Essential Behavioral Health and Integrated Care Provider Communication Meeting

Agenda

Logistics

Time:	1:30PM – 3:00PM
Date:	Wednesday, March 13, 2019
Invitees:	BH and Integrated Care Provider Agencies
Teleconference Details:	https://goto.webcasts.com/starthere.jsp?ei=1236790&tp_key=e6f589bbd4
Meeting Purpose:	AZ Complete Health-Complete Care Plan Updates
Location:	Webcast
Questions:	Feel free to email questions and agenda items to jshipley@azcompletehealth.com
Next Meeting:	4/10/2019

Table of Contents

Updates:

Leon Lead (Manager of Program Initiatives)

Social Determinants of Health (HH & SP)

- Centene Corporation announces formation of Social Health Bridge to address Social Determinates of Health
- https://centene.gcs-web.com/news-releases/news-release-details/centene-corporation-announces-formation-social-health-bridge

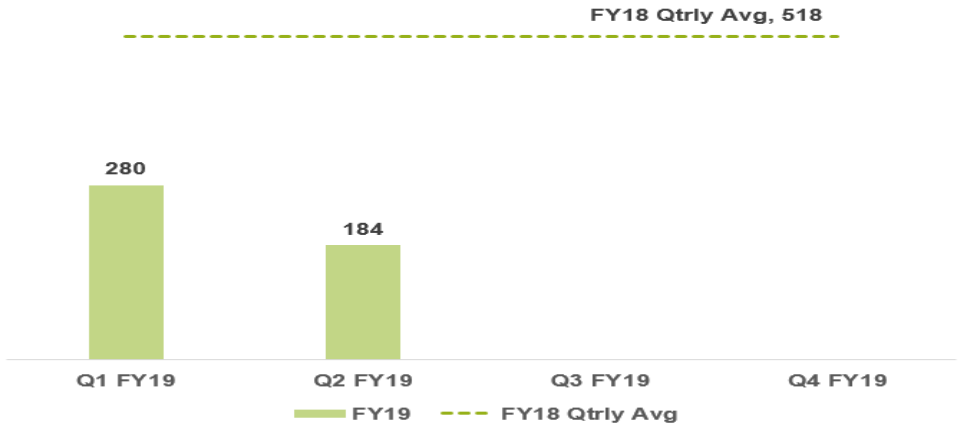
Housing Services (HH & SP)

- Coordinated Entry-HMIS for the Balance of State goes "live" on April 1, 2019. This impacts Cochise, Gila, Graham, Greenlee, La Paz, Pinal, Santa Cruz and Yuma counties. Provider Organization Housing Specialists have participated in training and onboarding processes. Please contact Cristina Benitez, AzCH-CCP Housing Specialist at CBENITEZ@azcompletehealth.com
- OI-206 Housing Monthly Deliverable
    - The following columns cannot be left blank: Column U; Income Yes or No
    - Column V; Soar Application in Process Yes or No or N/A or Column W; SOAR status enter the date the application was processed or the date the member declined to complete the application

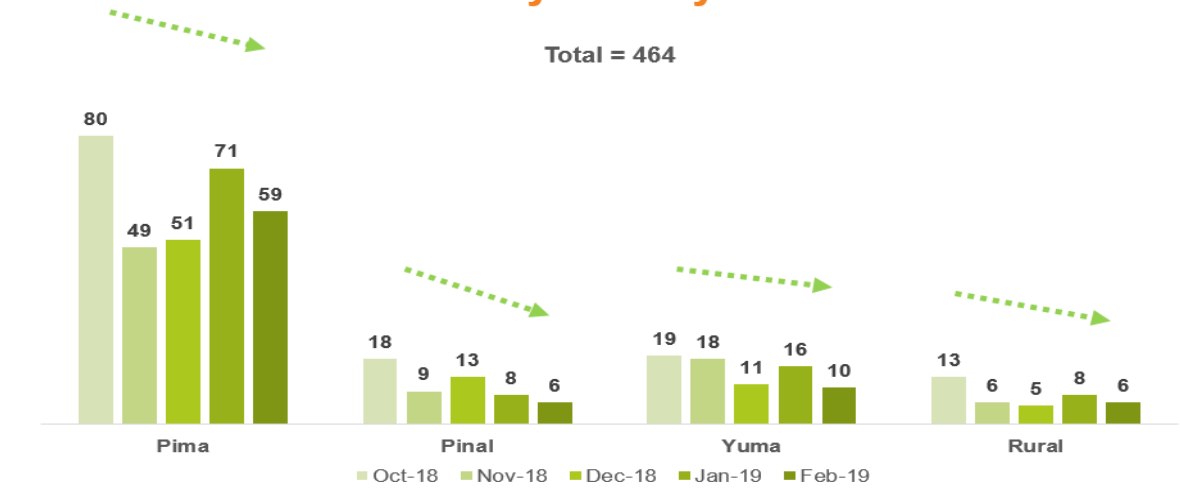
Employment Services (HH & SP)

