

Arizona's Proposal for a New Medicaid Model: Serving Individuals with Serious Mental Illness through Integrated Healthcare Homes



**TRIBAL CONSULTATION
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**A DIALOGUE WITH:
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Why Healthcare Integration?



- **Improve lifespan and healthcare outcomes**
 - Persons with Serious Mental Illness (SMI) die 25 to 30 years earlier than general population
- **Control costs**
 - 60% of Medicaid's highest cost beneficiaries with disabilities have co-occurring physical and behavioral health conditions
 - Current healthcare system is unsustainable
- **Strengthen the focus on screening, prevention, early intervention, care management, patient education, & wellness**
- **Support the national movement and focus**



First Steps in Planning for Integrated Care



- **Starting and nurturing the dialogue**

- ✦ CHCs, FQHCs, IHS, Tribal Health Programs, Urban Indian Health Programs—many have been providing integrated care for decades
- ✦ Existing partnerships between Regional Behavioral Health Authorities (RBHAs) and AHCCCS Health Plans
- ✦ Milbank Memorial Fund Conference in January 2011
- ✦ Other states and national experts

- **Identifying key system partners**

- ✦ Members and Family members
- ✦ T/RBHAs
- ✦ Health Plans
- ✦ Behavioral Health and Physical Health Care Providers
 - Including IHS, Tribal Health Programs Operated under P.L. 93-638, Urban Indian Health Programs (I/T/U)



First Steps in Planning for Integrated Care



- Awarded Section 2703 Planning Grant
- Obtained support and commitment from Executive
- Developed structure to drive change—Interagency Steering Committee:
 - ✦ ADHS/DBHS and AHCCCS are co-leads
 - ✦ Established foundational principles
 - ✦ Established vision for Specialty RBHA with SMI Health Homes
 - ✦ Utilizing consultants as necessary (research, data analysis, stakeholder input...)

