

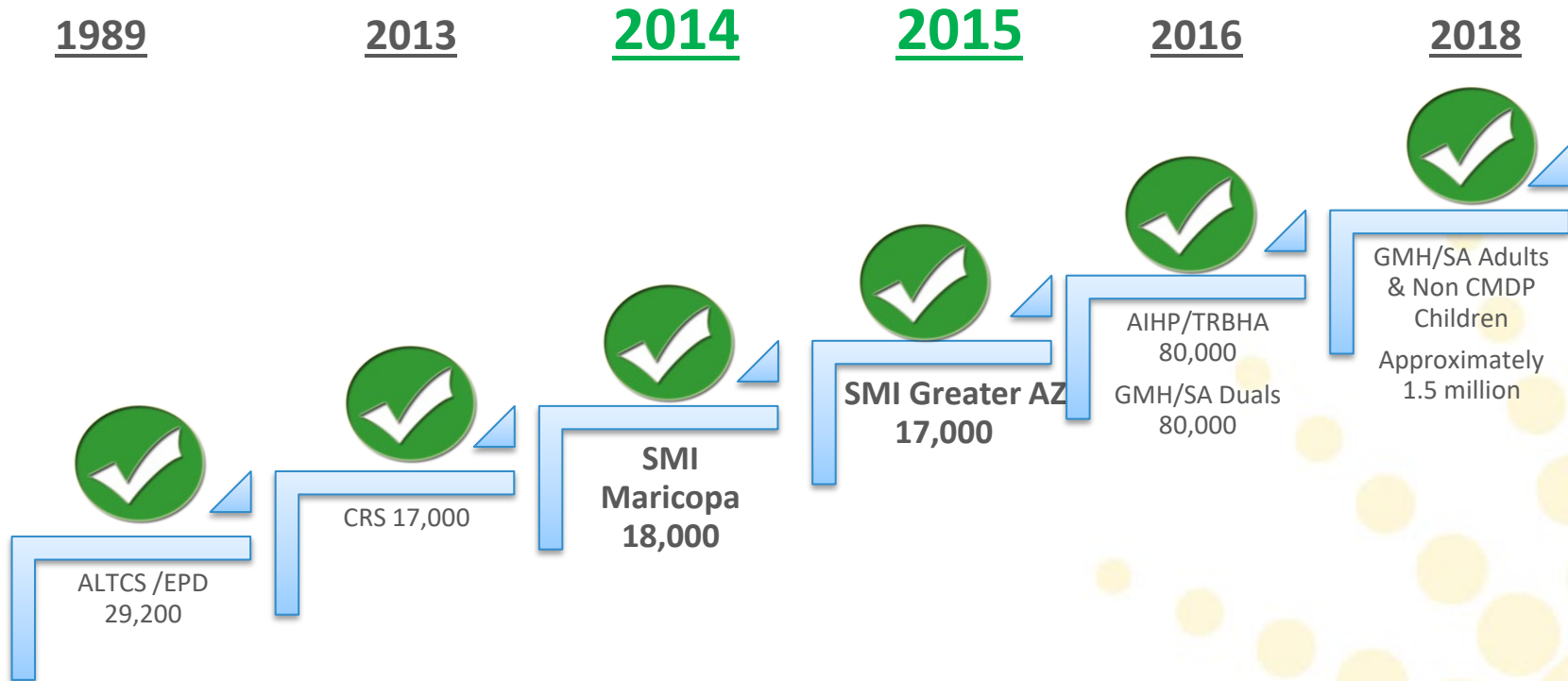


Future of RBHA Services

Recent Integration Efforts



MCO Integration Progress To Date

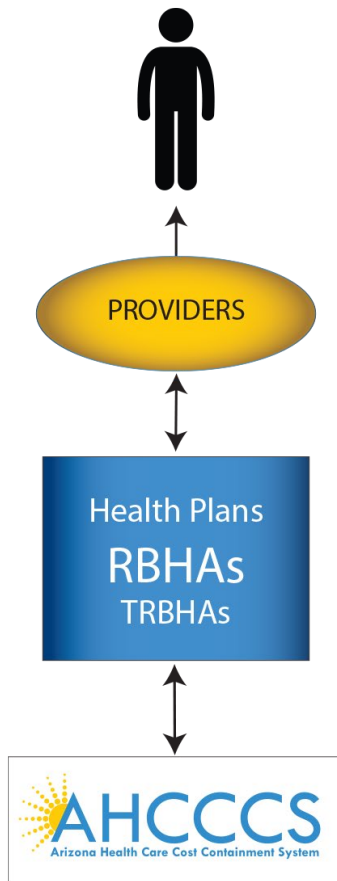


AHCCCS Complete Care

A HUGE step to integrate healthcare in a single ACC Health Plan that:

- Includes physical and behavioral healthcare service providers (including CRS – 18k)
- Manages the provider network for all healthcare services
- Provides comprehensive managed care for the whole person

Integration at all 3 Levels



Integrated Clinics for medical and behavioral

- **Individuals with SMI**
- Oct 2018 – ACC/AIHP - 1.5M Children/Adults
- **ALTCS DD SMI – October 1st 2019**

- ADHS/BHS joins AHCCCS 2015

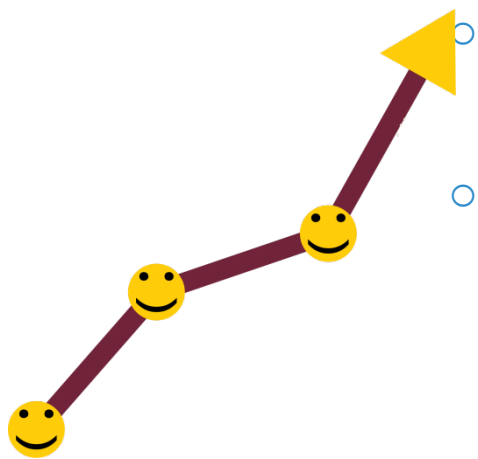
Integration Effort Outcomes

Does it help to get your
physical and behavioral
healthcare from one plan?