- ISA Membership Plan
    - VR Referral Challenge 2.0 ends March 15, 2019
    - 60 Day Challenge involving CODAC, COPE, CPIH, EMPACT, HHW, PHC, CHA & SEABHS
- FY19 Job Placement Data

Job Placements – Quarterly YTD



Job Placements – YTD by County



SDOH Resources (HH & SP)

- See Attached flyer-Pima County Transition & Young Adult Job Fair
    - Thursday, April 25, 2019 from 9am-11am at Pima Community College
- FREE: Disability Benefits (DB101) Train the Trainer Model presented by Ability360
    - Friday, March 29, 2019 hosted by AzCH-CCP at 313 E. Wetmore Rd. Tucson
    - Contact Lyle Ford, Employment & Vocational Specialist at LYFORD@azcompletehealth.com for registration details and questions
- Arizona Department of Health Services
    - AZ Food Deserts

- https://azdhs.gov/gis/az-food-deserts/index.php

John Telles (Senior Manager, Special Program Initiatives)

(Attachments 01-02)

Electronic Visit Verification (EVV) - (HH & SP)

- Vendor Selected for Electronic Visit Verification (EVV)
- On February 26, 2019, the Arizona Health Care Cost Containment System (AHCCCS) and the Hawaii's Med-QUEST Division (MQD), Medicaid program are pleased to announce the joint selection of Sandata Technologies, LLC as the statewide electronic visit verification (EVV) vendor. The two state Medicaid agencies endeavored on the joint procurement because AHCCCS supports the information technology infrastructure for Hawaii. The contract award is contingent upon approval from the Centers for Medicare and Medicaid Services (CMS) and the Arizona Department of Administration, Arizona Strategic Enterprise Technology (ADOA-ASET) which is anticipated to be on or before June 1, 2019 and is subject to change. The conditional notice of award and entire procurement file is available on the AHCCCS website on the AHCCCS Open Solicitations webpage under contract number YH19-0025.
- By January 01, 2020, AHCCCS and MDQ are planning to implement EVV for all personal care services and home health care services to comply with Electronic Visit Verification requirements in the 21st Century Cures Act (Cures Act). AHCCCS and MQD have websites, noted below, that serve to keep stakeholders updated on the:
    - Cures Act requirements
    - Program goals
    - Applicable service codes and provider types
    - EVV Model and funding structure
    - Timeline
- Sandata Technologies, LLC is a primary supplier of EVV and provides more than 150 million visit verifications annually in over 400,000 homes daily including EVV services through seven state Medicaid EVV programs and a host of payer and provider systems nationwide.
- Please visit the following websites to stay updated on announcements on the implementation timeline and outreach and training activities for members, provider agencies and Managed Care Organizations
    - **Arizona** Webpage and Contact Email for Questions

      www.azahcccs.gov/EVV

      EVV@azahcccs.gov

Electronic Visit Verification (EVV) RFP YH19-0025
Timeline*
Subject to change

CRN Provider Submission Portal (PSP) Update - (HH & SP)

