## Welcome to the AHCCCS Community Forum

While you are waiting TEST YOUR AUDIO. LISTEN FOR MUSIC.

You were automatically muted upon entry.

Please only join by phone or computer.

Please use the chat feature for questions or raise your hand.

Thank you.



## **National 24-Hour Crisis Hotlines**

#### Phone

- 988 Suicide & Crisis Lifeline: 988
- National Substance Use and Disorder Issues Referral and Treatment Hotline: 1-800-662-HELP (4357)

#### Text

- Send a Text to 988
- Text the word "HOME" to 741741

#### Chat

• 988 Lifeline Chat

#### Videophone

Select ASL NOW at the bottom of the page to connect with a 988 Lifeline counselor.



### **Statewide Arizona Crisis Hotline**



Call: 1-844-534-HOPE (4673) or Text: 4HOPE (44673) Chat: <u>Solari Crisis Response</u> Network

## **Arizona Crisis Hotlines by County**

#### Local Suicide and Crisis Hotlines by County Phone

Maricopa, Pinal, Gila Counties served by Mercy Care: **1-800-631-1314** or **602-222-9444** 

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties served by Arizona Complete Health: **1-866-495-6735** 

Apache, Coconino, Mohave, Navajo and Yavapai Counties served by Care1st: **1-877-756-4090** 

Gila River and Ak-Chin Indian Communities: **1-800-259-3449** 

Especially for Teens

Teen Lifeline phone or text: 602-248-TEEN (8336)



## How to access the crisis line in your area

#### **Statewide:**

Call: 1-844-534-HOPE (4673), Text: 4HOPE (44673) or Chat: <u>Solari Crisis Response Network</u>

#### **North GSA**

• **Counties: Coconino, Mohave, Navajo, Yavapai:** Health Choice Arizona: **1-877-756-4090** 

#### **Central GSA**

• Maricopa County,Pinal, Gila: Mercy Care 1-800-631-1314

#### South GSA

• Counties: Apache, Cochise, Graham, Greenlee, La Paz County, Pima, Santa Cruz, Yuma: Arizona Complete Health - Complete Care Plan 1-866-495-6735

#### Tribal

- Ak-Chin Indian Indian Community: 1-800-259-3449
- Gila River Indian Community: 1-800-259-3449
- Salt River Pima Maricopa Indian Community: 1-855-331-6432
- Tohono O'odham Nation:
   1-844-423-8759

## OARLine



#### www.azdhs.gov/oarline

#### Email: AzOarline@gmail.com

### Members: Make Sure Your Contact Info Is **Current In Health-e-Arizona PLUS**

#### Need to report a change?

Health-e- Arizona <b>PLUS</b>					Search	English Españo	Q www.healthearizonaplus.gov	Health &
🐼 Return to Home 🛛 Message Center 👻	Options ~ 💥 Tools ~	MyAHCCCS Be	nefits * 🕜 Help C	enter				Arizona PLUS Datak fasi for Connecting With UK Safely from Toor House. Discussed and and FATTLe Is an an interpreter without offen anyone in
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## Health-e-Arizona PLUS Address Changes

Address changes can be reported online using Health-e-Arizona PLUS.

Report a Change
New Contact Information
Update Address Confidentiality Program (ACP) Enrollment
Add Person(s) - Someone Moved in or Had a Baby
Remove Person(s) - Someone Moved Out or is Deceased
Household Moved or Will Move
Moved Within Arizona
Moved Out of Arizona
Update Information About a Person(s)
Update Tax Filing Information
Income Changed
Expenses Changed
Apply for another program
Disability Changed
Update Alternative Format
You can tell us the change here, but there will be a delay to process the potential change in benefits.
Other Change
← Previous Next →

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#### Navigating your bar on the bottom...

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#### Select a Microphone

Microphone (Realtek High Definition Audio)
 Same as System (Microphone (Realtek High Definition Audio))

#### Select a Speaker

Realtek Digital Output (Realtek High Definition Audio) Realtek Digital Output(Optical) (Realtek High Definition Audio) 6 - DELL U2713HM (AMD High Definition Audio Device)

Speakers (Realtek High Definition Audio)
 Same as System (Speakers (Realtek High Definition Audio))

Test Speaker & Microphone... Switch to Phone Audio... Leave Computer Audio

Audio Settings...



