accessing general mental health and substance use services.

Arizona intends to leverage this unprecedented opportunity to implement initiatives that enhance and strengthen HCBS services while simultaneously promoting ongoing access to care and paths to self-sufficiency. Unless otherwise identified below, all activities identified in this spending plan are targeted at providers delivering services listed in Appendix B of the SMDL or that could be listed in Appendix B (e.g.behavioral health services that are covered under another benefit but could be covered under the rehabilitative services benefit), or are focused on the services listed in Appendix B or that could be listed in Appendix B.

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Arizona has identified two critical priorities, each with a number of member-centric strategies that will serve as a roadmap for the state's use of these dollars. The strategies and priorities are detailed in the following table as well as referenced throughout the narrative and spending plan projections.

HCBS Funding Priorities for Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs	
Strengthening and Enhancing Arizona's Home and Community Based System of Care	**Advancing Technology to Support Greater Independence and Community Connection**
(1) Empowering parents and families to provide care and meet the needs of their children	(1) Utilizing new technology to promote care coordination and seamless communication
(2) Funding local initiatives and community-specific programming to improve member health	(2) Creating tools that strengthen quality monitoring and prevent abuse and neglect
(3) Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement	(3) Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence
(4) Expanding access to care from a well-trained, highly-skilled workforce	
(5) Promoting stabilization, access to supportive services, and workforce retention/ consistency to improve member outcomes	

In the 60 days afforded to states to submit the spending plan (30 in the SMDL and a 30 day extension), AHCCCS conducted an extensive stakeholder feedback campaign and received over 200 comments and written testimonies from a broad range of community stakeholders including: individual members, community advocates, providers, associations, health plans, and tribal leaders and other tribal partners. This feedback has informed the proposed priorities and strategies, which aim to enhance the HCBS system across Arizona.

Funds Attributable to the Increase in FMAP and Methodology

The State's enhanced funding is based on the dollars spent by AHCCCS on specific HCBS services between April 1, 2021 and March 30, 2022 (estimated to be $3.6 billion). The federal government will cover an additional 10 percent of all HCBS expenditures, generating approximately $356 million in state reinvestment funds. The State reinvestment funds will support projects and initiatives that enhance and/or strengthen the HCBS delivery system. Based on the planned timing of those investments, AHCCCS expects to invest $1.5 billion in activities that enhance or strengthen Medicaid HCBS; $356 million from

State reinvestment funds which will draw down $1.14 billion in federal funds. These estimates are based on a timeline which permits the State to implement activities which enhance and/or strengthen HCBS as soon as practicable. This expenditure estimate is subject to considerable uncertainty and represents the agency's reasonable expectations of future match rates, enrollment growth, service use, and timing of spending plan activities.

Section 9817 of the ARPA and the SMDL #21-003 clarify which HCBS expenditures from April 1, 2021 to March 31, 2022 are eligible for the temporary FMAP increase. In Arizona, most of these services are delivered through MCOs. AHCCCS proposes to claim the enhanced FMAP under section 9817 for the portion of capitation payments to MCOs that represent qualified HCBS under ARPA using a methodology similar to the approved methodology the agency uses to claim FMAP for other enhanced services. AHCCCS will use health plan encounters for HCBS for the period October 1, 2018 to September 30, 2019, contract year ending (CYE) 2019, to calculate the percent of overall CYE 2019 capitation rates that represent qualifying HCBS services. The resulting percent will then be applied to capitation rates paid from April 1, 2021 through March 31, 2022 to determine the portion specific to qualifying HCBS. In instances where capitation rate certifications already include detail regarding the portion of CYE 2021 and CYE 2022 capitation rates that consist of HCBS, those portions of rates will be used instead of the method described above to identify HCBS that qualify for the 10 percent enhanced match. The portion of each capitation rate specific to qualifying HCBS services will then be multiplied by the actual member months for each rate cell to determine the amount of capitation that qualifies for the additional 10 percent. Additionally, fee-for-service HCBS that qualify for enhanced match will be claimed based on the CMS-64 lines from April 1, 2021 through March 31, 2022. AHCCCS is working with CMS to determine which lines or portions of lines will qualify.

Stakeholder Feedback

AHCCCS developed this spending plan and narrative in concert with a wide array of stakeholder groups, including individual members, community advocates, providers, health plans, associations, and state policymakers. This engagement was vital to ensuring that the proposed programs are consumer-driven and reflective of community needs.

As soon as ARPA was passed, and prior to the release of SMDL #20-003, AHCCCS began receiving and tracking internal and external recommendations for the utilization of the dollars associated with the enhanced FMAP described in Section 9817. Additionally, AHCCCS developed frequently asked questions (FAQs) and messaging on the agency website and in community forums.

Upon the release of the SMDL, AHCCCS immediately began coordinating stakeholder feedback sessions with community partners. Within two weeks of the release of the guidance, AHCCCS met with several provider and health plan associations, as well as Arizona's ALTCS Advisory Council (composed of members, family members and representatives of advocacy organizations), representing a large cross section of HCBS providers. Additionally, the community colleges and university systems in the state were engaged and have contributed to the proposals identified herein. Similarly, it was crucial that AHCCCS involve partners at the Governor's Office, the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) –the state

> "You and your team have done a great job of taking into account so many stakeholders (members, advocates, providers, AHCCCS, and Legislative goals) in such a short period of time."
>
> *Comment received after a community stakeholder session*

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agency that contracts with AHCCCS as the Medicaid managed care organization for members with developmental disabilities, and tribal leaders as well as other tribal partners.

On June 7, 2021, AHCCCS hosted its largest ARPA stakeholder engagement meeting, which was open to any interested stakeholder. During this session, AHCCCS engaged over 100 individual stakeholders and received over 150 comments, many of which have been incorporated into this plan. AHCCCS also engaged with tribal and Indian Health Service, Tribes and Urban (ITU) program leadership through tribal consultations and the Inter Tribal Council of Arizona, the Arizona Council of Human Service Providers, the Arizona Health Care Association, and the Office of Individual and Family Affairs Advisory Council as well as others in order to gain specific perspectives and feedback from stakeholders that are closest to this work. AHCCCS held another general stakeholder engagement meeting on July 7, 2021, in order to present the proposed priorities and strategies to the community; all were well received and consistently supported by the wide variety of stakeholders present.

ARPA HCBS Listening Sessions*
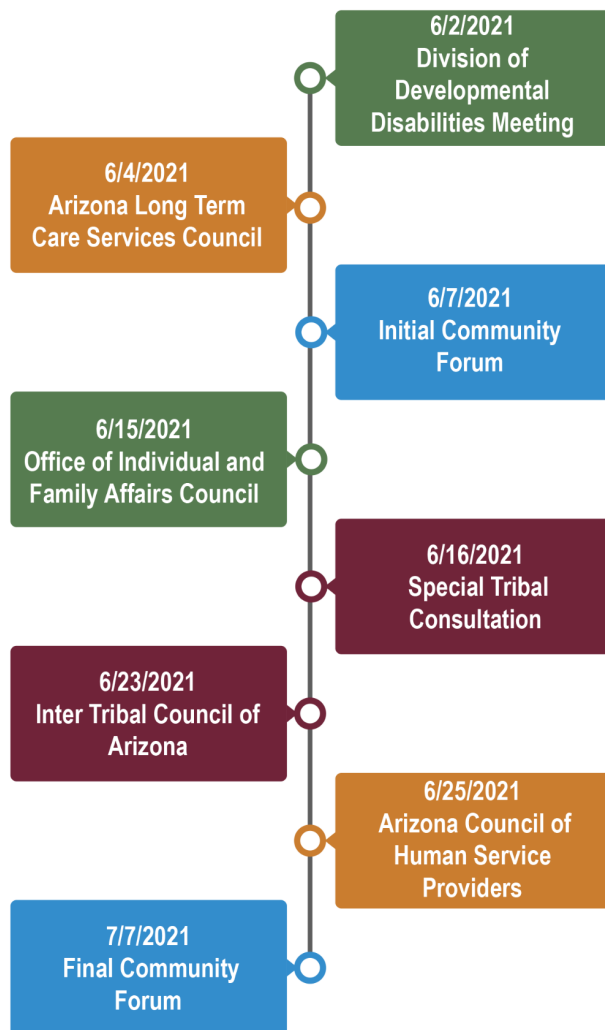
It is important to note that AHCCCS accepted written testimony from stakeholders across the system for the duration of the planning process. All verbal and written input was considered in the creation of this spending plan. AHCCCS will continue to pursue community and stakeholder feedback on fund use throughout the planning and implementation phases and will document any substantive feedback in future quarterly submissions to CMS.

