

2024 Q3 Health Choice & Health Choice Pathway Provider Forum

September 25, 2024

Zoom Recording:

<https://azblue.zoom.us/rec/share/nmL4KGa-0ASf4T6sGta80coWGyG9V21LyIHUHUyexiCap6jbMalebjZond51v5xp.4GYTYP5haEoNdETu?startTime=1727289029000>



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Agenda



1. Welcome 5 minutes
Dr. Heather Carter, General Manager/CEO
2. Network Updates 5 minutes
2024 Provider Satisfaction Survey
Charlotte Whitmore, VP Network Services
3. EviCore: Image One Provider Portal Migration 15 minutes
Kellie Thompson, Regional Provider Engagement Manager
Katie Potter, Client Management
4. Member Mission Moment 10 minutes
Leslie Rodriguez, PharmD, Pharmacy Program Director
5. Clinical and Integrated Health Updates 25 minutes
Regulatory – ACOM/AMPM Requirement Updates
Jennifer DeMaris, Manager Integrated Care Management
Telehealth Updates
Jennifer Pierce, Telemedicine Manager
6. Performance & Quality Improvement Updates 10 minutes
2024 Continuity and Coordination of Care Survey
Kyle Avery, Quality Improvement Program Manager
7. Provider Resources 10 minutes
Jadelyn Fields, Manager Network Operations and Provider Educator
8. Q & A 10 minutes



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Welcome Providers

Dr. Heather Carter

BCBSAZ Health Choice
General Manager and CEO



Network Updates: 2024 Provider Satisfaction Survey



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Radiology and Cardiology

Health Choice Arizona Portal Migration



Agenda

What is Changing: (Portal Migration)

CareCore National Portal Overview

CareCore National Portal Features

Remember our Provider Resources

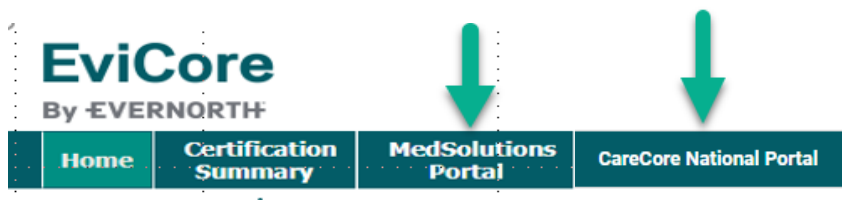
Questions

What is Changing: Portal Migration



Portal Migration-Effective 12/1/2024

- EviCore currently accepts Radiology and Cardiology prior authorization requests for Health Choice Arizona members through the MedSolutions portal. Beginning December 1, 2024, these requests should be entered through the CareCore National portal at www.evicore.com.
- If a provider has an existing login, the same credentials are used for both portals and a new account does not need to be created.
- Any authorizations requested prior to December 1, 2024 can still be viewed on the MedSolutions portal, but ***as of December 1, 2024 all new requests must be created on the CareCore National portal*** as shown below






Welcome Screen |

EviCore

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Online Chat   Logout

Announcements Home Search/Start Case **CareCore National Portal** Post Acute Care

Announcements   

Migration to CareCore Portal and New Pain Program - Posted on: 23 Feb 2023

Effective March 1, 2023 all Radiology and Cardiology requests for [redacted] members; **must be initiated through eviCore on the CareCore National portal.** After logging into your eviCore web account, if you are in the MedSolutions portal, you can select the CareCore National portal at the top of your screen and then initiate your request. Users can continue to use the MedSolutions portal through February 28, 2023. As of March 1, 2023 users will still have access to view case history on the MedSolutions portal, but all new [redacted] Radiology and Cardiology cases plus retrospective requests will need to be initiated via the CareCore National Portal.

Additionally, eviCore will begin reviewing Pain Management requests for [redacted] members **for dates of service March 1, 2023 and beyond.** All [redacted] Pain Management requests **must be initiated through the CareCore National portal.** eviCore will start accepting Pain Management requests for [redacted] members through the CareCore National portal on **February 24, 2023** for dates of service March 1, 2023 or later.

+ If your login takes you to the MedSolutions Portal, you can click the CareCore National Portal button (as seen above) to seamlessly toggle back and forth between the two portals.

+ As you can see from the Announcements on this screen, many health plan programs are migrating from the MedSolutions Portal to the CareCore National portal.

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CareCore National Portal Overview

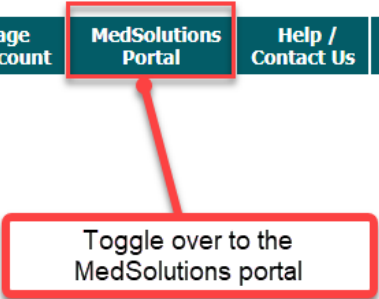
+Welcome Screen | CareCore National

EviCore

By EVERNORTH

| | | | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account | MedSolutions Portal | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

- **Navigate** between both CareCore and MedSolutions Portal.
- Authorizations requested **prior to 5/1/2024** can still be viewed on the MedSolutions portal.



- REQUEST AN AUTH
- RESUME IN-PROGRESS REQUEST
- SUMMARY OF AUTH
- AUTH LOOKUP
- MEMBER ELIGIBILITY

+EviCore Provider Portal | Add Providers

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

You can add providers to your account by:

- Click the **Manage Your Account** tab
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria and the provider will be added to your provider list in your account.
- Click **Add Provider** to add other providers to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

Manage Your Account

Office Name: [CHANGE PASSWORD](#) [EDIT ACCOUNT](#)

Address:

Primary Contact:

Email Address:

[ADD PROVIDER](#)

Click Column Headings to Sort

No providers on file

[CANCEL](#)

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

[FIND MATCHES](#) [CANCEL](#)

+Clinical Certification Request | Initiating a Case

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |
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Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Drug Management
- Medical Oncology Pathways
- Musculoskeletal Management
- Pharmacy Drugs (Express Scripts Coverage)
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management

CONTINUE

[Click here for help](#)

- Click **Clinical Certification** to begin a new request
- Select the **Program** for your certification

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Public Information

+Clinical Certification Request | Search for and Select Provider

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

| Provider |
|---------------------------------------|
| <input type="button" value="SELECT"/> |
| 1 2 3 4 |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

[Click here for help](#)

Search for and select the **Practitioner/Group** for whom you want to build a case. If the **Practitioner/Group** is not on your list (of providers added to your account), you can now **Search By NPI**.

+Clinical Certification Request | Search for and Select Provider

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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|-------------------|

Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

| Provider |
|---------------------------------------|
| <input type="button" value="SELECT"/> |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

| | Practitioner Name | NPI | Address | City | State | ZipCode | Phone | Fax |
|---------------------------------------|-------------------|-----|---------|------|-------|---------|-------|-----|
| <input type="button" value="SELECT"/> | | | | | | | | |

[Click here for help](#)

Attention!

Do you want to add this NPI () to your account for future requests ?

By choosing "yes", the practitioner will be added to the provider list in your account.

When selecting the practitioner that was found by searched NPI, the line will turn gray to show it is selected.

+Clinical Certification Request | Select Health Plan

| | | | | | | | | |
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Choose Your Insurer

Requesting Provider: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

BACK

CONTINUE

- Choose the appropriate **Health Plan** for the request
- Another drop down will appear to select the appropriate address for the **practitioner/group**
- Select **CONTINUE**

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+Clinical Certification Request | Enter Contact Information

| | | | | | | | | |
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Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

BACK

CONTINUE

[Click here for help](#)

- Enter/edit the **Practitioner's name** and appropriate information for the point of contact/who to contact individual
- Practitioner name, fax and phone will pre-populate, edit as necessary

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

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+Clinical Certification Request | Enter Member Information

| | | | | | | | | |
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Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

Enter **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

| | Patient ID | Member Code | Name | DOB | Gender | Address |
|---------------|------------|-------------|------|-----|--------|---------|
| SELECT | | | | | | |

Confirm your patient's information and click **SELECT** to continue

+Clinical Certification Request

Enter Requested Procedure and Diagnosis

| | | | | | | | | |
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Requested Service + Diagnosis

This procedure has not been performed. [CHANGE](#)

Radiology Procedures

Select a Primary Procedure by CPT Code[?] or Description[?]

Don't see your procedure code or type of service? [Click here](#)
Additional Procedure codes will be collected/presented during the clinical questionnaire

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

 [LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Radiology

 [LOOKUP](#)

[BACK](#)

Select appropriate **CPT** and **Diagnosis codes**

+Clinical Certification Request | Verify Service Selection

| | | | | | | | | |
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Requested Service + Diagnosis

Confirm your service selection.

Procedure Date: TBD
CPT Code: 73721
Description: MRI LOWER EXTREMITY JOINT W/O
Primary Diagnosis Code: R68.89
Primary Diagnosis: Other general symptoms and signs
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- Click **CONTINUE** to confirm your selection

+Clinical Certification Request | Site Selection

| | | | | | | | | |
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Add Site of Service

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

| | | | | | |
|------|----------------------|-----------|----------------------|--|----------------------|
| NPI: | <input type="text"/> | Zip Code: | <input type="text"/> | Site Name: | <input type="text"/> |
| TIN: | <input type="text"/> | City: | <input type="text"/> | <input checked="" type="radio"/> Exact match | |
| | | | | <input type="radio"/> Starts with | |

[LOOKUP SITE](#)

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **and** zip code)
- **Select** the specific site where the procedure will be performed

eviCore
intelliPath[®]

Real-time decision
Request is complete

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+Clinical Certification Request | Clinical Certification

| | | | | | | | | |
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Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from eviCore.

BACK

CONTINUE

- Verify that all information is entered and correct
- **You will not have the opportunity to make changes after this point**

+Clinical Certification Request | Standard or Urgent Request?

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

Proceed to Clinical Information

Urgency Indicator

If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standards/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below.

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Please indicate if any of the following criteria are true regarding urgency of this request :

- A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function.
- A delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- None of the above

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

Proceed to Clinical Information

Is this case Routine/Standard?

YES

NO

- If the case is **standard**, select **Yes**
- If your request is **urgent**, select **No**
- When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- Upload up to **FIVE documents** (.doc, .docx, or .pdf format; max 5MB size)
- Your case will only be considered urgent if there is a successful upload

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Improved Provider Experience | Real-Time Decision or Clinical Documentation Upload



Clinical Certification

Your case has been Approved.

| | |
|---|---|
| Provider Name: DR. JYH-HAUR LU | Contact: WED |
| Provider Address: 3916 PRINCE ST FLUSHING, NY 11354 | Phone Number: (646) 409-4402 |
| | Fax Number: (718) 888-9025 |
| Patient Name: GARY TURCO | Patient id: W249262910 |
| Insurance Carrier: AETNA | |
| Site Name: PARK PLACE MEDICAL IMAGING | Site ID: 73C73C |
| Site Address: 255 GREENWICH STREET NEW YORK, NY 10007 | |
| Primary Diagnosis Code: R51 | Description: Headache |
| Secondary Diagnosis Code: | Description: |
| Date of Service: Not provided | |
| CPT Code: 72148 | Description: MRI LUMBAR SPINE W/O CONTRAST |
| Authorization: A123615501 | |
| Review Date: 7/30/2019 7:39:39 PM | |
| Status: | Your case has been Approved. |

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC, .DOCX, .PDF):

| | |
|-------------|---------------------|
| Choose File | SampleUpload_1.docx |
| Choose File | No file chosen |
| Choose File | No file chosen |
| Choose File | No file chosen |
| Choose File | No file chosen |
| Choose File | No file chosen |

UPLOAD SKIP UPLOAD

BACK SUBMIT

You'll be asked to complete a short series of clinical questions which may result in an immediate approval. If an immediate approval does not occur, you'll be prompted to upload clinical information.

Clinical Certification Request | Request for Clinical Upload

| | | | | | | | | |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

Clinical Upload

In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case.
If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent.

Required Medical information checklist ←

Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

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Required Medical Information Check List

Radiology

- Rule out/diagnosis
- Symptoms
- Physical Exam findings
- Treatment such as medications, physical therapy, surgery; chemotherapy. Please include dates and duration of treatment.
- Re-evaluation post treatment for some indications
- Recent relevant imaging
- Recent relevant laboratory work
- Pertinent medical history and family history
- For imaging exam requests for cancer, indicate if the exam is requested for initial staging or restaging following treatment or surveillance. Please provide the type and stage of cancer, date of diagnosis, type of treatment and date of treatment completion.

If **additional information** is required, you will have the option to upload more clinical information. Review the list of *required medical information* EviCore requires in order for the prior authorization to meet medical necessity.

Tips:

- Providing clinical information via the web is the fastest and most efficient method
- Enter additional notes in the space provided only when necessary
- Additional information uploaded to the case will be sent for clinical review
- Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

- Direct link to document: [Required Medical Information Check List.pdf \(evicore.com\)](https://www.evicore.com/Required-Medical-Information-Check-List.pdf)

+Clinical Certification Request | Criteria Met

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

Your case has been Approved.

| | | | |
|----------------------------------|---|----------------------|----------------------------------|
| Provider Name: | DR. BHARATH MANU ANKARA VEETIL | Contact: | [REDACTED] |
| Provider Address: | 1200 6TH AVE N SAINT CLOUD, MN 56301 | Phone Number: | [REDACTED] |
| | | Fax Number: | [REDACTED] |
| Patient Name: | [REDACTED] | Patient Id: | [REDACTED] |
| Insurance Carrier: | [REDACTED] | | |
| Site Name: | [REDACTED] | Site ID: | [REDACTED] |
| Site Address: | [REDACTED] | | |
| Primary Diagnosis Code: | R68.89 | Description: | Other general symptoms and signs |
| Secondary Diagnosis Code: | | Description: | |
| Date of Service: | Not provided | Description: | |
| CPT Code: | 73721 | Description: | MRI LOWER EXTREMITY JOINT W/O |
| Authorization Number: | [REDACTED] | | |
| Review Date: | 5/13/2020 1:52:08 PM | | |
| Expiration Date: | 6/27/2020 | | |
| Status: | Your case has been Approved. | | |

CANCEL
PRINT
CONTINUE

If your request is authorized during the initial submission, you can **PRINT** the summary of the request for your records.

+Provider Portal Demo | Radiology



Click on the
screen to
view
a [video](#) (2 min)

CareCore National Portal Features

+Provider Portal | Feature Access

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User work list

Most popular portal feature

Check if member requires an auth

Pick up where you left off

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

AUTH LOOKUP

MEMBER ELIGIBILITY

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Certification Summary | User Worklist

Certification Summary

Search For: All Other Programs

Search..

Page 1 of 0

| Authorization Number | Case Number | Member Last Name | Ordering Provider Last Name | Ordering Provider NPI | Status | Case Initiation Date | Procedure Code | Service Description | Site Name | Change Site | Expiration Date | C |
|----------------------|-------------|------------------|-----------------------------|-----------------------|--------|----------------------|----------------|---------------------|-----------|-------------|-----------------|---|
|----------------------|-------------|------------------|-----------------------------|-----------------------|--------|----------------------|----------------|---------------------|-----------|-------------|-----------------|---|

No records to display

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- **Certification Summary tab allows you to track recently submitted cases**
- **The work list can also be filtered**

Authorization Lookup | Popular Tool

| | | | | | | | | | | |
|----------------------|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
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Authorization Lookup

[Search by Member Information](#) [Search by Authorization Number/NPI](#) [OnePA: Prior Authorization Portal for Providers](#) [Search by Claim Number/Health plan](#)

Required Fields
Healthplan:

- You can lookup an authorization case status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- Initiate Appeals and/or Schedule Peer to Peers
- View and print any correspondence

Remember our Provider Resources

Contact EviCore's Dedicated Teams



| EviCore Call Center (representatives are available from 7 a.m. to 7 p.m.) | EviCore Client and Provider Operations Team | EviCore Authorization Portal Team | EviCore Provider Engagement Contact (Kellie Thompson) |
|--|--|---|--|
| <ul style="list-style-type: none"> • Phone: 866-706-2108 • Initiating an authorization request • Status checks • Questions about your auth request or case decisions • Speak to a clinical reviewer • Schedule a Peer-to-Peer | <ul style="list-style-type: none"> • Email: clientservices@EviCore.com • Phone: (800) 646-0418 (option 4) • Credentialing inquires • Eligibility questions • Assist with any issues/inquires encountered during case build | <ul style="list-style-type: none"> • Email: portal.support@EviCore.com • Phone: 800-646-0418 (option 2) • (Live Chat) • Assist with any issues/inquires you might have, navigating the Portal or with your Portal account. | <ul style="list-style-type: none"> • Email: kellie.thompson@Evicore.com • Phone: 800.918.8924 x27658 • Regional team that works directly with the provider community. |

BCBSAZ Health Choice Arizona

Hours of Operation: Monday - Friday, 8:00am – 5:00pm (except holidays)

Phone: 1-800-322-8670 or (480) 968-6866

Email: HCHComments@azblue.com

AHCCS Provider Services Call Center:

Hours: Monday - Friday, 7:30 AM - 5:00 PM

Phone: (602) 417-7670

Toll-free: (800) 794-6862

Provider Resource Website

EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit

<https://www.evicore.com/resources/healthplan/carefirst>

Contact our Client and Provider Services team via email at

ClientServices@EviCore.com or by phone at **1-800-646-0418 (option 4)**

EviCore

By EVERNORTH
Public Information

+Provider Resource Review Forum | Tips and Tools

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Prior Authorization Online Portal Tips and Tools** to learn how to navigate [eviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

Register for a Provider Resource Review Forum:

Go to: [eviCore Healthcare \(webex.com\)](https://www.evicore.com)

Click the **Upcoming** tab and search for "Prior Authorization Online Portal Tips and Tools."

Click register next to the session that fits your schedule



eviCore's Provider Newsletter

Stay up-to-date with our free provider newsletter

+To subscribe:

- Visit eviCore.com
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**
- Enter a valid email address



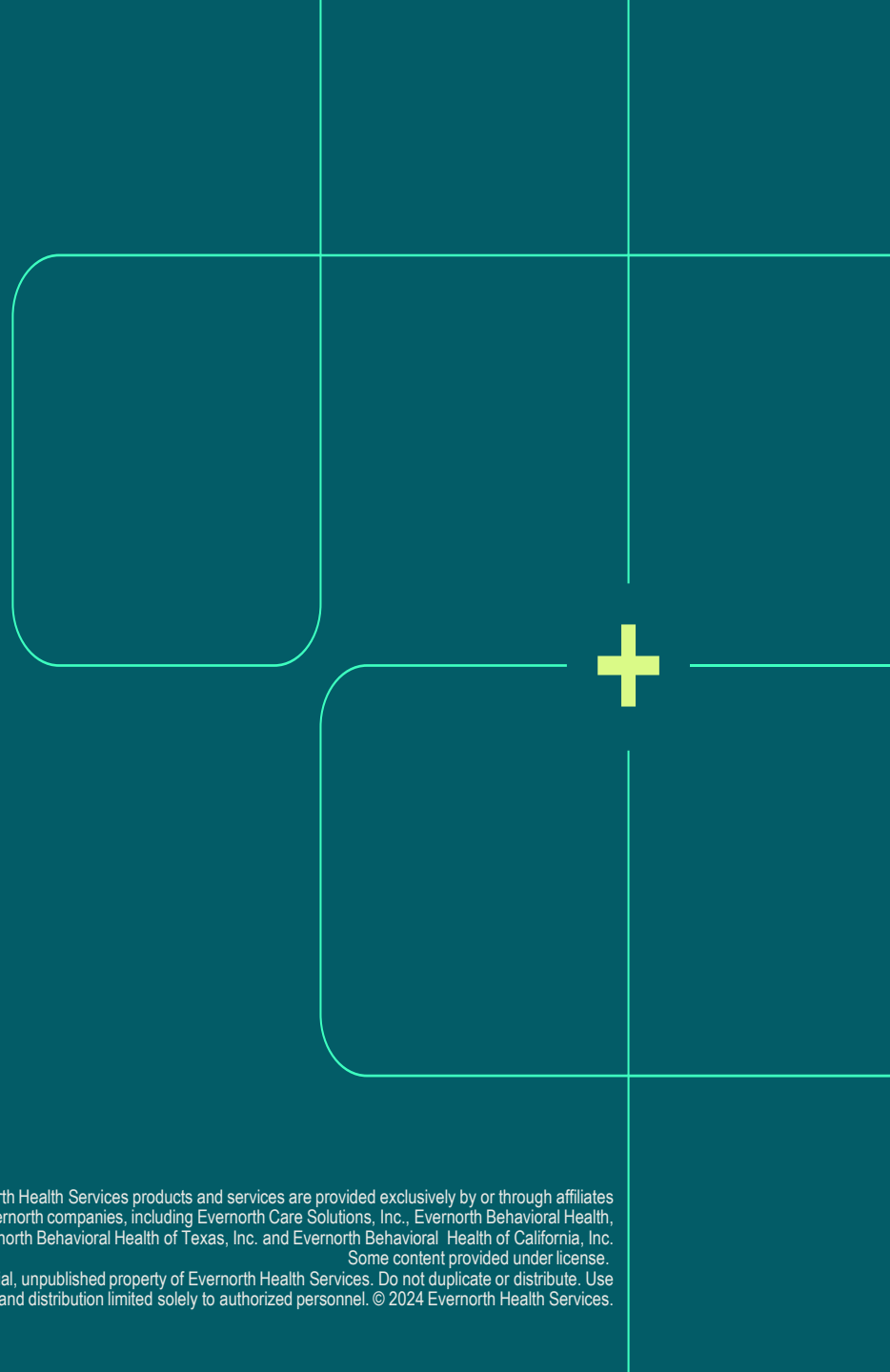
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Thank You



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Providers and the health plan work together to improve care

A BCBSAZ Health Choice Pathway member experienced a bone fracture following a fall in February. Our pharmacy care coordination team reached out to her to help schedule a DEXA scan to assess whether she is candidate for osteoporosis therapy to prevent future falls.

After speaking with the member, we found she needed help with finding a PCP, in-home support, mammogram, dental care, and a visit with a specialist. She has neck and spine issues, liver damage, frailty, and frequent falls.

Our team found her a new PCP and connected her to a plan benefit for in home care and home improvements to lessen the risk of falls. We also coordinated her DEXA scan and scheduled her to attend a mobile Mammogram event in November. The new PCP we set her up with is helping her get back on track to not only improve her quality of life, but also reduce visits to the ER and urgent care.

The members was so appreciative of the time taken to help improve her quality of life and obtain care.

Clinical and Integrated Health Updates



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Care Management Updates

AMPM Policy Updates

SED Redetermination Progress

New Initiatives – Wraparound
and FOCUS



AMPM Update and Overview

| AMPM Policy | Policy Name |
|-------------|---|
| 560 | CHILDREN'S REHABILITATIVE SERVICES CARE COORDINATION AND SERVICE PLAN MANAGEMENT |
| 320-T1 | BLOCK GRANTS AND DISCRETIONARY GRANTS |
| 320-T2 | NON-TITLE XIX/XXI SERVICES AND FUNDING (EXCLUDING BLOCK GRANTS AND DISCRETIONARY) |
| 660 | OPIOID TREATMENT PROGRAM |
| 910 | QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM SCOPE |
| 930 | IMPLEMENTATION AND FIDELITY MONITORING OF SAMHSA EVIDENCE-BASED PRACTICES |
| 964 | CREDENTIALLED FAMILY SUPPORT PARTNER REQUIREMENTS |
| 1710 | AHCCCS HOUSING PROGRAM |

Providers should review each respective policy on the [AHCCCS website](#) to ensure they understand, and are adhering to, these requirements. Providers should ensure their staff are trained in order to meet the requirements as specified in each of the policies.



Policy Change Snapshot

| AMPM Policy Name | Change/Highlights - excludes minor formatting, grammar or language clarification |
|--|--|
| AMPM 560 CHILDREN'S REHABILITATIVE SERVICES CARE COORDINATION AND SERVICE PLAN MANAGEMENT | Highlights providing education to members and Health Care Decision Makers (HCDM) about value and benefits of receiving services at a Multi-Specialty Interdisciplinary Clinic (MSIC) |
| AMPM POLICY 320-T1 – BLOCK GRANTS AND DISCRETIONARY GRANTS | <ul style="list-style-type: none"> • First Episode Psychosis (FEP) Program definition includes those under age 18. • Removed AHCCCS behavioral health diagnosis list as it is not specific to Mental Health Block Grant (MHBG) • Updating to include Medication Assisted Treatment (MAT) and Medications for Opioid Use Disorder (MOUD) |
| AMPM POLICY 320-T2 – NON-TITLE XIX/XXI SERVICES AND FUNDING (EXCLUDING BLOCK GRANTS AND DISCRETIONARY) | <ul style="list-style-type: none"> • Direct contractors and providers to all available resources for coding and billing information. • Removing Supportive Housing Services as it is covered under Title XIX/XXI. • Clarified AHCCCS expectation for documentation and shared coverage of applicable services. |
| AMPM POLICY 910 - QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM SCOPE | Attachment A was revised to add Behavioral Health Supported Group Home in alignment with ARS 36-551 for service/site monitoring |

Policy Change Snapshot

| AMPM Policy Name | Change/Highlights - exclude minor formatting, grammar or language clarification |
|---|--|
| AMPM POLICY 964 - CREDENTIALLED FAMILY SUPPORT PARTNER REQUIREMENTS | <ul style="list-style-type: none"> • Added definition for Natural Supports • Clarifying allowable entities that may operate credentialing training programs • Attachment A was revised to add a new column for supervision and removed fields no longer applicable • Attachment B was revised to add a new field for Trainer’s name. |
| AMPM POLICY 660 – OPIOID TREATMENT PROGRAM | Revised terminology for Medication Assisted Treatment (MAT) to Medications for Opioid Use Disorder (MOUD) |
| AMPM POLICY 930 – IMPLEMENTATION AND FIDELITY MONITORING OF SAMHSA EVIDENCE-BASED PRACTICES | AMPM Policy 930 is a new policy establishing program requirements, eligibility criteria, and ongoing expectations for fidelity monitoring for providers engaged in the provision of Evidence-Based Practices (EBPs) identified by the Substance Abuse and Mental Health Services Administration (SAMHSA) |
| AMPM POLICY 1710 – AHCCCS HOUSING PROGRAM | <ul style="list-style-type: none"> • AMPM Policy 1710 is a new Policy specifying requirements for the AHCCCS Housing Program • Establishing requirements for the scope of programs and activities included within the AHCCCS Housing Program • Attachment A is a new attachment specifying requirements for the Supportive Housing Report |



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AMPM Open for Public Comment

Providers should review each respective policy on the [AHCCCS website](#) to ensure they understand, and are adhering to, these requirements. Providers should ensure their staff are trained in order to meet the requirements as specified in each of the policies.

| AMPM Policy | Change Highlights |
|---|---|
| 320-R Special Assistance for Members With Serious Mental Illness | New language to clarify all the encounters that must include the DR or HCDM. Clarifying notification must occur to OHR with each time Special Assistance is needed |
| 411 Women’s Preventative Care Services | Requires monitoring, evaluating, and improving provider compliance to ensure that members are tested for syphilis at least annually, beginning at age 15 years |
| 430 Early and Periodic Screening, Diagnostic and Treatment Services | <ul style="list-style-type: none"> • Added vision and hearing services to the list of services included in EPSDT • Aligning with AMPM Policy 581 and 320-O Developmental Screening which requires the use of the most up to date tool & including in member medical record; • Requiring annual syphilis testing • Blood lead screening - Additional screening for high risk children through six years of age shall be provided utilizing the Arizona Department of Health Services (ADHS) Parent Questionnaire • Added Medically necessary pasteurized human donor milk is a covered service for EPSDT-eligible infants who cannot tolerate or have a medical contraindication to formula use, under certain conditions |



AMPM Open for Public Comment

Providers should review each respective policy on the [AHCCCS website](#) to ensure they understand, and are adhering to, these requirements. Providers should ensure their staff are trained in order to meet the requirements as specified in each of the policies.

| AMPM Policy | Change Highlights |
|---|--|
| 610 – AHCCCS Provider Qualifications | <ul style="list-style-type: none"> • Enrollment revalidation no less than every four years and/or upon request by AHCCCS. • All applications are submitted through AHCCCS Provider Enrollment Portal (APEP) which includes all information required in the enrollment application • Disclose, in APEP, disclosable event within 24 hours of the disclosable event, and otherwise upon written request, the following: any and all affiliations that it or any of its owning or managing employees or organizations has or had with a currently or formerly enrolled Medicare, Medicaid, or Children’s Health Insurance Program (CHIP) provider or supplier that has a disclosable event |
| 310-B - TITLE XIX/XXI BEHAVIORAL HEALTH SERVICE BENEFIT | <ul style="list-style-type: none"> • Updates to clinical oversight requirements for directing and overseeing the clinical care and treatment for members by Behavioral Health Technicians (BHTs) and Behavioral Health Paraprofessionals (BHPPs) for whom the BHP is providing supervision or clinical oversight. Refer to AAC R9-10 et seq. for specific requirements regarding oversight and supervision. • BHTs and BHPPs providing supportive services for a CSA, refer to AMPM Policy 965, Community Service Agencies for qualifications Oversight, Supervisions and service provision requirements |
| 310 – II - GENETIC TESTING | <ul style="list-style-type: none"> • Added Rapid Whole Genome Sequencing • PA for Rapid Whole Genome Sequencing is required and requests shall include documentation consistent with the coverage criteria. |



SED Redetermination Progress

AHCCCS changed the Serious Emotional Disturbance (SED) Designation process effective 10/1/2023. Over 90,000 children in Arizona had the SED designation. All children were required to have a review to determine if member requires redetermination

- Member roster lists were sent to Behavioral Health Providers and PCPs to be completed by 9/25/2024
- Faxed rosters can be sent to: 480-317-3358
- Emailed rosters can be sent to HCPediatricclinicalprograms@azblue.com

If you need more information this link provides more information: [Provider Forms and Checklist - Arizona SMI Determination \(solari-inc.org\)](#)

If you need to submit a packet you can do it via:

Solari portal: [Submit Provider Assessment - Arizona SMI Determination \(solari-inc.org\)](#)

Complete a packet to send in: [SED-Determination-Form-1_June24_Updated24.pdf \(solari-inc.org\)](#)

Questions? Call us 800-230-6044 Monday to Friday 8am to 5pm



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CALOCUS Training Live Online

August 21st AHCCCS communicated the CALOCUS training was available online.