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Chat



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Mac: Option+Y to raise or lower your hand

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AHCCCS Community Forum Olmstead Planning

Adam Robson

April 21, 2025



### Agenda

- Brief overview of the Olmstead Decision
- Current Olmstead Strategies
- Where Are We Now and What's New?
- Olmstead Plan Accomplishments
- Ideas for Future Olmstead Plan Considerations
- How to Stay Connected With Olmstead

## Olmstead v. L.C. (1999)

- The story of the Olmstead case began with two women, Lois Curtis and Elaine Wilson.
- Both had diagnoses of mental health conditions and intellectual disabilities.
- Both voluntarily admitted to the psychiatric unit in the Staterun Georgia Regional Hospital.
- Following the women's medical treatment there, mental health professionals stated that each was ready to move to a community-based program.
- Both remained confined in the institution, each for several years after the initial treatment was concluded.
- Both filed suit under the Americans with Disabilities Act (ADA) for release from the hospital.





**CELEBRATING OLMSTEAD** 

LOIS CURTIS	ELAINE WILSON
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## Olmstead v. L.C. (1999)

- States are required to provide community-based services for individuals with disabilities who would otherwise be entitled to institutional services:
  - State's treatment professionals reasonably determine that such placement is appropriate
  - The affected person is in agreement with the decision, and
  - The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disabilities services

## Arizona's Approach

- The Court did not require states to develop a plan, but Arizona chose to do so.
- The population targeted to benefit from the Olmstead Plan are all individuals who may be at risk of institutionalization, including individuals with behavioral health needs and members of the ALTCS program, including Tribal ALTCS programs.



## **Olmstead Strategies**

#	Strategy	Description	
1	Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community	Increase housing choice and opportunities for individuals and ensure necessary support services are available to assist members to obtain and maintain the least restrictive, most integrated community setting possible.	
2	Reach-in discharge planning for hospital settings	Increase the ease of access for care coordination and discharge planning for members in hospital settings, while reducing outpatient service barriers.	
3	Reach-in discharge planning for the justice system	Improve discharge planning, reach-in care coordination, and service delivery for members exiting the justice system.	
4	Expansion of Home and Community-Based Services (HCBS) for aging individuals with Serious Mental Illness (SMI) determinations	Explore the feasibility of expanding HCBS for the aging SMI population.	

## **Olmstead Strategies**

#	Strategy	Description	
5	Workforce Development initiatives	Implement programs and systems that will enhance the capacity, capability, and commitment of the healthcare workforce.	
6	High quality network to ensure members are served in the most effective and least restrictive manner	Ensure services are provided by high quality network providers in a timely manner.	
7	Person-centered planning enhancements	Improve monitoring with service and treatment planning standards for Managed Care Organizations (MCOs).	
8	Aggregated Population Data	Identify and monitor data to provide a systemic level review of members transitioning to least restrictive settings.	

### Where Are We Now?

- The current Arizona Olmstead Plan launched on 10/13/2023.
- There have been 5 quarterly updates to the Olmstead Plan (4 posted).



### What's New?

- Orientation training video
- Olmstead 1-pager



**Arizona Olmstead Plan Orientation: The Basics** 

#### AHCCCS

#### ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

#### The Importance of Olmstead

#### What is Olmstead and Why is it Important?

One of the most important court decisions that impacted people with disabilities was the 1999 United States Supreme Court Olmstead decision, which was based on the Americans with Disabilities Act (ADA) of 1990. The ADA prohibits discrimination against individuals with disabilities. This includes individuals who are at risk of institutionalization.

The Omstead decision made clear that people with disabilities have the right to make their own choices about their lives – to live, learn, work, and enjoy life in the communities of their choosing, individuals should be provided services in the least restrictive setting that meets their needs. The least restrictive setting is a service environment that provides the maximum



amount of freedom and autonomy while still ensuring the safety and well-being of the individual.