SMI Integration Evaluation Findings

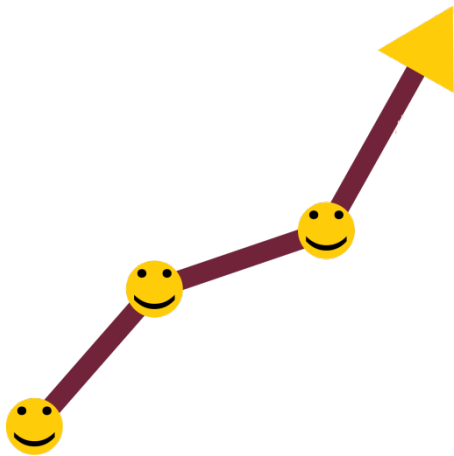
- All measures of ambulatory care, preventive care, and chronic disease management demonstrated improvement



- Medication management for people with Asthma (50% compliance): **+ 32%**
- Medication management for people with Asthma (75% compliance): **+ 35%**

SMI Integration Evaluation Findings

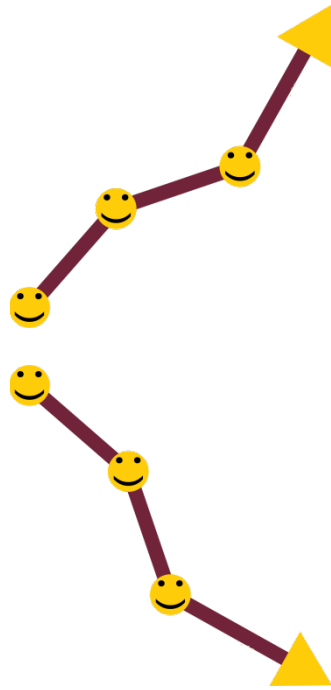
- All indicators of patient experience improved, with 5 of the 11 measures exhibiting double digit increases



- Rating of Health Plan: + **16%**
- Rating of All Health Care: + **12%**
- Rating of Personal Doctor: + **10%**
- **Shared Decision Making: + 61%**
- Coordination of Care: + **14%**

SMI Integration Evaluation Findings

- Of the 8 hospital-related measures:
 - 5 measures showed improvement



- Emergency Department Utilization rate **decreased by 10%**
- Readmission rate **declined by 13%**
- Admissions for COPD/Asthma **decreased by 25%**
- 30-day post hospitalization for mental illness follow up rate **increased by 10%**