Foundational Principles



Stakeholder Engagement



System Transformation



Improved Coordination of Health Care



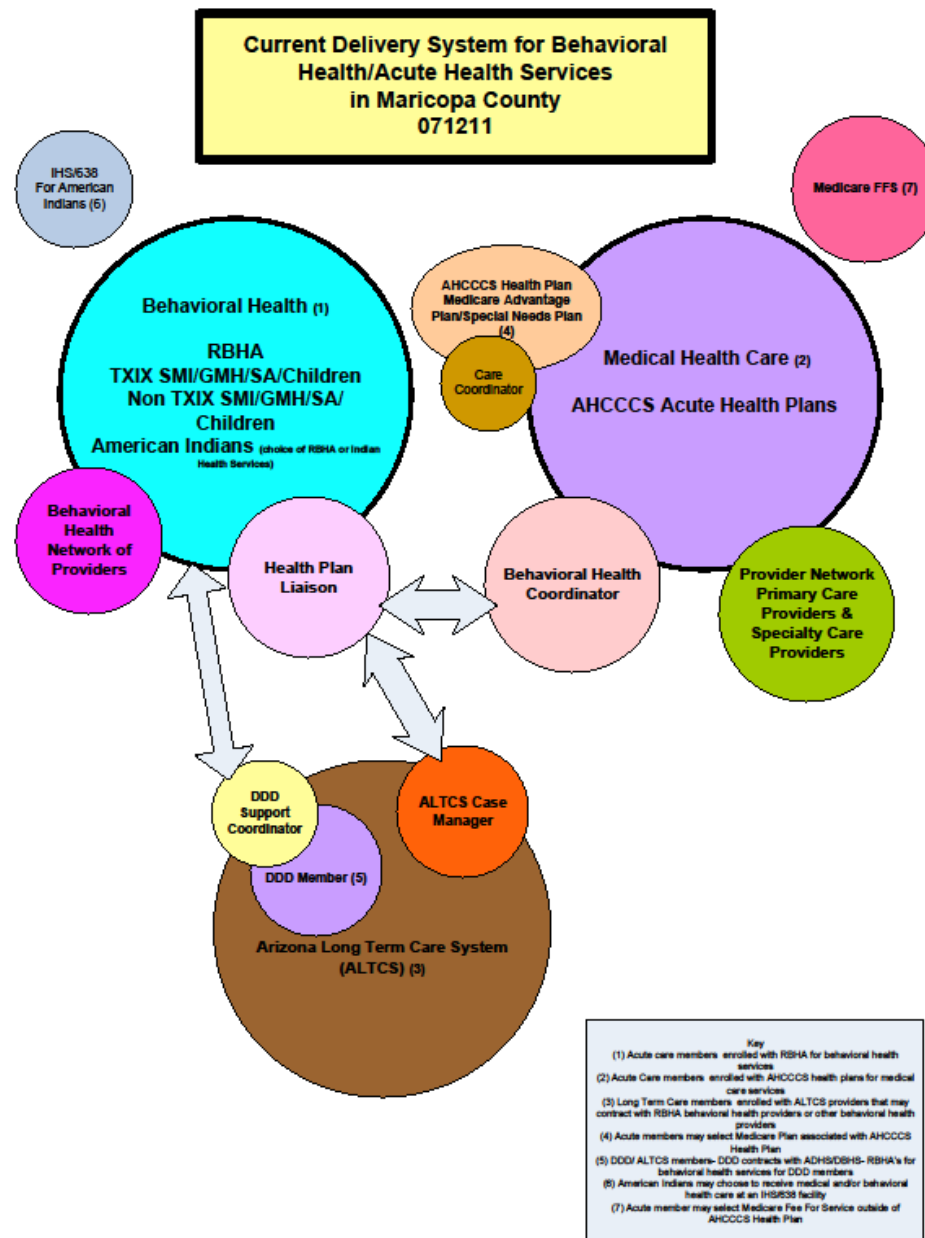
Improved Health Outcomes



Reduced Health Care Costs

A reason system transformation and improved coordination of health care are foundational principles...

Let's review the current system





Vision for Specialty RBHA



- One (1) or more at-risk managed care organizations (MCOs) to act as a Specialty RBHA with SMI Health Homes
 - ✦ Become a Medicare Special Needs Plan (SNP)
 - ✦ Start with Maricopa County (begin October 1, 2013)
 - ✦ Consider expansion to other geographic service areas and behavioral health populations (kids, adults without SMI)
- Expanded responsibility for Title XIX adults with SMI
 - ✦ Fully integrate at administrative and service delivery level
 - ✦ Provide all medically necessary behavioral health and physical health care services through the use of health homes
 - ✦ Meet all CMS requirements for health homes
 - ✦ Coordinate and manage benefits for dual eligible Title XIX members with SMI
 - ✦ Coordinate care using electronic health records and health information technology (HIT) which provides information to measure system and member-level outcomes



Vision for Specialty RBHA... some things don't change

- Provide all behavioral health services using current model to TXIX GMH/SA/CA populations (RBHAs + Acute Care AHCCCS Health Plans)
- Provide Non-TXIX reimbursable services to TXIX members*
- Provide services for non-TXIX eligible members*

