

TRANSFORMING A TRIBAL REGIONAL BEHAVIORAL HEALTH AUTHORITY IN A BIFURCATED MEDICAID SYSTEM OF CARE:

Moving Towards an Integrated System of
Behavioral Health Services



Gila River Indian Community Demographics

Area/Population:

- Gila River Indian Community is the largest indigenous community in the Phoenix metropolitan area.
 - The reservation is 372,000 acres
- The community is home to two distinct tribes, the Akimel O'odham (Pima) and the Pee Posh (Maricopa).
- The community is home to approximately 14,000 people, with a median age of 22.7 years.



Gila River Indian Community Demographics (continued)

- Economic Enterprises:
 - Gila River Farms, Sheraton Wild Horse Pass Resort and Spa, Whirlwind Golf Club, Industrial Parks, Gila River Gaming Enterprises (gaming compact established with the State of Arizona in 1993).
 - 2004: unemployment rate of 21.4%
- Health:
 - Akimel O'odham people have the highest rates of Diabetes in the world. According to the American Diabetes Association, More than 80% of Akimel O'odham people develop diabetes by the age of 55.



Arizona's Public Behavioral Health System

The Arizona Health Care Cost Containment System (AHCCCS) is our state's Medicaid system and operates under an 1115(b) waiver from CMS. Services are provided statewide by Regional Behavioral Health Authorities (RBHAs):

- RBHAs are assigned one or more Geographic Service Areas (usually by county) and are responsible for meeting the community's needs using a managed care design.
- RBHAs manage AHCCCS benefits under a mental health carve-out model.
- Non-tribal RBHAs have a contractual relationship with the ADHS/DBHS.
- Tribal RBHAs have an Intergovernmental Agreement (IGA) with the ADHS/DBHS.



Existing in a Bifurcated Medicaid System

Arizona HB 2781 allows TRBHAs to provide managed care functions and provide direct care to clients.

Public Law 93 - 638 is known as “Self Determination”.

- Allows tribes to bill Medicaid “directly”.
- Allows tribes to select the programs they want to qualify as “638” programs.
- Allows tribes to determine the method of reimbursement.
 - ✓ Method of reimbursement can be per diem (\$256.00) or FFS by type of procedure.
 - ✓ Tribes with smaller health care systems tend to select the per diem rate of \$256.00.
 - ✓ Larger tribal health care systems tend to select the FFS rates especially if they provide specialty services.



The Blending of Medicaid Funding

The Tribal Regional Behavioral Health Authority component of our program provides managed care functions and bills the state AHCCCS system for case management services.

As a TRBHA, we provide many of our outpatient services directly and bill the services to the federal (638) Medicaid system.

- Methamphetamine IOP
- S/A aftercare therapist
- Behavioral Health therapist



Characteristics of the Gila River Tribal Regional Behavioral Health Authority

Administrative Staff:

- Executive Director
 - Chief Financial Officer
 - Medical Director
 - Clinical Manager
 - Network Manager
 - QM Manager
 - Traditional healer and counselor
 - Enrollment Coordinator
 - Billing Coordinator
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Characteristics of the Gila River Tribal Regional Behavioral Health Authority (Continued)

Service Components:

- Directly provide case management and psychiatry.
- Directly provide many outpatient services.
- Contract and oversee a network of over 70 behavioral health providers.
- Network is comprehensive but the majority of services in the network are located 30 plus miles off-reservation.
- Provider contract terms include accommodations for traditional healer services.
- Contract with home-based counselors who come from neighboring counties.
- Contract for prevention services.
- Contract for therapeutic foster care services, these services are on the perimeter of the reservation.



Characteristics of the Gila River Tribal Regional Behavioral Health Authority (Continued)

Penetration and Program Enrollment:

- Our AHCCCS penetration rate was 23% (8/07).
- Statewide AHCCCS penetration rate was 11%; other tribes average about a 4% penetration rate.
- Our enrollment is approximately 860 clients; about 95% of our clients receive AHCCCS benefits.

Characteristics of the Gila River Tribal Regional Behavioral Health Authority (Continued)

Program Financing:

- Funded by the Gila River Health Care Corporation.
- Funded by the ADHS/DBHS.
- Directly bill AHCCCS for case management services.
- Directly bill the federal “pass-through” for various behavioral health services.



Assessing The Gila River Tribal Regional Behavioral Health Authority

The Gila River TRBHA was established in 1996 and my administration Began March 2001. We did our SWOT analysis and determined:

Strengths:

- Case management was community-based and provided directly by the TRBHA.
- The program was able to bill AHCCCS for case management services and use the revenue to expand future programming.
- A high percentage of clients served by the program were eligible for AHCCCS (Medicaid).
- As a tribal entity, the program was eligible to bill the federal pass-through which had the potential to enhance future revenue.
- The TRBHA was a fee-for-service program which helped to enhance the provider network.