Integration... still to go



Further Integration for DD/SMI

Current

MEMBERS WITH DES/DDD

RBHA

*Serves members
who are DD and
SMI*

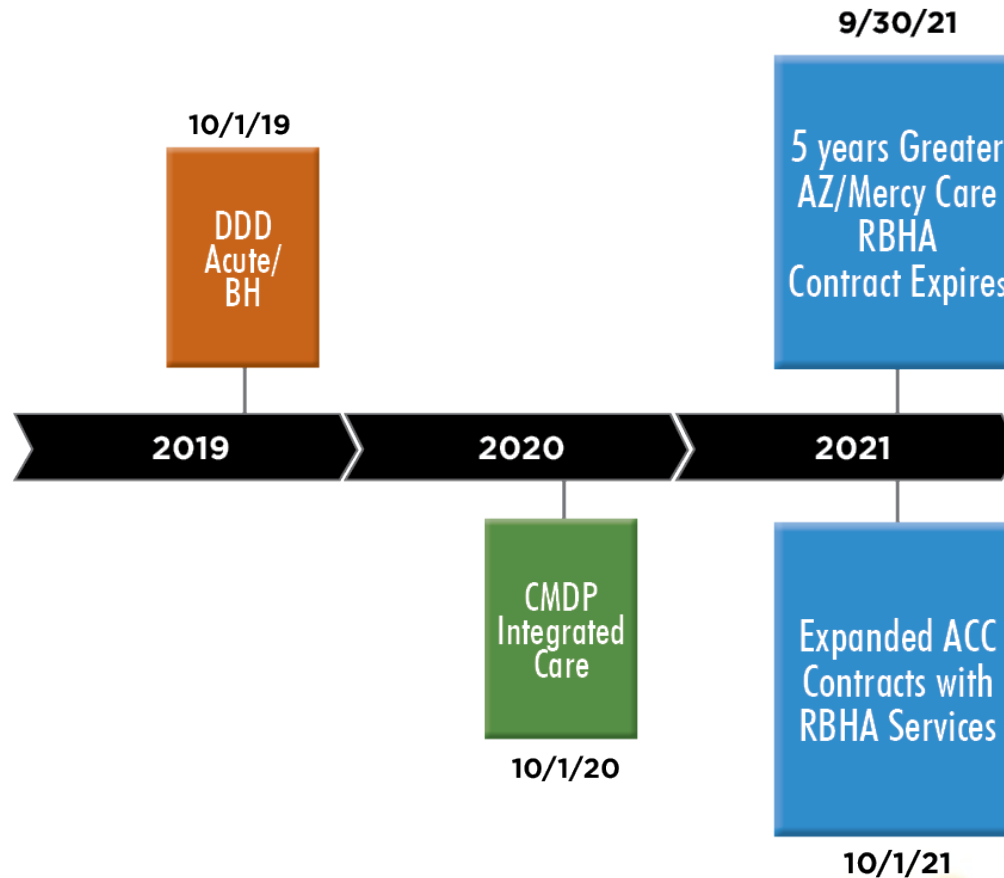
10/1/2019

MEMBERS WITH DES/DDD

**Integrated
Health Plan
Contracted
with DDD**

*Serves members
who are DD and
SMI*

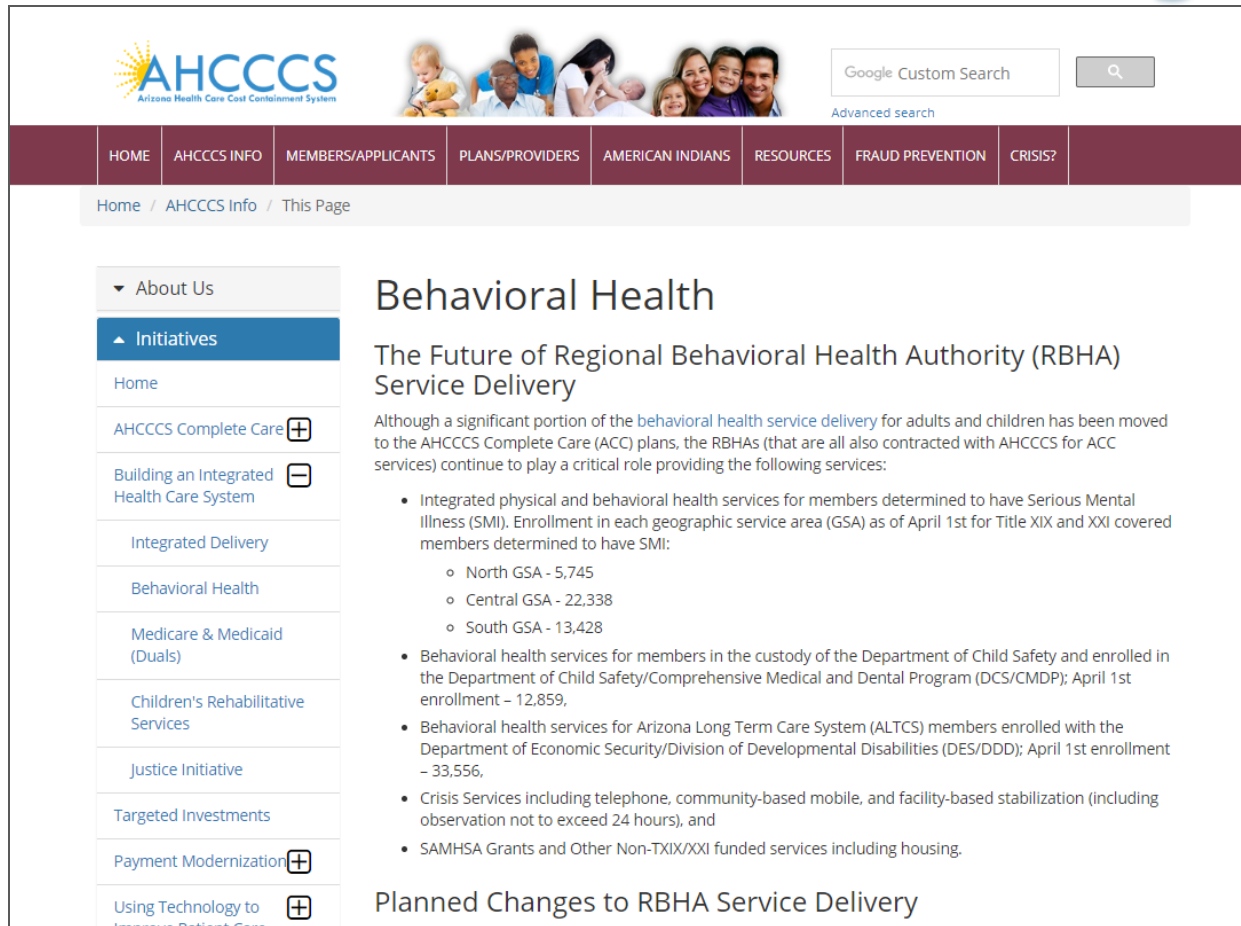
AHCCCS Contract Timeline



RBHA Services Transfer RFI



Find out more on azahcccs.gov



The screenshot shows the AHCCCS website interface. At the top left is the AHCCCS logo with the tagline "Arizona Health Care Cost Containment System". To the right is a "Google Custom Search" box and a search icon. Below the logo is a navigation menu with items: HOME, AHCCCS INFO, MEMBERS/APPLICANTS, PLANS/PROVIDERS, AMERICAN INDIANS, RESOURCES, FRAUD PREVENTION, and CRISIS?. A breadcrumb trail reads "Home / AHCCCS Info / This Page". On the left is a sidebar menu with "About Us" and "Initiatives" (expanded) containing: Home, AHCCCS Complete Care (+), Building an Integrated Health Care System (-), Integrated Delivery, Behavioral Health, Medicare & Medicaid (Duals), Children's Rehabilitative Services, Justice Initiative, Targeted Investments, Payment Modernization (+), and Using Technology to Improve Patient Care (+). The main content area features the heading "Behavioral Health" and the sub-heading "The Future of Regional Behavioral Health Authority (RBHA) Service Delivery". Below this is a paragraph: "Although a significant portion of the behavioral health service delivery for adults and children has been moved to the AHCCCS Complete Care (ACC) plans, the RBHAs (that are all also contracted with AHCCCS for ACC services) continue to play a critical role providing the following services:". This is followed by a bulleted list of services and enrollment numbers. At the bottom of the main content area is the heading "Planned Changes to RBHA Service Delivery".