- It is a self-paced online module which includes the ability to save the learner's progress and includes the competency exam.
- The CALOCUS training is available at:
<https://training.communitypsychiatry.org/?tenant=deerfield>
- Providers will need to create an account
- The new CALOCUS training will take approximately 3 hours to complete. The learner will receive a certificate following successful completion of the course. This certificate of completion will be uploaded into RELIAS to receive training credit.

Questions should be sent by email to systemofcare@azahcccs.gov.

FOCUS – A New Provider Case Management Program

- **What is it?** A program offering children with moderate needs with a CALOCUS score of 3 and some individuals with a score of 4 that are not at risk for out of home placement
- **What/When is the training and support?**
 - FOCUS provider sessions were held September 16th and 18th
 - Those interested will have outreach by FOCUS national coaches to answer questions and support training registration
 - First training cohort will consist of 50 participants.
 - Once capacity reached, a second cohort with a separate series of dates will be offered
- **Can I still do this?** Yes, if interested contact Amy Munoz (amy.munoz@azahcccs.gov) or Lisa Spera at UConn Innovations (lisa.spera@uconn.edu)
- Copies of the Information session and program cross walk will be attached to this presentation

Wraparound – Supports for High Risk Children and their Families

- **What is it?** A program for children 0-21 with specific risk factors identifying them as needing a high level of support
- **Who Qualifies?**
 - Ages 6-21
 - CALOCUS score of 4, 5, 6 (Score 4 use clinical judgement if at risk of out of home)
 - Ages 0-5
 - ESCII score or two or more of the following:
 - Other agency involvement; specifically: AzEIP, DCS, and/or DDD
 - Out of home placement for behavioral health treatment (within the past six months)
 - Expulsion or at risk of expulsion from childcare setting
 - Psychotropic medication utilization
 - Evidence of severe psycho-social stressors (e.g., Caregiver stress, family member serious illness, disability, death, job loss, eviction)
- **Team based approach to care planning over 4 phases of Wraparound:**
 - Engagement and Team Preparation
 - Initial Plan Development
 - Plan implementation
 - Transition

Wraparound – Supports for High Risk Children and their Families

- **Training Requirements**

- Pre-requisites: SOC Module 1, Overview of Wraparound, Team Roles in Wraparound.
- Frontline Staff: Introduction to Wraparound:3-Day; Engagement in Wraparound: 1 Day; Intermediate Wraparound Practice: 2 Day
- Supervisors: Supervision in Wraparound (1 Day) and Annual Advancing Wraparound Practice (2 Days)
In addition to the trainings outlined above
- Staff (facilitators and supervisors) working in Wraparound are not required to participate in AZ CFT process training

Supervision Expectations:

- Clinical Supervision is required 1 time for every 80 hours worked
- Administrative Supervisor to Wraparound Facilitator ratio: 1:6
- Individual administrative supervision 1x week per Wraparound Facilitator
- Group Administrative Supervision 1x per month all Wraparound Facilitator
- Administrative Observation 1x per quarter per Wraparound Facilitator

Skill Development

- Wraparound Supervisor Checklist
- Coaching Observations Measure for Effective Teams (COMET)

Wraparound Training Announcement

We are thrilled to announce the start of the Wraparound training.

Getting Started with Absorb LMS System

For those interested in attending the Introduction to Wraparound training, please follow these steps to get set up in our learning management system (LMS):

Create Your Profile

Visit <https://innovations.myabsorb.com/> to create a profile.

Request Training Approval

After creating your profile, email our Help Desk at innovationshelp@uconn.edu and request approval for Wraparound training. Access Pre-requisite Modules

Once the Help Desk has added Wraparound approval to your profile, you will have access to (3) pre-requisite **self-paced online modules**:

- NWIC: Wraparound Overview
- NWIC: Team Roles in Wraparound (*Prerequisite: NWIC: Wraparound Overview*)
- SOC Module 1: An Introduction to Systems of Care

Training Enrollment

Once you have completed the required prerequisite modules, you will need to register for the **virtual instructor-led training** [HERE](#)

Our full Enrollment Guide is available [HERE](#)

Need Assistance?

Help Desk Contact Information and Hours

Email: innovationshelp@uconn.edu

Monday – Friday from 9 am to 5 pm ET, excluding holiday

TRAINING DATES 2024- 2025

Cohort A

Introduction to Wraparound (3 days)
October 28-30, 2024

Engagement Training (1 day)
January 8, 2025

Intermediate Wraparound (2 days)
April 29 – 30, 2025

Cohort B

Introduction to Wraparound (3 days)
December 16-18, 2024

Engagement Training (1 day)
February 26, 2025

Intermediate Wraparound (2 days)
June 11-12, 2025

Cohort C

Introduction to Wraparound (3 days)
February 11-13, 2025

Engagement Training (1 day)
April 24, 2025

Intermediate Wraparound (2 days)
August 13-14, 2025

Cohort D

Introduction to Wraparound (3 days)
March 4 – 6, 2025

Engagement Training (1 day)
May 6, 2025

Intermediate Wraparound (2 days)
Sept 9 – 10, 2025

Supervisor Training (1 day)

- For Supervisors only



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2024 Telehealth Update

Q3 Provider Forum



AHCCCS Telehealth

August 2024 News Update

AHCCCS continues to review allowable telehealth codes

AHCCCS coverage for telehealth services is much more expansive than Medicare

- Find the coding information at <https://azahcccs.gov/AHCCCS/Initiatives/Telehealth/>
- Find details on the provider types allowed for telehealth services at Medical Coding Resource page <https://azahcccs.gov/PlansProviders/MedicalCodingResources.html> under the Behavioral Health Services Matrix and Guide
- Find the AHCCCS policy at <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>
- Need to use the POS for the location of the member at the time of the service

AHCCCS Telehealth

Audio Only Updates

AHCCCS continues to tweak codes that allow audio only (modifier FQ) modalities

- Newer audio only codes
 - Nutritional Counseling, dietitian visit S9470
 - Telephone assessment and management codes 98966-98968 & 99441-99443
- Asynchronous, store and forward codes
 - Remote monitoring 99453 (set up and patient education)
 - Remote monitoring 99457 (professional time)
 - End stage renal disease and Teledentistry for dentist review



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CMS (Medicare)

PHE Flexibilities (Could be renewed by Congress)

Flexibilities Ending 12/31/2024

- Geographic restrictions (urban vs rural)
- Site location
- Providers able to provide telehealth services
- Modality
 - Live audio and Video
 - Audio only for some specific codes
- List of CMS Telehealth Services [List of Telehealth Services | CMS](#)



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CMS (Medicare)

| PERMANENT TELEHEALTH POLICY FOR MEDICARE | | | |
|---|--|---|---|
| Site – Geographic | Site – Facility/Place (Originating Site) | Telehealth/ Distant Site Provider | Modality |
| An area that is designated as a rural health professional shortage area; ⁶ a county that is not included in a Metropolitan Statistical Area OR an entity participating in a federal telehealth demonstration project. Certain exemptions are made in specific cases such as for treatment of stroke. | <ul style="list-style-type: none"> • Physician and practitioner offices • Hospitals • Critical Access Hospitals (CAHs) • Rural Health Clinics (RHCs) • Federally Qualified Health Centers (FQHCs) • Hospital-based or CAH-based Renal Dialysis Centers (including satellites) • Skilled Nursing Facilities (SNFs) • Community Mental Health Centers (CMHCs) • Renal Dialysis Facilities * • Homes of beneficiaries with End-Stage Renal Disease (ESRD) getting home dialysis * • Mobile Stroke Units * • Home of Patient receiving treatment for SUD/Opioid Abuse and co-occurring mental health disorders • Rural Emergency Hospitals (REHs) | <ul style="list-style-type: none"> • Physicians • Nurse practitioners (NPs) • Physician assistants (PAs) • Nurse-midwives • Clinical nurse specialists (CNSs) • Certified registered nurse anesthetists • Clinical psychologists (CPs) and clinical social workers (CSWs) • Registered dietitians or nutrition professionals • Marriage and Family Therapists and Counselors | <ul style="list-style-type: none"> • Live Audio & Video • Store & Forward (only for telehealth demonstration programs in Alaska & Hawaii) • Audio-Only (only for certain mental/behavioral services if certain conditions met) |

Resource:
[2024BillingGuide4FINAL.pdf \(cchpca.org\)](https://www.cchpca.org/2024BillingGuide4FINAL.pdf)

DEA Telehealth Prescribing

Currently the PHE flexibilities allow for physicians and practitioners to prescribe controlled medications to new patients based on a relationship solely established through telemedicine. **These flexibilities will end Dec 31, 2024**, unless renewed by the DEA. The DEA may not renew flexibilities prior to 12/31/2024. Immediate public comment requesting extension of flexibilities is recommended.

The DEA's proposed final rule is much more restrictive (the last proposed rules caused over 38,000 comments in response)

- Prohibits virtual prescribing of Schedule II drugs including Adderall and methadone for OUD without an in-person visit first
- It would allow patients to get Schedule III, IV, and V drugs, which includes buprenorphine for OUD without an in-person visit
- Draft includes language that says no more than 50% of a provider's prescriptions can be given virtually

Quick HIPAA Reminder

This is just a quick reminder that the PHE HIPAA Flexibilities ended on 5/11/2023.

Make sure that you are using a HIPAA compliant telehealth platform. HHS has some great resources out for providers and patients

https://telehealth.hhs.gov/documents/Telehealth_Privacy_Tips_for_Patients_06-05-23.pdf

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/resource-health-care-providers-educating-patients/index.html>

The Office of Civil Rights also has guidance on audio only telehealth

<https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/hipaa-audio-telehealth/index.html>



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Resources

- AHCCCS: <https://azahcccs.gov/AHCCCS/Initiatives/Telehealth/>
- CMS (Medicare) <https://www.cms.gov/medicare/coverage/telehealthBullets>
- Center for Connected Health Policy (Federal and State policies) <https://www.cchpca.org/>
- BCBS HC Telehealth Training Basics <https://www.azblue.com/health-choice-az/providers/provider-education#1ca0d821-28da-4ace-86e6-398e8ba52d74> under Other Resources

Please reach out to me for any questions Jennifer.Pierce@azblue.com



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2024 Continuity and Coordination of Care Survey BCBSAZ Health Choice

Quality Improvement
Department



Purpose:

To improve coordination of care and shared documentation between providers.

BCBSAZ Health Choice is initiating a project to improve the content and value of shared communications between providers, especially between providers with primary care and behavioral health focuses.

- The information gathered will inform future projects targeting coordination of care.
- The survey will be completed annually.
- The survey provides BCBSAZ Health Choice with necessary baseline information related to the landscape of coordination of care in our service delivery system.
- The survey gives providers an opportunity to provide feedback on what information they need in order to provide excellent care to our shared members.

Methodology

BCBSAZ Health Choice intends for the survey to be quick, easy, and unobtrusive to workflow.

BCBSAZ Health Choice will send out the survey via multiple methods, please feel free to respond in the manner that best suits your workflow.

- A link to a digital survey will be emailed to providers.
- A copy of survey questions will be faxed to providers with a number to fax a return.
- The survey will take place in Q4 of 2024.
- The survey is only 2 pages.

Survey

BCBSAZ Health Choice will review this survey and process with the Community Practitioner Advisory Committee, it is subject to change.

Thank you for participating in this survey about the continuity and coordination of care. Your feedback is essential for identifying opportunities to improve communication and collaboration. Please read each question carefully and select the answer that best reflects your experience. All responses are confidential, and your input will be used solely for the purpose of improving care coordination. The survey should take less than 5 minutes to complete. We appreciate your honest and thoughtful feedback.

| <i>Consider all types of communication related to a patient's care, including coordinating between specialists and PCP and/or behavioral health providers.</i> | | | | | |
|---|--|--------|--------------|------------|-----------|
| | Never | Rarely | Occasionally | Frequently | Always |
| 1 | How frequently do you communicate with other healthcare practitioners (primary care, specialists, behavioral health providers) regarding shared patients? | | | | |
| 2 | How frequently do you communicate with other healthcare practitioners during care transitions (e.g., inpatient to outpatient care, emergency department to primary care)? | | | | |
| 3 | How often do communication and coordination issues impact patient care outcomes (e.g., delays in treatment, medication errors, patient dissatisfaction)? | | | | |
| | Very Poor | Poor | Neutral | Good | Excellent |
| 4 | How would you rate timeliness of the information you receive during patient handoffs and care transitions? Consider whether the information arrives when you need it to make clinical decisions. | | | | |
| 5 | How would you rate the quality of the information you receive during patient handoffs and care transitions? Consider whether the information is clear, complete, and accurate enough to guide your care for the patient. | | | | |
| <i>Behavioral health provider, consider how you receive information from medical providers. Medical provider, consider how you receive information from behavioral health providers. Please skip if you don't receive information from your counterparts.</i> | | | | | |
| | Never | Rarely | Occasionally | Frequently | Always |
| 6 | How often do you receive timely and complete information about a patient's medication changes from other providers? | | | | |
| 7 | How frequently do you receive regular updates from other providers about shared patients (e.g., progress notes, treatment adjustments, follow-up reports)? | | | | |
| | Very Poor | Poor | Neutral | Good | Excellent |
| 8 | How would you rate the timeliness of information sent to and received from other providers regarding patient care (e.g., updates on treatment plans, test results, or medication changes)? | | | | |
| 9 | How would you rate the response time from behavioral health providers to medical providers (and vice versa) when you request additional information? | | | | |
| 10 | In emergency situations that require immediate action, how would you rate the timeliness and clarity of communication between you and other providers? | | | | |
| 11 | Thinking about the state of Arizona's Health Information Exchange (Contexture), please rate the usefulness of the information available. | | | | |

| Please select all that apply. | | | |
|-----------------------------------|---|--|--------------------------|
| 12 | What methods of communication do you most frequently use to coordinate care with other practitioners? | Electronic Health Records (EHR) messaging | <input type="checkbox"/> |
| | | Phone calls | <input type="checkbox"/> |
| | | Secure messaging (e.g., encrypted email, HIPAA-compliant text) | <input type="checkbox"/> |
| | | In-person meetings | <input type="checkbox"/> |
| | | Fax | <input type="checkbox"/> |
| | Other (please specify): | <input type="checkbox"/> | |
| Please select up to three. | | | |
| 13 | What are the most significant barriers you experience in coordinating care with other practitioners? (Select up to three) | Delays in receiving information | <input type="checkbox"/> |
| | | Incomplete or inaccurate information | <input type="checkbox"/> |
| | | Lack of standardized processes for communication | <input type="checkbox"/> |
| | | Limited time to collaborate with other practitioners | <input type="checkbox"/> |
| | | Poor interoperability between systems (e.g., EHRs) | <input type="checkbox"/> |
| | Other (please specify): | <input type="checkbox"/> | |
| Please enter your response below. | | | |
| 14 | Please provide any suggestions you may have about improving the existing tools and processes for care coordination. | | |





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Provider Resources

Jadelyn Fields, Manager Network Operations and
Provider Educator



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AHCCCS Change in Minimum Subcontract Provisions (MSP)



EFFECTIVE 10/01/2024
AHCCCS HAS MADE UPDATES TO
THE MINIMUM SUBCONTRACT
PROVISIONS (MSPS).
THESE UPDATES HAVE BEEN
POSTED TO THE AHCCCS
WEBSITE.



THE MSPS ARE REFERENCED
AND INCORPORATED INTO:
THE AHCCCS PROVIDER
PARTICIPATION AGREEMENT,
PROVIDER CONTRACTS, AND
THE BCBSAZ HEALTH CHOICE
PROVIDER MANUAL(S),
CHAPTER 3.



**ALL AHCCCS PROVIDERS ARE
REQUIRED TO COMPLY WITH
THE MSPS.**



MSPS ARE AVAILABLE ON THE
AHCCCS WEBSITE HERE:
[HTTPS://AZAHCCCS.GOV/PLANS
PROVIDERS/HEALTHPLANS/MINI
MUMSUBCONTRACTPROVISIONS
.HTML](https://azahcccs.gov/plans/providers/healthplans/minimumsubcontractprovisions.html)

AHCCCS Change in Minimum Subcontract Provisions (MSP) – Effective 10/01/2024

Summary of Changes - Minimum Subcontract Provisions Effective 10/1/24

Please note, AHCCCS has made recent revision to the Artificial Intelligence Prohibitions section.

See information on the Change Healthcare response

AHCCCS
Arizona Health Care Cost Containment System

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AHCCCS Online

- Health Plans
- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Strategy

Minimum Subcontract Provisions

The Minimum Subcontract Provisions (MSPs) are referenced and incorporated into the AHCCCS Provider Participation Agreement as well as AHCCCS Medicaid Contracts, including Intergovernmental Agreements. AHCCCS Contractors' subcontracts must reference and require compliance with the MSPs.

ATTENTION

AHCCCS has established a Constant Contact email notification as a courtesy to allow interested parties to subscribe for notification of information regarding the Minimum Subcontract Provisions. AHCCCS encourages Contractors and providers to subscribe in order to receive timely updates. To subscribe, click the sign up button below.

Sign up to receive Notifications Regarding the AHCCCS MSPs

The MSPs are available at the links provided below:

- Minimum Subcontract Provisions
Updated: 05/09/2024
Effective: 10/01/2024

| Page # | Section/Summary of Change | Add/Removal/Revised |
|--------|---|---------------------|
| 1 | Assignment And Delegation Of Rights & Responsibilities | Removed |
| 1 | Adult Protective Services (APS) Registry Check | Moved |
| 1-2 | Abuse, Neglect, and Exploitation | Moved |
| 2 | Amount Duration & Scope | Added |
| 2 | Artificial Intelligence Prohibitions | Added |
| 2 | Certifications Required by Law | Added |
| 3 | Compliance with AHCCCS Rules Relating to Audit & Inspection (added CMS language) | Revised |
| 4 | Corporate Governance for Providers | Moved |
| 5 | Employees of the Subcontractor | Added |
| 5 | Fraud and Abuse (report all cases, prohibited from taking action including recoup or suspensions, class 2 felony) | Revised |
| 6 | Grievance & Appeal System | Added |
| 6 | Limitations on Billing & Collection Practices | Added |
| 6 | Lobbying | Added |
| 6 | Nondiscrimination Requirements (Removed most of the language to refer to Federal and State law) | Revised |
| 6 | Offshore Performance of Work Prohibited (Removed indirect or overhead services definition, added paying claims and data definition) | Revised |
| 7 | Protection of State Cybersecurity Interests | Added |
| 7-8 | Termination of Contract | Added |

AHCCCS Covered Behavioral Health Services Guide and Behavioral Health Services Matrix

In response to stakeholder input and the need to further strengthen Arizona's behavioral health system, the Arizona Health Care Cost Containment System (AHCCCS) has released an updated version of the Covered Behavioral Health Services Guide. AHCCCS greatly appreciates the attention and insights shared by Arizona's provider community while developing and refining this important resource.

Their feedback on the original draft (released in July 2024) has been used to create an updated version which is now available on the [AHCCCS Medical Billing and Coding Resource Page](#). Changes to the Guide have been specified in the footnotes of the updated version.

The following sections have received significant updates and/or additional information since the original posting:

- Intensive Outpatient Programs (IOP), which includes updates related to telehealth.
- Peer Support, which includes updates related to the 10/1/2024 closure of the per diem code and increases the daily limit on the 15-min service code.
- Case Management, which includes a new section for Behavioral Health Outreach Services.

The Covered Behavioral Health Services Guide is a resource for behavioral health providers that clarifies basic billing and coding information. The purpose of the document is to compile billing and compliance information and codify rules for service delivery, billing, and encounters.

Stakeholders are welcome to submit questions about the Guide via email to CBHSGCodingQuestions@azahcccs.gov.

The revised Guide will have an effective date of 10/1/2024. Please submit all questions via email to CBHSGCodingQuestions@azahcccs.gov. Questions will only be gathered via this email box.

AHCCCS has also completed the updates to The Behavioral Health Services Matrix (formerly called B2 Matrix). The guide and matrix has been published to the Medical Coding Resources web page and can be found under the Behavioral Health Service Matrix and Guide drop down menu.

Coding & Billing Updates AHCCCS AMPM, ACOM and CMS

!STAY UP TO DATE!

View updates to the [AHCCCS Medical Policy Manual \(AMPM\)](#) , [AHCCCS Contractor Operations Manual \(ACOM\)](#), [AHCCCS News & Press Releases \(azahcccs.gov\)](#), and [Medical Coding Resources](#) on the [AHCCCS website](#) .

The AHCCCS Medical Coding Unit is responsible for the update and maintenance of all medical coding related to AHCCCS claims and encounters processing. This includes place of service, modifiers, new procedure codes, new diagnoses, and coding rules. This unit is also responsible for reviewing and responding to any medical coding related guidelines or questions. This includes questions related to daily limits, procedure coverage, etc.

Visit the [AHCCCS Encounters Resource](#) page for additional resource and guidance regarding coding and plan coverage updates.

Visit the [CMS website](#) and subscribe to email updates for the latest information on Medicare and Marketplace enrollment, policies, benefits, and other helpful tools.

Annual Model of Care Training – Special Needs Plans (DSNP)

A SNP is a type of Medicare Advantage plan providing targeted care, improved care coordination and continuity of care to members with special needs. SNPs operate under the Model of Care (MOC) structure to identify and help meet the unique health care needs of each SNP member.

BCBSAZ Health Choice Pathway 2024 Annual MOC training is available online!

Visit: [Provider Education - BCBSAZ Health Choice Pathway](#)

- Special Needs Plan (SNP) Model of Care (MOC) training is required initially and annually by the Centers for Medicare & Medicaid Services (CMS) for care providers who treat members in SNPs.
- A SNP is a type of Medicare Advantage plan that provides targeted care, improved care coordination and continuity of care to members with special needs.
- You are considered to be a SNP care provider if you treat members who are enrolled in a SNP, even if you treat just one SNP member.
- One clinical or non-clinical staff member of each practice, clinic or medical group may take the training and communicate the information within the practice.

UTILIZATION MANAGEMENT CRITERIA

Opportunity for Practitioner Input

- Health Choice values our network of providers and is interested in your input regarding UM criteria
- If you have interest in assisting with development or review of UM criteria, please send your contact information along with your field of practice to:

Ellen N. Lewis

Vice President, Medicaid & DSNP Clinical Operations

BCBSAZ Health Choice

ellen.lewis@azblue.com

Claim Submissions

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned check payments.

All providers are recommended to submit claims/encounters electronically. Electronic billing ensures faster processing and payment of claims, eliminates the cost of sending paper claims, allows tracking of each claim/encounter sent, and minimizes clerical data entry errors.

BCBSAZ Health Choice (AHCCCS)

Health Choice Arizona Payer ID# 62179

P.O. BOX 52033, PHOENIX, AZ 85072-2033

BCBSAZ Health Choice Pathway (Medicare Advantage D-SNP)

Health Choice Pathway Payer ID# 62180

P.O. BOX 52033, PHOENIX, AZ 85072-2033

ACA StandardHealth with Health Choice (ACA IU65 – 1/1/2024)

ACA StandardHealth with Health Choice Payer ID# RP105

P.O. BOX 52033, PHOENIX, AZ 85072-2033

Claim Submissions: Solutions for Providers - Provider Portal

In response to the ongoing Change Healthcare system outage, BCBSAZ Health Choice has developed temporary, alternative solutions via our [Provider Portal](#) to allow providers to directly submit claims without the need for a clearinghouse, and to allow downloading and printing of remittance advices.

Electronic 837 Claims Submissions

Please follow the instructions outlined below in lieu of submission to Change Healthcare to UPLOAD electronic claims submission.

- Log into the secure [Provider Portal](#) as normal and navigate to the 'Documents' section
- Navigate to 'Upload files' in the upper right corner
- Select appropriate 'EDI File Types', 'Line of Business', and 'Choose File' from your network to upload
- The portal will validate the file uploaded matches the file type selected before accepting for processing
- Files accepted for processing will be updated with a status of 'File Sent to Claim System'

Electronic 835 Remittance Advices

Please follow the instructions outlined below to DOWNLOAD electronic remits.

Printable Paper Remittance Advices

Please follow the instructions outlined below to PRINT paper remits.

- Log into the secure [Provider Portal](#) as normal and navigate to the 'Documents' section

- Select '835-Electronic Remittance Advice' under 'File Types'.
- Select 'Line of Business' (not required)
- Click 'Apply Filters'
- Under 'Filename' identify 835 file to download
- Click on the file hyperlink under 'Filename' to download to your network system, then open.

- Select 'RA-Paper Remittance Advice' under 'File Types'
- Select 'Line of Business' (not required)
- Click 'Apply Filters'
- Under 'Filename' identify RA file to download
- Click on the file hyperlink under 'Filename' to download to your network system
- Open the RA file from the downloaded location on your network
- Print PDF file as you would any other document

Claim Submissions: Solutions for Providers - iEDI

On March 19, 2024, BCBSAZ Health Choice added an alternative solution to support electronic claims submissions.

Providers can submit electronic 837 claims to Optum iEDI, a clearinghouse that was developed outside the Change Healthcare environment. iEDI was not impacted by the cybersecurity incident.

Provider's requiring support with the iEDI Clearinghouse should contact their dedicated Optum Account Manager.

If you do not have an Optum Account Manager, you can submit an inquiry to Optum via their general form located here: <https://www.unitedhealthgroup.com/ns/changehealthcare/iedi.html>.

| Payer ID | Payer Name | Transactions |
|----------|---|--|
| 62179 | BCBSAZ Health Choice Arizona | 837 Institutional, Professional and Dental |
| 62180 | BCBSAZ Health Choice Pathway | 837 Institutional and Professional |
| RP105 | BCBSAZ ACA Standard Health With Health Choice | 837 Institutional, Professional and Dental |

To avoid duplicate claim denials, please ensure that you are submitting claims through only one of the available options. If you submitted claims to a clearinghouse that works with iEDI and you received a 'submitted' response, you do not need to resubmit through iEDI. Providers can contact their clearinghouse directly to confirm responses.