*subject to funding allocations and ADHS contract expectations

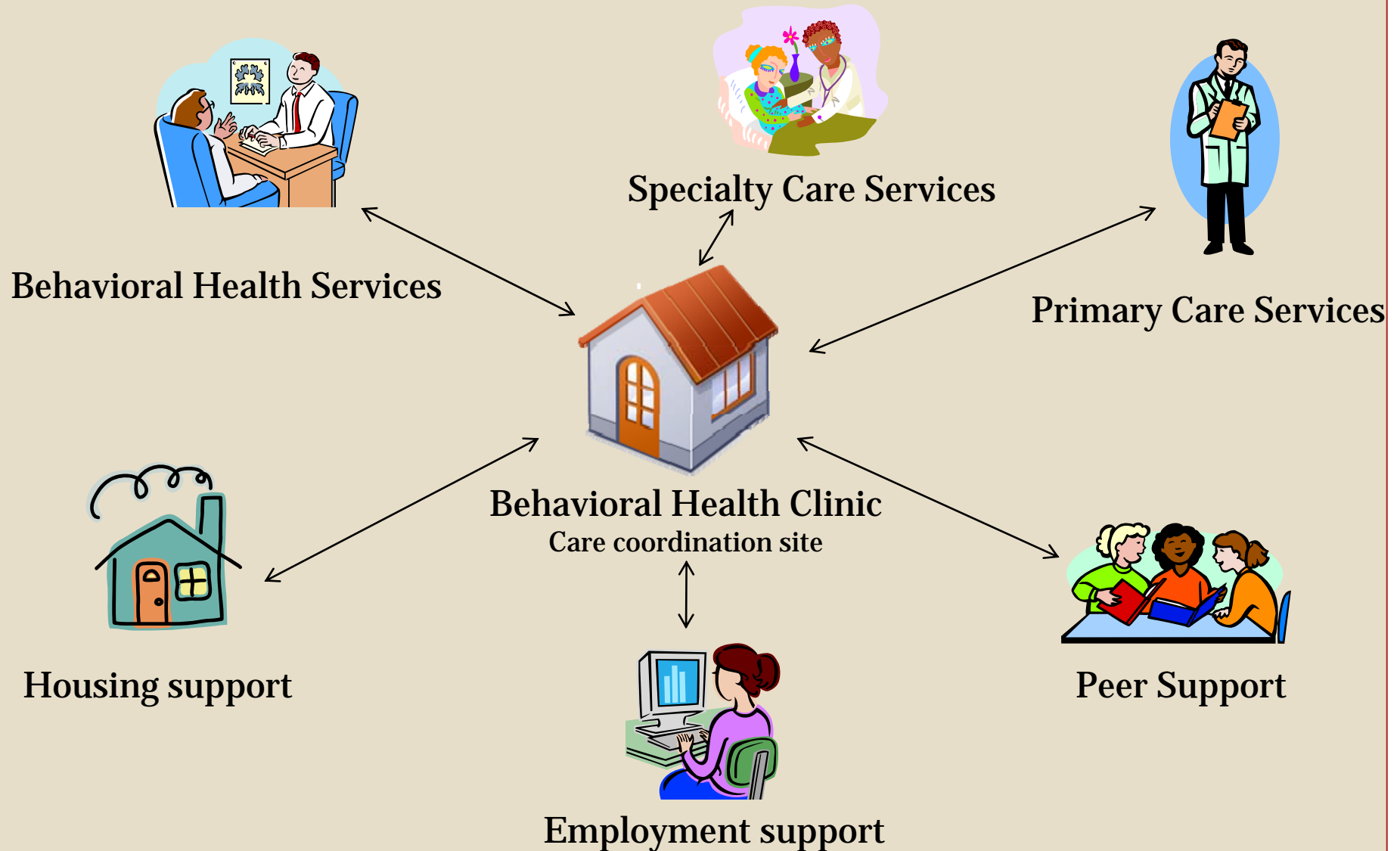


Vision for SMI Health Homes



- Multidisciplinary team responsible for delivering physical and behavioral health services
- Multidisciplinary team responsible for both member and population outcomes
- Evidenced based practices used for screening, prevention, wellness, care management, disease management and Recovery programs
- Care coordinated through technology and information sharing systems

Vision for SMI Health Homes



Current Activities....



- **Data analysis**
 - ✦ Acute care + behavioral health care + Medicare data
 - ✦ Utilization patterns and profiling
 - ✦ Diagnostics & demographics of the population
- **Stakeholder input**
 - ✦ Members and family members
 - ✦ Behavioral health and physical health providers
 - ✦ Managed care organizations
 - RFI submissions and presentations
 - ✦ Tribes and Indian Health System (I/T/U)
 - ✦ Other system partners



The Next 6 Months...



