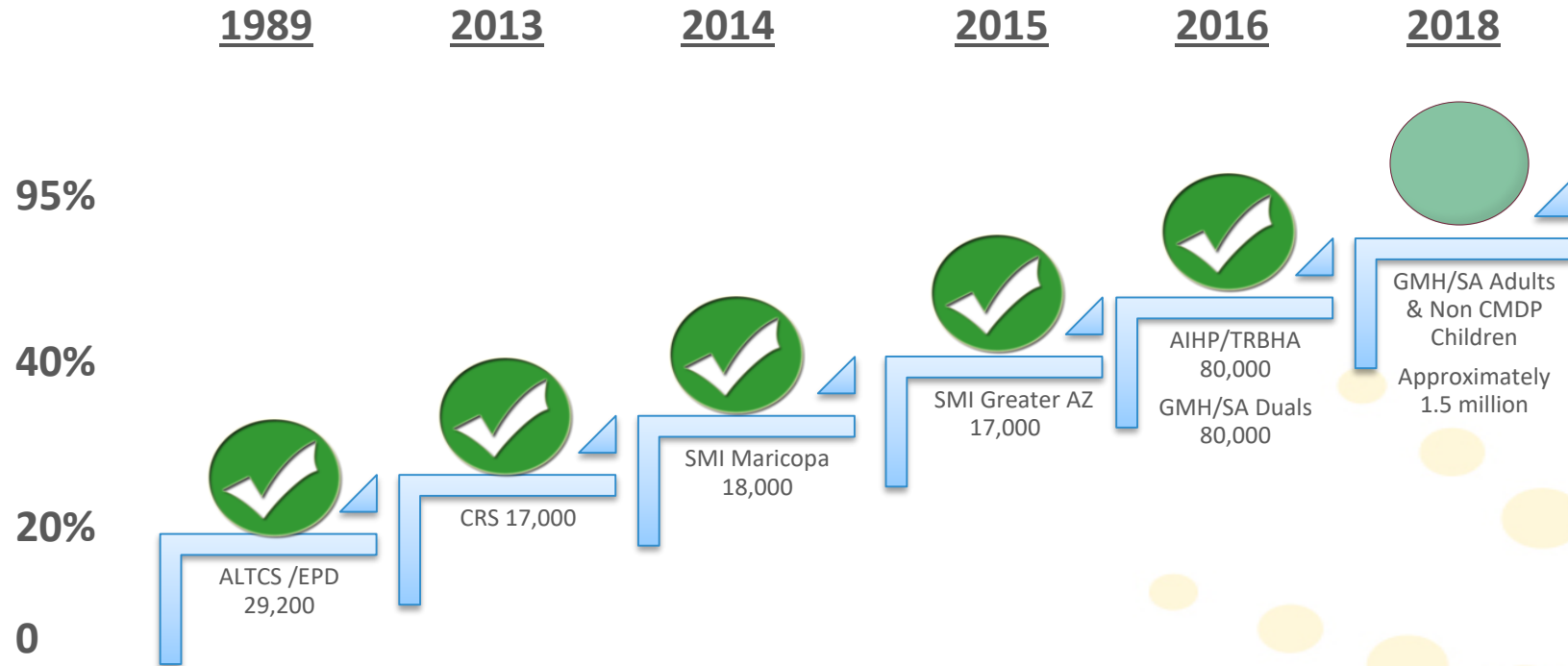