For more information on the Change Healthcare (now a subsidiary of Optum) cybersecurity incident: [Optum Solutions Status – Update: Some applications are experiencing connectivity issues. \(changehealthcare.com\)](#)

Claim Submission Reminders

KEEP YOUR RECORDS UP TO DATE!

By not keeping your information current, you may experience claim rejections, non-payments, or returned payments.

No Staple Required

Please do not staple documents or claims. If there is a document being submitted with the claim, the document should lay directly behind the claim and each page of documentation should indicate the claim number.

Prior Authorization Number

Submit claims with the full and complete Prior Authorization number reported, including leading zeros.

Sending Correspondence to a specific department?

Help us stay efficient in getting your mail to the correct department, please indicate which department your mail should be directed to.

Physical/Correspondence

BCBSAZ Health Choice, BCBSAZ Health Choice Pathway OR ACA
StandardHealth with Health Choice

Attention: SPECIFIC DEPARTMENT

8220 N. 23rd Ave

Phoenix, AZ 85021



Claim Submissions Outside of Arizona

As a reminder, Arizona providers and contracted providers located in contiguous counties to Arizona will submit claims to Health Choice directly.

As a Blue Cross Blue Shield of Arizona plan, we align with Blue billing requirements. This change only affects billing for services rendered to a Health Choice members outside of Arizona. Providers rendering services outside of Arizona will submit claims directly to the Blue plan within that state.

EXCEPTION: *Health Choice contracted providers located in contiguous (bordering) counties to Arizona will submit claims directly to Health Choice.*

Below is a current listing of contiguous counties (subject to change upon county boundary changes by each state).

- California: San Bernardino County
- Nevada: Clark County and Lincoln County
- Utah: Kane County and Washington County
- Colorado: Montezuma County
- New Mexico: San Juan County, McKinley County, Cibola County, Catron County, Grant County, and Hidalgo County

BCBSAZ Health Choice (Medicaid) Member ID Card Example



Health
Choice



Member:
John Q Sample
ID #: **HCIA12345678**

RxBIN: **123456**
RxPCN: **Part D**
Group: **RX3898**

Health Plan Name:
Health Choice Arizona

Member Services:
1-800-322-8670

**ARIZONA HEALTH CARE
COST CONTAINMENT
SYSTEM**



Health
Choice

HealthChoiceAZ.com
Member Services:
1-800-322-8670
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacists Call:
1-800-364-6331

Arizona providers
send medical claims to:
Health Choice Arizona
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

BCBSAZ Health Choice Pathway – Member ID Card Example



Health
Choice

Member:
John Q Sample
ID #: **MZHHC1234567**

RxBIN: **004336**
RxPCN: **MEDDADV**
RxGRP: **RX8748**

Health Plan Name:
Health Choice Pathway (HMO D-SNP)

Health Plan **(80840)**
Plan ID: **H5587-002**

MedicareRx **MEDICARE | HMO**
Prescription Drug Coverage **ADVANTAGE**



Health
Choice

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.





HealthChoicePathway.com

Member Services:
1-800-656-8991, TTY 711

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622
Pharmacy Help Desk:
1-866-693-4620

Benefits are limited to emergent care
outside of Arizona.

Health Choice Dual – Member ID Card Example

| | | |
|--|---|--|
|  BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small> | Health Choice |  AHCCCS <small>Arizona Health Care Cost Containment System</small> |
| Member: John Q Sample | RxBIN: 004336 | |
| HCP ID #: MZHHC1234567 | RxPCN: MEDDADV | |
| AHCCCS ID #: HCIA12345678 | RxGRP: RX8748 | |
| | Health Plan (80840) | |
| | Plan ID: H5587-002 | |
| Health Plan Name: Health Choice Pathway (HMO D-SNP) Health Choice Arizona | Health Plan Phone #: 1-800-656-8991 | |
|  MedicareRx <small>Prescription Drug Coverage</small> | MEDICARE ADVANTAGE HMO |  BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small> |

**Health
Choice**

HealthChoicePathway.com

Member Services:
1-800-656-8991, TTY 711

Hours of Operation:
8 a.m. to 8 p.m., 7 days a week
Pharmacy Prior Auth and
Appeals Fax: **1-877-424-5690**
24/7 Nurse Advice Line:
1-855-458-0622



Pharmacy Help Desk:
1-866-693-4620

Arizona providers
send medical claims to:
Health Choice Pathway
(HMO D-SNP)
PO Box 52033
Phoenix, AZ 85072-2033

Providers outside of Arizona
should file all claims to the
local Blue Cross and Blue Shield
Plan in whose service area the
member received services.

Benefits are limited to emergent care
outside of Arizona.

ACA StandardHealth with Health Choice – Member ID Card Example

| | |
|--|---|
|  BlueCross BlueShield Arizona <small>An Independent Licensee of the Blue Cross Blue Shield Association</small> | ACA StandardHealth with Health Choice |
| MEMBER NAME IAZ987654321 | ACA Health Choice Network Group Number INDU65 Plan Year 2024 In-Network Cost Share Deductible Individual \$5900 Deductible Family \$11800 OOP MAX Individual \$9100 OOP MAX Family \$18200 Pediatric Member Dental YES |
| Copay PCP \$40 Copay Specialist \$80 Copay Urgent Care \$60 Copay RX Tier 1/2/3 \$20/40/80 Rx BIN# 603017 | See assigned PCP for services and specialist referrals. |
| PCP-HMO | AZDOI  |

PROVIDER PORTAL

Are you registered for the Provider Portal?

Sign-up today!

Get access to secure member eligibility, claim status/reconsideration, submit medical, dental and pharmacy prior authorization requests and much more.

*****COMING SOON*****

Quality Gaps in Care Reporting

PDM and AzAHP Credentialing Enhancements to the Summary Page

Member Benefit Accumulator (Deductible Balance – ACA SH HC)

Our portal is available under the ‘Login/Register’ button at the top of each of our plan websites:

[Health Choice AZ | AZBlue](#)

[Health Choice Pathway | AZBlue](#)

[ACA StandardHealth Health Choice | AZBlue](#)

Easy to follow portal training video(s) on our websites

‘For Providers’ tab -> ‘Provider Education’

Secure Provider Portal: Home Screen



BCBSAZ Health Choice has developed temporary, alternative solutions via our Provider Portal to allow providers to directly submit claims without the need for a clearinghouse, and to allow downloading and printing of remittance advices.

BCBSAZ Health Choice added an alternative solution to support electronic claims submissions on March 19, 2024. Providers can now submit electronic 837 claims to Optum IEDI, a clearinghouse that was developed outside the Change Healthcare environment. Please refer to the provider notices for additional instructions. [Change Healthcare Incident Solutions and Response](#)

Welcome to Health Choice Provider Portal

New & Upcoming Enhancements

- You can now submit Dental Prior Authorization and Dental Specialty Referral requests directly through your secure portal.
- Dental Claims History now provides member benefit balance.
- Medical Review Documents (reserved ONLY for approved Hospital Tax ID): Update process for file upload directly to a claim only. Pardon our dust as we continue maintenance on this feature.

Provider Reminders

- AHCCCS Medicaid Redeterminations are underway! Our BCBSAZ Health Choice assistors can help members Monday through Friday, 8 a.m. to 5 p.m. at 1-844-390-8935. Members can also visit [HealthEArizonaPlus.gov](#) to update their AHCCCS information.
- Member ID prefixes and EDI Payor ID#s: Health Choice Arizona is HCI (e.g. HCA12345678); EDI Claim Payor #62179. Health Choice Pathway is MZH (e.g. MZHHC1234567); EDI Claim Payor ID #62180. ACA StandardHealth with Health Choice is IAZ (e.g. IAZ987654321); EDI Payor ID#RP105.
- Paper Claim Submission Address for all lines of business: P.O. BOX 52033, PHOENIX, AZ 85072-2033
- Recent [Member Admissions and/or Discharges](#)
- Providers can submit credentialing requests via our Provider Portal. Forms will automatically be routed to our Credentialing or Contracting department for processing with an accessible PDF form for your records. Click the [Provider Demographic Request/AzAHP E-Apply](#) Practitioner Data Form link under Provider Tools.
- Opportunity for Practitioner Input Health Choice values our network of providers and is interested in your input regarding Utilization Management (UM) Guidelines. If you have interest in assisting with development or review of UM criteria and technology, please send your contact information along with your field of practice to: HCHComments@azblue.com

Member Eligibility:

Click [here](#) to view eligibility and coordination of benefit details for a member

Claims

Use one of our convenient tools to learn more about our services.

- [Claims Lookup](#)
- [Dental History / Benefits](#)
- [Vision History / Benefits](#)

Authorizations

Need information regarding authorizations? Choose one of the following options below.

- [View Your Medical Prior Authorization Status](#)
- [View Your Dental Prior Authorization Status](#)
- [Health Choice & Health Choice Pathway - Pharmacy Prior Authorization Request](#)
- [Health Choice Arizona - Prior Authorization Grid](#)
- [Health Choice Pathway - Prior Authorization Grid \(Arizona\)](#)
- [ACA StandardHealth with Health Choice - Prior Authorization Grid](#)

Provider Tools

Use one of our convenient tools to manage your account or look up answers in our document library.

- [Provider Member Roster](#)
- [Provider Resources](#)
- [Health Choice Integrated Care Provider Portal](#)
- [Provider Demographic Request/Electronic Credentialing - AzAHP Practitioner Data form](#)

Provider Resources

Please note that user Account passwords should NOT be shared between employees. Sharing password

Visit us online under our "For Providers" tab for content specific to education-related material.

[BCBSAZ Health Choice \(Medicaid\)](#)

[BCBSAZ Health Choice Pathway \(Dual SNP HMO Medicare Advantage\)](#)

Provider Manuals

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Notices

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Prior Authorization Guidelines

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Forms

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Provider Education (POLT List, Portal Training Videos, Newsletters, Quality Coding)

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Dental Matrix and Clinical Review Criteria

- [BCBSAZ Health Choice Dental Benefits Matrices](#)
- [BCBSAZ Health Choice Pathway Supplemental Benefits](#)
- [ACA StandardHealth with Health Choice](#)

BCBSAZ Health Choice Pathway Model of Care

- [BCBSAZ Health Choice Pathway](#)

Prescription Drugs and Formulary

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Cultural Competency

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)
- [ACA StandardHealth with Health Choice](#)

Clinical Guidelines

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)

Quality & Performance Measures

- [BCBSAZ Health Choice](#)

Medical Management

- [BCBSAZ Health Choice](#)
- [BCBSAZ Health Choice Pathway](#)

Behavioral Health Resources

Provider Portal View: Provider Resources



MEDICAID PLANS

Keep your family healthy with AZ Blue Health Choice

BCBSAZ Health Choice cares about you and is dedicated to improving the health and well-being of the people and communities we serve!

Learn More >



BCBSAZ Health Choice Websites & Provider Manuals

You may have noticed.....we got a face lift! Our websites have officially moved over to the BCBSAZ domain. Please make updates to your saved favorites.

Our Provider Manuals are designed to provide basic information about the administration of the BCBSAZ Health Choice Arizona, BCBSAZ Health Choice Pathway and ACA StandardHealth with Health Choice programs.

Details within our manuals are intended to furnish providers and their staff with information, covered services, claim and/or encounter submission requirements.

The Health Choice Arizona provider manual is an extension of the Health Choice Arizona Subcontractor Agreement, executed by the participating provider. The participating provider agrees to abide by all terms and conditions set forth within our Provider Manuals. The Provider Manual is incorporated into the contract each provider holds with Health Choice.

Please take advantage of additional resources available online on the 'For Providers' tab of our websites or from the 'Home' screen of your secure online provider portal.

BCBSAZ Health Choice Arizona: <https://www.azblue.com/health-choice-az>

BCBSAZ Health Choice Pathway: <https://www.azblue.com/health-choice-pathway>

ACA StandardHealth with Health Choice: <https://www.azblue.com/aca-standardhealth-health-choice>

Q & A



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Health
Choice



National
Wraparound
Implementation
Center

Arizona Crosswalk

HNCM | Wraparound

Summer 2024



| Categories | HNCM | Wraparound |
|--------------------|--|--|
| Population | <ul style="list-style-type: none"> • Age 0-18 | <ul style="list-style-type: none"> • Age 0-21 • See AMPM 587 for specific guidelines around certain populations |
| Eligibility | <ul style="list-style-type: none"> • Age 6-18: <ul style="list-style-type: none"> ○ CALOCUS score of 4, 5, and 6 ○ Ages 0-5: • ESCII score or two or more of the following: <ul style="list-style-type: none"> ○ Other agency involvement; specifically: AzEIP, DCS, and/or DDD ○ Out of home placement for behavioral health treatment (within past six months) ○ Psychotropic medication utilization (two or more medications) ○ Evidence of severe psycho-social stressors (e.g., family member serious illness, disability, death, job loss, eviction) | <ul style="list-style-type: none"> • Ages 6- 18/21: <ul style="list-style-type: none"> ○ CALOCUS score of 4, 5, and 6 ○ Level of care for children with a score of 4, use clinical judgment. based on if the child is at risk of out-of-home placement. • Ages 0-5: <ul style="list-style-type: none"> ○ ESCII score or two or more of the following: ○ Other agency involvement; specifically: AzEIP, DCS, and/or DDD ○ Out of home placement for behavioral health treatment (within the past six months) ○ Expulsion or at risk of expulsion from childcare setting ○ Psychotropic medication utilization ○ Evidence of severe psycho-social stressors (e.g., Caregiver stress, family member serious illness, disability, death, job loss, eviction) |



| Categories | HNCM | Wraparound |
|-------------------|---|--|
| Principles | <ul style="list-style-type: none">• Collaboration with the child and family• Functional outcomes• Collaboration with others• Accessible services• Best practices• Most appropriate setting• Timeliness• Services tailored to the child and family• Stability• Respect for the child and family’s unique cultural heritage• Independence• Connection to natural support | <ul style="list-style-type: none">• Family Voice and Choice• Team Based• Culturally Competent• Natural Supports• Outcome based• Unconditional Care• Strengths-based• Individualized• Collaboration• Community Based |



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| Categories | HNCM | Wraparound |
|----------------|--|---|
| Process | <ul style="list-style-type: none">• Nine Essential Activities of CFT Practice• Engagement of the Child and Family• Immediate Crisis Stabilization• Strengths, Needs and Culture Discovery (SNCD)• CFT Formation/Coordination of CFT Practice• Individual Service Plan (ISP) Development• Ongoing Crisis Planning• ISP Implementation• Tracking and Adapting• Transition | <ul style="list-style-type: none">• Team based approach to care planning over 4 phases of Wraparound:<ul style="list-style-type: none">○ Engagement and Team Preparation○ Initial Plan Development○ Plan implementation○ Transition• Includes:<ul style="list-style-type: none">○ Engagement of the child/family and potential team members○ Initial crisis/safety planning○ Gathering family story○ Wraparound Team Meeting (WTM/CFT)○ Initial Plan Development○ Monthly monitoring and adjusting the plan based on tracked progress and satisfaction data○ Ongoing crisis plan review/adjustment○ Transition |



| Categories | HNCM | Wraparound |
|-----------------------------------|---|---|
| <p>Fidelity Monitoring</p> | <ul style="list-style-type: none"> • The System of Care Practice Review (SOCPR) • Arizona Health Care Cost Containment System (AHCCCS) Performance Measures • National Outcome Measures | <ul style="list-style-type: none"> • Wraparound Fidelity Assessment System (WFAS) tools that include: <ul style="list-style-type: none"> ○ Document Assessment and Review Tool (DART), ○ Wraparound Fidelity Index, EZ form (WFI-EZ), ○ Team Observation Measure (TOM) |
| <p>Crisis and Safety</p> | <ul style="list-style-type: none"> • All children identified as eligible for HNCM: <ul style="list-style-type: none"> ○ Safety plan is updated based on clinical needs ○ Updates to occur within 72 hours of crisis | <ul style="list-style-type: none"> • All families receiving Wraparound: <ul style="list-style-type: none"> ○ Initial safety/crisis plan completed during the initial face-to-face visit with family ○ Crisis plan is reviewed and updated at least every 30 days at Wraparound Team Meeting (WTM) and as dictated by the plan of care ○ Emergency WTM to occur within 72 hours of crisis to revise and update plan |
| <p>Youth Involvement</p> | <ul style="list-style-type: none"> • Yes | <ul style="list-style-type: none"> • Yes, it includes attendance and participation in WTM |



| Categories | HNCM | Wraparound |
|---|---|--|
| <p>Caregiver Involvement</p> | <ul style="list-style-type: none"> Caregiver attends and participates in all CFT meetings. Services can be provided to the caregiver if they are targeted to meet the needs of the child. For individual needs caregivers are referred for adult services. | <ul style="list-style-type: none"> Yes, Wraparound is family-centered, so the parents/caregivers are attending and participating in all WTMs. Caregivers have needs and strategies included in the plan of care. For individual needs caregivers are referred for adult services. |
| <p>Face to Face Initial Timeframes</p> | <ul style="list-style-type: none"> No more than 24 hours, but as expediently as required by the member's condition Initial CFT Meeting within 21 days | <ul style="list-style-type: none"> Initial contact with family by Wraparound facilitator within 3 days of initial assessment Initial face-to-face with family within 5-7 days from the initial assessment Initial WTM within 30 days of initial assessment |
| <p>Service Plan</p> | <ul style="list-style-type: none"> HNCM requires monthly meetings and revised service plans, as needed | <ul style="list-style-type: none"> Referred to as Plan of Care, updated at least monthly; more often if crisis occurs or as challenges occur. |



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| Categories | HNCM | Wraparound |
|-----------------------------|--|--|
| Contact | <ul style="list-style-type: none"> • Frequency of CFT meetings is individualized and scheduled in relation to the child and family’s preferences, and level of need. • Contact at minimum every 30 days | <ul style="list-style-type: none"> • Weekly phone contact with family and all team members at minimum - more often if necessary to ensure successful implementation of plan; at least 1 face to face family contact monthly in addition to the monthly WTM |
| Teaming Requirements | <ul style="list-style-type: none"> • A behavioral health representative, and any individuals important in the child’s life that are identified and invited to participate by the child and family - this may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) • At a minimum, Child and their family, or Health Care Decision Maker (HCDM), and High Needs Case Manager (HNCM) | <ul style="list-style-type: none"> • Youth, Caregiver, Wraparound Facilitator, other team members including formal supports (i.e., system representatives, service providers, etc.) and informal supports (i.e., extended family, friends, religious leader, community members) • Balanced team inclusive of both formal and informal supports is required. Expectation that most team members attend each monthly Wraparound team meeting while understanding not every member will attend 100% of the time. Minimum ‘teaming’ definition is youth, caregiver, one informal support, and one formal support |



| Categories | HNCM | Wraparound |
|---------------------------------|---|--|
| <p>SNCD/Family Story</p> | <ul style="list-style-type: none"> • Develop written document reflecting strengths, needs and culture of child and family for future planning • Identification of strengths, assets and resources that can be mobilized to address the child and family’s need for support • Exploration and understanding of the unique culture of the family to ensure that the service plan will be a plan that the child and family will support and utilize • Attention to aspects of family culture influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation, and other factors • Recording of the child’s and family’s vision of a desired future • Identification of the needs and areas of focus that must be addressed in order to move toward this desired future | <p>The family story is the foundation of the Wraparound process. It is an ecological, comprehensive history built from the initial conditions (reason for referral, first system access, and the first-time caregivers noticed something was wrong) that is meant to provide an understanding of a family’s culture, relationships, sources of strength, traditions, and values that have helped them through tough times. Foundationally, it includes:</p> <ul style="list-style-type: none"> • The initial conditions: First time the family noticed something was wrong; first system contract; reason for referral • The way the youth and parents/caregivers coped including the people that supported them, related to each initial condition is included • A sense of who the family is throughout the whole story • The perspective of others outside the family outlines their relationship with the family • The perspective of the youth and caregivers. |



| Categories | HNCM | Wraparound |
|-------------------------|---|--|
| Needs Assessed | <ul style="list-style-type: none"> • Yes, the service plan includes needs typically in the form of SMART goals. | <ul style="list-style-type: none"> • Yes, needs in Wraparound are the underlying conditions or causes of behavior and are identified and prioritized for planning for target child/youth and other family members and outlined in the plan of care • Progress is tracked at a minimum of once every 30 days to assess movement towards need(s) met |
| Outcomes | <ul style="list-style-type: none"> • Changes in CALOCUS score to demonstrate increase/decrease in functioning and level of care. | <ul style="list-style-type: none"> • Outcomes are concrete, measurable statements connected directly back to the reason for referral, the things causing the family the most pain and stress, and the behaviors we hope to change |
| Natural Supports | <ul style="list-style-type: none"> • Yes | <ul style="list-style-type: none"> • Yes, a minimum of at least 1 natural support is included and participating in each Wraparound Team with the goal of having at least 50% of the team be composed of informal supports |
| Family Vision | <ul style="list-style-type: none"> • Yes, family vision is required on the service plan • Reviewed at CFT Meetings | <ul style="list-style-type: none"> • Yes, reviewed and progress assessed a minimum of once every 30 days at the Wraparound team meeting |



| Categories | HNCM | Wraparound |
|--------------------------|--|---|
| Service Array | <ul style="list-style-type: none"> Requires accessible support and rehabilitation services including intensive in-home services to support members in their home and prevent out of home placement. | <ul style="list-style-type: none"> Wraparound relies on a robust provider network inclusive of formal and informal services and support. Wraparound Facilitators will work to build community connections for individual families where none currently exists. State level tracking of service availability across regions. |
| Transition | <ul style="list-style-type: none"> Each agency is required to have their own process for transition | <ul style="list-style-type: none"> Formal part of the Wraparound process is Phase 4 that begins a minimum of 90 days prior to formal transition from Wraparound Transition planning is individualized for each youth/family and includes the forecasting of future needs, strategies/community-based resources to help meet future needs with a focus on sustainability Transition plan includes updated/revised crisis plan |
| Length of Service | <ul style="list-style-type: none"> No expectations set | <ul style="list-style-type: none"> 12-18 months |



National
Wraparound
Implementation
Center

UConn
SCHOOL OF SOCIAL WORK
INNOVATIONS INSTITUTE

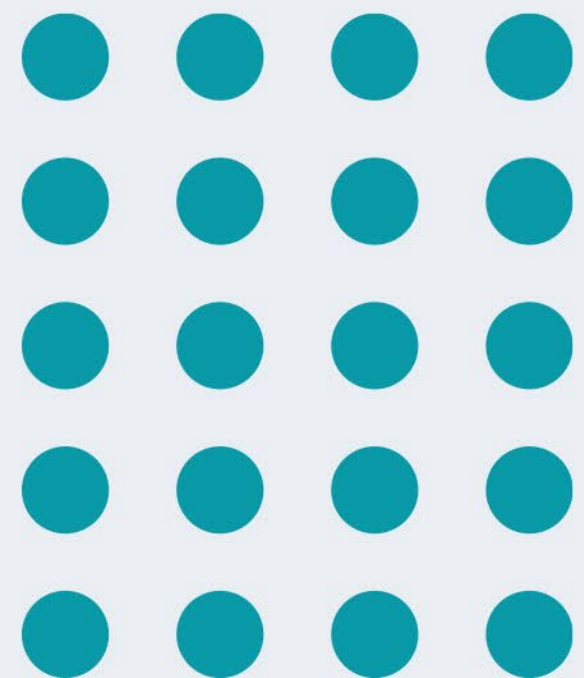
| Categories | HNCM | Wraparound |
|--|---|--|
| <p>Training Requirements</p> | <ul style="list-style-type: none"> • 2 Day CFT training • 2 Day CFT supervisor training • Each agency has a CFT champion, who provides the training and assists with coaching | <ul style="list-style-type: none"> • Pre-requisites: SOC Module 1, Overview of Wraparound, Team Roles in Wraparound. • Frontline Staff: Introduction to Wraparound:3-Day; Engagement in Wraparound: 1 Day; Intermediate Wraparound Practice: 2 Day • Supervisors: Supervision in Wraparound (1 Day) and Annual Advancing Wraparound Practice (2 Days) in addition to the trainings outlined above • Staff (facilitators and supervisors) working in Wraparound are not required to participate in AZ CFT process training |
| <p>Supervision Expectations</p> | <ul style="list-style-type: none"> • Clinical Supervision is required 1 time for every 80 hours worked • Administrative Supervision standards are set by agency policy. • Administrative Observation is at minimum 3 times in the first 90 days, at 6 months and then annually. <p><u>Skill Development</u></p> <ul style="list-style-type: none"> • Child and Family team Supervision Tool | <ul style="list-style-type: none"> • Clinical Supervision is required 1 time for every 80 hours worked • Administrative Supervisor to Wraparound Facilitator ratio: 1:6 • Individual administrative supervision 1x week per Wraparound Facilitator • Group Administrative Supervision 1x per month all Wraparound Facilitator • Administrative Observation 1x per quarter per Wraparound Facilitator <p><u>Skill Development</u></p> <ul style="list-style-type: none"> • Wraparound Supervisor Checklist • Coaching Observations Measure for Effective Teams (COMET) |



| Categories | HNCM | Wraparound |
|--------------------------------|--|---|
| Care Coordinator Ratios | <ul style="list-style-type: none">• 1:25 individuals | <ul style="list-style-type: none">• 1:10-12 families• Since this is a family-centered approach, siblings that do not meet criteria are still assigned to the Wraparound Facilitator. |



Provider Meeting – HNCM and Wraparound



A spiral-bound notebook with a brown cover and a white page with a torn top edge. The word "context" is written in a large, black, cursive font on the white page. The notebook is surrounded by numerous light-colored wooden blocks of various sizes, scattered on a dark, textured wooden surface.