* This timeline reflects AHCCCS' larger stakeholder forums and is not reflective of all stakeholder engagement related to ARPA Section 9817.

6/2/2021
Division of Developmental Disabilities Meeting

6/4/2021
Arizona Long Term Care Services Council

6/7/2021
Initial Community Forum

6/15/2021
Office of Individual and Family Affairs Council

6/16/2021
Special Tribal Consultation

6/23/2021
Inter Tribal Council of Arizona

6/25/2021
Arizona Council of Human Service Providers

7/7/2021
Final Community Forum

Spending Plan Narrative

Strengthening and Enhancing Arizona's Home and Community Based System of Care	
(1) Empowering parents and families to provide care and meet the needs of their children	
Total Funding Request:	**$26.7 Million**
HCBS Initiatives	
Parents as Paid Caregivers of Minors	
Parent University Training and Support Program	

In response to extensive stakeholder feedback and observations made throughout the COVID-19 Public Health Emergency (PHE), AHCCCS has identified several ways that members in Arizona can be better served through engagement and formal supports from their parents. The following proposals describe strategies that aim to strengthen or enhance current HCBS services.

Parents as Paid Caregivers

As a time-limited solution to address concerns regarding the Direct Care Worker (DCW) workforce shortage, AHCCCS seeks approval to allow parents to serve as paid caregivers of their minor children who are enrolled in ALTCS. AHCCCS currently has Appendix K authority to pay parents for providing care to their minor children during the PHE. AHCCCS proposes to continue this allowance following the termination of the PHE as the agency works in partnership with MCOs, providers and community stakeholders to build a robust DCW workforce, employing several of the proposals outlined in this plan. Of note, this was the number one recommendation from community stakeholders in regard to the reinvestment of ARPA funds.

This allowance, extending temporarily through March 31, 2024, will support MCOs in maintaining appropriate and timely access to care. It is anticipated that the removal of this allowance at the end of the PHE would otherwise result in gaps in care due to current challenges associated with DCW recruitment and retention. Under the proposal, parents will be required to be employed by an Attendant Care agency and will be required to meet all provider-specific and AHCCCS-specific criteria for employment including passing standardized DCW competency tests. Additionally, parents will have to comply with electronic visit verification (EVV) requirements to track service delivery and prevent and detect fraud, waste and abuse.

Parent University

AHCCCS is proposing a parent and provider training program that would focus on everything from parenting basics (i.e., infant CPR) to stress associated within parenting roles, including for parents whose children are in the custody of the Department of Child Safety. The intent is to make the parenting program available to parents/guardians of children of all ages with a focus on supporting children in the

home setting and meeting their specific needs. The curriculum content will be applicable to anyone who is a caregiver or parent of a child regardless of the child's level of need.

Funding will be used to assist providers in developing a tool and/or assessment process for determining the needs of the family, especially for those who may access or currently access behavioral health services. Courses will be developed from existing AHCCCS trainings (e.g., Back to Basics training for maternal/child health and children's system of care) as well as national best practices and evidence based curriculum. Additionally, the funding will be used to cover supportive services such as adapting curriculum to online learning modalities.

Outcomes for the training programs will be specific to member/family treatment plans and goals. To date, two specific parenting programs have been identified for this initiative; both are in alignment with AHCCCS' System of Care model (e.g., utilizing strength-based and evidenced-based programs) which covers all age ranges and developmental milestones. AHCCCS is interested in the following programs:

- *Triple P*: An evidence-based parenting program with five levels of focus, ranging from basic to intensive skill levels. The highest level addresses parenting a child or adolescent with behavioral needs (e.g., relationship conflict, depression, etc.) or parents at risk of maltreating children. This program also features a track for parents with children with disabilities or at risk for disabilities. Triple P is available in 10+ languages and can be modified to meet cultural needs and norms of the participants.
- *Strengthening Families:* A targeted program focused on the development of family skills over a 14-week period. Parenting material covers children ages 3-5, 6-11, and 12-16. The primary program focus is to help parents set appropriate expectations for their child's behavior (based on developmental level and age), build positive relationships, and implement positive reinforcement as well as appropriate consequences for the child's behaviors. This program is also available in multiple languages and is targeted for parents of children with complex behaviors and providing supports to successfully maintain the child in their home environment.

Strengthening and Enhancing Arizona's Home and Community Based System of Care	
(2) Funding local initiatives and community-specific programming to improve member health	
Total Funding Request:	**$62.5 Million**
HCBS Initiatives	
Grants that allow for innovative programs, expanded or enhanced supports, and infrastructure development or modification	

AHCCCS recognizes that health and well-being is a very personal journey and specific to each person's individual needs and preferences. Care models are no different; there are person, population, and region-specific considerations (as well as others) that must be accounted for to develop meaningful and robust programs.

Grants

AHCCCS proposes to allocate five percent of the funds attributable to the enhanced FMAP to grant programs for HCBS improvement activities. Eligible recipients will include, but not be limited to: providers, health systems, and contracted vendors all across the state. To assist with the administrative lift of this program, the state proposes to provide these dollars to an external organization familiar with grant administration and capable of managing the grant programs on behalf of AHCCCS. In concept, AHCCCS proposes to set up two grant programs; one for programmatic enhancement and one for approved infrastructure investments.

Dollars associated with the proposed programmatic grants will be targeted toward providers to assist in advancing workforce retention and development strategies including training, coaching, supervision, and/or building relationships with employment and education partners. Additionally, the grant dollars may be used to provide specialized training to direct care workers that support individuals with specific needs such as members transitioning from a pre-employment day program to integrated and competitive employment.

Grant dollars may also be used to support programs that address health disparities and/or social risk factors, including unique aspects of both in rural and frontier areas of the state. Stakeholders expressed particular interest in programming that addresses member social isolation. Examples include, but are not limited to: expanded supported employment opportunities, training classes on relationship communication, workshops or groups focused on peaceful interaction and building community, art therapy workshops to reduce social isolation, and/or funding projects to build and maintain community gardens. Additionally, one-time stipends to procure and train service animals will be considered as a means to reduce social isolation and support independence.

Separate from improving programmatic strategies, AHCCCS proposes that grant dollars be available to purchase or improve upon certain infrastructure, including but not limited to: creating new independent living settings, purchasing technology (remote patient monitoring devices, broadband access, etc.), or upgrades to such items. Lastly, physical plant improvements such as GPS fire suppression systems in group homes, bathroom accessibility modifications, enhanced airflow for infection containment, weatherizing homes to reduce energy/utility cost burden, solar improvements for those members living in a rural setting without access to electricity, quiet or sensory rooms for group homes, telehealth equipment and/or a private area for sessions will also be considered. Awards under this proposal may include capital investment dollars, and no ongoing internet or other long-term cost commitments will be funded through this proposal.

Strengthening and Enhancing Arizona's Home and Community Based System of Care	
(3) Assessing member engagement and satisfaction to better understand needs, prevent abuse and neglect, and identify opportunities for improvement	
Total Funding Request:	**$5.2 Million**
HCBS Initiatives	
National Core Indicator Survey (member satisfaction/experience survey)	
Member and Provider Outreach and Engagement Toolkits (EVV and HCBS Settings Rules)	
Statewide Abuse and Neglect Prevention Awareness Campaign	

One of the most important aspects of evaluation of the AHCCCS program is member feedback. Programs are the most effective when they are meaningful to members and in alignment with personal perceptions of quality care. Additionally, the better educated a member is regarding their right to quality care, free from abuse or neglect, the more likely they will be to speak up if their care is less than desirable; thus creating a stronger delivery system. The following strategies aim to engage and educate members in order to support continuous improvement and strengthen the delivery system.