- On March 11th 2019, the CRN Provider Submission Portal (PSP) will be updated to include some additional demographic and preliminary information. If you had trouble submitting, The Provider Submission Portal was unavailable from 6am-8am on Monday the 11th for these changes to be implemented. Please submit via email or fax during this time.
- Please see the 2 associated attachments. There is a letter from CRN regarding the update and the other one contains screens shots.
- If anyone experiences any challenges submitting their SMI determination packet to the newer version of the PSP, here are helpful instructions:
    - Having trouble submitting packets via this portal? Please call 480-486-5365. If you are still experiencing issues, you may submit via fax at 844-611-4752 or email to ***EligibilityDetermination.HelpDesk@crisisnetwork.org***. However, please ensure you have all the required forms listed above under 'Complete Application'

Debbie Yancer (Grant Writer)

AzCH-CCP Provider Manual Updates (HH & SP)

- The AzCH-CCP Provider Manual has been updated effective 3/1/2019. Below are the changes made to the AzCH March 2019 Provider Manual

Provider Manual Section Changes are in the following sections: (HH & SP)

- TABLE OF CONTENTS-Updated
- SECTION 2 – COVERED SERVICES AND RELATED PROGRAM REQUIREMENTS
- **2.9 Second Responder Crisis Services**
- Updated program description and coverage areas table noted below.

Program	Location	Population	Funds	Referral process	2nd responder paperwork required
The Hope, Inc. Peer After Crisis Team	Pima	Adult members: T19	T19	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.
TLC-R Peer After Crisis Team	Pinal Yuma	All adult members: T19 and NT19	NT19 & T19	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.
BOOST Placement Preservation	Pima	All T19 CMDP enrolled children in DCS custody	T19	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.
CFSS Challenging Behavioral Support	Pima	All T19 Children	T19	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.
Old Pueblo Housing	Pima	All SMI designated members; Both T19 and NT19	T19 & NT19 SMI	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.
EMPACT Placement Preservation	Pinal	All T19 Medicaid Enrolled Children in Foster Care	T19	Referred through AZ Crisis Line by a crisis provider	Short assessment & crisis treatment plan. DX on claim must match DX in the second responder chart.

SECTION 4 – MEDICAL MANAGEMENT/UTILIZATION MANAGEMENT REQUIREMENTS (HH & SP)

- Section 4.13 Pharmaceutical Requirements
    - New language: Providers are required to comply with various pharmaceutical requirements within the AzCH-Complete Care Plan's Provider Manual, AHCCCS AMPM Policy 310-V, and the Arizona Opioid Epidemic Act SB1001/HB2001

SECTION 5 – CREDENTIALING AND RE-CREDENTIALITY REQUIREMENTS (HH & SP)

- Section 5.7.3 Notification and Maintenance Requirements
- New language: Providers directly contracting with The Health Plan must notify The Health Plan and AHCCCS of changes (address, contact information, other demographic information, and ECT.). Providers are able to inform The Health Plan of changes by emailing AZProviderData@AZCompleteHealth.com Providers are able to notify AHCCCS by completing an AHCCCS Provider Address Update Form located on AHCCCS' website.
- Providers contracting through a medical group or IPA must notify the medical group or IPA directly of changes, and the medical group or IPA notifies The Health Plan and AHCCCS. Medical groups or IPAs must have policies in place that establish and implement processes to collect, maintain and submit their provider data changes to The Health Plan on a real- time basis. Real-time is within 30 days, as defined by the Centers for Medicare & Medicaid Services (CMS).

SECTION 7 – FINANCE/BILLING (HH & SP)

- Section 7.4 Claim Submission Time Frames
- New time lines: In accordance with AHCCCS Requirements, claim and encounter services provided to The Health Plan members must be received in a timely manner. The Health Plan timely filing guidelines are as follows:
- Claims or Encounters must be accepted as a clean claim within 120 days from the end date service or from the date of eligibility posting whichever is later, unless there is a contractual exception. For hospital inpatient claims, date of service means the date of discharge of the patient.
- A retro-eligibility claim is a claim where no eligibility was entered in the AHCCCS system for the date(s) of service, but at a later date eligibility was posted retroactively to cover the date(s) of service. Timely filing time frames are as follows:
    - The initial claim must be received no later than 120 days from the AHCCCS date of eligibility posting.
    - Retro-eligibility claims must obtain clean claim status no later than 365 days from the AHCCCS date of eligibility posting.
    - This time limit does not apply to adjustments.