The Olmstead decision requires states to provide community-based services for individuals with disabilities, including individuals with intellectual and developmental disabilities (I/ID), adults with a serious mental lineas (SMI,) and children with a serious emotional disturbance (SED). The following three conditions must be met:

- · The person does not object to living in the community;
- · The person's clinician supports it; and
- The placement can be reasonably recommended, taking into account the resources available to the State and the needs of others who are receiving State-supported disability services.

It is important to understand Olmstead to know that people with disabilities have the right to make their own choices about the services they receive, and to ensure these services are provided in the least restrictive setting possible.

#### History of the Olmstead Decision:

The Oimstead case was brought by two women in Georgia, Lois Curtis and Elaine Wilson. Both of these women lived with mental health and developmental disabilities and roceived care in institutions. Lois and Elaine saw the importance of seeking services in the community. Their doctors agreed, however, the institution did not release them to community placements. They field a lawauit against the institution and the State of Georgia, arguing they should be able to receive services in their community. The United States Supreme Court determined that people with disabilities, like Lois and Elaine, have a right to receive services in the community if they meet the requirements in the three conditions mentioned above.

Arizona's Olmstead Plan is focused on ensuring the availability of community-based services, and offers members and their families the opportunity to make informed decisions and choices regarding how their needs can be best met.

#### How to provide input on Arizona's Olmstead Plan?

AHCCCS will hold an annual public comment period and convene stakeholder forums to continue reassessing needs by receiving member, family member, and community input and feedback. To read the Olmstead Plan, and to subscribe to updates and opportunities for public input, fleese visit www.arahcccs.gov/Olmstead.

You can send comments and questions at any time to the AHCCCS Olmstead email address <u>Olmstead@azahcccs.gov</u>.

The Advance Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCS health care plan's Member Services muther. If you concern is not resolved guase call AHCCCS finical Recolution (Intel 46/2-94-456).

> For a list of health plan contacts, visit www.azahcccs.gov/healthplans

Office of Individual and Family Affairs 2024-12-20 www.azahcccc.gov/offa

Both can be found at: <u>https://www.azahcccs.gov/olmstead</u>

Strategy	Objective or Performance Target in Reference	Update
Strategy 1: Housing Objective 1.C	Establish baseline data on current utilization of existing housing support and wrap-around services to determine how services are being utilized to meet members' housing needs and to strategize opportunities for improvement.	Established a streamlined process for reporting members within the AHP who are connected to clinical support. As of September 2024, there are <b>2,187</b> members currently enrolled in the AHP, of which <b>93.5%</b> are active in receiving wrap-around services with their health home. These numbers will be reported on the Plan every other quarter moving forward.



Strategy	Objective or Performance Target in Reference	Update
Strategy 1: Housing Objective 2.A	Develop new transitional housing options to facilitate transition from residential, inpatient, the justice system, and housing instability to the least restrictive community-based settings.	The Bower Park program has been renamed to Pathway of Hope, which will be a new transitional housing facility in downtown Phoenix for individuals experiencing homelessness and living with an SMI determination. The site construction is underway and scheduled to open summer of 2025. Once complete the goal of increasing transitional housing units to 50 will be complete and the AHCCCS Housing Team will collect data to track occupancy. Specific details about the construction progress and service delivery model will be accessible on the AHCCCS Housing Programs web page by next quarter's updates.



Strategy	Objective or Performance Target in Reference	Update
Strategy 2: Reach-In/ Hospital Objective 1.A	Increase usage of Child and Adolescent Level of Care Utilization System (CALOCUS) as standardized assessment tools used by the Provider network to determine service level needs across all MCOs.	As of January 2025, there are <b>138</b> providers that have CALOCUS portal accounts, which is a <b>36.6%</b> increase from the previous quarter (101) and a <b>50%</b> increase from when first reported in April 2024 (92). AHCCCS had an internal goal of <b>135-140</b> providers who would be utilizing CALOCUS, which has been met.