AHCCCS
Arizona Health Care Cost Containment System

Google Custom Search

Advanced search

HOME AHCCCS INFO MEMBERS/APPLICANTS PLANS/PROVIDERS AMERICAN INDIANS RESOURCES FRAUD PREVENTION CRISIS?

Home / AHCCCS Info / This Page

▼ About Us

▲ Initiatives

Home

AHCCCS Complete Care (+)

Building an Integrated Health Care System (-)

Integrated Delivery

Behavioral Health

Medicare & Medicaid (Duals)

Children's Rehabilitative Services

Justice Initiative

Targeted Investments

Payment Modernization (+)

Using Technology to Improve Patient Care (+)

Behavioral Health

The Future of Regional Behavioral Health Authority (RBHA) Service Delivery

Although a significant portion of the behavioral health service delivery for adults and children has been moved to the AHCCCS Complete Care (ACC) plans, the RBHAs (that are all also contracted with AHCCCS for ACC services) continue to play a critical role providing the following services:

- Integrated physical and behavioral health services for members determined to have Serious Mental Illness (SMI). Enrollment in each geographic service area (GSA) as of April 1st for Title XIX and XXI covered members determined to have SMI:
 - North GSA - 5,745
 - Central GSA - 22,338
 - South GSA - 13,428
- Behavioral health services for members in the custody of the Department of Child Safety and enrolled in the Department of Child Safety/Comprehensive Medical and Dental Program (DCS/CMDP); April 1st enrollment - 12,859.
- Behavioral health services for Arizona Long Term Care System (ALTCs) members enrolled with the Department of Economic Security/Division of Developmental Disabilities (DES/DDD); April 1st enrollment - 33,556.
- Crisis Services including telephone, community-based mobile, and facility-based stabilization (including observation not to exceed 24 hours), and
- SAMHSA Grants and Other Non-TXIX/XXI funded services including housing.

Planned Changes to RBHA Service Delivery

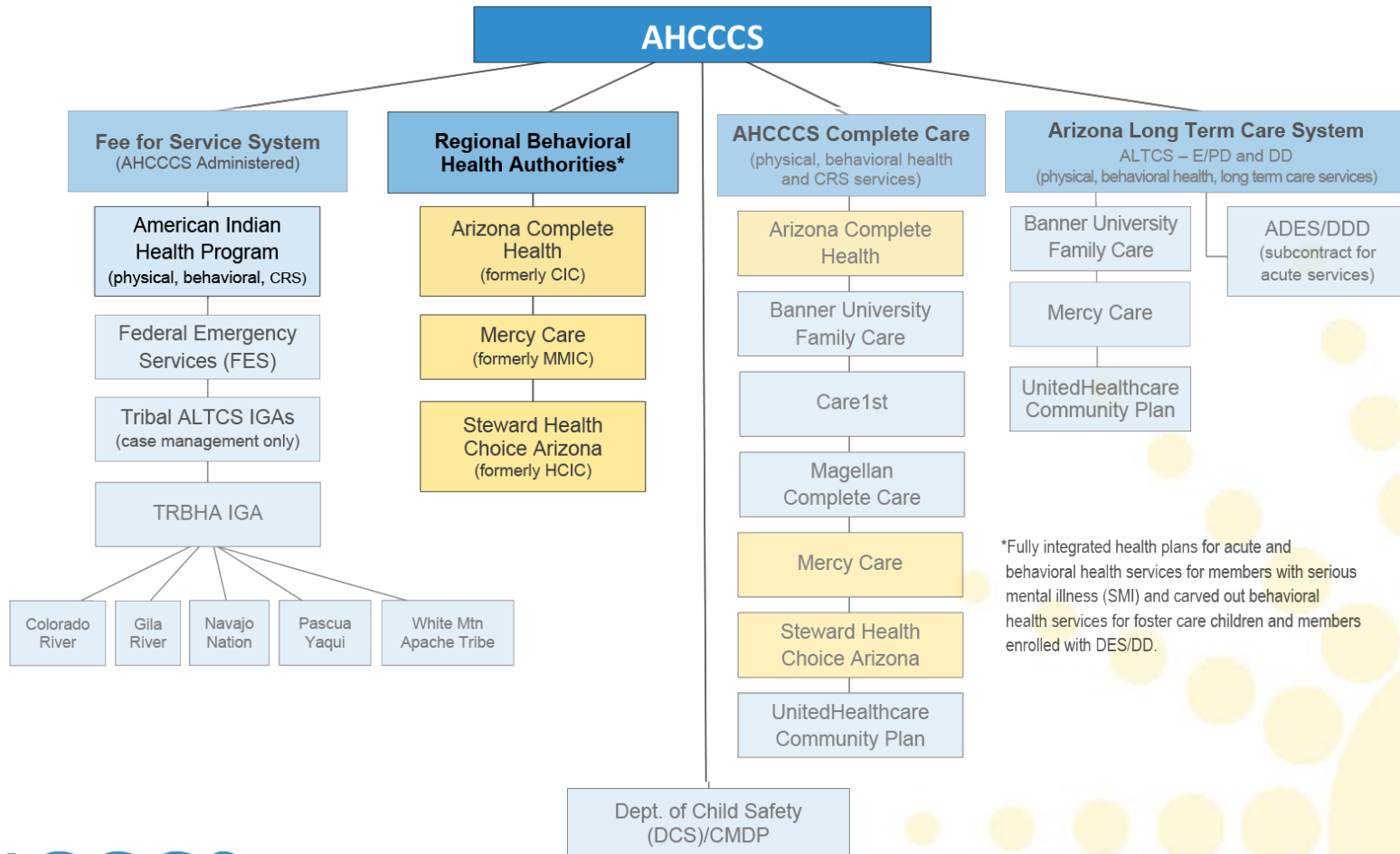
Reaching across Arizona to provide comprehensive quality health care for those in need