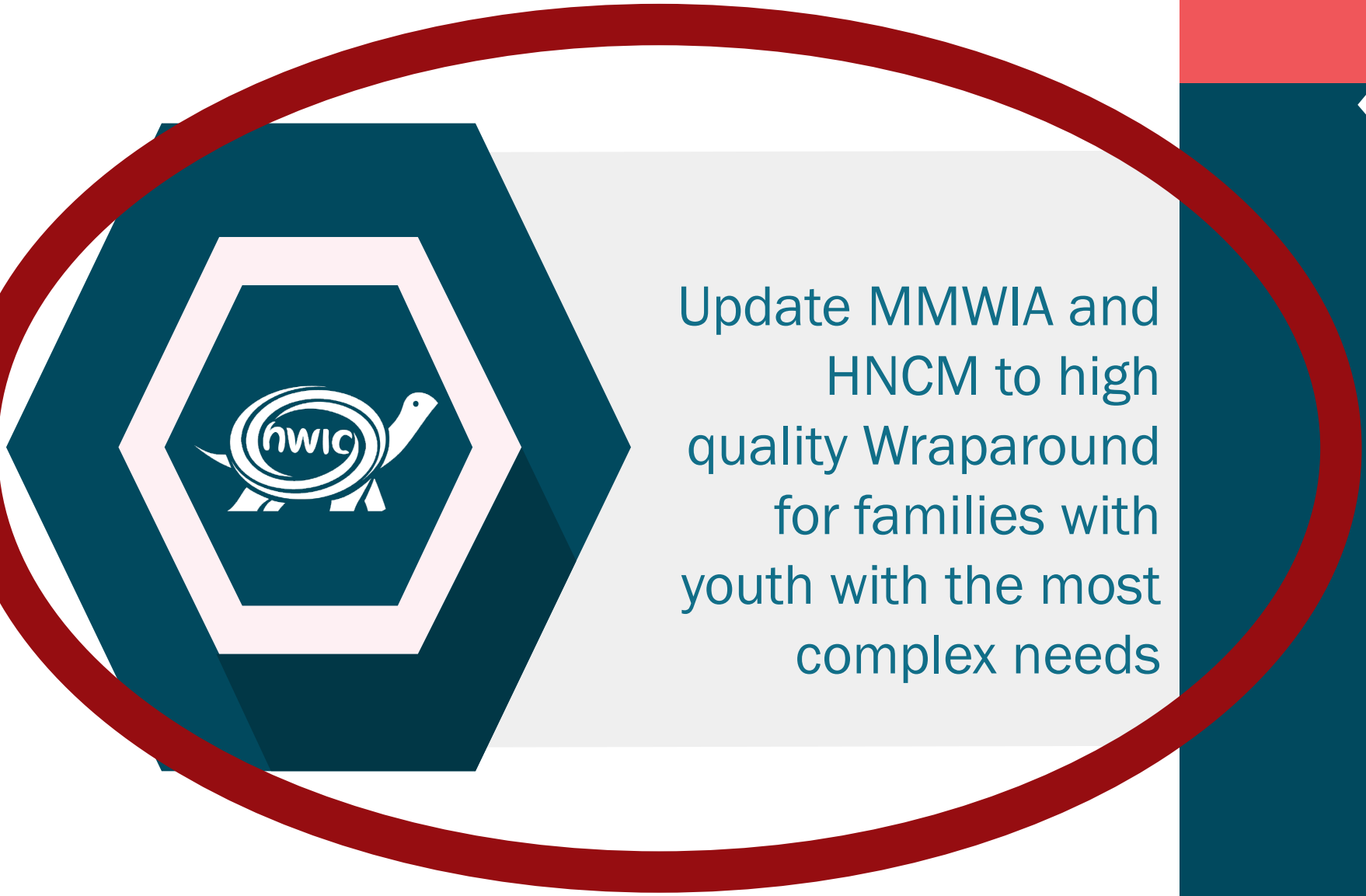
context

Let's talk Wraparound

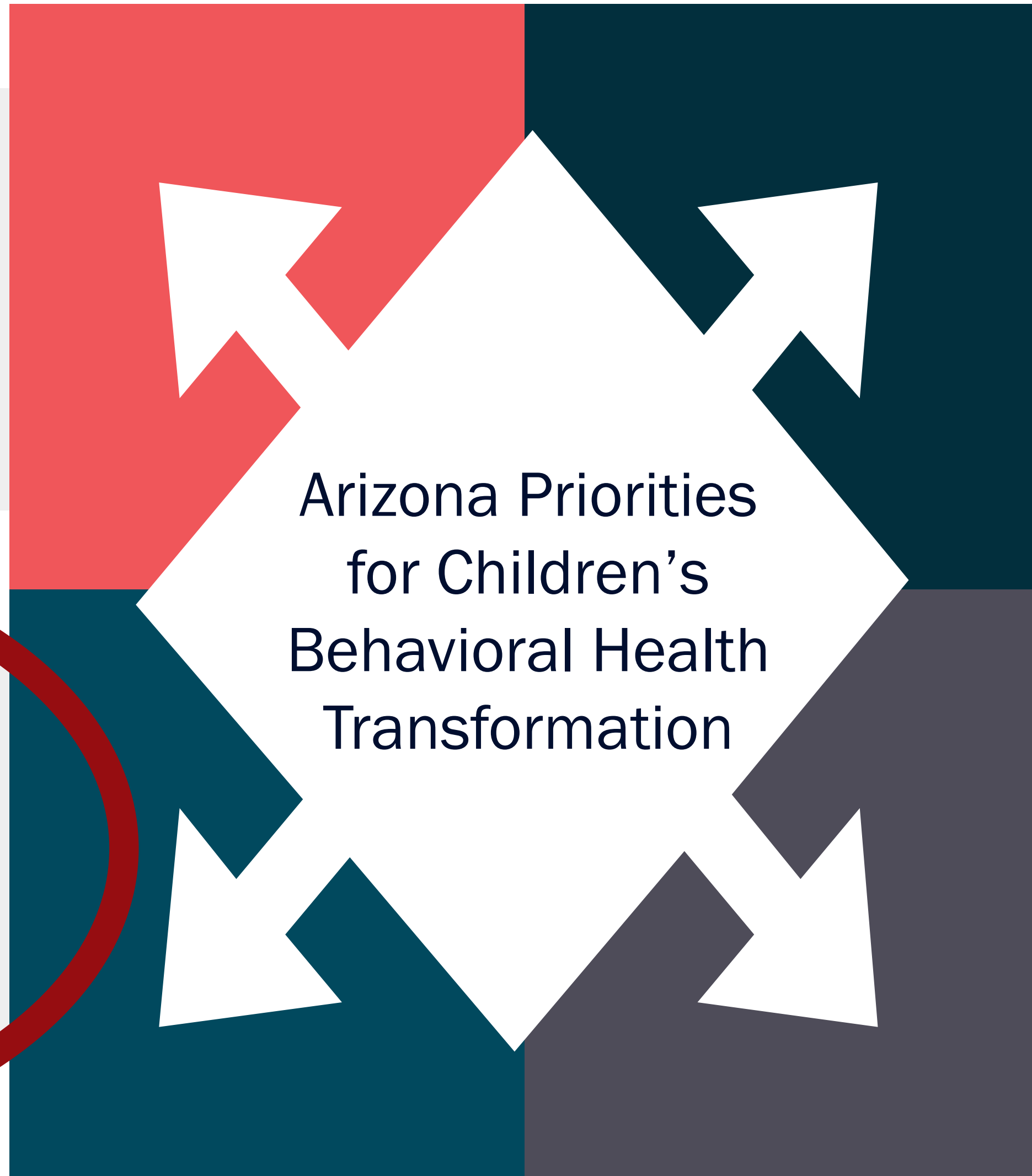
Priority Transformation Components



Customize crisis continuum for children, young adults, and their families



Update MMWIA and HNCM to high quality Wraparound for families with youth with the most complex needs



Arizona Priorities for Children's Behavioral Health Transformation

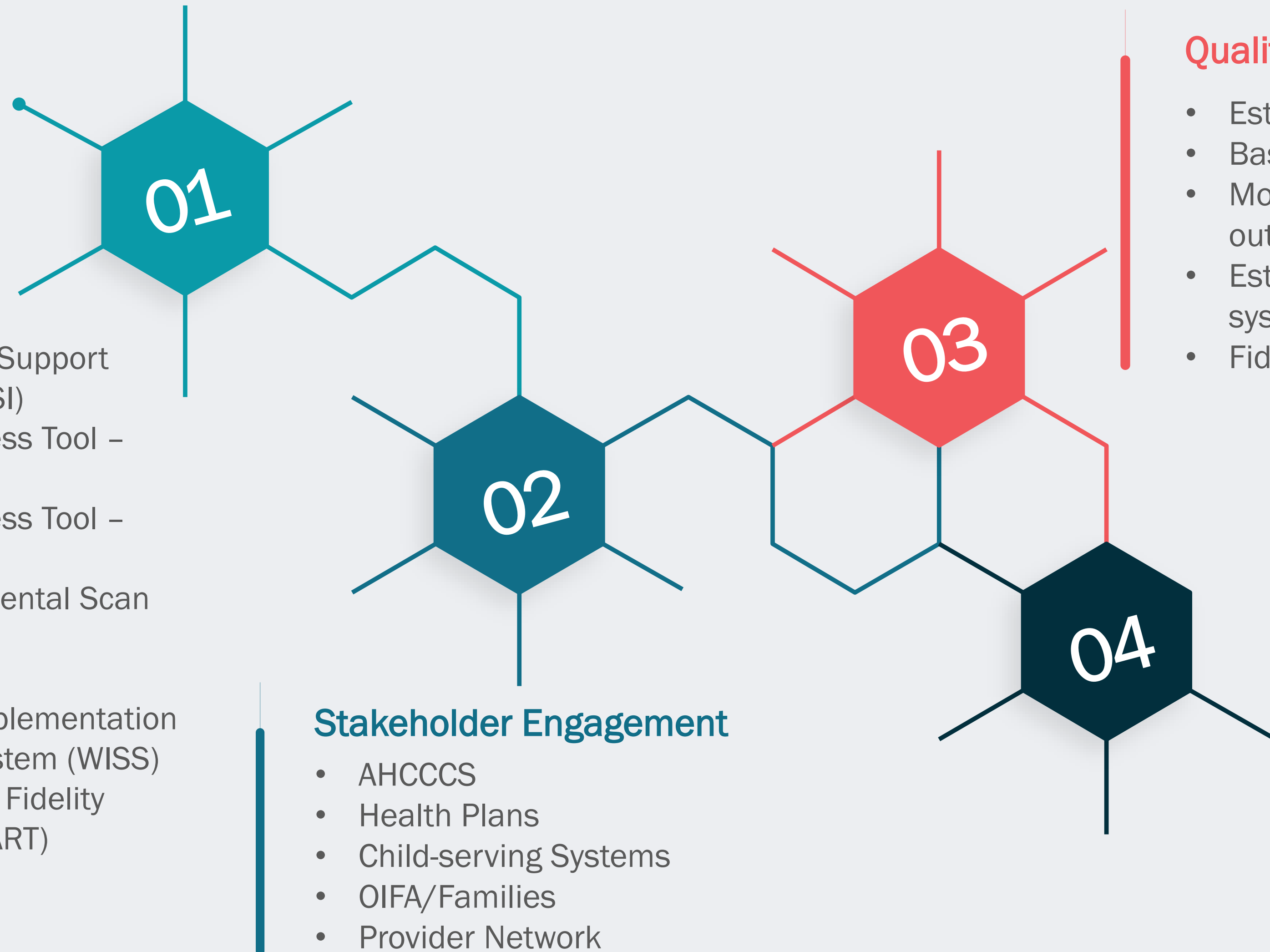
Overlay an evidence-informed practice (FOCUS) on current coordination of care activities to enhance the CFT process for youth with moderate needs and/or system involved



Develop a defined and data-informed 3-tiered care coordination approach for all children and their families with behavioral health needs and/or system involvement



Arizona Installation of MRSS, FOCUS, and Wraparound



Readiness

- System Reform Support Instrument (SRSI)
- System Readiness Tool – FOCUS
- System Readiness Tool – MRSS
- MRSS Environmental Scan
 - Payor
 - Provider
- Wraparound Implementation Standards – System (WISS)
 - Wraparound Fidelity Baseline (DART)

Stakeholder Engagement

- AHCCCS
- Health Plans
- Child-serving Systems
- OIFA/Families
- Provider Network

Quality Assurance (QA)

- Establish QA processes
- Baseline data
- Monitoring and establish outcome evaluation
- Establish metrics across systems and models
- Fidelity monitoring approach

Implementation Team(s)

- Leadership commitment
- Feedback loops
- Transparent communication plan
- Plan, Do, Check, Act Cycle
- Data review and quality assurance
- Facilitate problem-solving and make changes

Accountability

- Progress reporting
- Sharing successes
- Hold Implementation Team(s) accountable for their role and responsibilities in the process
- Ongoing data collection and fidelity checks
- Feedback loops

Workforce Development

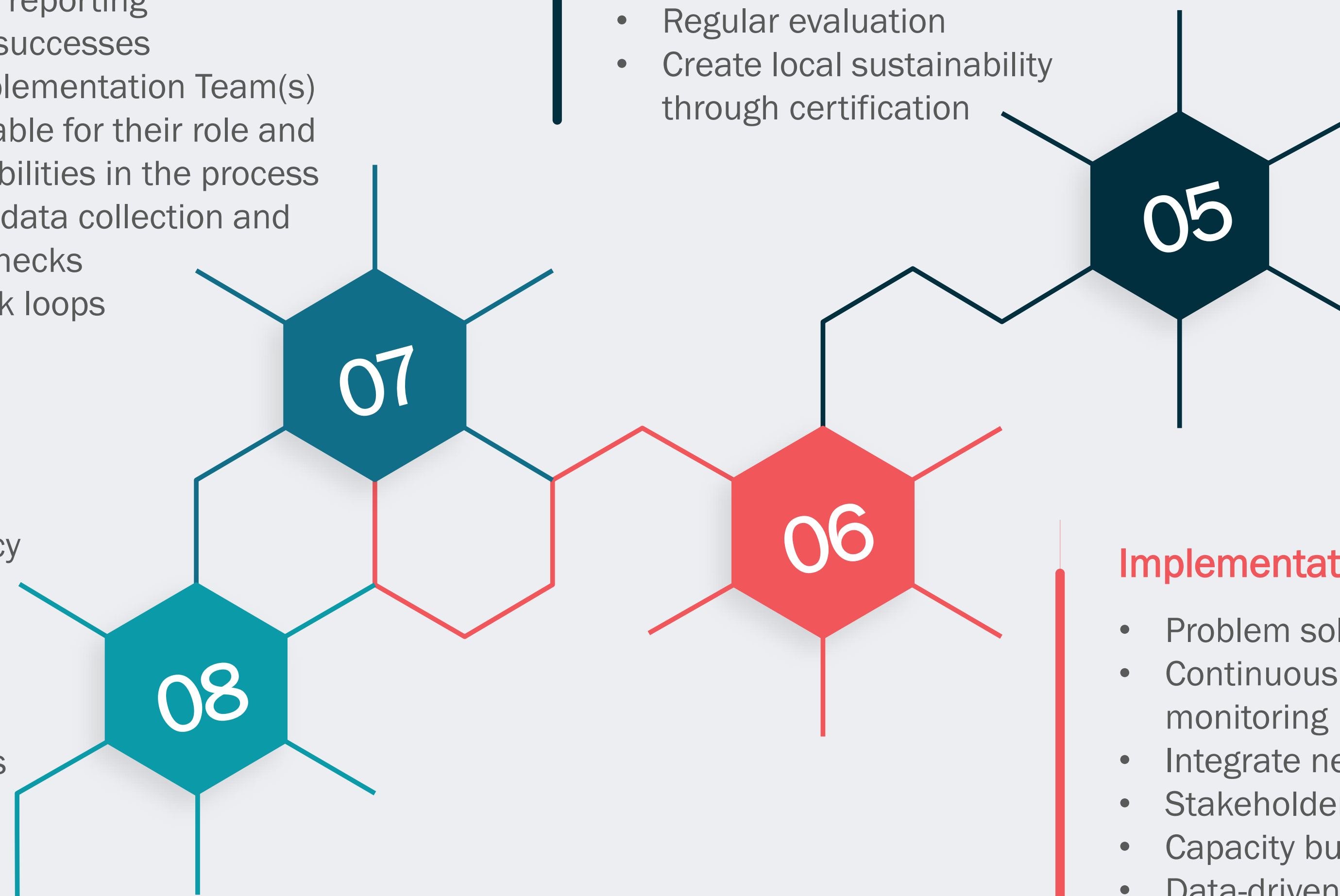
- Training across all models
- Expert coaching
- Effective supervision
- Develop local model experts*
- Clear expectations
- Regular evaluation
- Create local sustainability through certification

Sustainability

- Policy integration
- Leadership and advocacy
- Ongoing workforce development support
- Regular data collection and review
- Financing and resources to sustain long term
- Investigate return on investment

Implementation

- Problem solving and adaptation
- Continuous oversight and monitoring
- Integrate needed policy changes
- Stakeholder feedback
- Capacity building
- Data-driven decision making



*Local coach candidates will be identified and work through certification requirements as required per model. Certification guides are available.

Arizona's Transformation:

Arizona is committed to transforming its care systems to better serve its youth and families. By adopting innovative approaches like Wraparound, Mobile Response and Stabilization Services, and the FOCUS care management model, Arizona is addressing the unique needs of its communities in a more effective, responsive, and sustainable way. These transformations are designed to provide comprehensive support, improve outcomes, and create a stronger, healthier future for our children. By investing in these evidence-based and evidence-informed practices, Arizona is leading the way in building resilient communities and ensuring that every child can thrive.

MOBILE RESPONSE & STABILIZATION SERVICES:

Mobile Response and Stabilization Services (MRSS) are crucial for providing immediate, on-site support to children and families during self-defined crises, offering up to 8 weeks of follow-up care. These services deliver rapid, formal intervention right where it's needed, preventing crises from escalating and reducing the need for more intensive, costly interventions like hospitalization. Through the right care and connections, MRSS helps stabilize families in their own environments, ensuring they feel safe and supported while staying together. By addressing crises early and effectively, MRSS promotes long-term stability and well-being for youth, leading to healthier outcomes and stronger communities. Investing in MRSS is an investment in the future of our children and the overall health of our community.

ELEVATOR SPEECHES

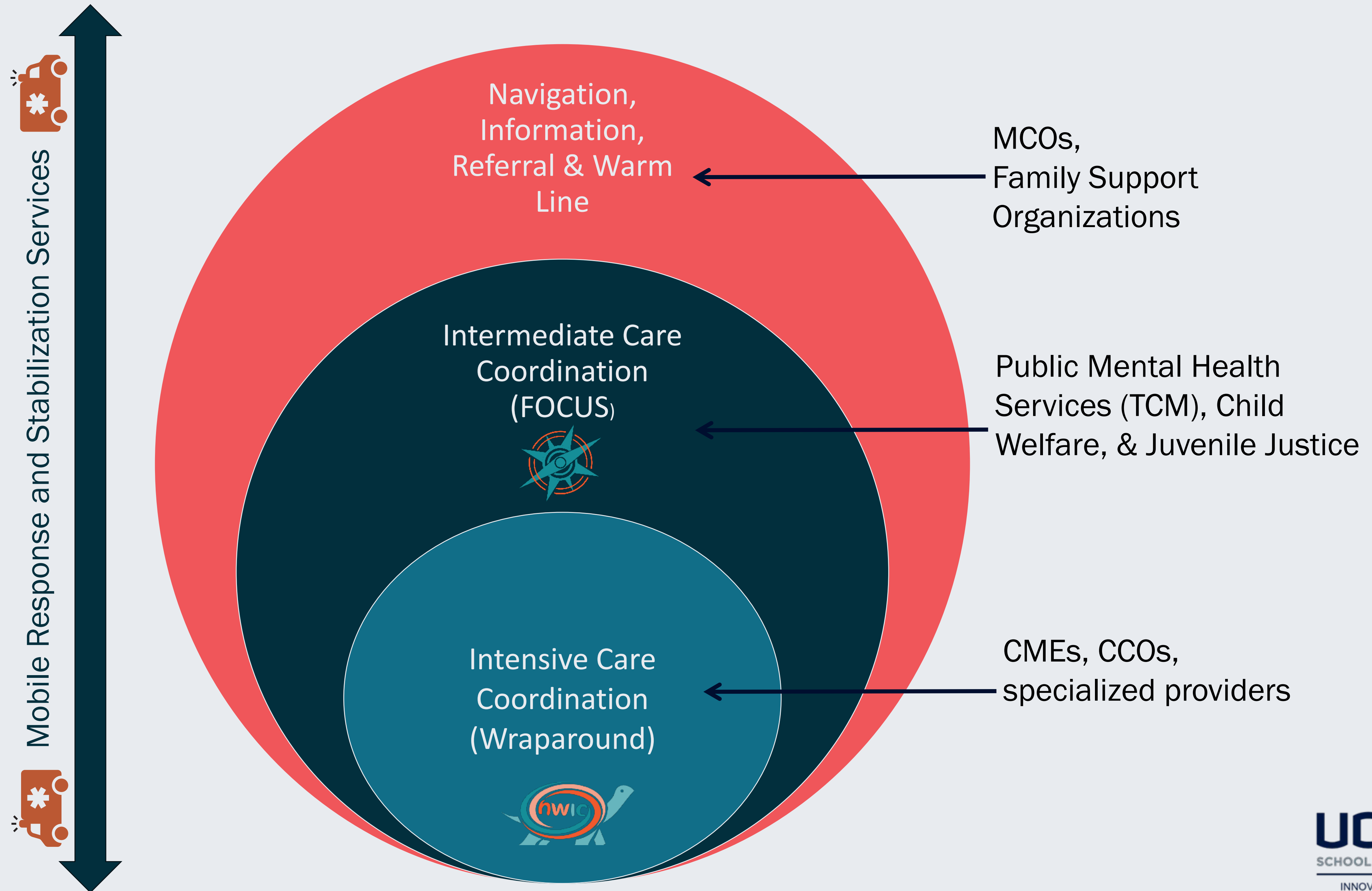
FOCUS:

FOCUS is an evidence-informed care management model specifically designed for youth with moderate needs. This approach bridges the gap between intensive services and minimal support, providing the right level of care to help youth and their families thrive. By leveraging evidence-based practices and personalized care plans, FOCUS ensures that each youth receives tailored support that addresses their unique strengths and challenges. This model not only improves outcomes by promoting stability and growth but also efficiently utilizes resources, making it a cost-effective solution. Investing in FOCUS means empowering youth to achieve their full potential while fostering healthier, more resilient communities.

WRAPAROUND:

Wraparound is a transformative approach to care that centers on team-based, collaborative efforts to support families and youth. Unlike traditional programs, Wraparound tailors its approach to address the unique needs and strengths of each family. By involving families, community partners, and service providers, Wraparound creates a comprehensive support system that fosters long-term success and resilience. This approach not only improves outcomes for youth and families but also builds stronger, more connected communities. Investing in Wraparound means investing in a brighter, more sustainable future for everyone involved.

Care Coordination Continuum & Provider Types



Arizona's Tiered Care Coordination - DRAFT

All children, youth, young adults, and their families

Health care, screening, social determinants of health

Primary care providers, childcare centers, schools

Universal Health Promotion

01

Identified Need- (CALOCUS 0-2)

Concern something is wrong, assessment, early intervention

MCOs, Primary Care, Schools, Systems, CMHCs

Standard/Low Needs CM

02

Moderate Need- (CALOCUS 3)

High caregiver stress/strain, needs require multiple services & supports

Systems, CMHCs, CCBHCs

High Intensity Community Services

03

Intensive Need- (CALOCUS 4-6)

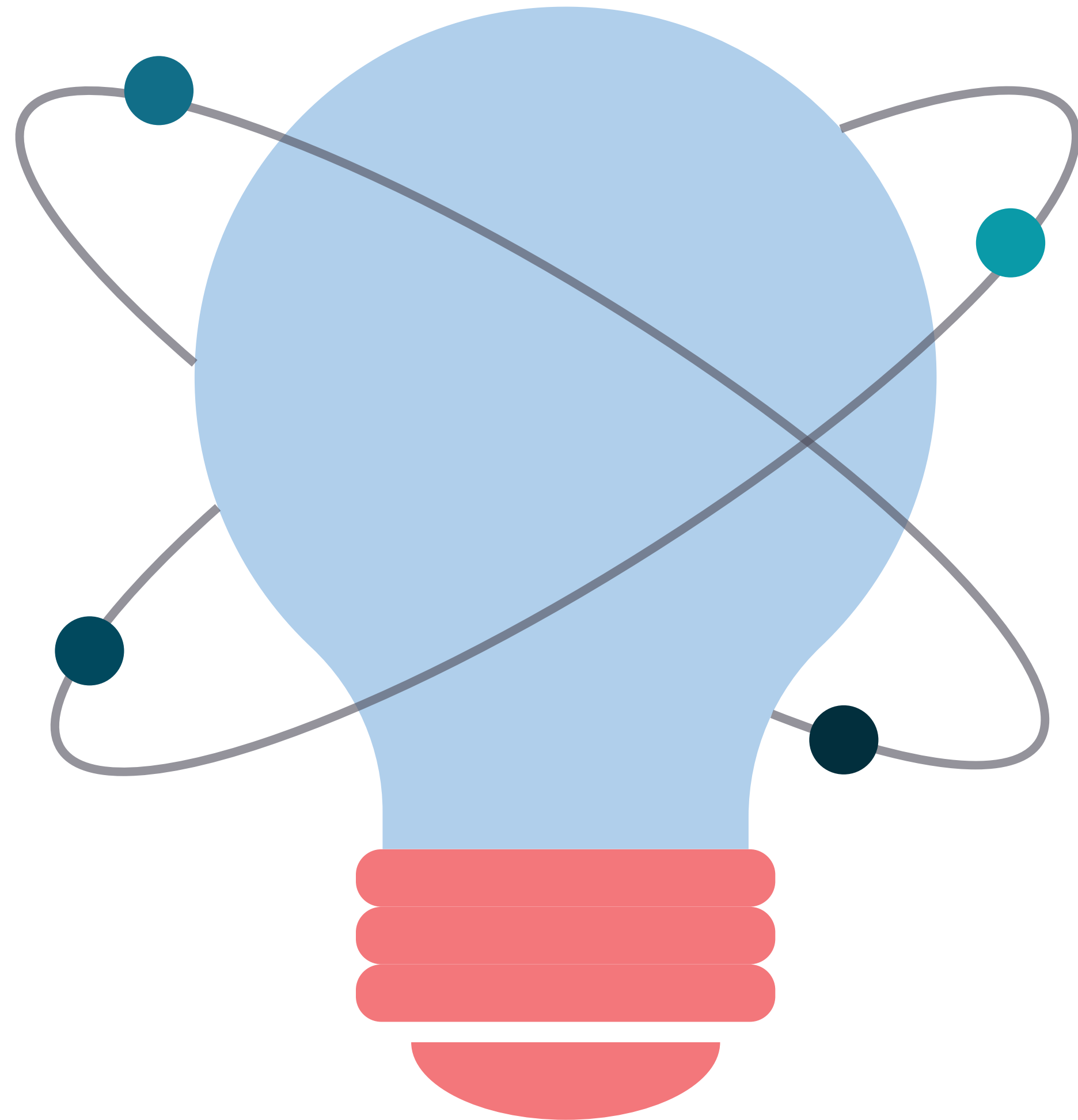
Significant challenges, high risk, high caregiver stress/strain, multiple needs not met by single system or service

CMEs
CCOs

High Needs CM
Using a Wraparound Approach

04

Wraparound, when business as usual is not enough



Wraparound is a dynamic, holistic approach designed to transform the way we support families and youth with complex needs.



Beyond immediate support, Wraparound builds lasting resilience by connecting families to community resources and natural support systems.



Families are the architects of their own care, with their dreams and preferences guiding every decision.



Wraparound is more than a service model—it's a transformative partnership that reimagines the possibilities for families, empowering them to thrive and achieve their fullest potential.