Implementation of the National Core Indicator Survey

The National Core Indicator (NCI) survey is an HCBS-based member satisfaction survey. DDD currently implements the NCI for its members; however, there are anticipated opportunities for expanding the scope and data sharing with AHCCCS including the creation of a repository for the data to be submitted to AHCCCS so it can be utilized to assess the ALTCS system as a whole and explore ways to reflect the DDD subcontracted health plans in this analysis. Additionally, AHCCCS proposes to implement the NCI-Aging and Disability (NCI-AD) survey for the ALTCS-Elderly and Physically Disabled (EPD) population. This will allow AHCCCS to gain a better understanding of member perceptions as well as report on federal core performance measures. AHCCCS will conduct this survey at least every other year, starting in 2021 if approved.

Additionally, the NCI/NCI-AD surveys will provide invaluable insight on member experiences and on opportunities for system improvement. For example, the survey will provide AHCCCS an aggregated picture of the member experience in order to evaluate the impact of the Home and Community Based Settings Rules. This information will help AHCCCS in planning for future programmatic needs and also serve as an effective tool for monitoring MCO performance and the engagement of members. Data from the surveys will allow for national comparison of like-populations as well as benchmark setting to aid in year-over-year evaluation of the populations served. The routine administration of the survey will support the evolution of AHCCCS' quality improvement program and reinforce AHCCCS' commitment to continuous improvement and member-centric care.

Member and Provider Outreach and Engagement Toolkits

In furthering the success of the state's monitoring and oversight goals related to HCBS, it will be critical to develop outreach and engagement materials to support member and provider adoption of the EVV and HCBS Rules initiatives. This proposed funding will be utilized to develop an outreach/communication plan informed by input from members, their families and providers and the subsequent development of educational material including, but not limited to videos, one-pagers, and frequently asked questions.

Statewide Abuse and Neglect Prevention Awareness Campaign

Protecting vulnerable adult populations with disabilities and those who are elderly has been a primary focus of the state of Arizona and the Medicaid program for the past several years. Individuals who are elderly and those with disabilities are at greatest risk for abuse, neglect, and exploitation. On February 6, 2019, Governor Ducey issued Executive Order 2019-03 Relating to Enhanced Protections for Individuals with Disabilities that directed AHCCCS, the Arizona Department of Health Services (ADHS), and the Department of Economic Security (DES) to convene a work group to make recommendations that would further protect and improve care for individuals with disabilities. The Abuse, Neglect, and Exploitation Prevention Task Force composed of individuals with disabilities, their families, advocacy

organizations, and relevant state agency staff submitted 30 recommendations to the Governor on November 1, 2019. The recommendations focused on improving systems, collaboration between agencies, and the training of caregivers and stakeholders on the prevention and reporting of abuse, neglect, and exploitation.

Task Force Recommendation #22 indicates that a statewide public awareness campaign, managed by the Arizona Department of Economic Security, Division of Aging and Adult Services-Adult Protective Services (DES-APS), should be launched with the purpose of informing Arizonans of signs of abuse, neglect, and exploitation and how to report concerns. In order to be impactful and beneficial to all Arizonans, a comprehensive statewide campaign targeting all segments of the population using a variety of media platforms (including radio, television, social media, and printed material), is required.

Strengthening and Enhancing Arizona's Home and Community Based System of Care	
(4) Expanding access to care from a well-trained, highly skilled workforce	
Total Funding Request:	**$216.9 Million**
HCBS Initiatives	
Create and Implement an Interactive, Caregiver Pathway Platform	
Career/Training/Education Initiative	
Behavioral Health Practice Tools as Continuing Education Units (CEU)/Continuing Medical Education (CME)	
Continuing Education Units (CEU)/Medical Education (CME) for Intellectual/Developmental Disability (I/DD) Providers	
Development of an Online Database to Track and Monitor Workforce Development	

A key priority for AHCCCS is ensuring timely access to high quality care, regardless of whether a member resides in urban or rural parts of the state. Additionally, care and services should be delivered in a thoughtful, member-centric manner that meets individuals' specific needs and care goals. This funding will expand access to care from a well-trained and highly-skilled workforce through comprehensive training programs that incorporate Arizona-specific guiding principles, evidence based principles, and nationally recognized best practices. Additionally, AHCCCS, in partnership with Arizona's universities, colleges, trade schools, and high schools, will develop stackable training modules that support direct care workers with entry level training as well as supervisory and management courses, and create pathways to related professions, facilitating caregiver consideration of options such as becoming a nurse, behavior analyst, behavioral health professional, or other critical positions within Arizona's health care delivery system.

Create and Implement an Interactive, Caregiver Pathway Platform

The Caregiver Career Development Pathway (Pathway) is currently being developed by an AHCCCS contracted health plan to encourage individuals to start their health care career as a DCW. The Pathway includes an interactive career "map" illustrating how a DCW can gain the experience, skills, and credentials needed for a lifelong health care career. AHCCCS proposes enhanced funding for this project to ensure a statewide user base and timely completion. Ultimately, the Pathway platform will become

part of a larger product called Pipeline AZ, which is already widely used by education and career training centers in the state. The platform has the potential to expose a wider pool of applicants to job opportunities at health care providers. The target populations for this tool are pre-career adolescents and adults with limited to no work experience, mid-career adults thinking about changing careers, post-career seniors looking to extend their working life, the peer workforce, and the I/DD workforce. The Pathway will help interested individuals:

- Develop an individually tailored career map,
- Learn about particular health care jobs,
- Virtually tour a setting and hear from current health care workers and individuals and families receiving care,
- Determine whether the user possesses the skills, preferences, and traits needed to secure an entry level position such as DCW,
- Connect to testing, job training, and education resources needed to earn required certifications and understand the hiring process, and
- Find financial resources to help with career-long education and training costs.

With this career map, users will be able to visualize career paths and access career and job-specific information libraries about job roles, employers, and setting types. This tool will help users make educated decisions about career choices and progression. Interactive videos will provide virtual tours of health care settings and first-person interviews with in-service personnel and individuals and families receiving care. Testing and survey features will simulate competency tests of the skills, preferences, and traits of various jobs. The platform will also incorporate employer and resource information, as well as a referral portal that enables the user to connect to employers, testing, training, and/or education resources. Lastly, the platform will be connected to the DCW database within the state.

Increased accuracy of information about the requirements of a specific career area, job type, or employer prior to applying for a job enables a more informed choice about the career, role, and/or employer. Participation in pre-hire education, assessment, and decision-making strengthens an individual's commitment to staying on the job, which reduces workforce volatility in the early stages of the job and increases the likelihood the person will maintain a career in the field. By increasing access to this information, the hope is to attract individuals who are starting, changing, or extending their careers, thereby increasing the pool of committed workers.

Career/Training/Education Initiative

AHCCCS is proposing workforce development enhancements through a career development, education, and training initiative in order to improve the hiring and retention rates of DCWs and behavioral health technician (BHT)/behavioral health paraprofessional (BHPP) staff. AHCCCS has roughly 225 approved DCW training and testing programs across the state. AHCCCS will strengthen and enhance existing partnerships with these programs, including high school career education programs, training companies, technical schools, and community colleges. More specifically, the agency will proceed in establishing micro-credentials, allowing DCWs to achieve additional skills and specialized competencies (e.g., skills/competencies specific to serving individuals with intellectual/developmental disabilities and behavioral health needs, individuals with advanced dementia, etc.). This will allow for the incorporation of advanced competencies into existing curricula and the expanded use of learning management system

(LMS) platforms. Providers will then have the flexibility to establish different levels of responsibility and compensation for employed DCWs based on member needs.