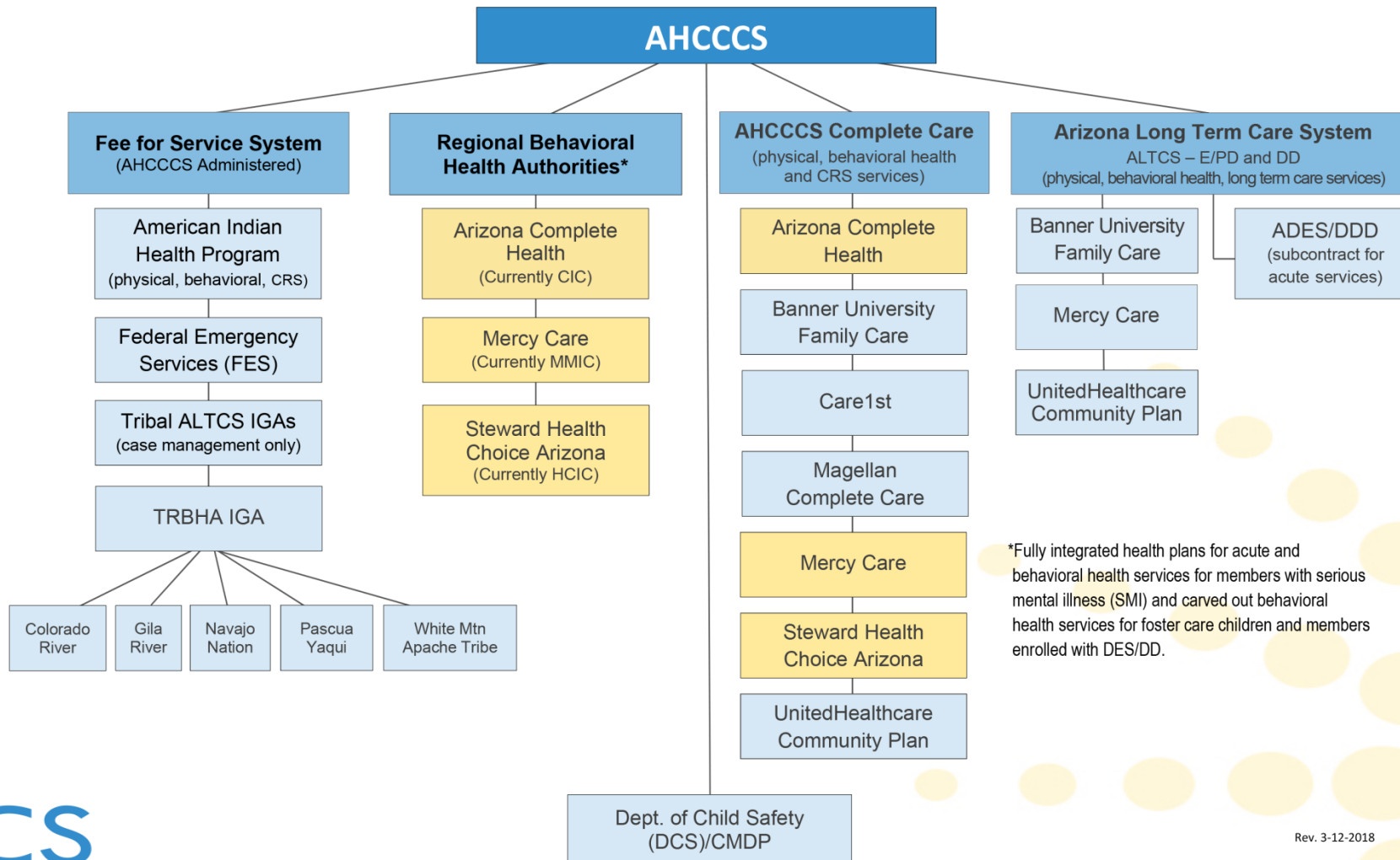# Arizona Overview