What is an RFI?

- A request for information allows AHCCCS to engage stakeholders and gain feedback on a path forward continuing the journey of integrated health care in Arizona.
- Responding to an RFI allows you the chance to inform AHCCCS of opinions and matters to be considered in next steps.

AHCCCS Care Delivery System

October 1, 2018



*Fully integrated health plans for acute and behavioral health services for members with serious mental illness (SMI) and carved out behavioral health services for foster care children and members enrolled with DES/DD.

Reaching across Arizona to provide comprehensive quality health care for those in need

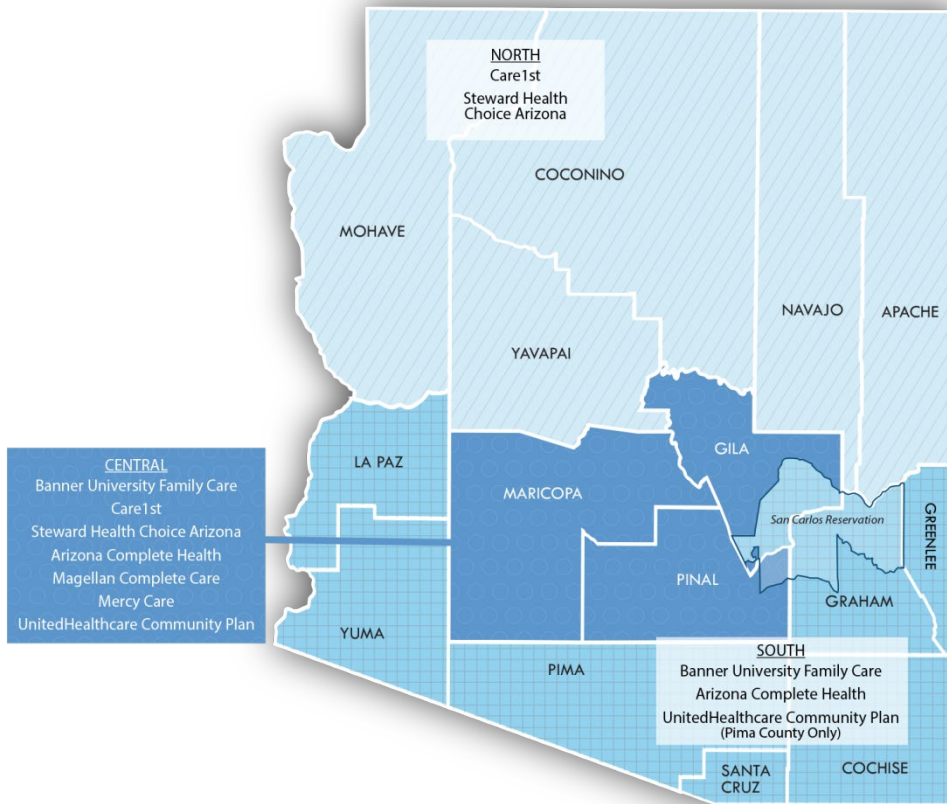
Current status with RBHA services

Regional Behavioral Health Authorities (RBHAs) currently continue to provide and serve:

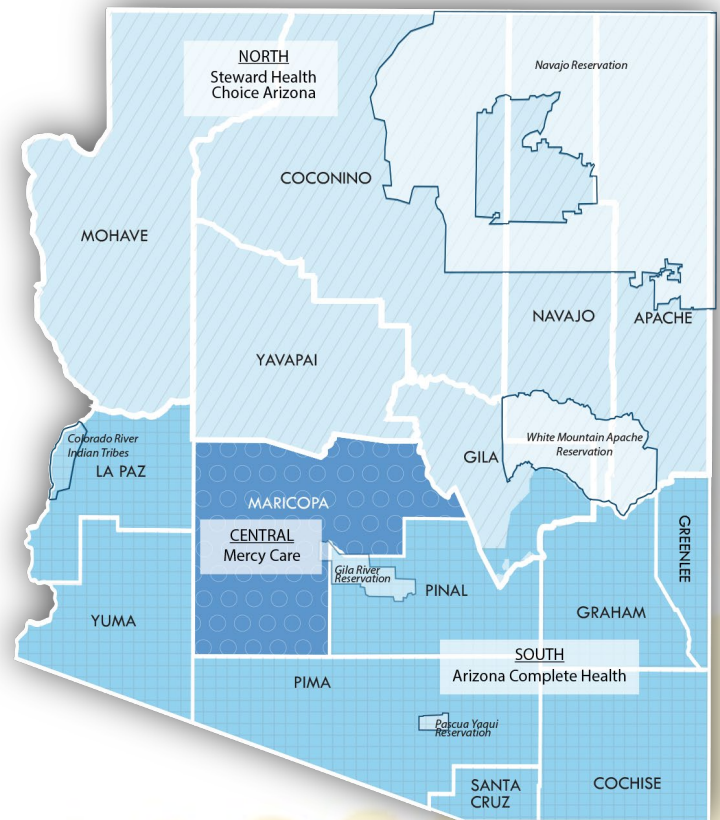
- Foster children enrolled in CMDP
- Members enrolled with DES/DD;
- Individuals determined to have a serious mental illness (SMI)
 - Northern GSA Enrollment 5,779
 - Central GSA Enrollment 22,405
 - South GSA Enrollment 13,397
- Crisis services, grant funded, and state-only funded services