The agency will also form a workgroup consisting of representatives from AHCCCS' contracted health plans, provider associations, community colleges, and other experts to design a professional development program for the HCBS workforce. It is anticipated that the professional development program will include a variety of models from long-term tuition reimbursement and deferral programs to grants for AHCCCS Members who want to join the HCBS workforce, allowing for the financing of opportunities such as traditional short term training and conference attendance.

Behavioral Health Practice Tools as Continuing Education Units (CEU)/Continuing Medical Education (CME)

In order to support fidelity across the delivery system, AHCCCS proposes developing CEU/CMEs for providers who support members' behavioral health needs. AHCCCS has a set of guidance documents outlining local and national best practices in regard to member support and engagement. The documents cover appropriate service delivery from birth to age five and through adulthood. Some of the documents are quite lengthy and, while the information is very valuable, it is widely understood that providers may not be able to dedicate the time necessary to thoroughly review the material in the current written format. AHCCCS proposes developing the material into an electronic learning format and having the material certified as CEU/CME in order to promote provider engagement and ongoing learning.

Continuing Education Units (CEU)/Medical Education (CME) for Intellectual/Developmental Disability (I/DD) Providers

In conjunction with DES/DDD, AHCCCS proposes to procure consulting services to develop CEU/CME training modules specific to best practices, empathy, cultural/familial sensitivity, and member-centric care for providers who serve members with an I/DD. Courses may also be developed by DES/DDD and/or their subcontracted health plans, based on identified needs such as co-occurring physical and mental health considerations and substance use disorders.

While care and treatment have come a long way in recent years, there are still providers who are reluctant to serve individuals with an I/DD and/or do not understand how to effectively engage these members in their care journey. Additionally, it is not uncommon for providers to inaccurately write-off member conditions as part of their I/DD diagnosis or claim that treatment will be ineffective because of their I/DD diagnosis. The primary goal of the CEU/CME courses is to reduce stigma, educate on person-centric care models for people diagnosed with an I/DD, and promote a more informed and engaged workforce. Provider engagement will be measured through the number of providers trained, as well as pre/post-test scores. Additionally, these courses may be assigned as corrective actions for quality of care concerns as appropriate.

Development of an Online Database to Track and Monitor Workforce Development

As a complement to the workforce development strategies identified in previous sections of this document, AHCCCS proposes an investment in the Workforce Data Reporting System (WDRS), which is an online database and data modeling technology. AHCCCS Contractor Operations Manual (ACOM) policy 407 (Workforce Development) establishes a common set of workforce data reporting requirements for

the workforces across all AHCCCS lines of business. The WDRS will be used by AHCCCS, MCOs and providers to input, process, report on, and monitor trends affecting the acquisition and retention of the healthcare workforce. The information collected will be modeled by provider, provider type, workforce segment type, network, industry, and the overall statewide workforce. Eventually, the WDRS will allow for workforce forecasting.

The proposed WDRS consists of the following elements:

- Required data as identified in ACOM policy 407 that quantitatively describes the workforce such as the size of the workforce, worker demographics, retention and turnover rates, time to fill positions, etc.,
- Workforce survey data such as the DCW Survey to collect qualitative data directly from the workforce, and
- Ad hoc data that may be needed for reporting purposes.

A system to collect, process, analyze, model, and report data about the workforce is crucial to improving the HCBS workforce. The ability to monitor data will give AHCCCS and the MCOs the ability to proactively intervene with the provider community in workforce recruitment and retention matters.

Strengthening and Enhancing Arizona's Home and Community Based System of Care	
(5) Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes	
Total Funding Request:	**$1.011 Billion**
HCBS Initiatives	
Attracting and Retaining the Workforce	
Provider Rate Surveys	
Comprehensive Workforce Development Plan	
Behavioral Health Environmental Scan	
I/DD/BH Co-Occurring Diagnoses and Community Supports	
Development and Implementation of a DCW Credentialing Process	
Home Delivered Meals	
Extension of HCBS to Aging Members Living with a Serious Mental Illness	
Provision of Personal Care Services in a Short-Term Acute Care Setting	

In order to best serve AHCCCS members, complete and timely access to comprehensive HCBS supports from knowledgeable, well-trained providers is critical. Providers are facing a multitude of challenges in regard to recruiting and retaining an adequate caregiver workforce. Accordingly, AHCCCS is proposing several initiatives that will result in a comprehensive HCBS workforce development (WFD) strategy that will meet the projected care needs of the HCBS community for years to come. This strategy aims to braid current WFD programs and initiatives with novel and innovative strategies, while fostering new community collaborations along the way. Wrapped around all of these strategies is a comprehensive

workforce development plan incentive to move the HCBS system forward in ensuring providers are able to realistically assess their current and future staffing needs, as well as develop recruitment and retention strategies for maintaining an adequate workforce.

Attracting and Retaining the Workforce

Time-limited payments to providers are the most straightforward strategy to incentivize workers to enter or remain in the workforce. Funding will allow provider agencies to pursue recruitment and retention options such as sign-on bonuses, retention payments, mileage reimbursement, reimbursement for tuition or continuing education, reimbursement for childcare and/or enhanced insurance coverage. AHCCCS will establish appropriate criteria to ensure that provider recruitment and retention strategies do not create an expectation of ongoing benefits, given the time-limited nature of this funding opportunity.

> A workforce survey of Direct Care Workers conducted by Paraprofessional Healthcare Institute (PHI) in 2021 estimates that Arizona providers will need to fill nearly 130,000 paid caregiver job openings from 2016 to 2026. (Campbell 4)

The proposed strategy includes payments from Medicaid MCOs to HCBS and rehabilitation (behavioral health) service providers as well as from the AHCCCS Division of Fee for Service Management (DFSM) to Tribal ALTCS and other qualified American Indian Health Program (AIHP) providers. The allocation of funds will be based on utilization data, and will be allocated according to the percentage of total services rendered by DCWs and BHTs/BHPPs (e.g., personal care, attendant care, respite, homemaker services, habilitation, behavioral health related rehabilitation including screening/evaluation/assessment, living skills, health promotion, supported employment, family support home care training, and peer support services). This strategy assumes that the portion of state reinvestment funds used for payments will be reinvested in equal amounts over each of the three years.

Electronic Visit Verification

Another retention strategy provides time-limited payments to incentivize providers in developing the operational and system infrastructure to comply with EVV requirements. This one-time support will create incentives for providers to meet milestones as they prepare for the transition from the soft claim to the hard claim edit period. During the soft claim edit period, providers can still receive payment for HCBS services if EVV data is missing entirely or incomplete. Once the hard claim edit period begins, incomplete claims will be denied. These incentives will be in addition to planned payments which focus on compliance with claims enforcement. Under this proposal, the amount of the incentive will be determined based on the size of the provider's membership receiving EVV-related services.

Payments will be granted during the transition to hard claim edits and the policy compliance phase. The payment will be furnished to providers who meet basic compliance standards including downloading a welcome kit, completing training, and demonstrating active use of EVV. The incentive can be used to support general onboarding efforts including the development of internal policies and procedures, staff training, and member orientation to meet both agency-specific and AHCCCS policy requirements. For additional context, there are home health and behavioral health providers subject to EVV for services provided in the home or community. Time-limited payments described in this section are intended to support all providers subject to EVV.

Closed Loop Referral System
In addition to incentivizing providers to comply with EVV, AHCCCS proposes to use a small portion of the funds attributable to the enhanced FMAP to promote the use of Arizona's closed loop referral system (CLRS) to address members' social service needs. By connecting healthcare and community service providers on a single statewide platform, this technology will streamline the referral process for SDOH-related needs, foster easier access to vital services, and provide confirmation when social services are delivered.