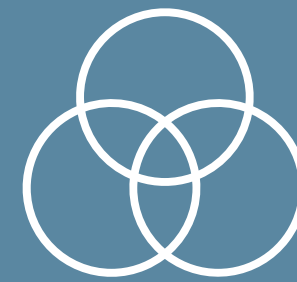
Building a Strong Wraparound House



Positive Outcomes for Families and Systems



Key Elements & A Clearly Defined Practice Model



Wraparound Implementation Standards – System & Program

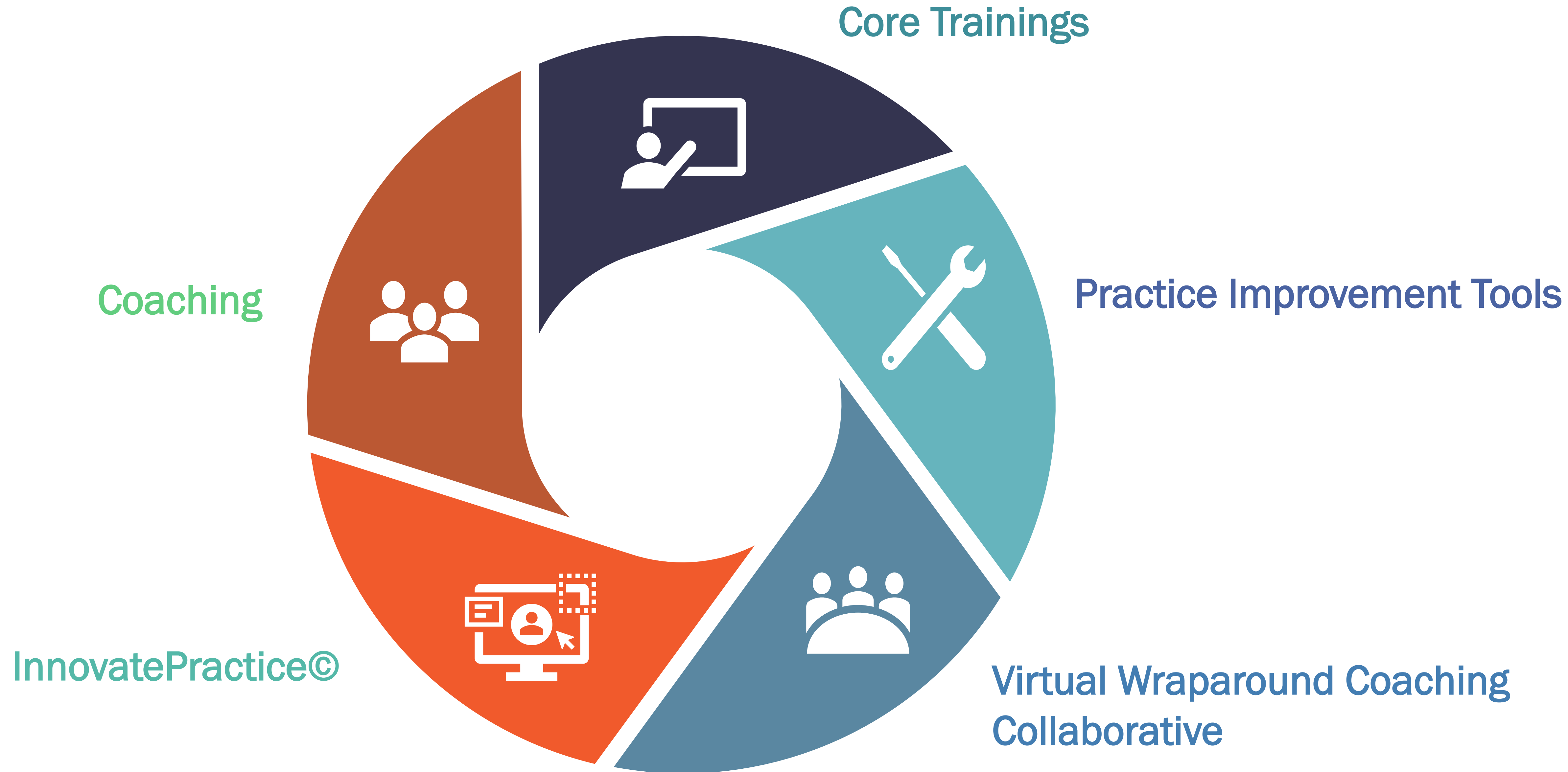


Ongoing Continuous Quality Improvement, Oversight, & Monitoring

Foundational Principles

Family Voice & Choice, Individualized, Cultural Humility, Natural Supports, Community-based, Team-based, Strengths-based, Collaboration, Unconditional Care, & Outcome-based

WORKFORCE DEVELOPMENT



Wraparound Providers and Frontline Staff



Readiness

- Wraparound Implementation Standards – Program (WIS-P)
- Online learning modules*
- Overview webinar or training

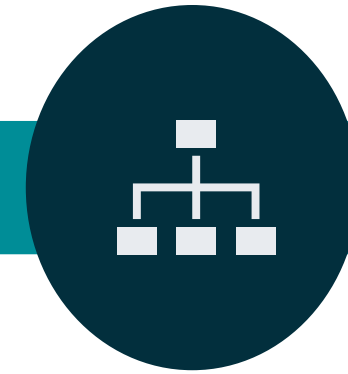
*Online modules must be completed prior to training



Training*

1. Introduction to Wraparound (3-days)
2. Engagement in the Wraparound Process (1-day)
3. Intermediate Wraparound: Improving Wraparound Practice (2-days)

*All practice-level trainings must be completed in order and within first 6 months of hire



Supervisor Support*

1. Supervision in Wraparound (1-day)
2. Advancing Wraparound Practice: Supervising and Managing to Quality (2-day)

*Supervisors must attend all practice-level trainings and must complete Introduction to Wraparound prior to the first supervisor training and complete this series within 12 months of hire

Expert Coaching

- Providers are assigned a National Coach as well as a Local Coach Candidate
- Monthly coaching and support for implementation

Skill Development & Fidelity

- Wraparound Supervisor Checklist
- Coaching Observation Measure for Effective Teams (COMET)
- Supervisory Assessment System (SAS)
- Coaching Response to Enhance Skill Transfer (CREST)

Continuous Quality Improvement


- Fidelity Assessment (Document Review and Assessment Tool (DART) & Wraparound Fidelity index-EZ (WFI-EZ))
- Family Satisfaction



Embracing Change for Greater Rewards

Families - here's what's in it for you:

- 1. Better Support:** Receive personalized care that meets your family's unique needs and strengths, ensuring you get the help that's right for you.
- 2. Stronger Connections:** Experience better communication and coordination among different supports and services, making it easier to get the support you need.
- 3. Increased Stability:** Benefit from support systems that help your family stay together and thrive, even during tough times.
- 4. Hope:** Feel hopeful as you actively participate in creating care and support plans tailored to your family's goals and dreams.
- 5. Long-Term Success:** See lasting improvements in your family's well-being and resilience, helping you build hope for the future.



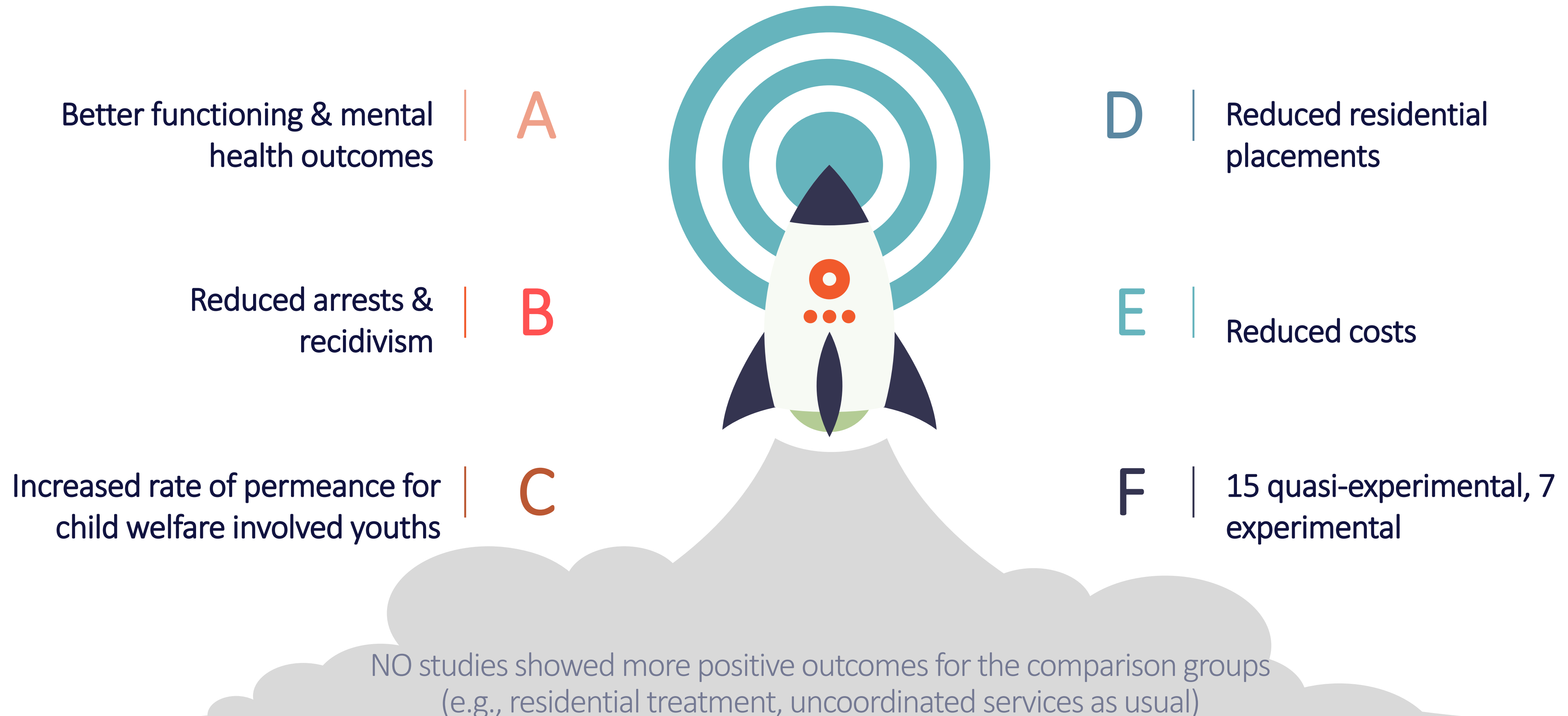
**What's the
benefit for
me?**

Providers - here's what's in it for you:

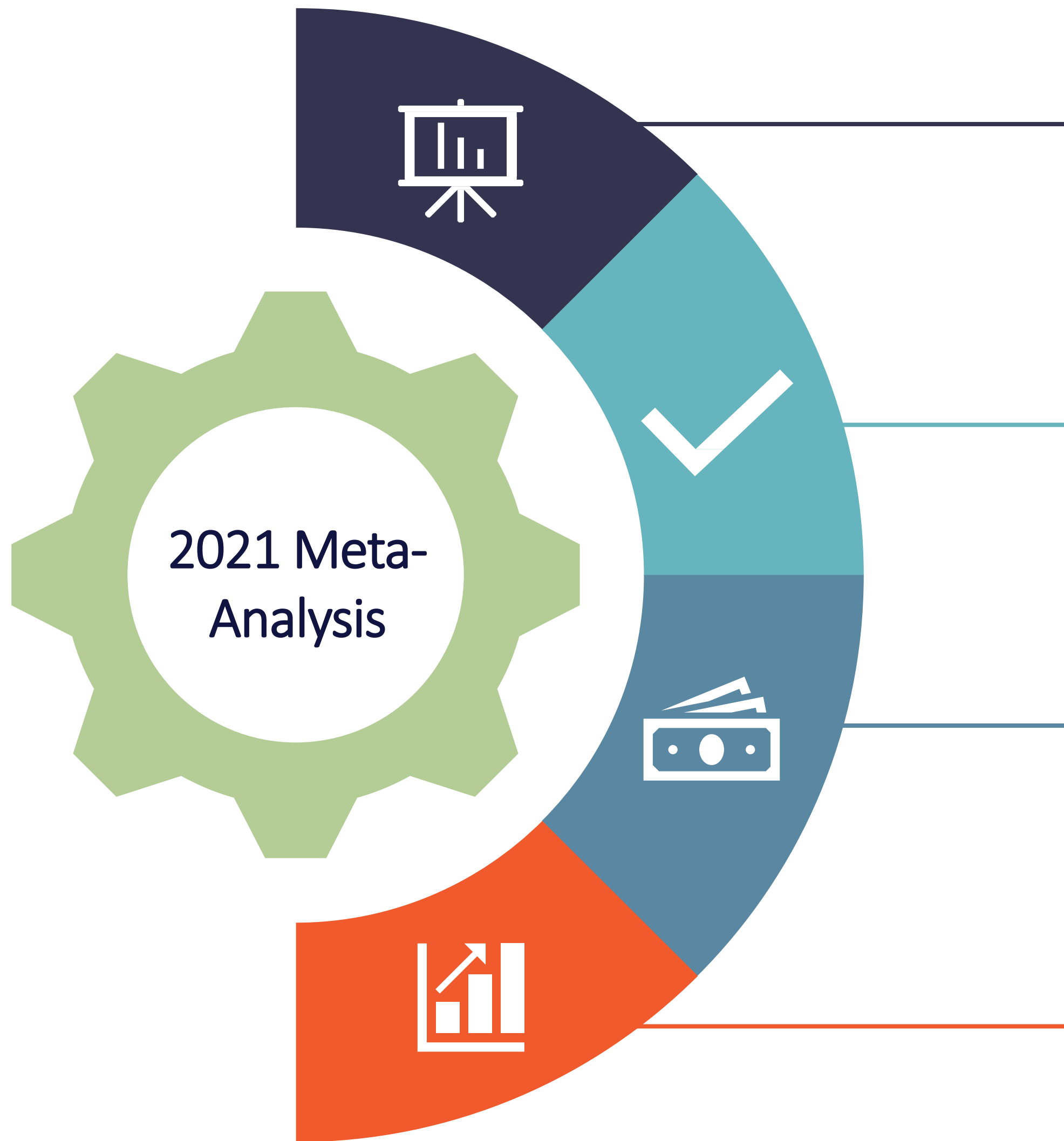
- 1. Improved Outcomes:** See significant improvements in the well-being and success of the youth and families with whom you partner.
- 2. Enhanced Collaboration:** Benefit from better communication and coordination with other service sectors, reducing fragmentation and making your work more efficient and effective.
- 3. Professional Growth:** Gain opportunities for professional development and leadership
- 4. Streamlined Workflows:** Benefit from integrated support systems, simplifying your workload.
- 5. Recognition and Funding:** Increase your recognition within the community and access potential funding opportunities, as these practices demonstrate value and effectiveness.

2017 Systematic Review of Wraparound Research

15 of the 22 controlled studies suggested outcomes that favored Wraparound over comparison groups



Wraparound Outcomes:

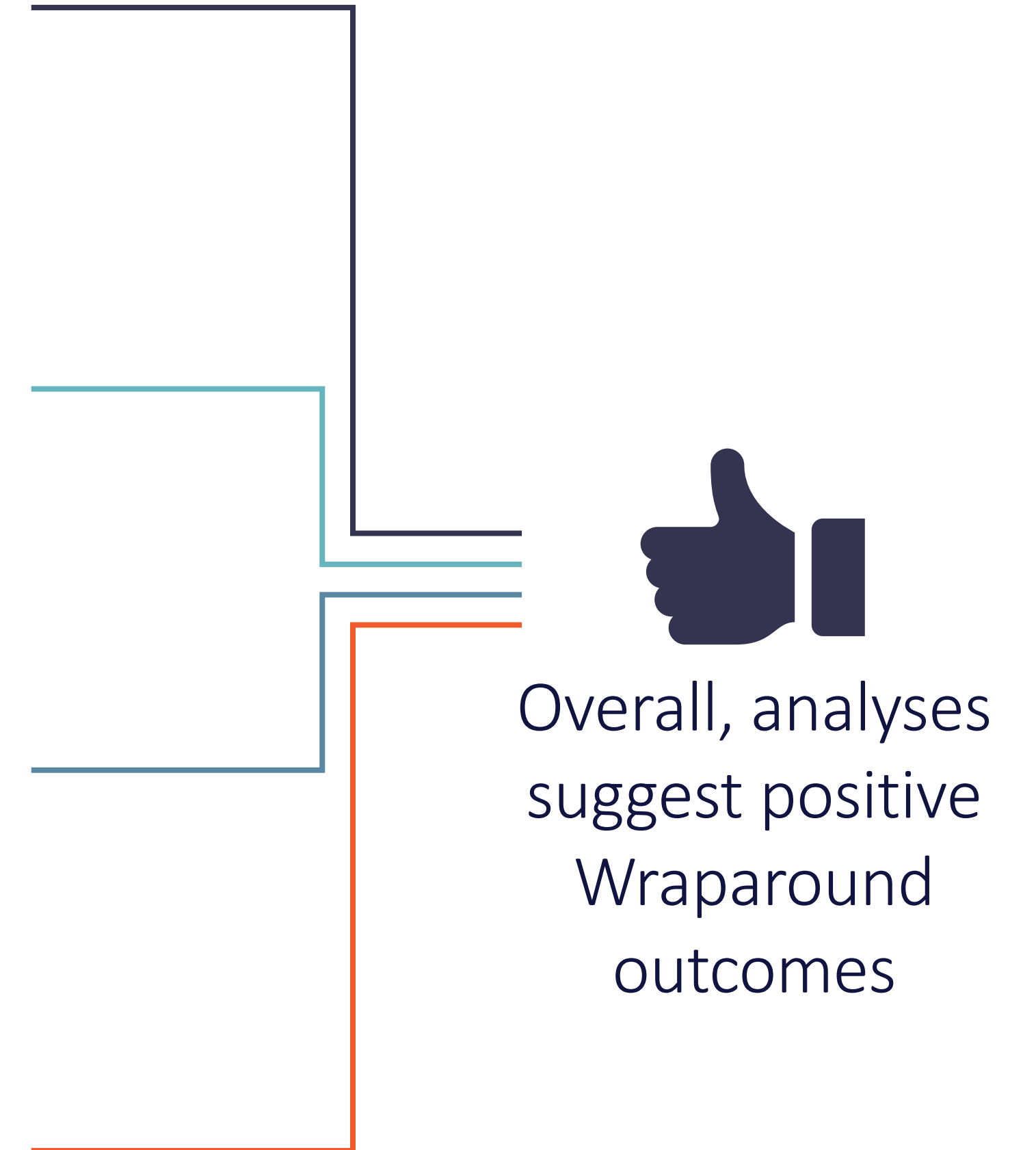


Most studies demonstrate more positive effects for Wraparound when compared to treatment as usual

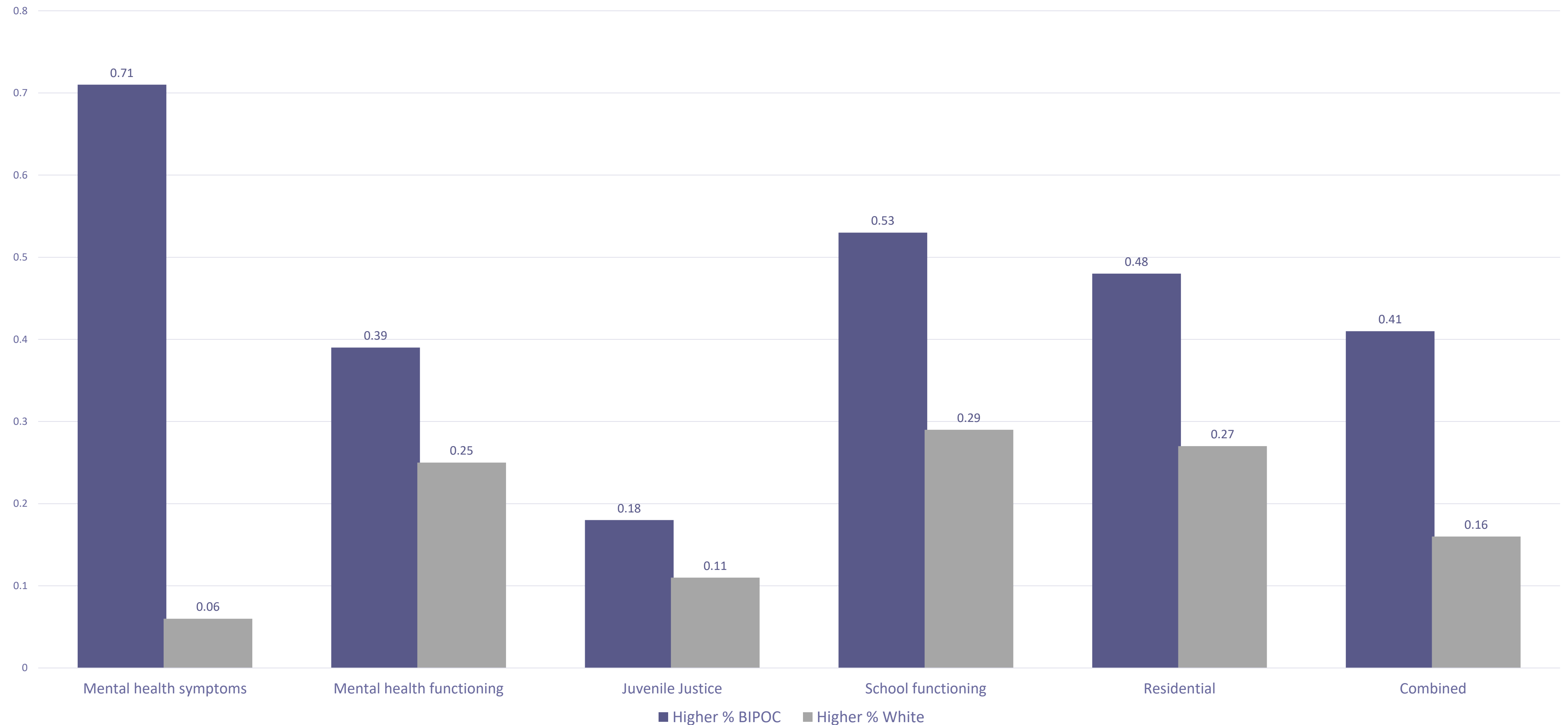
Small to moderate effect sizes across multiple types of outcomes

Lower costs than treatment as usual

Effect sizes are larger among peer-reviewed studies and “higher-fidelity” implementations

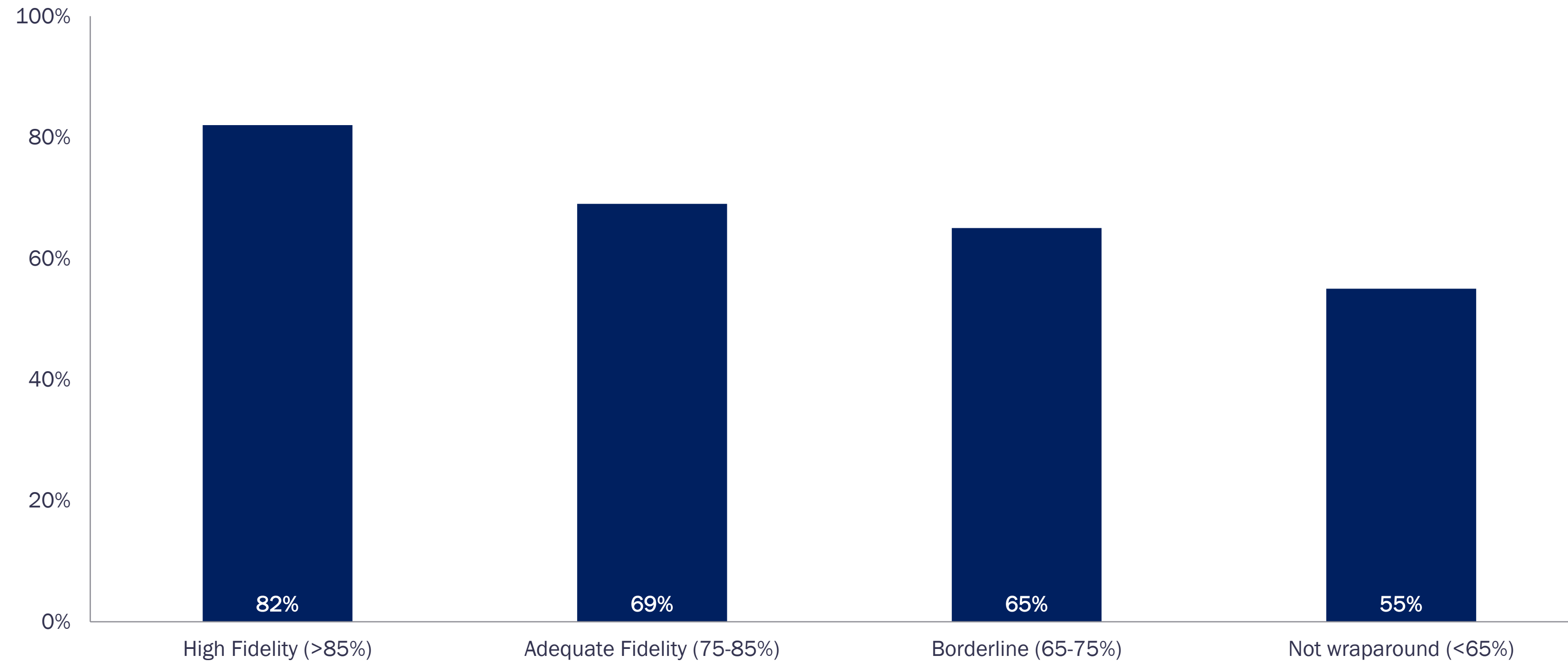


The meta-analysis also showed that Wraparound effects were stronger for Youth of Color



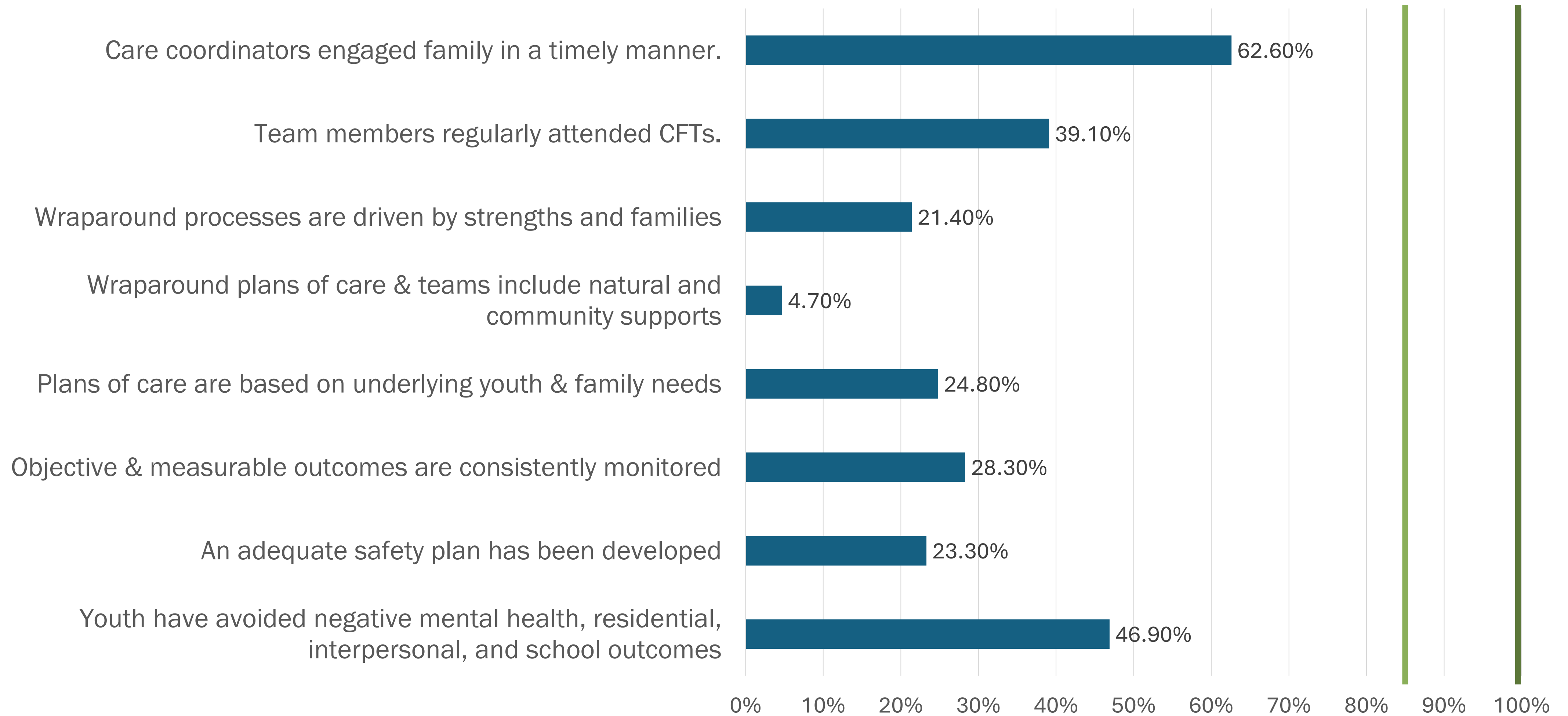
Child and youth outcomes are dependent on Wraparound being done well.