Geographic Service Areas

AHCCCS Complete Care (ACC) Services Map



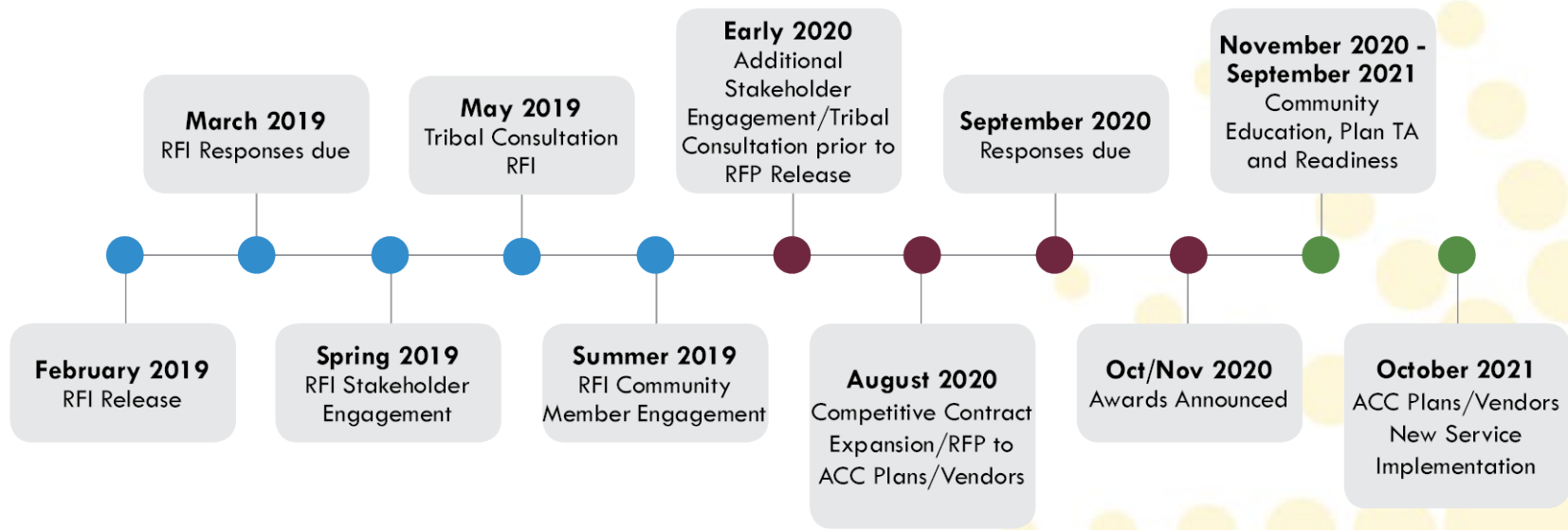
RBHA/TRBHA and Crisis Services Map



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.
Reaching across Arizona to provide comprehensive quality health care for those in need

Next steps

- AHCCCS has the option to let at least one of the Complete Care Plans in each area to also serve members who are currently served by a RBHA.
- Services to be Expanded Effective 10-1-21