- Claim or Encounter Resubmissions: Claims or Encounters must be accepted as a clean claim within 365 days from the date of provision of the covered service or eligibility posting deadline, whichever is later.
- If the member has primary insurance (i.e. insurance in addition to The Health Plan), claims or encounters must be submitted to The Health Plan within 180 days from the date of service or 120 days from the date of the primary payer's EOP, whichever one is later. Secondary claims that are not received within 180 days from the date of service or 120 days from the date of the primary payer's EOP will be denied for timely filing.

Section 7.5.4 Corrected Claim Submission (HH & SP)

- New time lines: Providers must correct and resubmit claims to The Health Plan within the 365 days resubmission time frame. When resubmitting a claim, the resubmission indicator (7 for replacement or 8 to void a prior claim) must be indicated in Box 22 along with the original claim number from the remittance advice (RA). The Health Plan utilizes this information to identify the claim as a resubmission.

Section 7.9 Filing a Claim (HH & SP)

- New time lines: The Health Plan requires that all facility claims be submitted on a UB-04 claim form. Professional fees must be submitted on an original (red) CMS-1500 claim form. Copies of claim forms are not accepted. Participating providers receive a Remittance Advice (RA) each time a claim is processed. When The Health Plan is the primary payer, claims must be submitted no later than 120 days from the date of service or the date of eligibility posting (whichever is later). For inpatient hospital claims, the date of service is considered to be the date of discharge. Initial claims submitted more than 120 days after the date of service are denied.
- When The Health Plan is the secondary payer, claims must be submitted within 180 days from the date of service even if payment from Medicare or other insurance has not been received. A copy of the primary carrier's Explanation of Benefits (EOB) must be attached to the claim form. Following the initial claim submission, The Health Plan allows submission of the secondary claim for up to 120 days from the primary EOB date. The submission must include the primary carrier's EOB.

SECTION 8 – GRIEVANCE AND APPEAL SYSTEM (HH & SP)

- Section 8.1 Member Grievance and Provider Complaint Process
- Language changes: A member may file a grievance. Any authorized representative, including a provider, may also file a grievance on behalf of a member with the member's written consent. A grievance may be filed orally or in writing. Similarly, providers may file complaints for any reason including dissatisfaction with the Health Plan with respect to its customer service or operations.
- A grievance or complaint may be initiated by contacting Customer Service at 888-788-4408. The Customer Service Representative (CSR) will transfer the caller to the appropriate department if the CSR is unable to resolve the caller's concern.

Section 8.4.2 Timing NOABD (HH & SP)

- Language change:
- For termination, suspension, or reduction of a previously authorized service, the notice must be mailed at least 10 days before the date of the proposed termination, suspension, or reduction except for situations providing exceptions to advance notice described in 42 CFR §§ 431.213-214;
- Within 24 hours from receipt of a medication authorization request, unless additional information is needed from the prescriber in which case the determination must be made no later than seven days from receipt of the initial request; and/or
- The new AzCH-CCP Provider Manual has been posted and effective 3/1/2019 to the AzCH website. It can be located under Provider Resources at https://www.azcompletehealth.com/providers/resources/forms-resources.html

Lee Martinez (Manager, Provider Engagement)

(Attachments 03-04)

Emergency Department E/M Claim Analyzer Enhancement (This policy will apply to all facilities, including freestanding facilities and non-participating providers that submit the E/M codes) (HH & SP)

- As part of our continued efforts to reinforce accurate coding practices, effective April 1st, 2019, Allwell from Arizona Complete Health and Arizona Complete Health-Complete Care Plan, will implement new Emergency Department (ED) outpatient facility Evaluation and Management (E/M) coding reimbursement policy and procedures.
- CMS indicates facilities should bill appropriately and differentially for outpatient visits, including emergency department visits. To that end, CMS coding principles applicable to emergency department services provide that facility coding guidelines should: follow the intent of the CPT code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code; be based on hospital facility resources and not based on physician resources; and not facilitate up coding or gaming.