- **Establish requirements/definitions for SMI health homes**

- ✦ Services
- ✦ Team members
- ✦ Best/promising practices to be used
- ✦ Outcomes
- ✦ Information technology



- **Consider stakeholder input/recommendations**
- **Ongoing guidance from CMS**
- **Consultation with SAMHSA**

The Next 12 Months and beyond...



- RFP
- State Plan Amendment
- Policies
- Costs; billing codes; reimbursement
- Confidentiality; HIPAA regulations
- Provider/workforce
 - ✦ Licensing; credentialing; privileging
 - ✦ Provider network development
- Training
- EHR/EMR/HIE; technology; sharing of data



Throughout This Process...



- Preserve Recovery
- Peer and Family voice and participation in program design
- Maintain strong and effective communication
 - Transparency
 - Seek public buy-in and support
 - Inclusion
 - <http://www.azdhs.gov/>





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Integrated Behavioral Health and Primary Care Home



Report: [The Arizona Integrated Models of Care Forum 2011](#)
Presentation: [Arizona's Proposal for a Specialty RBHA with SMI Health Homes](#)



Find out what integration is and why it's crucial to the healthcare system.

[Integration 101](#)



Providing whole body health care for adults with serious mental illness.

[Specialty RBHA](#)



Supporting & expanding integration, educating providers & stakeholders.

[Integration Activities](#)



Your feedback will assist in promoting healthcare integration.

[Contact Us](#)

We all need to take care of both our physical health needs and our behavioral health needs. In order to address all physical health and behavioral health care needs, integration of physical and behavioral health services include coordination and collaboration between all physical health and behavioral health providers to develop a common treatment plan leading to whole body positive health outcomes. The Arizona Department of Health Services (ADHS) promotes integrated care and is collaborating with other stakeholders to expand integration efforts to provide whole body health care for all Arizonans.

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Integrated Behavioral Health and Primary Care

Specialty RBHA with SMI Health Homes

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) and the Arizona Health Care Cost Containment System (AHCCCS) share the common goal of providing physical healthcare and behavioral healthcare services that are integrated and improve the overall health, wellness and quality of life for members through an efficient, financially sustainable healthcare service delivery system.

To further this goal, in March 2011, AHCCCS and ADHS/DBHS applied for, and were awarded, a planning grant to explore the feasibility of a specialty Regional Behavioral Health Authority (RBHA) model with expanded responsibility for Title XIX eligible adults determined to have a Serious Mental Illness (SMI). The "Specialty RBHA with SMI Health Homes" would be funded for and fully responsible for coordinated and integrated behavioral healthcare and physical healthcare for Title XIX eligible adults with SMI through the use of SMI health homes.

An Interagency Steering Committee comprised of ADHS/DBHS and AHCCCS leadership has been established and is exploring the feasibility of contracting with one (1) or more at-risk managed care organizations (MCOs) to serve as the Specialty RBHA with SMI Health Homes in Maricopa County beginning October 1, 2013. While the Interagency Steering Committee is initially focusing on a Specialty RBHA with SMI Health Homes in Maricopa County, expansion to other geographical service areas, as well as to other behavioral health categories (General Mental Health, Substance Abuse, and Child/Adolescent), may be considered at a future time.

Integration Principles

- Stakeholder Engagement
- System Transformation
- Improved Coordination of Healthcare
- Improved Health Outcomes
- Reduced Healthcare Costs

AHCCCS and ADHS/DBHS, through the Interagency Steering Committee, will not design and implement a Specialty RBHA with SMI Health Homes alone. We are committed to designing and implementing a Specialty RBHA with SMI Health Homes that is inclusive and collaborative with all stakeholders in the physical and behavioral healthcare communities.

Become engaged in the design of the Specialty RBHA with SMI Health Homes:

- [Presentation: Arizona's Proposal for a Specialty RBHA with SMI Health Homes](#)
- [Peers/Family Members](#)
- Providers:

Discussion/Consultation



- What recommendations do you have in terms of care coordination given the choices American Indians have for health care?
- How can we continue this dialogue after today?



**THANK YOU FOR YOUR
PARTICIPATION TODAY**

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