Strategy	Objective or Performance Target in Reference	Update
Strategy 3: Reach-In/ Justice Objective 1	Develop relationships with counties/ justice settings currently not participating in data sharing with AHCCCS to support enrollment suspense.	Since June 2023, four new counties (Apache, Mohave, Pima, and Navajo) have transitioned from a manual suspension process to an automated enrollment suspense and reinstatement process for Medicaid members who are entering or exiting a carceral setting, totaling nine ( <b>9</b> ) counties in all.
Strategy 3: Reach-In/ Justice Objective 4.D	Review and update contract, policy, and/or other guidance document changes to enhance MCO oversight and compliance with care coordination and discharge.	As of 10/1/2024, AHCCCS has updated the justice contracts and policy to include a new justice-related deliverable ( <u>AMPM 1022, Attachment B</u> ), which will enhance MCO oversight and care coordination outcomes for justice-involved members.



Strategy	Objective or Performance Target in Reference	Update
Strategy 5: WFD Objective 1.B	Expand the scope and depth of the current training and development programs available to both behavioral health and long-term care direct care personnel by establishing a statewide partnership between AHCCCS and the public community colleges throughout Arizona	<ul> <li>Three (3) trainings have been completed and added to the RELIAS Behavioral Health Library.</li> <li>Initial BH in-service case management.</li> <li>Advanced in-service case management.</li> <li>Leadership and supervision.</li> </ul> Three (3) other trainings have been submitted to AHCCCS and are under review. <ul> <li>SAMHSA competencies for the Peer Recovery Support Specialist pre-service training.</li> <li>DCW pre-service training and testing program.</li> <li>DCW advanced in-service training.</li> </ul>



Strategy	Objective or Performance Target in Reference	Update
Strategy 5: WFD Objective 1.C	Create and implement an interactive Caregiver Career Pathway (CCP) planning tool into the Pipeline AZ platform for prospective health care staff to explore Arizona health care jobs, including their eligibility requirements, and map the career ladders and frameworks connected to actual job openings.	<ul> <li>As of 1/2025 (+/- from previous quarter)</li> <li>3,091 current jobs posted (- 454)</li> <li>795 AHCCCS Providers that have been onboarded (+ 105).</li> <li>6,868 users that are students and/or job seekers (+ 584).</li> <li>14,474 Post-Secondary students are currently studying a Major related to Healthcare on the platform.</li> </ul>





Strategy	Objective or Performance Target in Reference	Update
Strategy 6: Network Objective 3.C	Increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD.	<ul> <li>Through a financial incentive offered by DDD, as of September 2024, training completions are as follows: <ul> <li>114 behavioral health providers have enrolled one or more staff members in the 13-course training plan.</li> <li>1,845 individuals completed all 13 courses in the training plan.</li> <li>4,250 behavioral health provider staff have completed one or more of the courses.</li> <li>34,094 total courses in the training plan have been completed.</li> <li>2,768 individuals have completed the live virtual instructor-led course.</li> <li>60 Behavioral Health Provider agencies met the requirement for the incentive by having at least 10% of their clinical staff complete the training plan.</li> </ul> </li> </ul>



Strategy	Objective or Performance Target in Reference	Update
Strategy 6: Network Objective 3.C	Increase and enhance the network of available service providers across all levels of care who are certified, or have completed specific coursework or training, in service provision to children and adolescents with complex behavioral health needs and co-occurring disorders, including those at risk/with ASD.	<ul> <li>Through a contract with the National Center of START Services (NCSS), a number of training sessions were completed. Summary of overall training sessions:</li> <li>Between 11/2023 and 9/2024, NCSS provided I/DD-MH training and T/A to over 480 Arizona professionals.</li> <li>The two highest utilized training offerings were the I/DD-MH Professional Development Course for Care Coordinators with 282 registrants and the Trauma-Informed Care Technical Assistance (TA) Series with 108 registrants.</li> <li>Satisfaction ratings across training activities were above the 90th percentile.</li> <li>These training opportunities were offered and marketed through DDD, including the provision of course information on the DDD website.</li> </ul>

Strategy	Objective or Performance Target in Reference	Update
Strategy 8: Aggregated Population Data Objective 1.A	<ul> <li>Annually obtain data related to the following elements to identify trends and future direction:</li> <li>Demographic data,</li> <li>Enrollment numbers by geographic service area and health plan,</li> <li>Average cost per person by geographic service area and health plan,</li> <li>Average cost per person by service type and eligibility (e.g., home-based services), and</li> <li>Average length-of-stay and readmission rates</li> </ul>	AHCCCS worked with a consultant to assist in developing a preliminary framework and data pulling to conduct a baseline analysis. Once finalized, data reports will be shared publicly.