New AzCH-CCP Provider Manual Format (HH & SP)

- Effective April 1, 2019 Arizona Complete Health-Complete Care Plan's Provider Operation Manual format will change.
- The manual format will be similar to the AHCCCS ACOM manual.
- This change will allow for real time updates, a clickable index and easier navigation/searching.
- Example of new format: https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_1.html (page 2 contains a screen shot of the new format if link goes down)

Maria Soosai, Title 36 Coordinator

Title New AHCCCS Court Ordered Treatment Data Report (HH & SP)

- Beginning January of 2019, AHCCCS will be requiring more data from health plans for members who are on Court Ordered Treatment. AHCCCS indicated it is their expectation that health plans begin providing this data to them starting with the 2nd quarter of the fiscal year. Our report to them will be due April for the months Jan-March 2019.
- Most of the data being required is already obtained through our current processes. There are two new data requirements:
    - Judicial Review offerings, data on the number of members on COT who were not offered a judicial review notification over a three month time frame and
    - The number of times members on COT have been seen in-person by provider staff. This last request is broken down by the number of members seen 1, 2, 3, and 4 or more times over the last quarter.
- Public Comment closed on this new report February 18th and it could take between 4-6 weeks before AHCCCS informs us if there are any changes to the report. In order to alleviate a rush to try to request this information from our Provider title 36 Liaisons, a process has already been put in place to have them capture this data and send to us. We reviewed the new data requirements with Title 36 Liaisons during our meeting with them on February 22nd.
- If you have any questions, please send an email to AzCHTitle36@AzCompleteHealth.com

Danielle Vince, Program Manager

Maternal Child Health (HH & SP)

- Notification of Pregnancy (NOP) Requirements
    - Early access to prenatal care is linked to healthy pregnancies which result in positive birth outcomes. Arizona Complete Health – Complete Care Plan would like to remind providers that care management activity begins with prompt identification of all pregnant members.
    - Identification occurs through one of the following:
        - Receipt of Notification of Pregnancy (NOP) form from the OB provider or health home
        - Receipt of demographic or claims information indicating pregnancy
        - Member self-referral (member completes Notification of Pregnancy Form)

      The Notification of Pregnancy Form is located on our website https://www.azcompletehealth.com
- OB Visit Requirements

- Visits with an OB provider are required to occur in the 1st trimester of pregnancy or, within 42 days of member enrollment with the health plan. Postpartum visit with OB Provider is required within 21-56 days of member's delivery. Provider submission of a claim for a postpartum visit is required. The visit provides an opportunity for Providers to assess for postpartum depression and discuss family planning.

- Sexually Transmitted Infections (STI's)
  - Arizona is currently in a syphilis outbreak in women and babies. Arizona now has the 4th highest rate of syphilis in the country. Based on recommendations from Arizona Dept. of Health Services (ADHS) and Center for Disease Control (CDC), AHCCCS is covering three syphilis screenings during pregnancy statewide effective immediately.
  - AHCCCS will cover all of the augmented screening recommendation statewide:
    - All pregnant women at first prenatal visit, early in the third trimester, and at delivery, regardless of risk
    - Opt-out screening in both men and women who use drugs
    - Sexually active men who have sex with men: testing annually and every
    - 3-6 months if at increased risk
    - Sexually active persons with HIV: testing at least annually and every 3-6 months if at increased risk
  - For additional resources on syphilis prevention, screening and treatment, please refer to https://azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/congenital-syphilis/index.php

Quality Updates

Amy Couch (QI Specialist)

Quality Improvement (HH & SP)

- Adult Preventive Reminders:
  - Welcome to Colorectal Cancer Awareness Month! Please encourage your members who are 50-75 years of age to get their screening. CDC has a very informative section on their website at https://www.cdc.gov/cancer/colorectal/. They have helpful suggestions on how to encourage members to get their screening.
  - Adult Access to Preventive Services:
  - Members aged 20+ should have an annual preventive visit.
- EPSDT Reminders:
  - EPSDT Dental Visits
    - Integrated 18-20 year old members have comprehensive dental benefits.
    - Dental Referrals are not necessary.