% of Youth Showing Reliable Improvement on the CANS by level of Wraparound fidelity



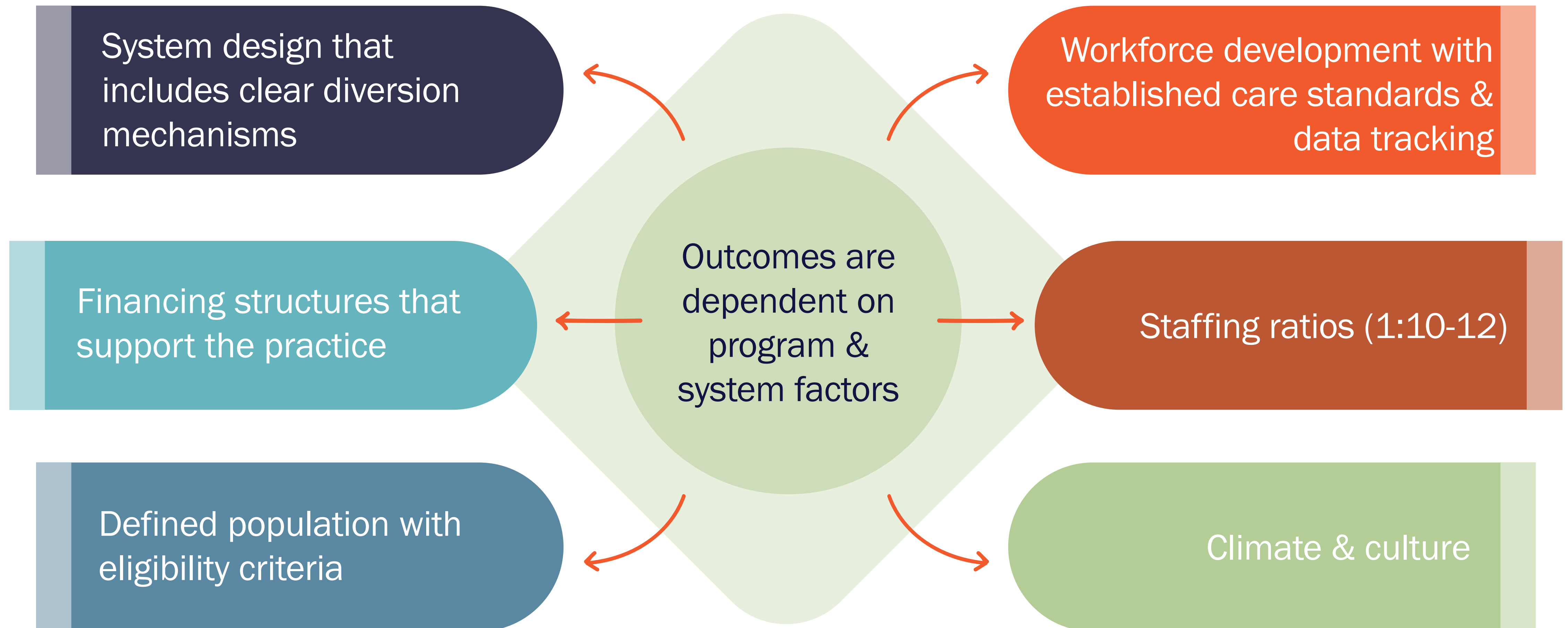
Document Assessment and Review Tool (DART)

Arizona DART Section Score

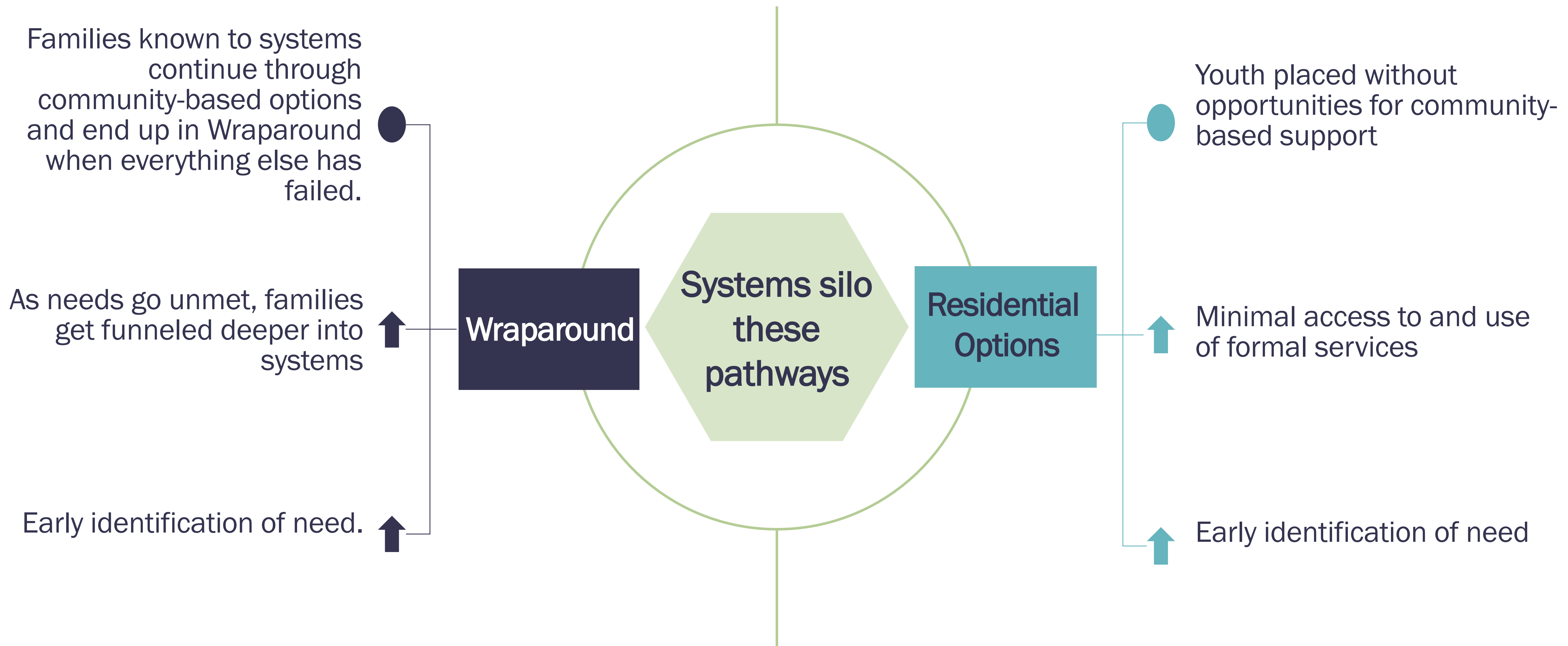


What is needed to assure good outcomes of Wraparound

Wraparound Implementation & Practice Quality Standards created to support analysis of crucial factors associated with success



Wraparound and Residential Placement are NOT Parallel Paths or Choice Options



Comprehensive Service Array



08

Includes intensive, moderate, and service navigation tiers as well as somatic health integration

07

Holistic family-centered care that is personalized, appropriate, and tailored to their unique needs

06

Therapeutic environment with structured programming

05

Family, friends, community members and resources

01

Includes behavioral health integration with educational systems

02

Includes evidence-based practices (EBPs) & medication management

03

Intensive and broad supports provided in the home and/or community typically through waivers or state plan amendments

04

Skill and resource development to improve functional abilities related to daily living

Characteristics of Effective Provider Networks

Unifies clinical treatment service providers and natural, social support resources, such as mentors and respite workers with geographic availability

Designs customizations for children, young people, and their families

Advances evidence-based, promising, and community defined evidence practices

Agile and structured in a way that allows for quick responses to the changing needs of children and their families and the communities they live in

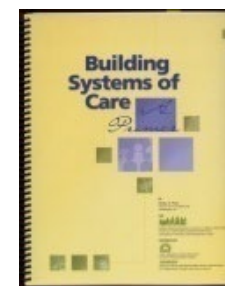
Guarantees choice for families and youth including prevention and early childhood support

Cultivates resiliency through trauma-informed and adaptive care

Through contracting and use of data, implements high-quality care with ongoing quality improvement

Integrates both traditional and nontraditional, indigenous providers as well as culturally and linguistically diverse providers

Mobilizes families and youth as key informants, participants in systems and service design, peer support partners, and providers of services and supports



Research consistently documents outcomes and cost savings are dependent on several factors

01.

Wraparound must be delivered with full fidelity to the model

03.

Wraparound must be reserved for complex, high-need populations at risk of out of home placement and other costly negative outcomes. Otherwise, the intensity of Wraparound may not be cost-effective



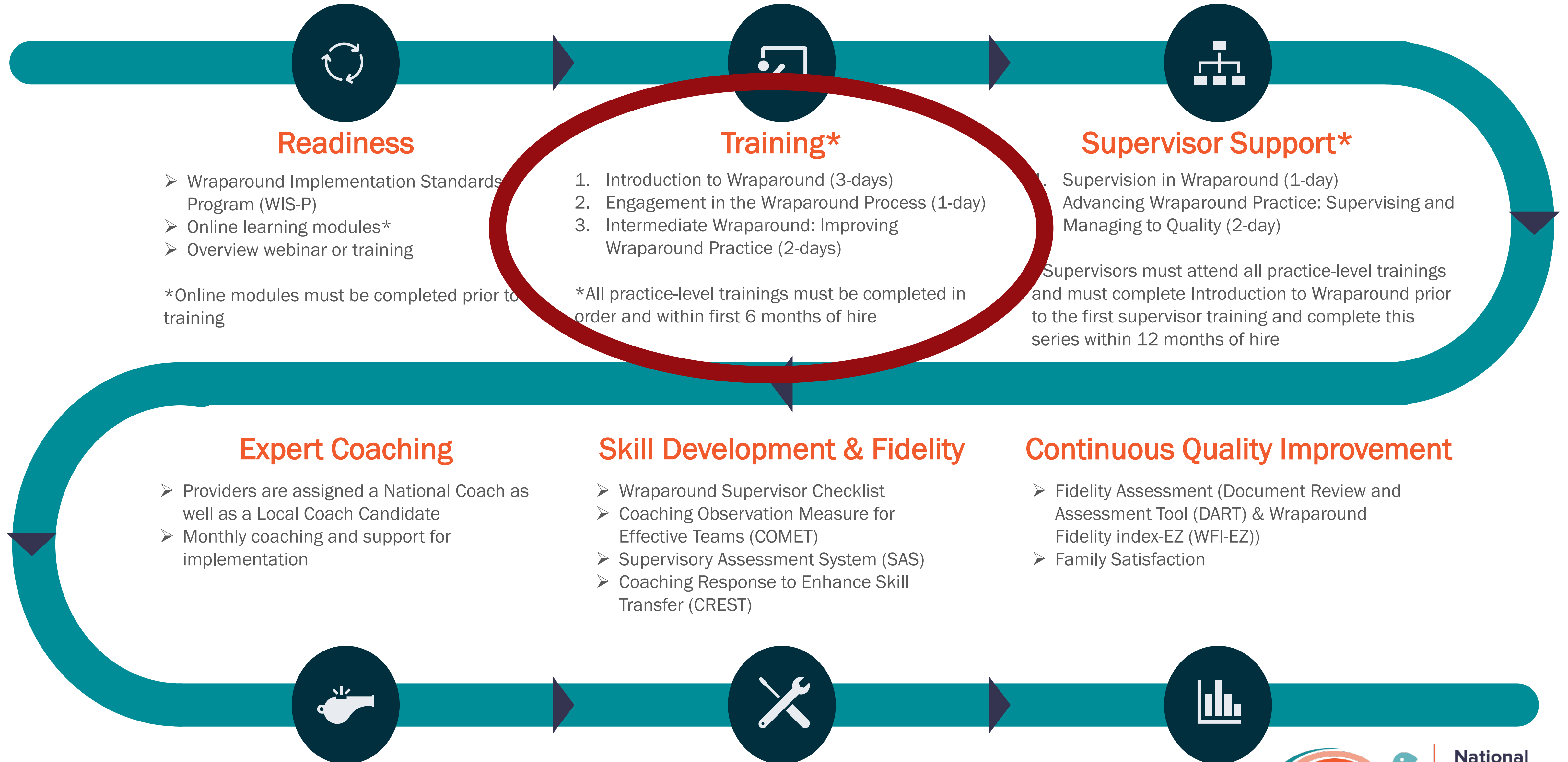
02.

Wraparound Provider Organizations and Systems must be hospitable to high-quality Wraparound

04.

Ongoing training, coaching, and supervision for Wraparound staff and team members to maintain fidelity and quality of care

Wraparound Providers and Frontline Staff



Readiness

- Wraparound Implementation Standards Program (WIS-P)
- Online learning modules*
- Overview webinar or training

*Online modules must be completed prior to training

Training*

1. Introduction to Wraparound (3-days)
2. Engagement in the Wraparound Process (1-day)
3. Intermediate Wraparound: Improving Wraparound Practice (2-days)

*All practice-level trainings must be completed in order and within first 6 months of hire

Supervisor Support*

1. Supervision in Wraparound (1-day)
- Advancing Wraparound Practice: Supervising and Managing to Quality (2-day)

Supervisors must attend all practice-level trainings and must complete Introduction to Wraparound prior to the first supervisor training and complete this series within 12 months of hire

Expert Coaching

- Providers are assigned a National Coach as well as a Local Coach Candidate
- Monthly coaching and support for implementation

Skill Development & Fidelity

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- Coaching Observation Measure for Effective Teams (COMET)
- Supervisory Assessment System (SAS)
- Coaching Response to Enhance Skill Transfer (CREST)

Continuous Quality Improvement

- Fidelity Assessment (Document Review and Assessment Tool (DART) & Wraparound Fidelity index-EZ (WFI-EZ))
- Family Satisfaction





Right now, it's on
the state's dime

First Cohort

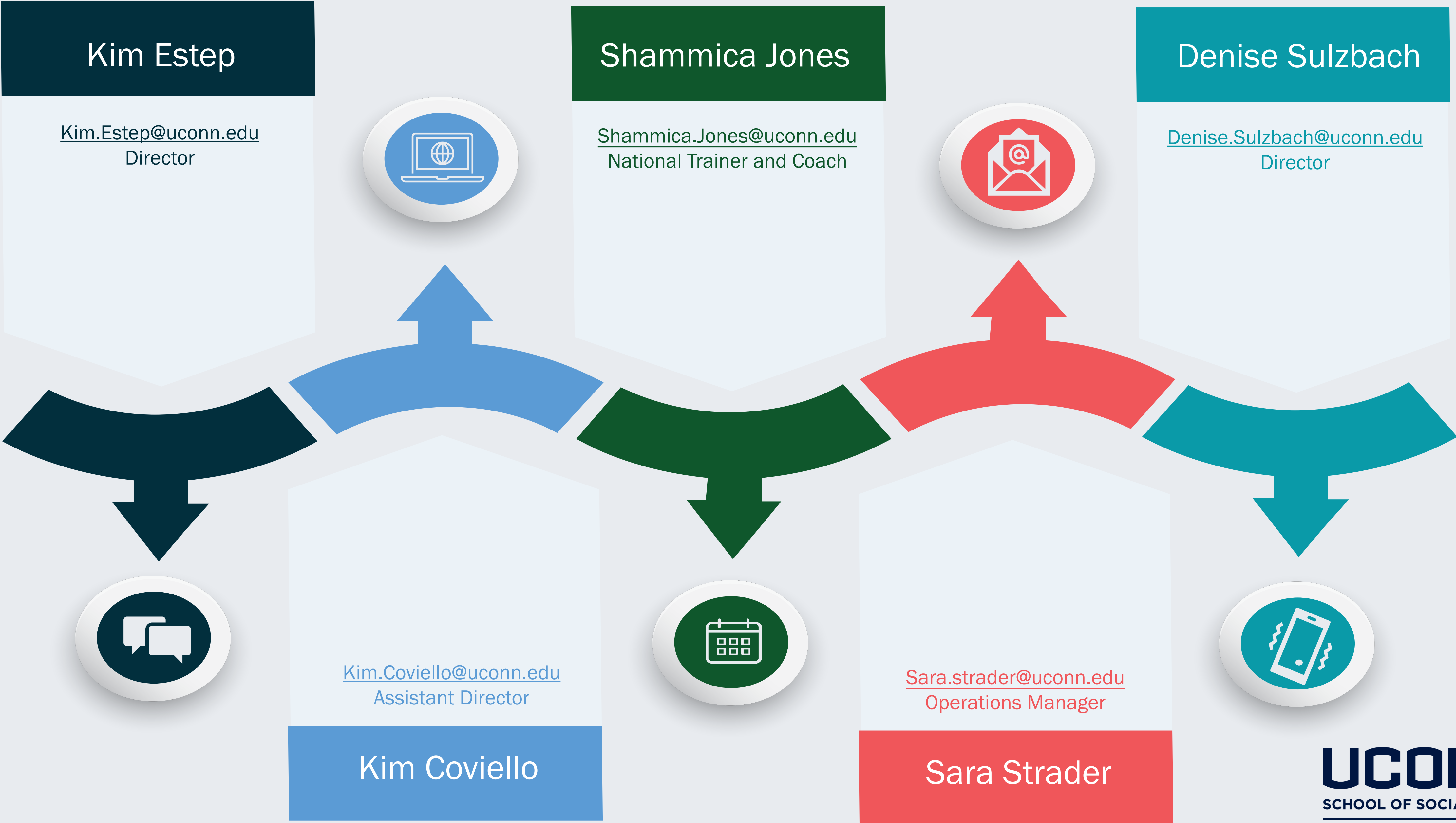
Introduction to
Wraparound (3 days)
October 28-30, 2024

Engagement Training
(1 day)
January 8, 2025

Intermediate Wraparound
(2 days)
April 29 – 30, 2025



Contacts





Leading the Way in Coordinated Care

Arizona Crosswalk

AZ CFT | FOCUS

Summer 2024

| Categories | Arizona CFT | FOCUS |
|--------------------|---|---|
| Population | <ul style="list-style-type: none"> • 0-21 | <ul style="list-style-type: none"> • 0-21 |
| Eligibility | <ul style="list-style-type: none"> • Any child with a diagnosed BH condition that requires services from an Outpatient BH provider. | <ul style="list-style-type: none"> • Children with moderate needs. CALOCUS score of 3 and some individuals with a score of 4 that are not at risk of out-of-home placement and are assessed that FOCUS will meet their needs. |
| Principles | <ul style="list-style-type: none"> • Collaboration with the child and family • Functional outcomes • Collaboration with others • Accessible services • Best practices • Most appropriate setting • Timeliness • Services tailored to the child and family • Stability • Respect for the child and family's unique cultural heritage • Independence • Connection to natural supports | <ul style="list-style-type: none"> • Values: <ul style="list-style-type: none"> ○ Time limited ○ Unconditional Positive Regard ○ Family Driven ○ Cultural Humility ○ Community-Based • Key Components: <ul style="list-style-type: none"> ○ Individualized ○ Comprehensive ○ Family-Anchored ○ Accountable |

| Categories | Arizona CFT | FOCUS |
|-----------------------------------|---|---|
| <p>Process</p> | <ul style="list-style-type: none"> • Engagement of the Child and Family • Immediate Crisis Stabilization • Strengths, Needs and Culture Discovery (SNCD) • CFT Formation/Coordination of CFT Practice • Individual Service Plan (ISP); Development • Ongoing Crisis Planning • ISP Implementation • Tracking and Adapting • Transition | <ul style="list-style-type: none"> • Engagement of the Child and Family • Initial Crisis/Safety Planning • Gathering information using the Family Information Gathering Tool (FIGT) • Initial Family Planning Meeting (CFT) • Initial Plan Development • Monitoring and Adjusting the plan based on tracked progress and satisfaction data, • Family meeting/Plan review every 30 days (CFT) • Ongoing crises plan review/adjustment • Transition to Maintenance |
| <p>Fidelity Monitoring</p> | <ul style="list-style-type: none"> • CFT Supervision Tool administration at 90 days, 6 months and annually thereafter • 1 or more of the following: <ul style="list-style-type: none"> ○ Behavioral Health Clinical Chart Audit (BHCCA) ○ Arizona Health Care Cost Containment System (AHCCCS) Performance Measures ○ National Outcome Measures | <ul style="list-style-type: none"> • FOCUS Skill Inventory (FSI) and • Family Assessment of Care Coordination Support Tool (FACCS) |

| Categories | Arizona CFT | FOCUS |
|------------------------------|--|---|
| Crisis and Safety | <ul style="list-style-type: none"> • Updates to occur with 72 hours of crisis¹ • Safety plan development shall be completed in alignment with the member's service and treatment plan, and any existing behavior plan if applicable (e.g., Functional Behavioral Assessment [FBA], DES/DDD Behavior Plan). • Safety plan development shall be considered when any of the following clinical indicators are identified in a member's treatment, service, or behavior plan: <ul style="list-style-type: none"> • Justice involvement, • Previous psychiatric hospitalizations, • Out-of-home placements: • Home and Community Based Service (HCBS) settings (e.g., assisted living facility) • Nursing facilities • Group home settings • Special health care needs, • History of, or presently under Court Ordered Treatment, • History or present concern of Danger to Self/Danger to Others (DTS/DTO), • Members with a SMI designation (adults), • Members identified as high risk/high needs, and/or • Children age 6 -17 with CALOCUS Level of 4, 5, or 6 | <ul style="list-style-type: none"> • All families: Initial safety/crisis plan completed during the initial face to face visit with the family • Crisis plan is reviewed and updated at least every 30 days at Family Meeting and as dictated by the plan of care (POC) • Crisis Planning meetings occur within 72 hours of crisis incident to revise and update plan |
| Youth Involvement | <ul style="list-style-type: none"> • Yes | <ul style="list-style-type: none"> • Yes |
| Caregiver Involvement | <ul style="list-style-type: none"> • Yes, strategies/services for the caregivers are included in the plan as needed. | <ul style="list-style-type: none"> • Yes, strategies/services for the caregivers are included in the plan as needed. |

¹ Crisis definition: Suicidal or homicidal behaviors/intentions or the imminent risk of child' removal from his/her home. Crisis Stabilization plan required.
 580 definition: "An acute, unanticipated, or potentially dangerous behavioral health condition, episode or behavior."

| Categories | Arizona CFT | FOCUS |
|--|---|---|
| Face to Face Initial Timeframes | <ul style="list-style-type: none"> • Urgent need appointments – As expeditiously as the member’s health condition requires but no later than 24 hours from identification of need, • Initial assessment – Within seven calendar days after the initial referral or request for behavioral health services, • Initial appointment – Within timeframes indicated by clinical need: no later than 21 days after the initial assessment. • Subsequent behavioral health services - Within the timeframes according to the needs of the person, but no longer than 45 calendar days from identification of need. | <ul style="list-style-type: none"> • Initial contact with the family within 3 days of receipt of referral • Initial face to face within 5-7 days from receipt of referral • First CFT meeting within 30 days from receipt of referral. • t. |
| Plan of Care Creation Timeframe | <ul style="list-style-type: none"> • Initial service plan, based on need, in alignment with ACOM 417. • Reassessment and updated service plans are as needed, at minimum on an annual basis | <ul style="list-style-type: none"> • Within a maximum of 30 days and updated monthly based on progress or lack thereof. |
| Plan of Care | <ul style="list-style-type: none"> • Referred to as Service Plan | <ul style="list-style-type: none"> • Referred to as Plan of Care (POC), updated and accessed monthly |
| Contact | <ul style="list-style-type: none"> • Frequency of CFT meetings is individualized and scheduled in relation to the child and family’s situation, preferences, and level of need | <ul style="list-style-type: none"> • Monthly face-to-face family meeting: weekly telephonic check-ins with the family and service providers as outlined in the plan of care |

| Categories | Arizona CFT | FOCUS |
|------------------------------------|--|--|
| <p>Teaming Requirements</p> | <ul style="list-style-type: none"> • At a minimum, the child, their family, and the Care Coordinator • Should include any individuals important in the child's life that are identified and invited to participate by the child and family - this may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like the Arizona Department of Child Safety (DCS) or the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) | <ul style="list-style-type: none"> • At a minimum, the child, their family, and the Care Coordinator • Should include any individuals important in the child's life (supports) that are identified and invited to participate by the child and family – this may include teachers, extended family members, friends, family support partners, healthcare providers, coaches, and community resource providers, representatives from churches, temples, synagogues, mosques, or other places of worship/faith, agents from other service systems like child welfare, juvenile justice, ID/DD, etc. |
| <p>Strengths- based</p> | <ul style="list-style-type: none"> • Yes, develop written document reflecting strengths, needs and culture of child and family for future planning • Identification of strengths, assets and resources that can be mobilized to address the child and family's need for support • Exploration and understanding of the unique culture of the family to ensure that the service plan will be a plan that the child and family will support and utilize • Attention to aspects of family culture influenced by family relationships, rituals, social relationships, living environment, work environment, spiritual focus, health, financial situation, and other factors • Recording of the child's and family's vision of a desired future • Identification of the needs and areas of focus that must be addressed in order to move toward this desired future | <ul style="list-style-type: none"> • This definition aligns and in addition: • Functional strengths are identified and employed to help meet identified needs within the planning process. Strengths are identified for each individual family member as well as the family as a whole (inclusive of traditions, cultural context/practices, roles within the family) and documented within the Family Information Gathering Tool (FIGT). The strengths list is added to throughout the process (FIGT as an evolving document through the planning process). Functional strengths of family members are used to inform crisis plan steps and responsibility as well. |

| Categories | Arizona CFT | FOCUS |
|------------------------------|---|--|
| Needs Assessed | <ul style="list-style-type: none"> • Yes, development of written document reflecting strengths, needs and culture of child and family for future planning | <ul style="list-style-type: none"> • Yes, needs addressed as contributing factors to the referral and risk behaviors. This is identified through the information-gathering process and documented within the Family Information Gathering Tool (FIGT). |
| Natural Supports | <ul style="list-style-type: none"> • Yes, supports include a balance of formal/professional and natural supports with (ideally) majority informal/natural supports by the end of care | <ul style="list-style-type: none"> • Yes, supports include a balance of formal/professional and natural supports with (ideally) majority informal/natural supports by the end of care |
| Family Vision | <ul style="list-style-type: none"> • Yes, family vision is required on the service plan • Reviewed at CFT Meetings | <ul style="list-style-type: none"> • Yes, family vision is developed as part of the plan, vision is reviewed, and progress assessed a minimum of once every 30 days as part of the family meeting (CFT) |
| Transition | <ul style="list-style-type: none"> • Each agency is required to have their own process for transition | <ul style="list-style-type: none"> • Plan around all aspects of youth/family's life including natural transitions taking place during care - and transition out of care |
| Length of Service | <ul style="list-style-type: none"> • Based on the child and family's needs | <ul style="list-style-type: none"> • 6-12 months |
| Training Requirements | <ul style="list-style-type: none"> • 2 Day CFT training • Each agency has a CFT champion, who provides the training and assists with coaching • Supervisors attend a CFT training for Supervisors (2 days) | <ul style="list-style-type: none"> • Frontline Staff: Prerequisite online modules (3), Introduction to Intermediate Care Coordination (staff engage with families after Intro) - 2 days, Engagement in the Care Coordination Process – 1 day, Trauma-Informed Crisis Response and Planning – 1 or 2 days • Supervisors: Supervision of Care Coordination (Orientation to Practice Improvement Tools) - 1 day |

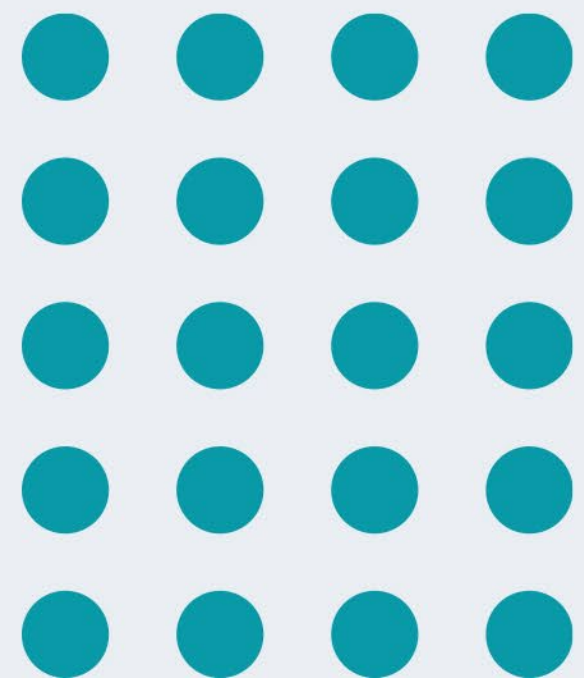
| Categories | Arizona CFT | FOCUS |
|--|--|---|
| <p>Supervision Expectations</p> | <ul style="list-style-type: none"> • Clinical supervision (of BHT) is required 1 time for every 80 hours worked. • Observation is at minimum 3 times in the first 90 days, at 6 months and then annually. • Supervision tool administered by the supervisor within 90 days of hire, six months after hire and annually thereafter | <ul style="list-style-type: none"> • Supervisor to care coordinator ratio: 1:6 • Individual (skill based) administrative supervision 1x week per Care Coordinator • Group (skill based) Supervision 1x per month all Care Coordinators • Field Observation 1x per month+ per newer Care Coordinator, quarterly thereafter |
| <p>Care Coordinator Ratios</p> | <ul style="list-style-type: none"> • No ratio for those with a CALOCUS scores of less than 4 | <ul style="list-style-type: none"> • UCONN recommends 1:15-17 for implementation in Arizona this is to be determined. |