Assessing The Gila River Tribal Regional Behavioral Health Authority (Continued)

Weaknesses:

- The administration had no prior TRBHA experience.
- 50% of the clients enrolled with the program were not being seen.
- The TRBHA did not have a community 24/7 crisis line.
- The TRBHA had a poor reputation with other community agencies resulting in minimal referrals to the program.
- Most of the program's critical services were located off-reservation.
- Client transportation was problematic.
- The program had a history of not doing well in audits.
- No brick and mortar funds for program expansion.
- Inherited a six-figure deficit.
- The program did not have a "638" provider ID.
- The TRBHA did not have a traditional healer dedicated to the program.



Assessing The Gila River Tribal Regional Behavioral Health Authority (Continued)

Opportunities:

- Improve our performance and reputation; increase client enrollment; benchmark and market accomplishments to justify funding increases.
- Blend state Medicaid and federal Medicaid (“pass-through”) funding, and reinvest for program expansion.

Threats:

- The status quo of the program’s performance could not be maintained. It was essential that we change our way of doing business.



Changing the Status Quo of Performance

Some Steps Taken:

- Took steps to ensure compliance with the IGA.
- Developed a comprehensive QM program.
- Immediately implemented strategies to substantially decrease wait times from referral to intake and program enrollment.
- Immediately implemented a 24/7 crisis line and used a “poster campaign” to announce its availability to the Gila River Indian Community.
- Established doable caseload sizes (1:35) for case managers and instituted a productivity threshold for revenue generation (client contacts are monitored electronically by administration).
- Made AZBBHE licensure mandatory for all managerial and clinical staff, including case management staff.
- Expanded from one network transportation provider to 10 network transportation providers.
- Added a full-time traditional healer to the program.
- Immediately applied for and received a “638” provider ID.

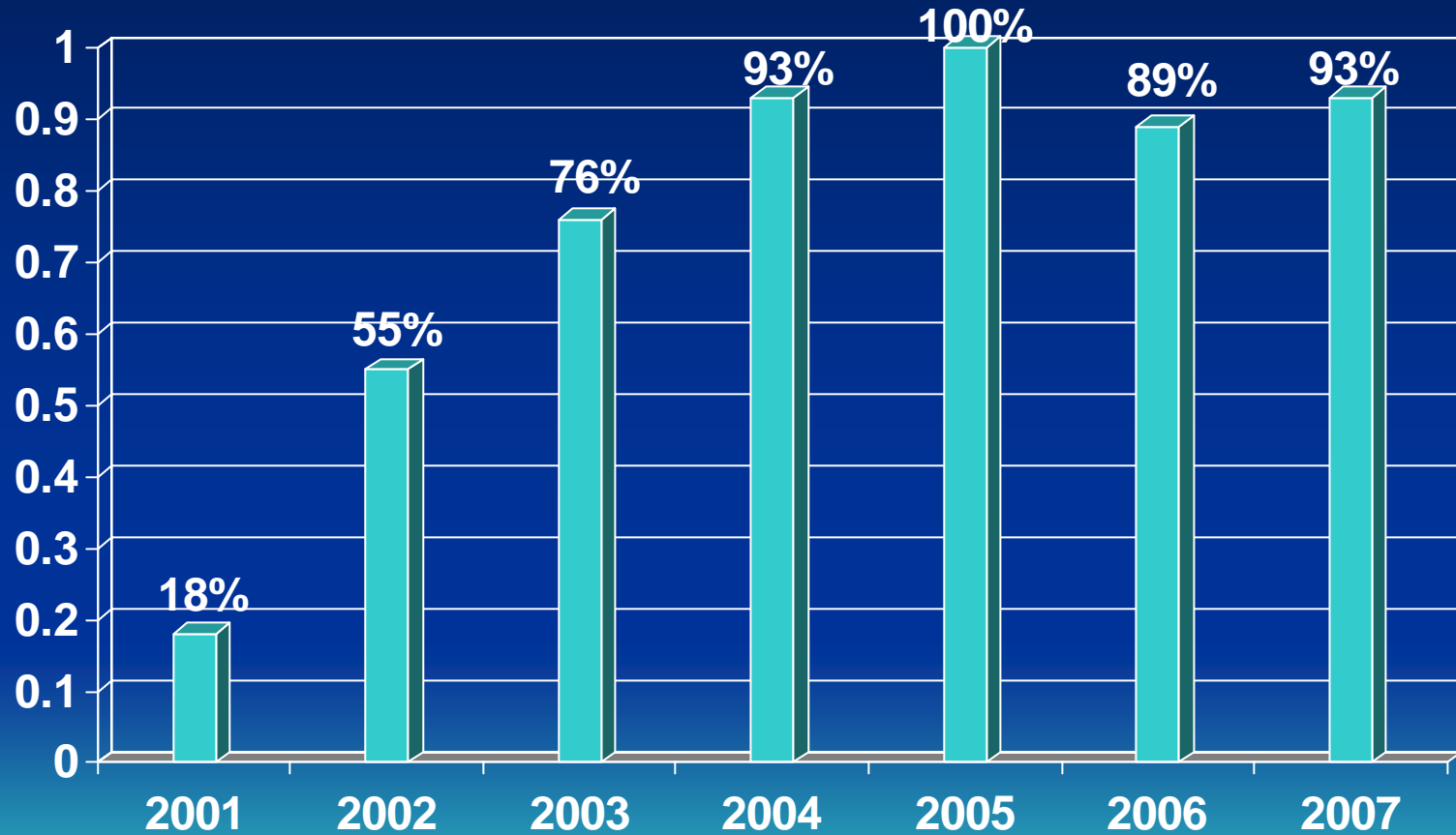


Summary of Accomplishments.