Therapeutic Foster Care
For children in the custody of the Department of Child Safety, foster care placements in home settings are ideal. This allows for individualized focus on the child's specific needs and brings greater stability during a traumatic time in the child's life. Beyond general foster care homes, some children need enhanced supports in order to learn how to exist in a functional home environment with prescriptive behavioral supports (therapeutic foster care or TFC). TFC providers are critical to maintaining some of the most vulnerable children in home based settings; however, Arizona has seen limited interest from families in assuming this additional responsibility. AHCCCS proposes two time-limited payments for this provider type; the first being authorized upon successful completion of licensure for a new therapeutic foster home and the second being authorized upon successful uninterrupted service provision for 60-days following the child's initial placement with the TFC provider.

Provider Rate Surveys

AHCCCS proposes to contract with an independent consulting firm to complete a study on reimbursement rates for HCBS and behavioral health outpatient services. The Arizona workforce and labor market has experienced significant changes in recent years that have directly impacted HCBS and behavioral health providers. A full study of reimbursement rates will allow AHCCCS to evaluate the current state of reimbursement for these providers. The study will be completed through a collaborative process with all stakeholders involved in the process. Stakeholders will be an integral partner in the development of the study by providing financial data, survey data, and feedback throughout the process. In addition to this initial comprehensive review, AHCCCS will contract with a consulting firm for an annual scan of the reimbursement rates through March 2024.

Comprehensive Workforce Development Plan

AHCCCS proposes to offer time-limited payments, using its existing differential adjusted payment (DAP) program, to incentivize providers that develop a comprehensive Provider Workforce Development Plan (PWFDP) aimed at recruiting and retaining DCWs, BHTs and BHPPs, including workers with disabilities and lived experience. This funding will be available to all providers of HCBS services. In order to receive funding, providers will be required to develop a PWFDP addressing the following components:

- Stability Assessment - An assessment that details the provider organization's baseline retention rate, turnover rate, and the time required to fill DCW/BHT/BHPP positions (time to fill) for the previous two years.
- Recruitment Plan - A written plan detailing the goals and steps the provider will take to recruit, select, and hire the number of DCWs/BHTs/BHPPs needed to staff the organization from specific population pools the provider believes may be productive sources of candidates.

- ○ It will be mandatory that one of these named candidate pools will be individuals with disabilities and/or individuals with lived experience, and
  - ○ Regarding race, ethnicity, and language (REL), it will also be mandatory that candidate pools consider a workforce reflective of the population served.
- Retention Plan - A written plan detailing the interventions the provider intends to take to improve or maintain the stability (retention rate) of the workforce.

Additionally, one-to-one technical assistance will be available to providers in developing a PWFDP.

Behavioral Health Environmental Scan

AHCCCS proposes to complete an in-depth review of specialty providers across the state and their related capacity to serve members with complex conditions such as polydipsia, substance use disorder, sexually maladaptive behavior, and others. In many instances, these complex conditions lead to out-of-state treatment due to the limited in-state treatment options. This can be disruptive to the members, taking them away from their natural supports, daily routines, and familiar settings, which may add to their already complex behaviors and diagnoses. In order to better support localized treatment, AHCCCS proposes to evaluate member needs, provider specialties/capacity, and potential gaps between the two. It is anticipated that the evaluation will be completed within the first year of the ARPA funding and that implementation of system improvements will begin in year two and carry throughout year three. Additionally, this evaluation will be conducted in concert with AHCCCS' current Olmstead planning, and any other local environmental scans in the state.

I/DD/BH Co-Occurring Diagnoses and Community Supports

AHCCCS proposes to fund the development of specialized Assertive Community Treatment (ACT) teams to provide wrap-around support to DDD members with complex BH diagnoses. This proposed strategy will include developing guidelines for how to incorporate ACT teams for I/DD members and will also focus on fidelity training for MCOs and providers. AHCCCS will ensure that the ACT teams are compatible with the traditional Substance Abuse and Mental Health Services Administration (SAMHSA) ACT model. Furthermore, AHCCCS will evaluate the ability to expand upon the SAMHSA model of ACT to outline specific criteria for Arizona which takes into account the current residential structure for members enrolled with DDD and the ability to provide some services via telemedicine. Services will be specifically tailored to individuals with intellectual and developmental disabilities and a co-occuring Serious Mental Illness designation and a LOCUS score of 4 or above.

Funding will be utilized for the development of these teams through existing infrastructure with existing contracted providers by providing increased funds for staffing and specialty training specific to the needs of those with an I/DD. Additionally, the funding will be utilized to support an external entity to provide increased training and support to standard ACT teams to increase their awareness of how to provide services and support to those with an I/DD. Initially, one specialty ACT Team in each GSA will be developed, with the intent of providing additional training to existing ACT teams.

AHCCCS also proposes to build out the statewide crisis model to better support members with I/DD. AHCCCS will develop more extensive crisis worker training to support informed and thoughtful responses when engaging with a member who has an I/DD to ensure connection to appropriate services and supports. In addition to training across the crisis system in Arizona, AHCCCS will bolster the crisis

response system by increasing the number of crisis response teams that carry specialized training and emphasis on members with I/DD.

Development and Implementation of a DCW Credentialing Process

Community stakeholders and delivery system providers have indicated interest in developing a formal credentialing process for direct care workers. If determined by the research that DCW credentialing is reasonable and achievable, AHCCCS will work with DCW agencies to develop a shared information system and relevant supports (such as a credentialing verification organization) to assist with the ongoing monitoring and management of DCW credentials. Additionally, policies and procedures will need to be developed, and the state will need to evaluate the level of engagement necessary from state agencies (i.e AHCCCS, Department of Health/Licensure, DES-APS). The ultimate goal will be to build an automated credentialing process to the extent possible and facilitate direct linkages to the state's DES-APS registry. Ideally, this system will also tie into the DCW Training system currently in place so that training and CEUs are clearly documented as part of the credentialing process.

Home Delivered Meals

AHCCCS proposes to create parity in the ALTCS program by obtaining authority to allow for DDD members to receive home delivered meals, thereby making a current Appendix K PHE Waiver authority permanent. Historically, it is unclear why Waiver authority was not initially granted for the DDD population along with the authority for the EPD population. It is largely assumed that, at the time, the decision was made not to extend the benefit to the DDD populations because members were mostly living at home with their families where meals may be provided as an informal support.

Recent data shows that more and more members with I/DD are choosing and are able to live independently in the community. This benefit will create opportunities for enhanced independence and could reduce attendant care utilization. Throughout the pandemic, AHCCCS' contracted MCO serving persons with developmental disabilities did not report network adequacy issues, and it was understood the existing network of providers currently utilized by the EPD Contractors and the DES/Division of Aging and Adult Services was and will be able to absorb the services when extended to DDD members.

Extension of HCBS to Aging Members Living with a Serious Mental Illness

AHCCCS also proposes to extend certain HCBS to acute members who are aging (65 years and older), determined to have a Serious Mental Illness and who do not meet the institutional level of care criteria to qualify for ALTCS. Some HCBS or comparable services are already available under the acute behavioral health benefit including personal care, respite, skills training and development. This specific proposal seeks to make services available to this targeted group of members who do not meet the institutional level of care criteria including medically necessary attendant care services provided in assisted living residential settings, emergency alert services, and the community transition service. These services fall outside of services identified in Appendix B.

Individuals determined SMI are living longer, in part, because of improvement to the health care delivery system, and EPD Contractors are seeing higher rates of individuals aging with behavioral health needs. The provision of these HCBS services, which are not currently available, expand, enhance and strengthen HCBS in Arizona by serving as early intervention services to mitigate the impact of the severity of a member's behavioral health symptoms, as well as chronic physical conditions. If executed successfully,

this proposal has the potential to reduce cost of care, improve member outcomes and satisfaction, and reduce the health disparities experienced by members who do not currently qualify for an institutional level of care.