Leading the Way in Coordinated Care

AZ Provider Information Sessions

September 16th & 18th , 2024



A spiral-bound notebook with a brown cover and a black metal spiral binding is the central focus. A white, torn-edge piece of paper is placed on top of the notebook, featuring the word "context" written in a bold, black, cursive font. The notebook and paper are set against a background of numerous light-colored wooden blocks scattered on a rustic, weathered wooden surface.

context

Let's talk: Tiered Care Coordination

Priority Transformation Components



Customize crisis continuum for children, young adults, and their families



Update MMWIA and HNCM to high quality Wraparound for families with youth with the most complex needs



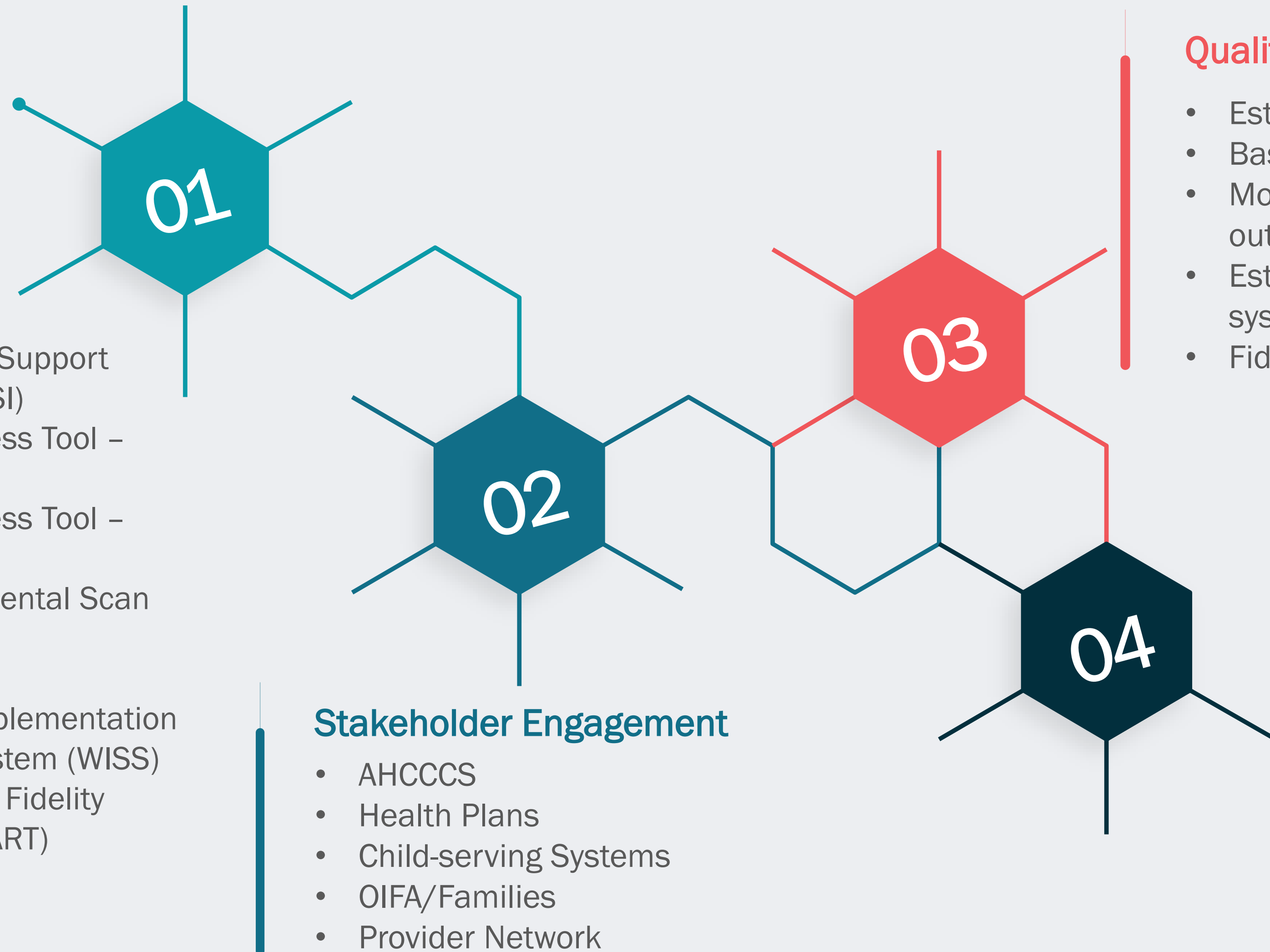
Overlay an evidence-informed practice (FOCUS) on current coordination of care activities to enhance the CFT process for youth with moderate needs and/or system involved



Develop a defined and data-informed 3-tiered care coordination approach for all children and their families with behavioral health needs and/or system involvement



Arizona Installation of MRSS, FOCUS, and Wraparound



Readiness

- System Reform Support Instrument (SRSI)
- System Readiness Tool – FOCUS
- System Readiness Tool – MRSS
- MRSS Environmental Scan
 - Payor
 - Provider
- Wraparound Implementation Standards – System (WISS)
 - Wraparound Fidelity Baseline (DART)

Stakeholder Engagement

- AHCCCS
- Health Plans
- Child-serving Systems
- OIFA/Families
- Provider Network

Quality Assurance (QA)

- Establish QA processes
- Baseline data
- Monitoring and establish outcome evaluation
- Establish metrics across systems and models
- Fidelity monitoring approach

Implementation Team(s)

- Leadership commitment
- Feedback loops
- Transparent communication plan
- Plan, Do, Check, Act Cycle
- Data review and quality assurance
- Facilitate problem-solving and make changes

Workforce Development

- Training across all models
- Expert coaching
- Effective supervision
- Develop local model experts*
- Clear expectations
- Regular evaluation
- Create local sustainability through certification

Accountability

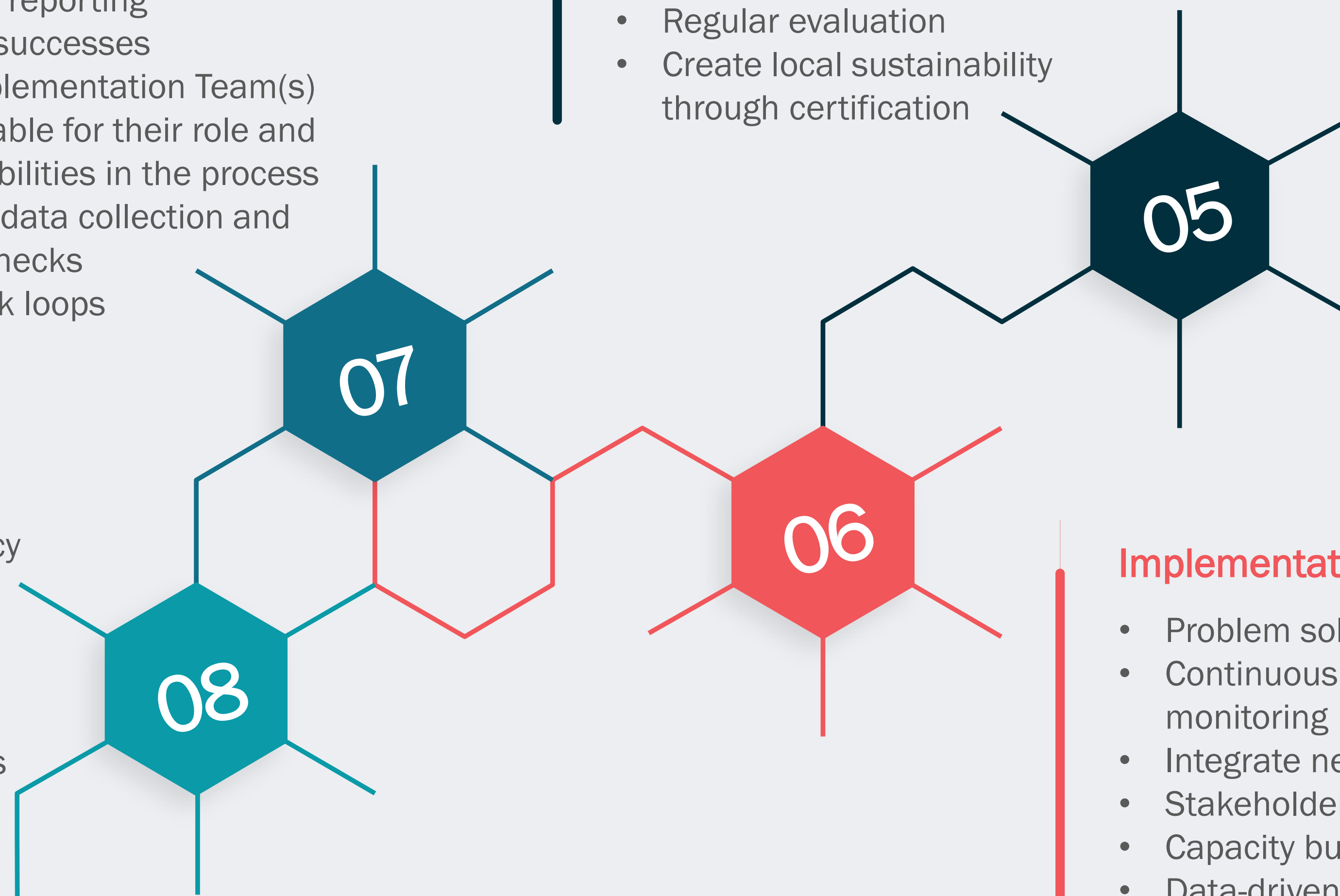
- Progress reporting
- Sharing successes
- Hold Implementation Team(s) accountable for their role and responsibilities in the process
- Ongoing data collection and fidelity checks
- Feedback loops

Sustainability

- Policy integration
- Leadership and advocacy
- Ongoing workforce development support
- Regular data collection and review
- Financing and resources to sustain long term
- Investigate return on investment

Implementation

- Problem solving and adaptation
- Continuous oversight and monitoring
- Integrate needed policy changes
- Stakeholder feedback
- Capacity building
- Data-driven decision making



*Local coach candidates will be identified and work through certification requirements as required per model. Certification guides are available.

Arizona's Transformation:

Arizona is committed to transforming its care systems to better serve its youth and families. By adopting innovative approaches like Wraparound, Mobile Response and Stabilization Services, and the FOCUS care management model, Arizona is addressing the unique needs of its communities in a more effective, responsive, and sustainable way. These transformations are designed to provide comprehensive support, improve outcomes, and create a stronger, healthier future for our children. By investing in these evidence-based and evidence-informed practices, Arizona is leading the way in building resilient communities and ensuring that every child can thrive.

MOBILE RESPONSE & STABILIZATION SERVICES:

Mobile Response and Stabilization Services (MRSS) are crucial for providing immediate, on-site support to children and families during self-defined crises, offering up to 8 weeks of follow-up care. These services deliver rapid, formal intervention right where it's needed, preventing crises from escalating and reducing the need for more intensive, costly interventions like hospitalization. Through the right care and connections, MRSS helps stabilize families in their own environments, ensuring they feel safe and supported while staying together. By addressing crises early and effectively, MRSS promotes long-term stability and well-being for youth, leading to healthier outcomes and stronger communities. Investing in MRSS is an investment in the future of our children and the overall health of our community.

ELEVATOR SPEECHES

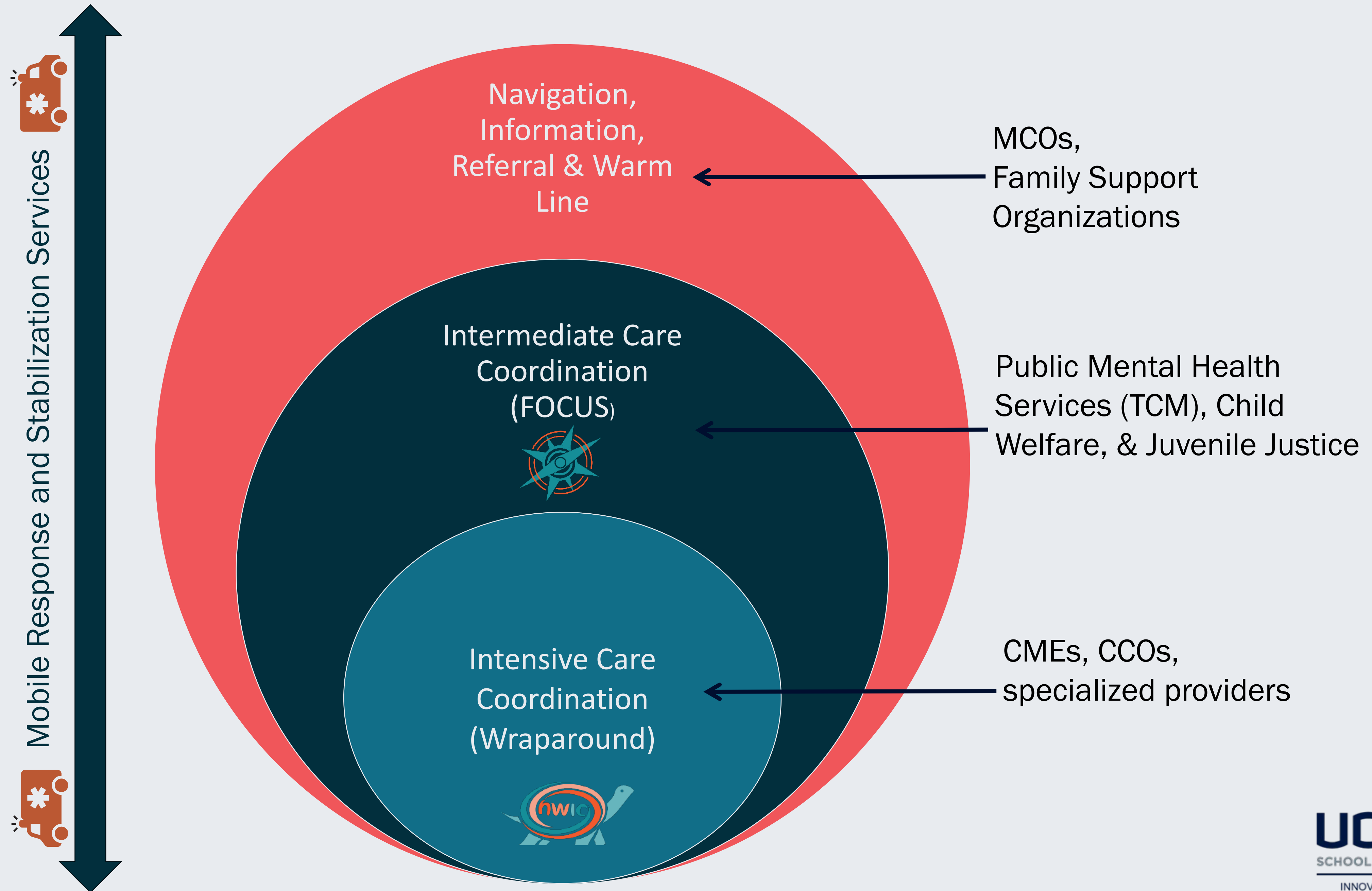
FOCUS:

FOCUS is an evidence-informed care management model specifically designed for youth with moderate needs. This approach bridges the gap between intensive services and minimal support, providing the right level of care to help youth and their families thrive. By leveraging evidence-based practices and personalized care plans, FOCUS ensures that each youth receives tailored support that addresses their unique strengths and challenges. This model not only improves outcomes by promoting stability and growth but also efficiently utilizes resources, making it a cost-effective solution. Investing in FOCUS means empowering youth to achieve their full potential while fostering healthier, more resilient communities.

WRAPAROUND:

Wraparound is a transformative approach to care that centers on team-based, collaborative efforts to support families and youth. Unlike traditional programs, Wraparound tailors its approach to address the unique needs and strengths of each family. By involving families, community partners, and service providers, Wraparound creates a comprehensive support system that fosters long-term success and resilience. This approach not only improves outcomes for youth and families but also builds stronger, more connected communities. Investing in Wraparound means investing in a brighter, more sustainable future for everyone involved.

Care Coordination Continuum & Provider Types



Arizona's Tiered Care Coordination - DRAFT

All children, youth, young adults, and their families

Health care, screening, social determinants of health

Primary care providers, childcare centers, schools

Universal Health Promotion

01

Identified Need- (CALOCUS 0-2)

Concern something is wrong, assessment, early intervention

MCOs, Primary Care, Schools, Systems, CMHCs

Standard/Low Needs CM

02

Moderate Need- (CALOCUS 3)

High caregiver stress/strain, needs require multiple services & supports to address

Systems, CMHCs, CCBHCs

High Intensity Community Services

03

Intensive Need- (CALOCUS 4-5)

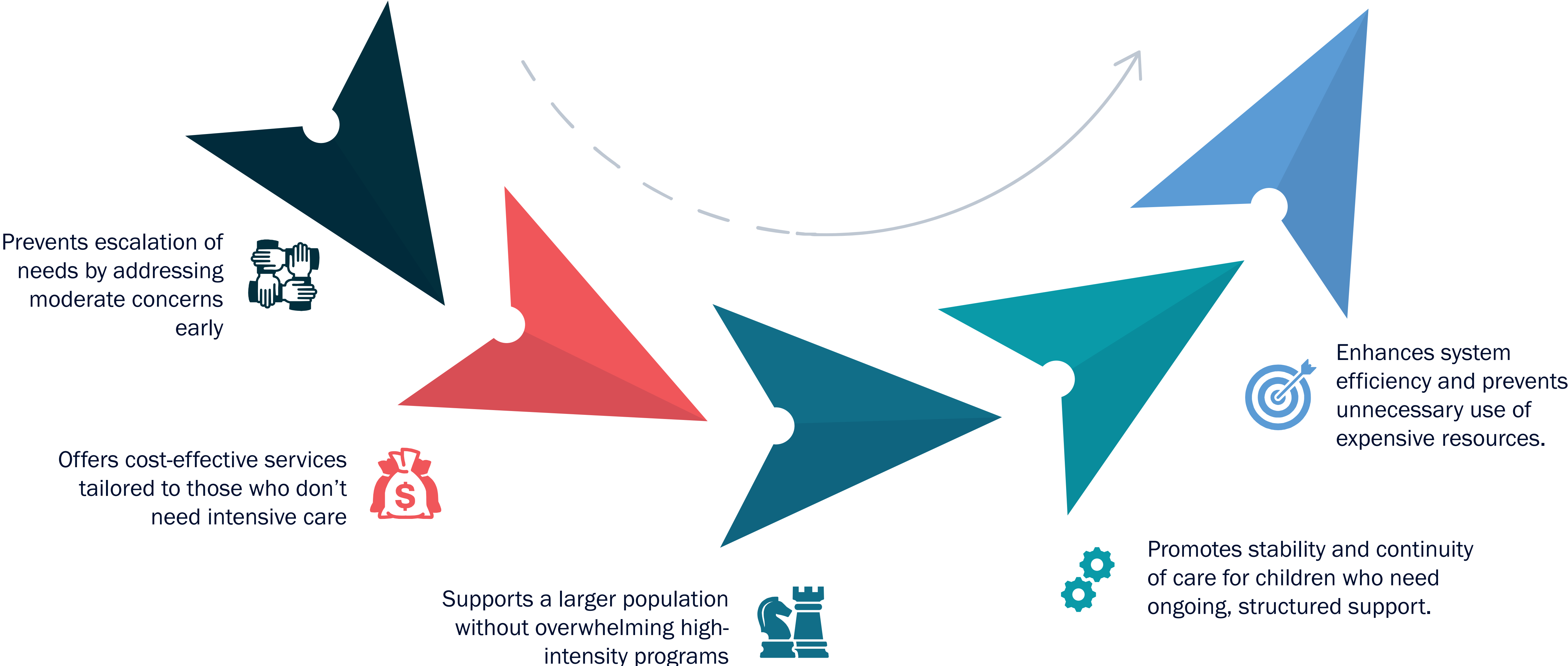
Significant challenges, high risk, high caregiver stress/strain, multiple needs not met by single system or service

CMEs
CCOs

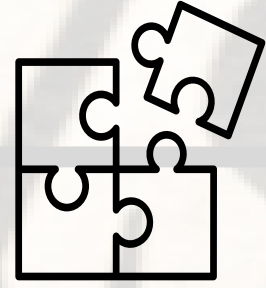
High Needs CM
Using a Wraparound Approach

04

Why Intermediate Care Coordination is Essential



Evolution of FOCUS



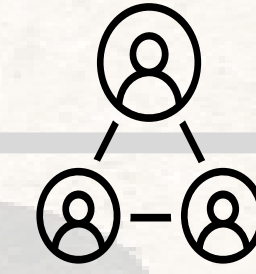
Wraparound “Lite” terminology is used to describe the process of pulling apart elements of Wraparound and applying them to meet the needs of populations with lesser complex needs.

1990s –
2010s



There is an agreed-upon value base, but there is no consistent “way to define” care coordination or case management. No customized care coordination model for children exists.

1990s –
2010s



Expert stakeholders convene around tiered care coordination. It is revealed that there is no clear definition or approach for tier 2 (moderate intensity of need). Research and development efforts ensue.

2013



Innovations Institute develops FOCUS, an intermediate care coordination model providing clear expectations and defined activities for coordinating care for children with behavioral health needs. FOCUS is implemented in Maryland, Nevada, and other states and systems

2017 -
2019

Evidence Informed Practice



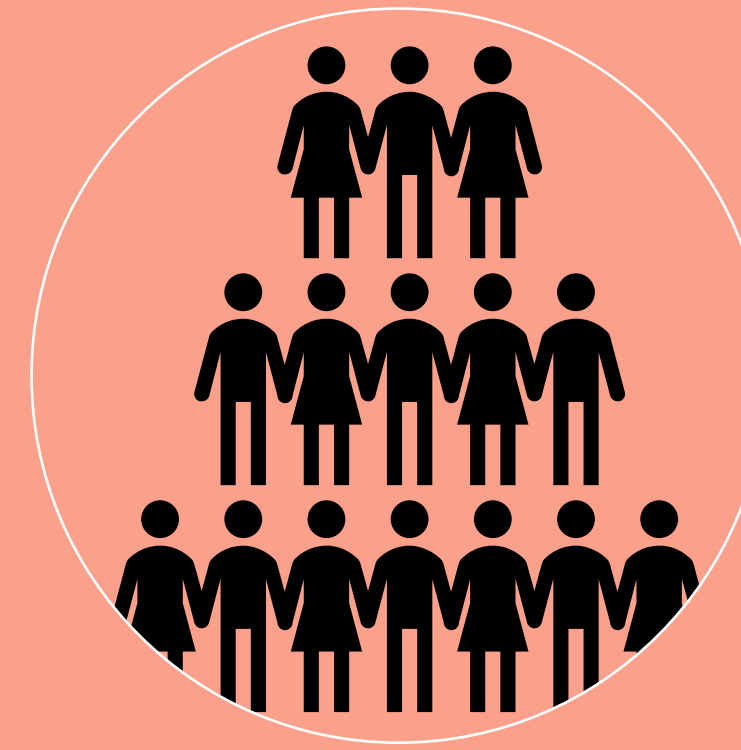
Research

Investigation of subject to discover, inform, or revise



Professional Wisdom

Collective wisdom of the profession



Family Insights

Families' experiences, preferences, & satisfaction

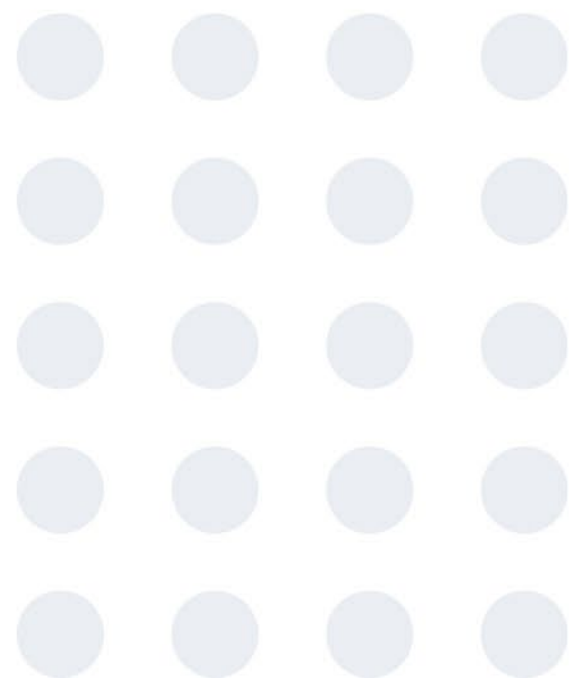
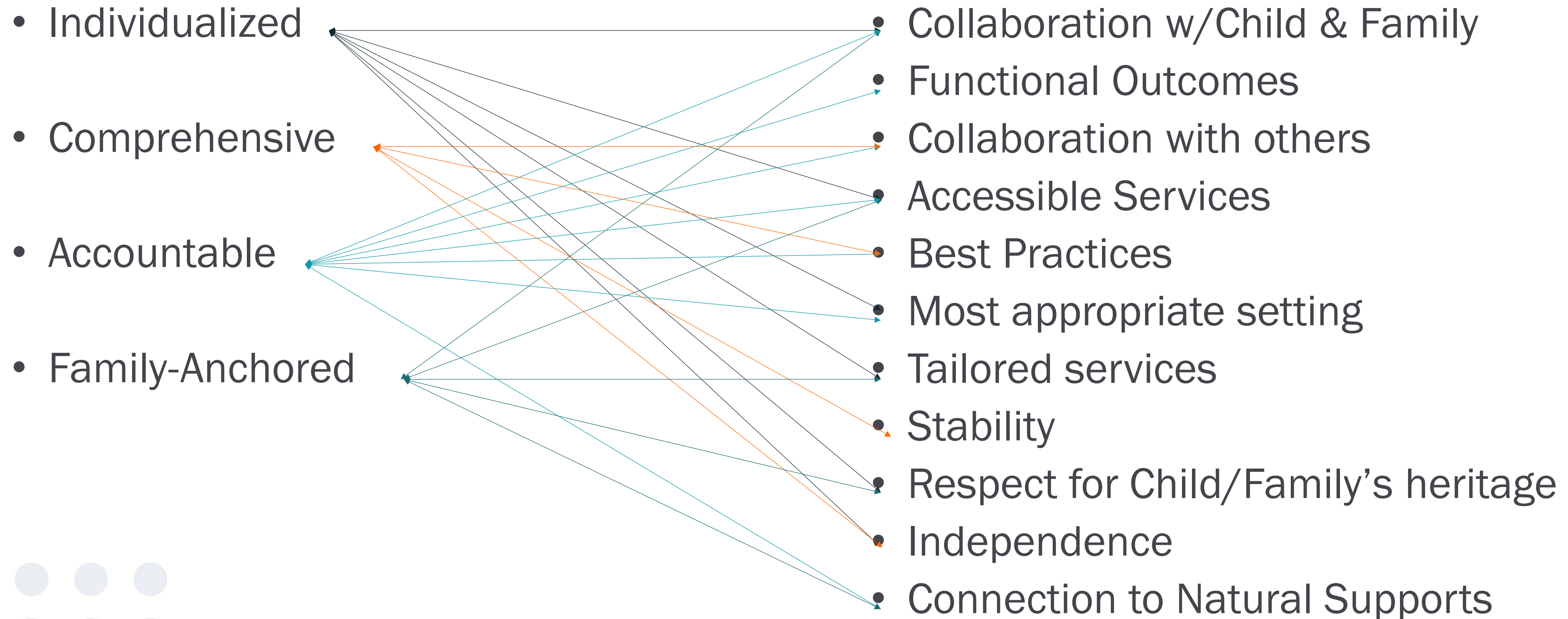