# Questions/Feedback on the Current Olmstead Plan



# Ideas for Future Olmstead Plan Considerations



## How to Stay Connected With Olmstead

- Visit <u>www.azahcccs.gov/Olmstead</u>. Here, interested parties have the option to:
  - Subscribe to updates to receive the latest news regarding the Olmstead Plan,
  - Receive information about open public comment periods, and
  - Locate the Olmstead email address to share input with AHCCCS at any time.
- Review quarterly updates in the Olmstead Plan. Find out when these updates occur by subscribing to updates via the Olmstead web page.

## **Other Ways to Stay Connected With Olmstead**

- Quarterly updates presented during AHCCCS Community Forums on accomplishments made during the quarter.
- Annual updates presented to various committees and councils, such as the SMAC, Tribal Consultation, BHPC, ALTCS Advisory Council, and the OIFA Advisory Council.
- MCOs to review and share quarterly updates on the Olmstead Plan with their Member Advisory Councils and Governance Committees.
- Annual Olmstead Plan public forum and comment period to conduct a reassessment of needs.
- \*\*\* Input and feedback on the Olmstead Plan may be provided during any of the above events or sent separately via the Olmstead email address (<u>Olmstead@azahcccs.gov</u>) throughout the year.

# Thank you. Have a great day!



## Subscribe to stay informed!



AHCCCS	ENHANCED BY Google	
Arizona Mealth Care Cost Containment System	Advanced search	
HOME AHCCCS INFO MEMBER	RS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?	
Iome / American Indians / Trit	bal Relations / This Page	
<ul> <li>American Indian Health Program</li> </ul>	AHCCCS Tribal Relations	
American Indian Medical Home	The mission of the Asiaona Health Care Cost Containment System (AHCCCS) is to provide comprehensive quality care to those in need. AHCCCS and Tribol Neatons in the State of Asizona share the common goal of decreasing health disportibles and maximizing access to critical health services. Subscribe to AHCCCS Tribal Relations Updates	
American Indian Health Facilities		
Applicants		
Members	Tribal Consultation	
<ul> <li>Providers</li> </ul>	AHCCCS is committed to engaging in open, continuous, and meaningful consultation on a government-to- government basis. The AHCCCS Tribal Consultation Policy III (note: pending technical changes and Tribal Consultation) guides the agency's work and interaction with the Tribal Nations of Arizona.	
<ul> <li>Tribal Arizona Long</li> </ul>	Learn more about Tribal Consultation at AHCCCS.	
Term Care System	Tribal Relations at AHCCCS	
<ul> <li>Tribal Relations</li> </ul>	The Tribal Liaison serves as a point of contact for information and issues concerning health care policies that	
Home	affect American Indian AHCCCS members. The role of the Tribal Liaison is to work across sectors to help improve the quality and accessibility of health care for American Indian AHCCCS members.	
Tribal Consultation	At AHCCCS, the Tribal Liaison is housed in the Division of Community Advocacy and Intergovernmental Relations and serves as the link between AHCCCS staff and the 22 tribes in Arizona, three Indian Health Service (HS) areas, urban Indian health programs, and tribal community members and stakeholders.	
Tribal Liaison	(IHs) areas. Urban indian nealth programs, and tribal community members and stakeholders. Christine Holden currently serves as the AHCCCS Tribal Liaison and she can be contacted at	

azahcccs.gov/AmericanIndians/ TribalRelations/

### **Follow & Support AHCCCS on Social Media**





### Learn about AHCCCS' Medicaid Program on YouTube!



# YouTube

Watch our Playlist:

Meet Arizona's Innovative Medicaid Program



### **Other Resources - Quick Links**

- AHCCCS <u>Waiver</u>
- AHCCCS <u>State Plan</u>
- AHCCCS Grants
- AHCCCS <u>Whole Person Care Initiative (WPCI)</u>
- AHCCCS Office of Human Rights
- AHCCCS Office of Individual and Family Affairs

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