- Expanded Medicaid
- 1.9 m enrollees – 28% of state population
- 50% of population are adults 19-64
- Largely Managed Care
- Incrementally integrating BH carve-out
- Cabinet agency with Medicaid & BH

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Integration Progress To Date

1989　　　2013　　　2014　　　2015　　　2016　　　2018

95%

40%

20%

0

ALTCS /EPD
29,200

CRS 17,000

SMI Maricopa
18,000

SMI Greater AZ
17,000

AIHP/TRBHA
80,000
GMH/SA Duals
80,000

GMH/SA Adults
& Non CMDP
Children

Approximately
1.5 million

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Care Delivery System as of Oct. 1, 2018

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Fee for Service System
(AHCCCS Administered)
- American Indian Health Program (physical, behavioral, CRS)
- Federal Emergency Services (FES)
- Tribal ALTCS IGAs (case management only)
- TRBHA IGA
  - Colorado River
  - Gila River
  - Navajo Nation
  - Pascua Yaqui
  - White Mtn Apache Tribe

Regional Behavioral Health Authorities*
- Arizona Complete Health (Currently CIC)
- Mercy Care (Currently MMIC)
- Steward Health Choice Arizona (Currently HCIC)

AHCCCS Complete Care
(physical, behavioral health and CRS services)
- Arizona Complete Health
- Banner University Family Care
- Care1st
- Magellan Complete Care
- Mercy Care
- Steward Health Choice Arizona
- UnitedHealthcare Community Plan
- Dept. of Child Safety (DCS)/CMDP

Arizona Long Term Care System
ALTCS – E/PD and DD
(physical, behavioral health, long term care services)
- Banner University Family Care
- Mercy Care
- UnitedHealthcare Community Plan
- ADES/DDD (subcontract for acute services)

*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.

Rev. 3-12-2018

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Integration for Complex Members

Current Geographical Service Area
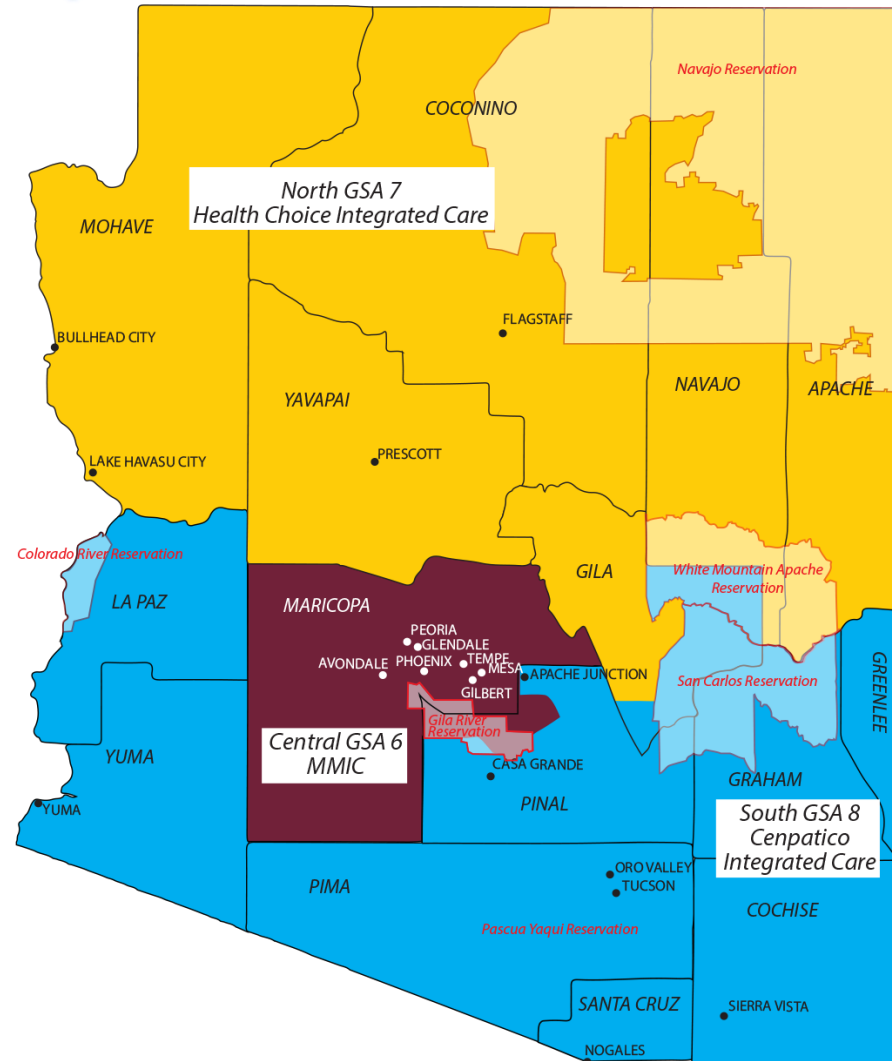
Crisis System Principles