Context

Systems in which the practice will be implemented



Arizona's 12 Principles & FOCUS Key Components



Contact Minimums

- *initial contact within 1-3 days of receipt of referral
- *initial face to face within 5-7 days of receipt of referral
- *initial crisis plan within 5-7 days of receipt of referral (if applicable)
- *at least once weekly contact/check-in with family and with providers, more often during engagement
- *monthly face to face family meeting (initial POC, review POC)
- *respond to crisis within 24 hours (connects with family)
- *reviews crisis plan (face to face) with family & updates CP within 3 days/72 hours of crisis incident

Engagement: The First 30 Days

- *reviews referral & historical documents and begins to develop FIGT
- *multiple contacts may be required to engage all family members
- *contacts identified supports & resources to gather additional information for the FIGT
- *reviews FIGT and CP with supervisor around targeted behavior, considers best practices around targeted behaviors
- *organize family meetings in location convenient for family
- *holds first meeting with family to build on FIGT & crisis plan, copy CP left with family, releases signed or identified supports & resources
- *monthly meetings include youth, caregivers, supports of the family's choosing

Completed Products: Family Information-Gathering Tool (FIGT), releases for relevant supports & resources/svcs, initial crisis plan

Plan Development: Around Day 30

- At the initial planning meeting:
- *review information gathered in the FIGT with the family
 - *discuss with family any aspects of FIGT that need to be shared with providers/supports
 - *uncover new functional strengths
 - *establish outcome statements (1-2 to start)
 - *review contributing factors
 - *collectively brainstorm strategies (including relevant EBPs) with the family to target contributing factors & connect natural supports, strengths & community resources
 - *review & update crisis plan
 - *recap plan for consensus
 - *schedule next monthly meeting (and weekly contact)
 - *review POC with supervisor, send out signed POC to family and providers within 7 days of meeting

Completed Products: Initial Plan of Care, releases of information for referrals, adjusted FIGT, updated crisis plan

Monitoring & Adjustment: ongoing

- *complete referrals for services outlined in POC
- *continued weekly check-ins with family and providers
- *respond to crisis within 24 hours, review/revise CP within 3 days
- Monthly POC review meetings to ensure plan evolves over time:
 - *gather updates from providers prior to meeting
 - *review successes & challenges with the family
 - *crisis plan reviewed/revise as needed
 - *POC updated through continued brainstorming & barrier-busting aligned with family preferences
 - *progress tracked with family: vision, outcomes, strategy completion, family satisfaction
 - *discuss progress to assess transition readiness
 - *continued identification of natural supports & sustainable resources

Completed Products: reviewed/revise POC monthly, tracked progress, updated crisis plan, adjusted FIGT

Maintenance: last 3 months of care

- *monitoring and adjustment activities continue
- *support family in managing services and connecting with resources for current & future support
- *identify transition/discharge date ahead of time
- *develop sustainable crisis plan (practice with family)
- *celebrate successes and progress in a manner aligned with family culture/preferences

Completed Products: relevant sustainable Maintenance POC and crisis plan, additional documents based on family need



Care Coordinator Activities by Phase



AZ 9 Activities of CFT Practice

WORKFORCE DEVELOPMENT

Core Trainings

Coaching

Practice Improvement Tools

InnovatePractice©

Virtual Coaching
Collaborative (FVCC)



FOCUS Providers and Frontline Staff



Readiness

- FOCUS Provider Readiness Tool
- Online prerequisite learning modules*
- Overview webinar or training

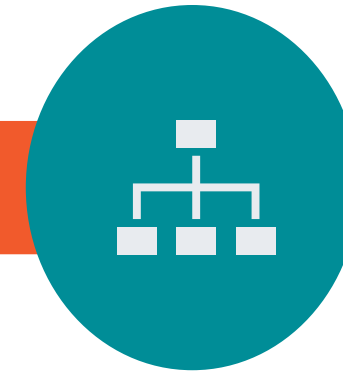
*Online modules must be completed prior to training



Training*

1. Introduction to FOCUS (2-days)
2. Engagement in Care Coordination (1-day)
3. Trauma-Informed Crisis Response & Planning (2-days)

*All trainings must be completed in order and within first 6 months of hire



Supervisor Support*

1. Coaching & Supervision: Orientation to Practice Improvement Tools (1-day)
2. Supervision in FOCUS Care Coordination (1-day)

*Supervisors must attend all practice level trainings and must complete Introduction to FOCUS prior to the first supervisor training and complete this series within 12 months of hire

Expert Coaching

- Providers are assigned a National Coach as well as a Local Coach Candidate
- Monthly coaching and support for implementation

Skill Development & Fidelity

- FOCUS Skill Inventory (FSI)
- Coaching Response for Effective Skill Transfer (CREST)
- Supervisory Assessment System (SAS)

Continuous Quality Improvement


- Fidelity Assessment
- Family Satisfaction (Family Assessment of Care Coordination Support - FACCS)



Embracing Change for Greater Rewards

Families - here's what's in it for you:

- 1. Better Support:** Receive personalized care that meets your family's unique needs and strengths, ensuring you get the help that's right for you.
- 2. Stronger Connections:** Experience better communication and coordination among different supports and services, making it easier to get the support you need.
- 3. Increased Stability:** Benefit from support systems that help your family stay together and thrive, even during tough times.
- 4. Hope:** Feel hopeful as you actively participate in creating care and support plans tailored to your family's goals and dreams.
- 5. Long-Term Success:** See lasting improvements in your family's well-being and resilience, helping you build hope for the future.



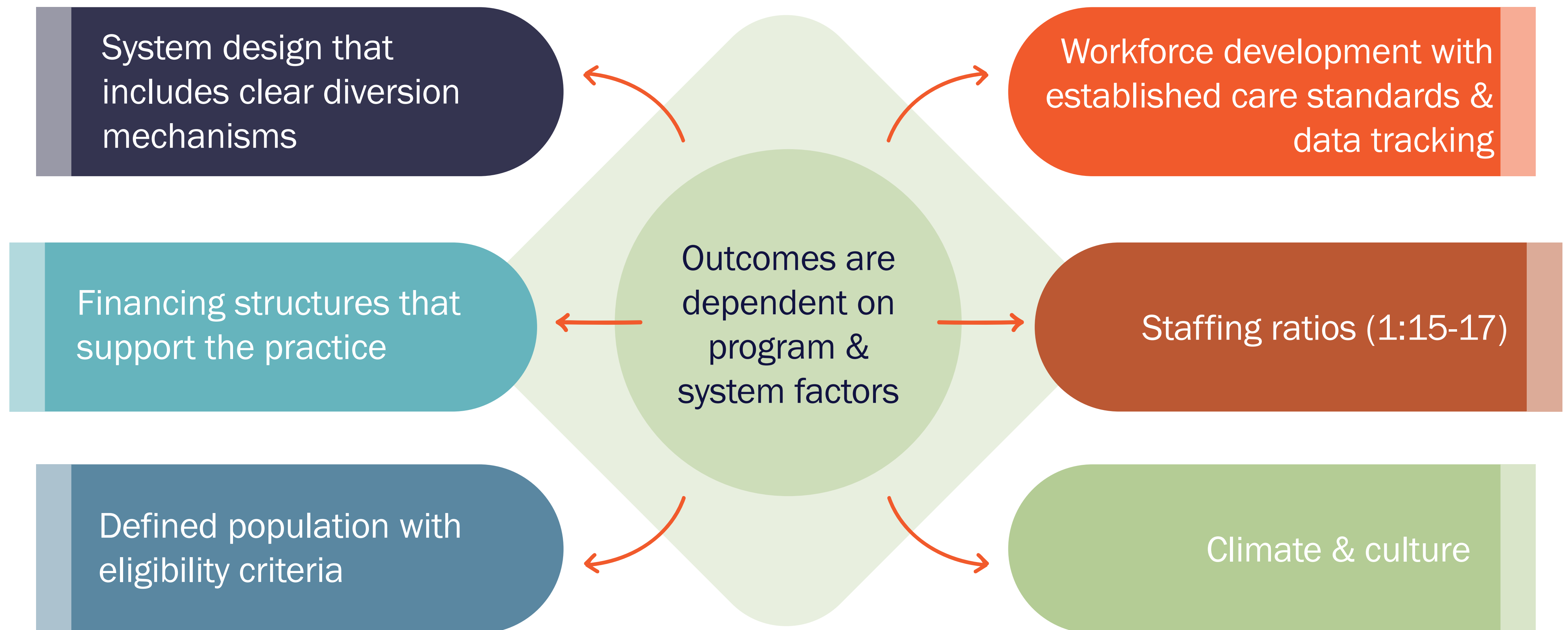
**What's the
benefit for
me?**

Providers - here's what's in it for you:

- 1. Improved Outcomes:** See significant improvements in the well-being and success of the youth and families with whom you partner.
- 2. Enhanced Collaboration:** Benefit from better communication and coordination with other service sectors, reducing fragmentation and making your work more efficient and effective.
- 3. Professional Growth:** Gain opportunities for professional development and leadership
- 4. Streamlined Workflows:** Benefit from integrated support systems, simplifying your workload.
- 5. Recognition and Funding:** Increase your recognition within the community and access potential funding opportunities, as these practices demonstrate value and effectiveness.

What is needed to reach desired outcomes?

Implementation & Practice Quality Standards created to support analysis of crucial factors associated with success



Research consistently documents outcomes and cost savings are dependent on several factors

01.

Practices must be delivered with full fidelity to the model and provider organizations and systems must be hospitable to high-quality care/consistent practices

03.

Comprehensive access to a wide array of services and supports—including mental health, physical health, social supports, educational services, and crisis intervention



02.

Detecting mental health issues early and intervening promptly prevents escalation of problems, which can lead to more complex, intensive, and costly services in the future.

04.

Ongoing training, coaching, and supervision for staff and supervisors to maintain fidelity and quality of care

Comprehensive Service Array



01

Includes behavioral health integration with educational systems

02

Includes evidence-based practices (EBPs) & medication management

03

Intensive and broad supports provided in the home and/or community typically through waivers or state plan amendments

04

Skill and resource development to improve functional abilities related to daily living

08

Includes intensive, moderate, and service navigation tiers as well as somatic health integration

07

Holistic family-centered care that is personalized, appropriate, and tailored to their unique needs

06

Therapeutic environment with structured programming

05

Family, friends, community members and resources

Characteristics of Effective Provider Networks

Unifies clinical treatment service providers and natural, social support resources, such as mentors and respite workers with geographic availability

Designs customizations for children, young people, and their families

Advances evidence-based, promising, and community defined evidence practices

Agile and structured in a way that allows for quick responses to the changing needs of children and their families and the communities they live in

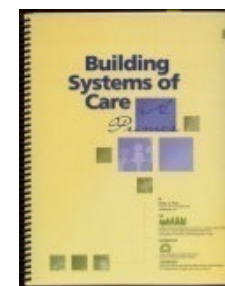
Guarantees choice for families and youth including prevention and early childhood support

Cultivates resiliency through trauma-informed and adaptive care

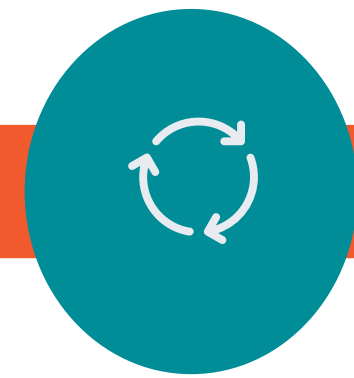
Through contracting and use of data, implements high-quality care with ongoing quality improvement

Integrates both traditional and nontraditional, indigenous providers as well as culturally and linguistically diverse providers

Mobilizes families and youth as key informants, participants in systems and service design, peer support partners, and providers of services and supports



FOCUS Providers and Frontline Staff



Readiness

- FOCUS Provider Readiness Tool
- Online prerequisite learning modules*
- Overview webinar or training

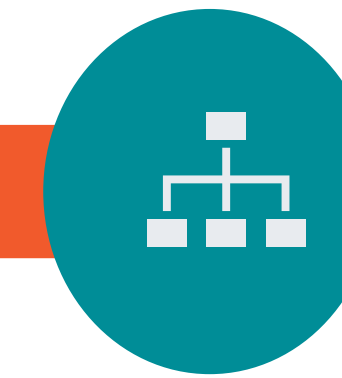
*Online modules must be completed prior to training



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2. Engagement in Care Coordination (1-day)
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*All trainings must be completed in order and within first 6 months of hire



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- Coaching Response for Effective Skill Transfer (CREST)
- Supervisory Assessment System (SAS)

Continuous Quality Improvement

- Fidelity Assessment
- Family Satisfaction (Family Assessment of Care Coordination Support (FACCS))





Right now, it's on
the state's dime

**Prospective Training
Dates:
First Cohort**

Introduction to
Intermediate Care
Coordination (2 days)
November 19-20, 2024

Engagement in CC
(1 day)
January 14, 2025

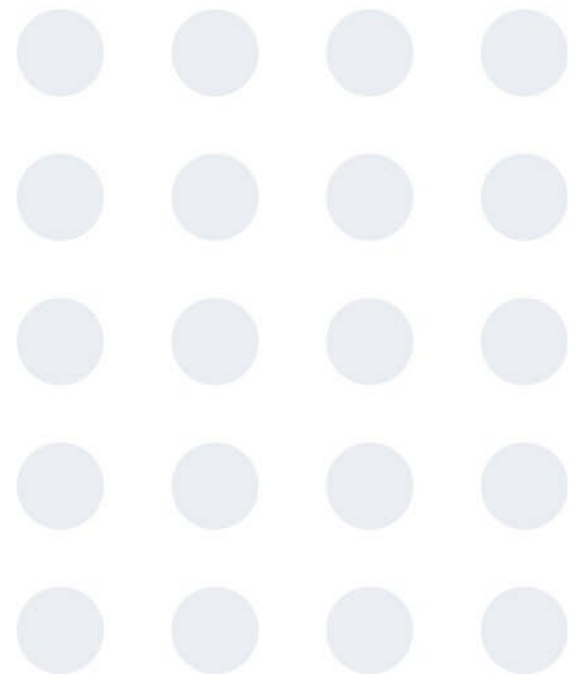
Supervision of CC (1 day)
January 30, 2025

Trauma-Informed Crisis
Response and Planning
(2 days)
March 3-4, 2025

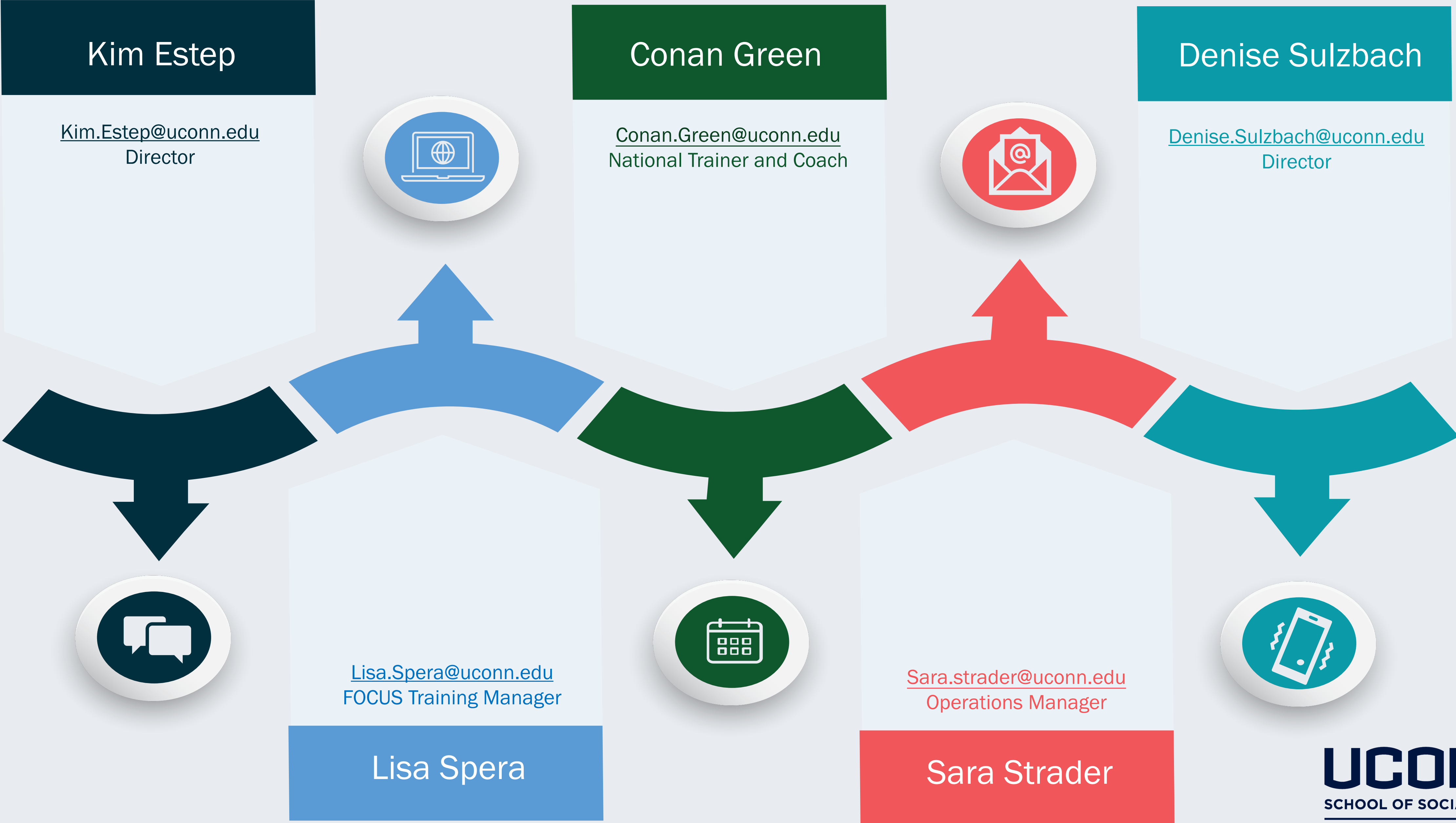


Polling Question

- Will your agency participate in training/coaching? If so, please submit your name, agency, and contact information to ensure your agency's participation in training starting November 19-20th.



Contacts





Wraparound Training Announcement

We are thrilled to announce the start of the Wraparound training.

Getting Started with Absorb LMS System

For those interested in attending the Introduction to Wraparound training, please follow these steps to get set up in our learning management system (LMS):

Create Your Profile

Visit <https://innovations.myabsorb.com/> to create a profile.

Request Training Approval

After creating your profile, email our Help Desk at innovationshelp@uconn.edu and request approval for Wraparound training.

Access Pre-requisite Modules

Once the Help Desk has added Wraparound approval to your profile, you will have access to (3) pre-requisite **self-paced online modules**:

- NWIC: Wraparound Overview
- NWIC: Team Roles in Wraparound (*Prerequisite: NWIC: Wraparound Overview*)
- SOC Module 1: An Introduction to Systems of Care

Training Enrollment

Once you have completed the required prerequisite modules, you will need to register for the **virtual instructor-led training** [HERE](#)

Our full Enrollment Guide is available [HERE](#)

Need Assistance?

Help Desk Contact Information and Hours

Email: innovationshelp@uconn.edu

Monday – Friday from 9 am to 5 pm ET, excluding holiday

TRAINING DATES 2024- 2025

Cohort A

Introduction to Wraparound (3 days)
October 28-30, 2024

Engagement Training (1 day)
January 8, 2025

Intermediate Wraparound (2 days)
April 29 – 30, 2025

Cohort B

Introduction to Wraparound (3 days)
December 16-18, 2024

Engagement Training (1 day)
February 26, 2025

Intermediate Wraparound (2 days)
June 11-12, 2025

Cohort C

Introduction to Wraparound (3 days)
February 11-13, 2025

Engagement Training (1 day)
April 24, 2025

Intermediate Wraparound (2 days)
August 13-14, 2025

Cohort D

Introduction to Wraparound (3 days)
March 4 – 6, 2025

Engagement Training (1 day)
May 6, 2025

Intermediate Wraparound (2 days)
Sept 9 – 10, 2025

Supervisor Training (1 day)

- For Supervisors only

January 22, 2022

Heat and Medications Information Sheet for Health Care Providers

What is the concern?

Extreme heat temperatures may adversely impact patients on specific medications.

This document is intended to alert healthcare providers to the impact that ambient heat may have on patients taking certain medications and to provide recommendations.

What do I need to be aware of?



Heat-related illness can affect everyone - no matter how long someone has lived in Arizona, their age, gender, gender identity, or health issues.



Heat-related illness is a serious medical condition resulting from the body's inability to cope with a particular heat load, and includes heat cramps, heat exhaustion, heat syncope and heat stroke.



An individual's risk for heat-related illness is influenced by many factors including individual health, housing type, living conditions, and pre-existing conditions (to name a few).

Health care providers are recommended to consult the Heat and Medications websites provided by the [Centers for Disease Control and Prevent \(CDC\)](#), the [Arizona Department of Health Service \(ADHS\)](#), and the [Pima County Health Department \(PCHD\)](#) for more information.



Some factors that might increase a patient's risk of developing a heat-related illness include:

- High levels of humidity
- Obesity
- Fever
- Dehydration
- Heart disease
- Mental illness
- Poor circulation
- Sunburn
- Alcohol use
- Certain prescription and non-prescription medications and polypharmacy

Source: [CDC Extreme Heat and Your Health page](#)

The following populations may be at an even higher risk for heat-related illness:

- Children
- Individuals 65+ years old
- Outdoor workers
- Pregnant people
- Individuals with disabilities
- Athletes
- Individuals without air conditioning
- Individuals who are living alone
- Residents of mobile homes
- Individuals with chronic health conditions
- Individuals with substance use disorder/opioid use disorder

Taking certain medications increases the risk of adverse health outcomes for patients.

When individuals are on these types of medications extra education and precautions are necessary. Some medications will interfere with thermoregulation or fluid balance while other medications can increase skin sensitivity to sun exposure.

Included is a consolidated list of medications that increase risks from extreme heat exposure. These include certain cardiovascular medications, anti-seizure medications, antibiotics, and other classes of medications.

How can I help my patients stay safe during extreme heat?

- Ask patients:
 - How do they keep cool in the summertime?
 - Do they have reliable transportation?
 - Do they rely on walking, biking, or public transportation?
 - Do you have someone who can check in on you during periods of extreme heat?
- Provide recommendations on changes to fluid intake based on prescription medications.
- Assess the need to modify medications prescribed and/or their dosage to reduce heat risk.
- Understand what other factors (e.g., living conditions) patients may have that increase their risk of heat-related illness.
- Provide a [list of symptoms](#) patients can watch out for.
- Encourage patients to have a “buddy” plan to have a family member or friend check up on them.
- If possible, offer water while patients wait for their appointments.
- Provide information on area cooling centers, financial support to offset electric costs, and other social services, as needed.

What are other resources I can share with my patients?

- Arizona Poison Control information
 - List [1-800-222-1222](tel:1-800-222-1222)
- ADHS Heat website: azdhs.gov/heat.
- Financial support for utility bill payments
 - [Arizona Department of Economic Security, Low Income Home Energy Assistance Program](#)
 - [Wildfireaz.org: Energy Assistance · Wildfire AZ](https://wildfireaz.org/energy-assistance-wildfire-az)
 - [2-1-1 Arizona: Rent and Utility Assistance - 2-1-1 Arizona \(211arizona.org\)](#)
 - Check with your [County Public Health Department](#)
- [CommunityCares](#)
- 988: 988lifeline.org/
- [Opioid Assistance and Referral Line: 1-888-688-4222](#)
- [Dump the drugs](#). Safe disposal of medications: <https://www.azdhs.gov/gis/dump-the-drugs-az/>

This document was developed in collaboration with the ADHS, PCHD, SAPC, and the UArizona as part of the Arizona Heat Preparedness Network's Heat and Medications task force led by the SCORCH Center.



**Was this information helpful?
Use the QR code to share your feedback with us.**

Consolidated List of Medications

Disclaimer: The list below is for reference purposes only. It is not in any particular order of risk or concern. Healthcare providers are encouraged to utilize their experience and knowledge to assess individual patient risks or concerns.

| Category | Medications |
|--------------------------------|---|
| Psychiatric Medications | |
| SSRIs | Citalopram (Celexa) |
| | Escitalopram (Lexapro) |
| | Fluoxetine (Prozac) |
| | Paroxetine (Paxil, Pexeva) |
| | Sertraline (Zoloft) |
| SNRIs | Desvenlafaxine (Pristiq) |
| | Duloxetine (Cymbalta) |
| | Levomilnacipran (Fetzima) |
| | Venlafaxine (Effexor XR) |
| DNRI | Bupropion (Wellbutrin) |
| TCAs | Amitriptyline |
| Anticholinergics | Oxybutynin (Ditropan XL) |
| | Diphenhydramine (Benadryl) |
| | Benzotropine (Cogentin) |
| CNS Stimulants | Armodafinil (Nuvigil) |
| | Atomoxetine (Strattera) |
| | Dextroamphetamine (Adderall, Dexedrine) |
| | Amphetamine (Adderall) |
| | Lisdexamfetamine (Vyvanse) |
| | Methamphetamine (Desoxyn) |
| | Modafinil (Provigil) |
| | Methylphenidate |
| | Cocaine |
| Antipsychotics | Risperidone |
| | Olanzapine |
| | Quetiapine |
| | Haloperidol |
| Mood Stabilizer | Lithium |

| Category | Medications |
|---------------------------------------|------------------------|
| Heart Medications | |
| Diuretics | Furosemide (Lasix) |
| | Hydrochlorothiazide |
| | Acetazolamide |
| ACE inhibitors | Lisinopril |
| | Captopril |
| | Enalapril |
| | Ramipril |
| ARBs | Candesartan (Atacand) |
| | Irbesartan (Avapro) |
| | Losartan (Cozaar) |
| | Olmесartan (Benicar) |
| | Telmisartan (Micardis) |
| | Valsartan (Diovan) |
| Beta Blockers | Atenolol |
| | Metoprolol |
| | Propranolol |
| Calcium Channel Blockers | Amlodipine |
| | Felodipine |
| | Nifedipine |
| ARNIs combination drug, including ARB | Sacubitril/Valsartan |

| Category | Medications |
|--|--|
| Other Medications | |
| Anti-seizure medications | Topiramate |
| | Oxcarbazepine |
| | Carbamazepine |
| Antihistamines with anticholinergic properties | Promethazine |
| | Doxylamine |
| | Diphenhydramine |
| Analgesics | Opioids |
| | Non-steroidal anti-inflammatory drugs (NSAIDs, such as ibuprofen, naproxen, aspirin) |
| | Acetaminophen |
| Antibiotics | Sulfonamides |
| | Doxycycline |
| Antiretrovirals | Indinavir |
| Thyroid replacement | Levothyroxine |
| Stimulants | Cocaine |
| | Amphetamine, Methylphenidate |
| Commonly Abused Substances | Cocaine, Methamphetamine |
| Hallucinogens | MDMA and alternatives |
| Alcohol | |
| Insulin | |

Sources:

- **CDC:** www.cdc.gov/heat-health/hcp/clinical-guidance/heat-and-medications-guidance-for-clinicians
- **NOAA:** <https://www.weather.gov/wrn/240105-extreme-weather-cvs-health>
- **SAMHSA:** <https://store.samhsa.gov/sites/default/files/pep23-01-01-001.pdf>
- **ADHS:** <https://www.azdhs.gov/preparedness/epidemiology-disease-control/extreme-weather/heat-safety/index.php#heat-illness>
- **Pima County Health Department:** <https://www.pima.gov/2042/Beat-the-Heat>