- Refer members experiencing dental pain to a contracted dental home provider. Find dental home providers on the AzCH-CCP website under find a provider.
- Members aged 21 and older are eligible for a $1000 emergency dental benefit that covers extractions, fillings and root canals. Please note that the emergency must meet the AMPM criteria of pain, infection or trauma. This dental benefit does not cover dentures or partials.

o EPSDT Well Visits

- Members aged 18-21 should have an annual well visit.
- Integrated members aged 18-21 are offered an incentive gift card through My Health Pays.

Peter Picone, Clinical QI Specialist, Quality Management Department

(Attachments 05-09)

Arizona Association of Health Plans (AzAHP) & Advantmed (HH & SP)

- AzCH has a business agreement with AzAHP, who has a delegated vendor agreement with Advantmed to conduct medical record audits for our physical health practitioners utilizing a collaborative approach across all participating and contracted acute health care plans resulting in only one review. Per AHCCCS and AMPM Policy 940, physical health individual practitioners are reviewed once every 3 years which include adult Primary Care Physicians, Pediatricians and OB/GYNs
- Includes physical health practitioners under a fully integrated behavioral health home
- A maximum of (8) member medical records are reviewed per physical health practitioner
- Minimum Performance Standard (MPS) overall is 90% for passing the review
- Audit Tools and Guidelines utilized by Advantmed and attached:
  - AzAHP AZIM Adult PCP Audit Tool for adult members age 21 years and older
  - AzAHP AZFP Pediatric Audit Tool for child members age 20 years and younger
  - AzAHP AZOBGYN Audit Tool for female members who have had a childbirth delivery in the audit review period
- Please review and distribute the AzAHP audit tools and guidelines to appropriate staff at your agency or group practice
- AzAHP Cycle 3 FY18 audit was recently completed by Advantmed
  - Audit review period: 10/1/16 – 9/30/17
  - Across all participating AzAHP health plans, a total of 1,771 practitioners were audited in Cycle 3 with an 81% pass rate. 1,430 passed, 341 failed
  - 17% passing rate increase from Cycle 2 review

- Top failed indicators and trends included:
  - Response to a BH Provider Request within 10 Business Days
  - CSPMP Database Check for a Controlled Substance
  - Information regarding Advance Directives
  - Prostate Cancer Screening
  - Dental Fluoride Varnish
- Please discuss with your practice office manager, medical records department or copy service vendor the importance of sending all physical health medical record documentation in the audit review period, which is typically one year
- AzAHP and Advantmed have recently sent out passing letters to those physical health practitioners that met 90% MPS overall on their reviews
- Per AzAHP, AzCH will be administering Corrective Action Letters (CAL) for those Cycle 3 practitioners who fell below 90% MPS overall in their audit. Practitioners and affiliated practitioner groups will be required to complete a Corrective Action Plan (CAP) to include root cause analysis for any individual indicators that fell below 90% MPS per AMPM Policy 940 and AzAHP. Your assigned Provider Engagement Specialist will be included to assist in providing technical assistance and in developing your CAP response

- AzCH AzAHP Cycle 3 Audit Results
  - AZIM Adult PCP Audit
    - A total of 596 adult PCPs were reviewed with a 81% pass rate – 485 passed, 111 failed
    - Top indicators and trends that fell below 90% MPS included:
      - CSPMP Check
      - Response to BH Provider within 10 Business Days
      - Advance Directives
      - Prostate Cancer Screen/DRE
      - Annual Well Woman Exam
      - CCS Q 3 Years
      - Fecal Occult Blood/COL Screen
      - Pneumonia Vaccines
  - AZOB OB/GYN Audit
    - A total of 43 OB/GYNs were reviewed with a 70% pass rate –30 passed, 13 failed
    - Top indicators and trends that fell below 90% MPS included:
      - Response to a BH Provider within 10 Business Days
      - CSPMP Check
      - Dipstick Urine & Protein
      - Advance Directives

- BH Referral – Antepartum Depression Screening
- BH Referral – Postpartum Depression Screening
- Prenatal Education

- AZFP Pediatrician Audit
  - A total of 375 Pediatricians were reviewed with a 82% pass rate – 308 passed, 67 failed
  - Top indicators and trends that fell below 90% MPS included:
    - CSPMP Check
    - Dental Fluoride Varnish
    - Advance Directives – Children 18 – 20 Yrs. Only
    - Response to a BH Provider within 10 Business Days
    - Newborn Blood Spot – Initial Testing – BH Referral
    - Speech Assessment
    - Hearing Assessment