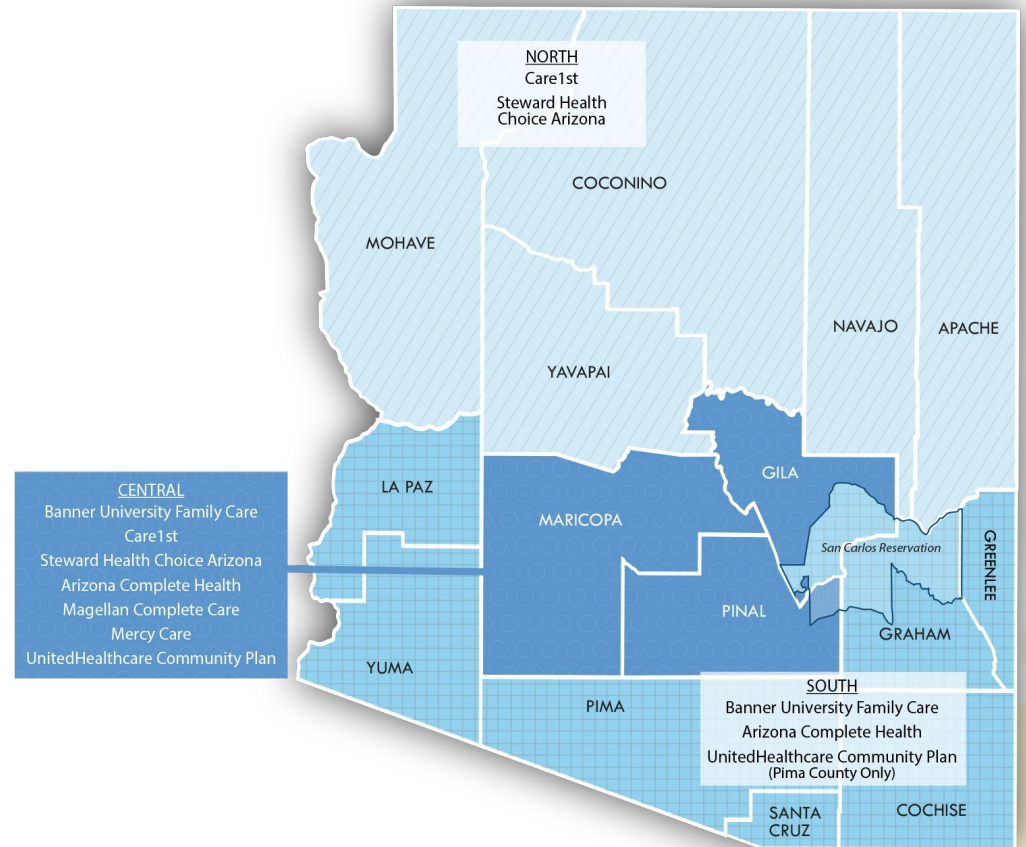
Announcements

1. Mercy Care contract extended so all RBHA services will be transitioned at same time - Oct 2021
2. We will be limiting our CCE (or contract extensions) to the current ACC plans in each area - known plans already with providers and members.



Let's talk about our questions...

Should AHCCCS allow choice of plan by allowing more than one ACC plan to address unique RBHA services for Central and Pima?



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.

Reaching across Arizona to provide comprehensive quality health care for those in need

Should decertification remain?

Individuals with an SMI who have not received behavioral health services in two years are allowed to decertify as SMI to receive services through another ACC Plan. Should this remain?

Should opt out remain?

- Individuals with an SMI continue to “opt out” of receiving physical health services from the RBHA Contractor to receive services with an ACC Contractor for his/her physical health when member meets conditions for “opt out.”
 - Transfer is necessary due to RBHA network limitations and restrictions (no member choice)
 - Transfer is necessary is continue Physician’s recommended Course of Care

Should opt out remain

- Individual has evidence that demonstrates that enrollment with a RBHA could cause harm or potential for discriminatory or unequal treatment with regard to:
 - a. Access to, continuity or availability of acute care covered services.
 - b. Exercising member choice,
 - c. Privacy rights,
 - d. Quality of services provided, and
 - e. Member rights under A. A. C. R9-21-201

What about non-title TXIX-XXI and grant funding

- For example
 - Housing
 - Mental Health Block Grant
 - Substance Abuse Block Grant

What about Crisis Services?

- Should there be a single statewide vendor for crisis services? Single regional vendor?
- Should there be a single statewide number for crisis services?
- Other thoughts to improve the first 24 hours of crisis service delivery?
- For more info on crisis services now:
www.azahcccs.gov/AHCCCS/Downloads/ACC/View_Crisis_System_FAQs.pdf



Crisis and NTXIX Services on Tribal Lands

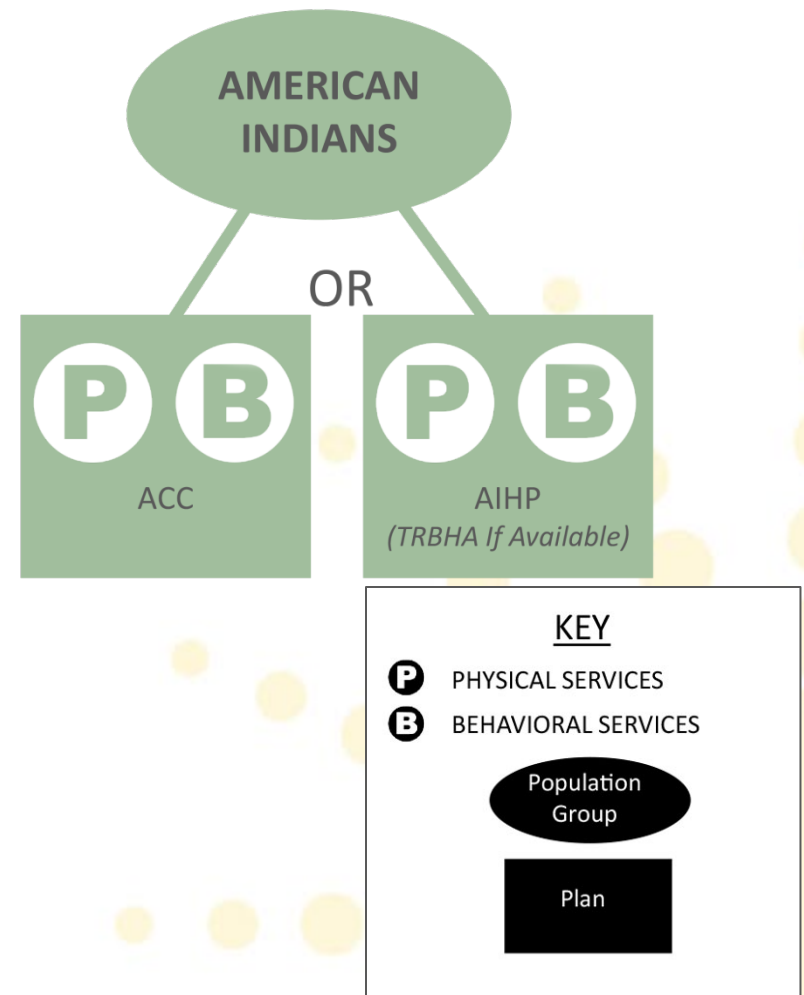
- What feedback do you have on AHCCCS coordinating crisis services with the 22 Tribes across Arizona?