Provision of Personal Care Services in a Short-Term Acute Care Setting

AHCCCS is proposing to seek authority for the payment of personal care services (rendered by an outside provider) in an acute care hospital or short-term institutional stay (i.e. inpatient behavioral health facilities). This service expansion would be limited to instances when the support needs of the member are either outside of the scope of the services available in the setting and/or are unavailable to the extent required to meet the member's supervision, personal care, communication and/or behavioral stabilization needs. The provision of these supplemental supports enhances, expands, and strengthens HCBS by helping to ensure the member's health and safety and ability to fully benefit from the course of treatment, while also improving upon care coordination and discharge planning activities. Under this proposal, the person-centered service plan team and process will document the medical necessity for the service including the amount and duration of the services. Providers of attendant care, companion care, and habilitation services will then qualify for reimbursement of services provided in one of the aforementioned care settings.

Advancing Technology to Support Greater Independence and Community Connections	
(1) Utilizing new technology to promote care coordination and seamless communication	
Total Funding Request:	**$74.7 Million**
HCBS Initiatives	
HCBS Provider Electronic Medical Records	
ALTCS Health Plan Technologies	
Case Management/EHR System for the Division of Developmental Disabilities (DDD)	
Updating the PASRR System Portal	
Upgrading the Client Assessment and Tracking System	

Members are best served when their care is delivered in a coordinated, seamless manner. This is largely achieved through the use of technology and the timely sharing of information in order to quickly communicate member needs, diagnoses, health information, personal goals, and other critical data points. Additionally, technology, information systems, and assessments can quickly become out of date due to innovation, new research, and improvement activities. Eventually, it becomes not only desirable but necessary to update these tools in order for Medicaid and provider staff to adequately serve members. However, due to budget constraints, this is normally not a possibility. Section 9817 of the ARPA provides a historic opportunity to invest in needed upgrades to eligibility and case management systems. Accordingly, AHCCCS proposes the following strategies to promote care coordination and seamless communication.

HCBS Provider Electronic Medical Records

When HITECH funds were made available, there was a noted absence of incentive funding and associated requirements for HCBS providers such as Assisted Living Homes/Facilities (ALH, ALF) and group homes. This omission has resulted in a gap in technologies between HCBS and non-HCBS provider types, and has created disparities between the different member populations that these providers serve. As such, AHCCCS is proposing that a portion of funds will be reinvested to support HCBS providers in purchasing an Electronic Health Record (EHR) platform. The EHRs will be required to meet national standards regarding bi-directional exchange with other providers, further enhancing coordination of care and potentially limiting duplication of effort. This will also allow MCO case managers to access information to further support care planning and the implementation of HCBS Rule requirements while reducing the burden on provider staff who currently rely on paper records and or site-specific electronic documentation. In addition, receiving providers will be encouraged to achieve bi-directional exchange with Arizona's Health Information Exchange (HIE).

ALTCS Health Plan Technologies

In addition to innovative technology platforms, it will be crucial to ensure AHCCCS' ALTCS health plans are able to continue to integrate technology into their processes. Notably, AHCCCS proposes funding its contracted health plans to furnish devices to their case manager staff. Currently, much of the person-centered planning process is conducted on paper or with outdated technology. Updating case managers' hardware and software will help to convert person-centered planning into an electronic format and subsequently allow AHCCCS to develop reporting requirements for enhanced monitoring of member progress on an aggregate level.

While AHCCCS' EPD plans have begun work to build the new person-centered planning elements into their data systems, DES/DDD is not as advanced in the planning or implementation of this effort largely due to budget restrictions. Investments in this technology will benefit the members and case managers in both DDD and Tribal ALTCS. The proposed upgrades to these systems are critical to ensuring AHCCCS can collect more robust data to inform decisions in the future. In addition to the investment on the plan level, this proposal will include resources for AHCCCS to build monitoring capacity. No ongoing internet connectivity cost obligations will be funded as part of this proposal.

Case Management/EHR System for the Division of Developmental Disabilities (DDD)

Based on many of the strategies outlined above, along with the opportunity to build greater administrative and care coordination efficiencies, AHCCCS proposes to use a portion of the ARPA funds to obtain an Electronic Health Record (EHR) system for DDD and its HCBS providers (described separately above). A comprehensive system will allow for easier access to health records, leading to more efficient care and an improved member experience. With more real-time access to information, DDD support coordinators (case managers) will be better able to assess changes in status and/or the need for intervention, which will result in reduced need for higher levels of care.

Ideally, this system will link directly to the state's HIE for bi-directional access to member health information. This will allow DDD to support members with additional activities, such as creating and storing Advance Directives. With this system, DDD will build procedures for more efficient provider monitoring and oversight that will limit the reliance on quality monitoring presence onsite vs. allowing for more extensive chart reviews to identify systemic and provider-specific trends. The information

collected will also flow to the upgraded AHCCCS case management and quality improvement systems (both described in this submission) in order to ensure consistency and completeness of data across the ALTCS delivery system.

Updating the PASRR System Portal

Currently, AHCCCS maintains a website (AHCCCS Online) designed for AHCCCS-registered providers. It offers the convenience and efficiency of several online services where providers can check member eligibility and enrollment, claims submissions and status, prior authorization inquiries, and more. It also integrates with existing systems like the Prepaid Medical Management Information System (PMMIS), and allows for easy access to information, as well as a single site where information can be submitted and uploaded. AHCCCS proposes to expand the existing portal to include the Preadmission Screening and Resident Review (PASRR) and, if this is not possible, to create a new system for this purpose.

The system will be used internally and externally for receiving, storing, and responding to PASRR Level II Evaluation requests and information, storing and receiving Level I and Level II PASRR invoices, generating reports for the purpose of monitoring and oversight of the program and, as needed, for data collection. Currently, the PASRR process is a manual process whereby facilities and contractors submit requests for Level II evaluations, and Level I and Level II invoices to the AHCCCS PASRR Coordinator via the PASRR mailbox. In the month of May 2021 alone, a total of 125 requests were submitted.

Regarding Level II evaluations, facilities often attach upwards of 100 pages of supplemental medical, behavioral health, and/or other supporting documentation which requires several email submissions due to file size limitations. This manual process puts a significant time and resource strain on the PASRR Coordinator and the case management unit. All data related to PASRR are currently entered and tracked manually on an excel spreadsheet, and an investment in this platform will undoubtedly result in a more streamlined process.

Upgrades to this portal will include the automation of PASRR program requirement tracking, including the submission of requests for evaluations, the outcome of requests, the submission of completed evaluations and outcomes, and the submission of Level I and Level II invoices for reimbursement. This will help expedite and streamline the overall process, but more importantly it will reduce administrative barriers for the individuals awaiting determination of the appropriateness of nursing facility placement. Members will benefit from timely assessments and determinations as well as seamless care care coordination as the appropriate level of care is assessed.   A portal of this nature will also allow for facilities and contractors to access the status of requests and reimbursement at their convenience, and allow facilities and contractors to easily submit information without email size limitations, the latter of which will aid in comprehensive documentation to support enhanced accuracy of decisions and ultimately benefits the members as outcomes are determined. This Portal will also serve as a platform for PASRR related information and training resources.

Upgrading the Client Assessment and Tracking System

The Client Assessment and Tracking System (CATS) is a sub-system of the AHCCCS mainframe computer system used for case management by ALTCS EPD MCOs, DDD, and Tribal ALTCS Programs. AHCCCS proposes to procure a more robust data entry and case management system that will allow for one central location to store and track all member data. This includes contact or demographic information, case notes, appointment scheduling, prior authorization, historical data and information, and member

communications. This is especially critical for AHCCCS' Tribal ALTCS Case Managers, as the CATS sub-system is antiquated but currently serves as their only case management system. The CATS upgrade will be aligned with AHCCCS' modernization of its PMMIS.

The case management process involves a great deal of information collection. Case managers each work with dozens of members, and are collecting hundreds of data points at any given time. In the current system, it is difficult to keep track of this information. Data reports are essential to the oversight and monitoring of the ALTCS Program, and are currently run through a data warehouse server based on information entered into and available through CATS. These tedious processes make it difficult to have timely and full visibility into all of the data being collected. A new case management system will be linked to the data warehouse to allow for improved analytics and metric reporting as well as MCO, provider, and member tracking and trending.