- Coordinated System of Entry
- Community Based
- Recovery Oriented
- Member Focused

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The Contractor Shall

- Establish a 24X7 Crisis Response System

- Establish timely access to Crisis Telephone Services

- Establish mobile Crisis Servcies

- Establish Stabilizations Services

- Stabilize individuals and assist in return to their baseline level of functioning

- Assess individuals needs and identify supports and services

- Provide recovery oriented interventions designed to avoid unnecessary hospitalizations, incarcerations or placement in more segregated settings

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The Contractor Shall

- Not require Prior Auth for Crisis Services

- Develop local stabilization services to prevent unnecessary transport

- Coordinate with local tribes for delivery of crisis services on tribal lands

- Participate in data sharing across the system

- Collaborate with – Police – Fire – EMS – Hospital EDs – Other payers – public health

- Support training annually for law enforcement

- Report data on call volume – resolution – Dispatch of services – mobile team response time -

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Call Center Requirements

- Establish a single Toll Free #

- Publicize the number throughout region – handbook – website – newsletter

- Answer calls in 3 rings or less – abandonment rate less than 3%

- Patch capability to 911

- Follow-up call within 72 hours

- Offer interpretive or language translation

- Provide nurse on call 24 hour coverage

![AHCCCS Arizona Health Care Cost Containment System logo]

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Mobile Crisis Requirements

- Ability to travel to place where person is in crisis

- Ability to assess and provide intervention

- Meet diverse needs of population – youth – Individuals with Developmental Disabilities – Stabilization of acute symptoms of Mental Illness, alcohol and other drugs

- When clinically indicated transport to more appropriate placement

- On site within 90 minutes Crisis call – Develop incentives for teams to make it in 45 minutes

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Stabilization Requirement

- Offer 24X7 SUD and psychiatric stabilization including 23 hour crisis stabilization observation

- Provider short term – up to 72 hour stabilization services instead of transition to higher level

- Provide a crisis and assessment stabilization service in settings consistent with requirements to have an adequate and sufficient network including Level 1 Acute – BH residential – outpatient clinics

- Daily communication on bed availability in system

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Crisis System Services

Call Centers	$22.0 m
Mobile Crisis	$45.0 m
Stabilization Services	$95.0 m
Total	$165.0 m

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Crisis System Funding Sources

State Only Funding	$35.0 m
SABG	$5.0 m
TXIX	$125.0 m
Total	$165.0 m

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Capitation Structure

Pop/Service	Member months	CYE 18 Rate	CYE 19 Rate	Funding
Ind. with SMI	524,000	$1,987	$2,057	$1,078,118,600
Adults	8,656,000	$7.00	$8.70	$75,343,100
Children	8,285,400	$1.13	$1.41	$11,675,700

Select Example Call Center Data Reporting

Total Calls for Month	14,259
Resolved by Phone	9,782
Secured Transportation	2,435
Mobile Team Dispatch	1,853
911 Called	109
Referral to Community Resources	283

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Select Data for Mobile Dispatch

Resolved with Mobile Team	1,207
Referred to Facility	253
911	64
Police request Mobile Transport	260
Initiated Petition Process	48

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The Future – Request for Information

AHCCCS recognizes that significant investment has been made to develop a variety of responsive crisis service delivery methods throughout the state. AHCCCS is committed to maintaining a robust crisis system that incorporates telephone crisis triage and intervention, community-based mobile teams, facility-based observation and stabilization, crisis transportation, hospital rapid response and rapid response for children in foster care. A multitude of structural options exist for the crisis system including the RBHA in each region continuing to control and coordinate crisis services as currently outlined in contract or a requirement that all Contractors go through one statewide crisis vendor to control and coordinate a statewide crisis system that incorporates the various delivery methods that are currently operational. Additionally, crisis line options include maintaining the existing structure in which RBHAs contract with a regional crisis line or the contracting of a single statewide crisis line vendor.