American Indian (AI) Members

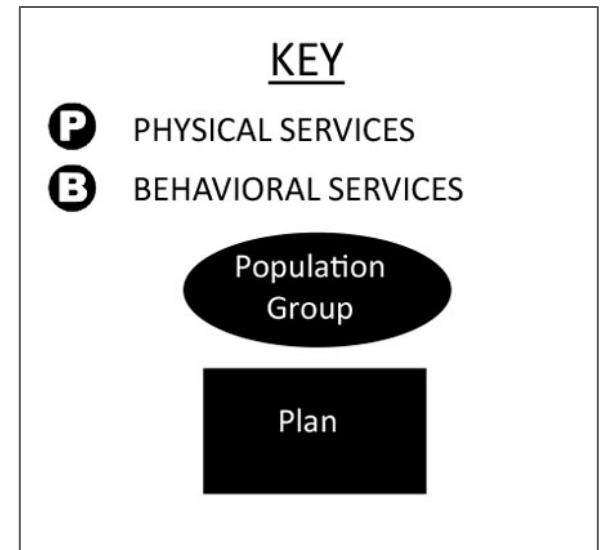
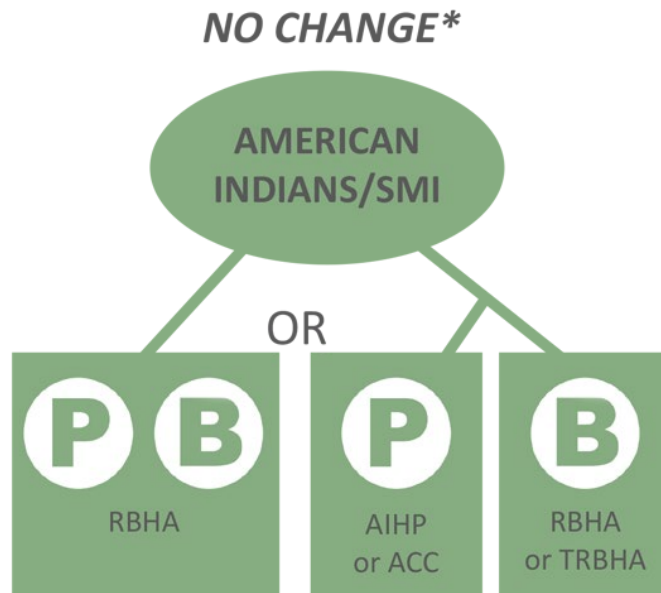
- AHCCCS is meeting with the 22 Tribes in Arizona to discuss:
 - Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP and TRBHAs?
 - Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options.

Supporting Choice for AHCCCS Members who are American Indian

- Integrated choices for the Non-SMI population (includes CRS):
 - AIHP or AIHP and TRBHA;
or
 - An ACC Plan
 - AI members can still access services from an IHS/638 facility at anytime regardless of enrollment



Members who are American Indians with SMI determination



*No change to behavioral health care options. New ACC plans may provide additional acute care options.

AHCCCS members who are American Indian

- AHCCCS would like feedback regarding continuing to have choice of enrollment for services for members who are American Indian:
 - Should AI members continue to have choice of enrollment with portions of their services delivered through managed care, AIHP, RBHAs and TRBHAs?
 - Should the change be consistent with ACC choice for members not determined to be SMI, allowing integrated options?

Payment for Court Ordered Evaluations (COE)

- Currently each Regional Behavioral Health Authority (RBHA) pays some or all COE services within one county of their service area.
- As of October 1, 2021, how should COE payment be delegated?



OIFA

- AHCCCS, RBHAs and ACC Plans are required to have an Individual and Family Affairs (OIFA) Administrator and unit including a member liaison for adults and children. Any thoughts?



SMI Specific Responsibilities

- What should AHCCCS consider to maintain focus on the needs of individuals with an SMI as the responsibilities are blended within one plan?

Next Steps

What other feedback should AHCCCS consider during our next step of integration?



Stakeholder Feedback

- Stakeholder feedback from various forums to date and RFI

Stakeholder Feedback Continued

To date AHCCCS has received written responses primarily from providers and health plans.

- Almost half support more than one health plan serving individuals determined to have SMI who live in large urban areas while the other half of respondents support a single health plan in each Geographical Service Area.
- Most respondents support a single health plan managing state-only funded services.
- Most respondents support keeping the current opt out processes to receive physical health services through a different plan.

Stakeholder Feedback Continued

- 70 percent of response support administrative SMI decertification for members that have not received services in two years.
- Most respondents support a single organization statewide responsible for the first 24 hours of crisis, some respondents support one organization per GSA to ensure recognition of regional differences.
- Respondents support more AHCCCS involvement monitoring crisis services and vendors.
- All respondents stress the need to start early with this process and have significant education and stakeholder engagement.

Stakeholder Feedback Continued

- Most respondents support a single 211 number for crisis services statewide.
- Housing responses were varied.
- Respondents indicated the need for the ACC Plans that serve individuals determined to have SMI be required to ensure that their Office of Individual and Family Affairs include a specialized focus on these individuals ensuring the plan employs a recovery and resiliency based approach to treatment and care management for members.

Questions?



Thank You.