Currently the Tribal ALTCS Programs rely on fax and email confirmations to obtain the status of a long-term care service request submitted to AHCCCS. Development of an automated authorization process as well as the ability to create new summary reports will reduce the overall turnaround time for services that require a special rate or approval by AHCCCS. Consolidating member information in one place will make it easier to visualize the data, create reports, and leverage the data that case managers are already collecting.

Another major benefit of an improved data entry/case management system is that member progress and other metrics will be able to be more easily tracked and accessed. This will give AHCCCS better insight as to how the agency is performing and may also help identify more opportunities for improvement.

Advancing Technology to Support Greater Independence and Community Connections
(2) Creating tools that strengthen quality monitoring and prevent abuse and neglect

Total Funding Request:	$ 3.2 Million
HCBS Initiatives	
Development of an Online Dashboard that Details HCBS Quality	
Upgrades to the AHCCCS Quality Improvement (QI) System	
Creation of a Central Employment Repository	

AHCCCS' quality strategy is designed to ensure that services provided to members meet or exceed established standards for access to care, clinical quality of care, and quality of service. In addition, the quality strategy leads to the identification and documentation of issues related to those standards, and encourages improvement through incentives or regulatory actions. As described below, AHCCCS has identified several strategies to further the agency's quality strategy including the development of an online database to track and monitor workforce development metrics, upgrades to the AHCCCS Quality Improvement (QI) System, and development of a central employment repository.

Development of an Online Dashboard that Details HCBS Quality

Based on extensive stakeholder feedback, AHCCCS is proposing the development of a public-facing dashboard to assist members and families as they make decisions/choose providers for their HCBS care. This project will support recommendations from Arizona's Abuse and Neglect Prevention Task Force and further enhance state efforts specific to identify, track, and analyze incidents. It is envisioned that this project will improve data transparency for members, families, and the general public by incorporating utilization cost data, licensing/monitoring data, and quality metrics. AHCCCS believes that this project will drive system-wide quality improvement and will support AHCCCS and its MCOs in providing more comprehensive monitoring and oversight of providers. It is anticipated that data from the systems proposed in this document as well monitoring reports, HCBS Rules documentation, member complaints, incidents/quality of care concerns, and other salient points will be represented in this dashboard.

The agency will research dashboards in other states and work with a consultant, if necessary, to identify best practices around public-facing provider reporting and develop a mock template for reporting with detailed descriptions of each of the data points. The state will then issue a solicitation, inviting vendors to bid on the development of the dashboard. State agencies and MCOs will assume the long-term responsibility for keeping the information up to date once a structure is developed.

Upgrades to the AHCCCS Quality Improvement (QI) System

AHCCCS is interested in measuring and reporting the HCBS Core Set measures and establishing enhanced monitoring specific to the HCBS Rules; however, current efforts have shown that achieving this goal is resource intensive due to the manual data collection and review methods currently available to the state. AHCCCS proposes to purchase (or build, depending on what is available) a quality improvement portal that pulls relevant data points from the case management system (described earlier) and generates the desired HCBS-specific metrics. Additionally, AHCCCS would like to electronically capture and house the HCBS Rules assessments within the portal. This will allow for more comprehensive monitoring of the MCOs as well as greater efficiency for the QI and data teams. This will also allow for improved tracking and trending as well as greater ability to assess provider-specific and/or regional impacts from which targeted quality improvement efforts may be implemented. With respect to the HCBS Rules, the tool will support streamlined reporting to CMS on the progress of Arizona's Transition Plan.

It is anticipated that the state will need to first issue a Request for Information to better understand what solutions may be available. From there, the state will procure either a vendor or the appropriate resources (if it is determined an internal build is better suited) to build out the reporting system. It is anticipated that data collection will begin no later than 2023.

Creation of a Central Employment Repository

In January 2020, Adult Protective Services held a stakeholder forum to engage vulnerable individuals, their families, State agencies, and other organizations that support individuals to develop a vision for the future and identify gaps. From the forum, the DES-APS Action Plan was created. As outlined in the DES-APS Action Plan item #9, employers who hire staff that interact with vulnerable adults or children are required to manually check multiple sources of information to validate that a potential employee does not have a history that precludes them from serving in a capacity to engage with vulnerable populations. This could include the employer having to check and screen applicants and employees through a variety of systems including, checking for a valid fingerprint card through the Department of Public Safety (DPS); verifying the provider's status with AHCCCSs; reviewing the DES-APS registry to

confirm the individual is not listed and excluded from providing care to vulnerable populations; reviewing the Child Protective Service Central Registry to confirm the individual does not have a disqualifying issue; and potentially confirming with Arizona Department of Health Services (ADHS) that there are no substantiated incidents on record.

Additionally, beyond receiving notifications from DPS regarding an employee's change in fingerprint status, employers do not receive notifications if a current employee is newly placed on any of these registries or repositories, creating the risk that a current employee might have a disqualifying situation that is not known to their employer.

Creating a central employment repository to ensure that individuals who are employed to provide care and services to some of the state's most at risk populations is critical to enhancing the protection of vulnerable individuals. The central employment repository for employer use, hosted by DPS, will provide a one stop screening for employers and reduce risk and any existing gaps in information through the provision of automated notifications to employers related to any new disqualifying incidents involving a current employee.

Advancing Technology to Support Greater Independence and Community Connections	
(3) Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence	
Total Funding Request:	**$96.6 Million**
HCBS Initiatives	
Investing in HCBS Technologies	
Social Isolation	
Updating Preadmission Screening (PAS) Related Tools	

The COVID-19 PHE exposed unknown gaps and disparities in the healthcare delivery system and magnified others that were already apparent. The PHE illuminated the immediate need to overhaul the way health care is delivered, and gave states the impetus to take initiative to address these disparities. Post-PHE, many of the efficiencies that states realized throughout the pandemic can—and should—be leveraged in the effort to continue shrinking disparities and furthering members' ability to receive care in the most appropriate, least-restrictive environment.

Additionally, prior to and, more acutely, during the PHE, the need to address impacts related to member social determinants of health (SDOH) has become apparent. SDOH encompasses a variety of economic and social factors that influence individual and group health. Recent studies have shown that social, economic, and environmental conditions, in addition to health behaviors, can determine approximately 80 percent of health outcomes in the U.S. This means that only about 20 percent of an individual's health status is attributable to their "hands on" health care experience, such as clinic visits, doctors appointments, medication, etc. Given Medicaid's role in serving people with complex clinical, behavioral health, and social needs, it is critical that state Medicaid agencies address social risk factors. Accordingly, AHCCCS proposes the following strategies to address member SDOH needs.

AHCCCS
Arizona Health Care Cost Containment System

Investing in HCBS Technologies

Recognizing the crucial need to invest in HCBS technologies, AHCCCS proposes time-limited payments to incentivize providers to create new remote/telehealth delivery models for services that support independence, community integration, and employment, while mitigating social isolation. Funding will also be used to furnish members with remote patient monitoring devices and wifi/cellular access in order to actively participate in these new service delivery models. No ongoing internet connectivity cost obligations will be funded as part of this proposal.

In 2021, AHCCCS proposes to solicit a contractor to research and develop new or enhanced delivery modalities for existing covered services such as attendant care, habilitation/skills training and development, and home health services. Service modalities will include the development of initial training and continued technical support for members and providers. In 2022, funding will be dispersed by AHCCCS and its MCOs to providers to implement the new delivery modalities into their business structure and to acquire and maintain remote monitoring devices and wifi access for members.

Examples of new remote/telehealth service delivery models may include, but are not limited to:

- DCWs working remotely and accessing technology in the member's home to cue tasks and support independent living skills such as medication reminders, live skills training and cuing (prompting, reminders) etc,
- Remote health and activity monitoring such as activity sensors in the home or wearable technology, and
- Assistive technology such as the repositioning of a bed, medication administration, etc.