- AZOB OB/GYN Audit
  - A total of 19 OB/GYNs were reviewed with a 68% pass rate – 13 passed, 6 failed
  - Top indicators and trends that fell below 90% MPS included:
    - Advance Directives
    - HIPAA Privacy Notices
    - Missed OB/Postpartum Appointment Follow-up
    - Hgb/HC Results
    - Dipstick Urine and Protein Results
    - Domestic Violence Assessments
    - Prenatal Education
    - Supervision of PA/MAs

- If you have a copy service vendor such as BACTES-Sharecare who completes your medical record requests, please remind the vendor that there is no charge to AzAHP due to our contractual agreement and AHCCCS policy. Please see attached AzAHP copy service notification that you can share with your medical record request vendor for future audits
- In the future, if your office is notified for the audit and you would like to grant Electronic Medical Record (EMR) access, please contact David Widen, QI Audit Supervisor @ dwiden@azcompletehealth.com

- Also, please refer to AMPM Chapter 900, Policy 940 Medical Records and Communication of Clinical Information
- If you have any additional questions, please contact David Widen, QI Audit Supervisor at **dwiden@azcompletehealth.com** or your assigned Provider Engagement Specialist

Training Updates:

Rodney Staggers (Senior Manager, Training and Workforce Development)

(Attachments 10-16)

As stated in last month's call, Workforce Development Plans were due January 31, 2019. If you have not submitted your plan to Workforce@azahp.org please do so ASAP.

AzCH-Training Contact Catch-up webinar, March 19th, 10:00-11:00 AM, register to attend at https://attendee.gototraining.com/r/6507718351536361730

Live Events (HH & SP)

March

- 3/14/2019 9:00AM - 4:00PM, AzCH- Unique Needs for Kids and Families Involved with DCS - AzCH-2285 S. 4th Avenue, Suite F, Yuma, AZ, 85364
- 3/18/2019 1:00PM - 4:30PM, AzCH-Motivational Interviewing Overview - Pinal Hispanic Council 107 E 4th Street, Eloy AZ 85131
- 3/20/2019 9:00AM - 4:00PM, AzCH- Unique Needs for Kids and Families Involved with DCS - AzCH-1870 W. Rio Salado, Tempe, AZ, 85281, Patagonia, Room 1071
- 3/26/2019 9:00AM - 1:00PM, AzAHP - Cultural Competency 101: Embracing Diversity (CC 101) - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room
- 3/26/2019 12:30PM - 2:30PM, AzAHP - Cultural Competency (CC 200): LGBTQ - Clinical Care - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room
- 3/26/2019 1:00PM - 4:00PM, AzACH-Motivational Interviewing Overview - AzCH-1870 W. Rio Salado, Tempe, AZ, 85281, Rio Grande, Room 1078

April

- 4/2/2019 9:00AM - 4:00PM, AzCH- Unique Needs for Kids and Families Involved with DCS - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room
- 4/4/2019 9:00AM - 12:00PM, AzCH-Motivational Interviewing Overview - AzCH-2285 S. 4th Avenue, Suite F, Yuma, AZ, 85364
- 4/4/2019 12:30PM - 4:30PM, AzAHP - Cultural Competency 101: Embracing Diversity (CC 101) - AzCH-2285 S. 4th Avenue, Suite F, Yuma, AZ, 85364
- 4/9/2019 10:00AM - 11:30AM, AzCH-ASAM Technical Assistance Webinar - https://attendee.gototraining.com/rt/6312265865138983426
- 4/11/2019 9:00AM - 1:00PM, AzAHP - Cultural Competency 101: Embracing Diversity (CC 101) - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room
- 4/11/2019 12:30PM - 2:30PM, AzAHP - Cultural Competency (CC 200): LGBTQ - Clinical Care - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room

4/26/2019 1:00PM - 4:00PM, AzCH-Motivational Interviewing Overview - AzCH-333 E. Wetmore Rd, Tucson, AZ, 85705, 6th Floor Yuma Room