These models will directly support access to services across the state, afford members more independence while ensuring appropriate supervision safeguards.

AHCCCS also proposes funding Arizona Disability Benefits 101 (DB101) website enhancements. The DB101 website helps individuals plan for employment and enter the workforce. Although DB101 offers more expansive features, the proposed enhancements will help AHCCCS members who receive Social Security benefits understand the interaction between working income and benefits, including learning about potential health coverage options. AHCCCS proposes three areas for improvement:

- Enhancements to the Benefits and Work Estimator to improve transparency around modeling assumptions and calculations including:
  - Expanded monthly income/expense screen with full calculation details for every reported figure, and
  - Adding health coverage details, which will list all available health coverage options available in the current month. This will include indicators as to which options are considered "best value" in terms of cost and are included in the expense calculations.
- Creation of the "Vault," which will enable DB101 to better serve individuals by adding more powerful interactive tools and enhanced collaboration between individuals, their families, and professionals. The "Vault" will also help individuals who get disability benefits understand their personal budgets and see how work and benefits interact. Furthermore, it will allow individuals

to store personal information and documentation securely in a cloud and share that information with whomever they would like, including professionals on their employment team.

- Production of four tutorial videos to demonstrate step-by-step instructions on how to use specific sections and/or features of DB101.

Assembling and providing documentation is a major task, and many times a barrier, for members and caregivers. The task is administratively difficult, time consuming, expensive, and in some cases, impossible if records are lost or have to be recreated. Missing or lost documents is a common occurrence if members have been homeless or experienced instability, and can cause significant delay in the provision of services. If implemented, this tool will aim to significantly reduce costs to members and providers for document replacement, reduce application and administrative time frames, and simplify many processes.

Finally, AHCCCS proposes the creation of a community resources application specific to the foster care system. This application will automate the resources that are available from DCS, AHCCCS, and the community so that foster care families, caseworkers, stakeholders, advocates, and older foster care youth can easily find supports and services in a one-stop location. It is anticipated that this will link to the closed loop referral system and provide automated referral forms and resources that are specific to each geographic region of the state.

Social Isolation

In addition to strategies in the grants section of this proposal that address the needs of members experiencing loneliness or social isolation, there is a need to evaluate outcomes based upon these interventions. Social isolation is one of the main pillars in the AHCCCS Whole Person Care Initiative (WPCI); however, there is a fundamental barrier in identifying which members are most in need of services to address social isolation and assessing the degree to which proposed interventions are able to address issues of loneliness/social isolation and influence members' health outcomes. AHCCCS proposes to contract with a vendor to assist the state in developing tools to assess which members are experiencing social isolation and, subsequently, to monitor and evaluate the data once an intervention has been implemented. Lastly, AHCCCS proposes that this contractor evaluate targeted efforts to reduce social isolation, including but not limited to the proposed habilation services benefit AHCCCS will advance in 2022, and the interventions employed by providers with grant dollars under this proposal.

Updating Preadmission Screening (PAS) Related Tools

In Arizona, the PAS assessment tool is utilized to determine whether referred individuals and members being reassessed are at immediate risk of institutionalization. The assessments are administered to applicants and members by "PAS Assessors" in the community to determine their eligibility for long-term care in Arizona. However, as with many processes and structures in public healthcare, some of the procedures and systems related to the PAS assessment are outdated. These systems and procedures need to remain current, and if not maintained, can potentially cause barriers to care. Accordingly, AHCCCS proposes several one-time investments related to the PAS system that will increase efficiency to ensure individuals approved for the ALTCS program are receiving the most appropriate level of care.

First, there is a major need for assessors who conduct assessments in remote areas to acquire high efficiency satellite phones with hotspots. This is an especially pronounced need for assessments conducted in rural areas, where members and assessors often experience poor or no internet service.

This causes a delay in the eligibility determination since the assessors must complete assessments on a manual tool and subsequently transfer the information into the system when they are able to re-establish a reliable internet connection. This barrier is unavoidable with current tools and processes, and leads to delays in care for some of Arizona's vulnerable members residing in rural or frontier areas.

Additionally, Docusign software has been an identified need for professionals conducting these assessments. If assessors are able to receive the signed release of protected health information more quickly through this online process, they can turn the documents around to the medical source with greater efficiency. This technology can be used for multiple forms throughout the assessment process, drastically reducing the number of denials for no signature. Similarly, portable scanners will allow assessors to scan records directly into Docusign when records are available at the location of the interview. This efficiency will further reduce the time needed to obtain medical records.

Also, the current portal used to upload PAS documentation limits the size of attachments. Since most people do not have a fax machine, upgrading this portal to allow applicants to upload documents will reduce barriers to reporting medical documentation throughout this process.

Health-e-Arizona Plus (HEAplus) is the web-based eligibility and enrollment system in Arizona that accepts Medicaid applications, including applications for childless adults and for the new expanded categories. Related to the PAS assessment, enhancing HEAplus to allow for automated calls for appointment and other reminders will add valuable efficiency. This upgrade is crucial, as assessments are typically conducted in the field, which entail drive-time and schedule coordination. It is important to note that since the onset of the PHE, assessments have also been conducted virtually and over the phone. This change in practice has resulted in numerous efficiencies, and has been recognized through a proposed change in state statute. Continuation of this efficiency after the PHE heightens the importance and need for these upgrades. Correspondingly, AHCCCS proposes an upgrade which will allow ALTCS customers to access their information stored in HEAplus. This will help further the federal administration's commitment to interoperability, and can be used by hospitals, nursing homes, and other relevant providers to submit applications. The upgrades will include design screens to capture data sets, and customers will be able to receive real-time communication regarding their applications.

AHCCCS will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021 as a result of work under this proposal.

Spending Plan Projections

In totality, AHCCCS expects to invest $1.5 billion in activities that enhance or strengthen Medicaid HCBS across Arizona–$356 million from State reinvestment funds which will draw down $1.14 billion in federal funds.

Detailed cost estimates for each strategy are provided below:

Strengthening and Enhancing Arizona's Home and Community Based System of Care for Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs	
Total Funding Request:	**$1.322 Billion**
HCBS Strategies	Funding Allocation
(1) Empowering parents and families to provide care and meet the needs of their minor children	$26.7 Million
(2) Funding local initiatives and community-specific programming to improve member health	$62.5 Million
(3) Assessing member engagement and satisfaction to better understand needs and identify opportunities for improvement	$ 5.2 Million
(4) Expanding access to care from a well-trained, highly-skilled workforce	$216.9 Million
(5) Promoting stabilization, access to supportive services, and workforce retention/consistency to improve member outcomes	$1.011 Billion

Advancing Technology to Support Greater Independence and Community Connection for Arizona's Seniors, Individuals with Disabilities, Individuals Living with Serious Mental Illness, and Children with Behavioral Health Needs	
Total Funding Request:	**$174.5 Million**
HCBS Strategies	Funding Allocation (In Millions)
(1) Utilizing new technology to promote care coordination and seamless communication	$74.7
(2) Creating tools that strengthen quality monitoring and prevent abuse and neglect	$ 3.2
(3) Supporting individual self-sufficiency by connecting members to technological tools and resources that promote independence	$96.6

AHCCCS
Arizona Health Care Cost Containment System

Conclusion

ARPA presents a unique opportunity to leverage one-time funding to pursue projects and initiatives that enhance and strengthen Arizona's nationally-renowned delivery system. As a national leader in Medicaid innovation, AHCCCS is committed to continuous improvement and advancing HCBS in Arizona. AHCCCS is confident that the priorities and strategies identified in this spending plan will bolster Arizona's HCBS system in a manner that is responsive to the needs of members, the stakeholder community, and the delivery system. These proposals will elevate the HCBS system, and will better the member and provider experience for years to come.

Endnotes/References

Campbell, Stephen. *Insights From the Frontline: Results of a Statewide Survey of Paid Caregivers in Arizona*. Paraprofessional Healthcare Institute (PHI), 2021.