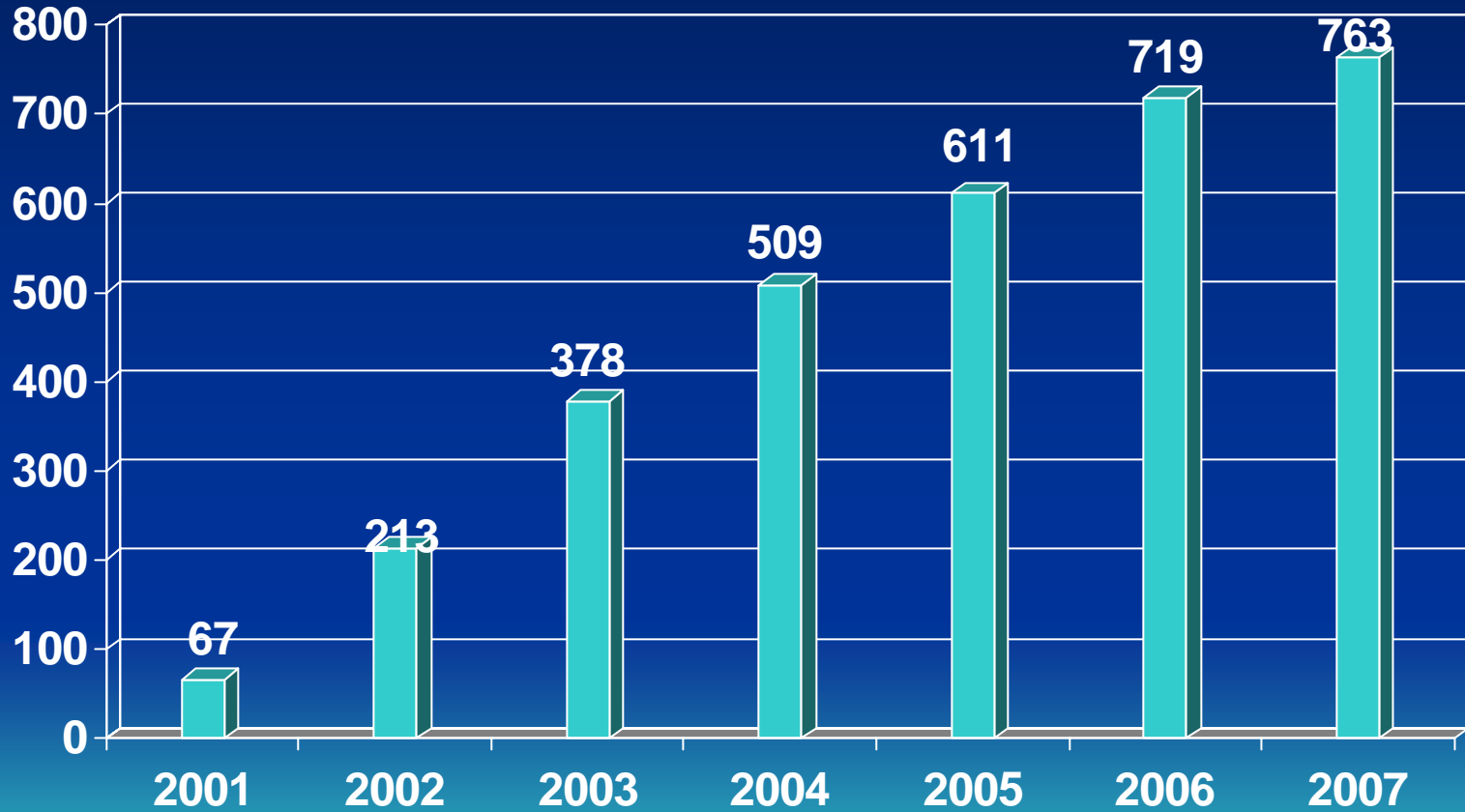
- Improved quality of care significantly.
- Increased state funding greatly contributed to program development.
- Increased combined Medicaid collections leading to program expansion.
- Increased out staffing patterns from 7 to 53.
- Gained the confidence from our referral sources.
- 100% of staff are licensed by the AZBBHE.
- Significantly reduced suicide rate for those who are enrolled in our program, 2 suicides in the past 7 years.



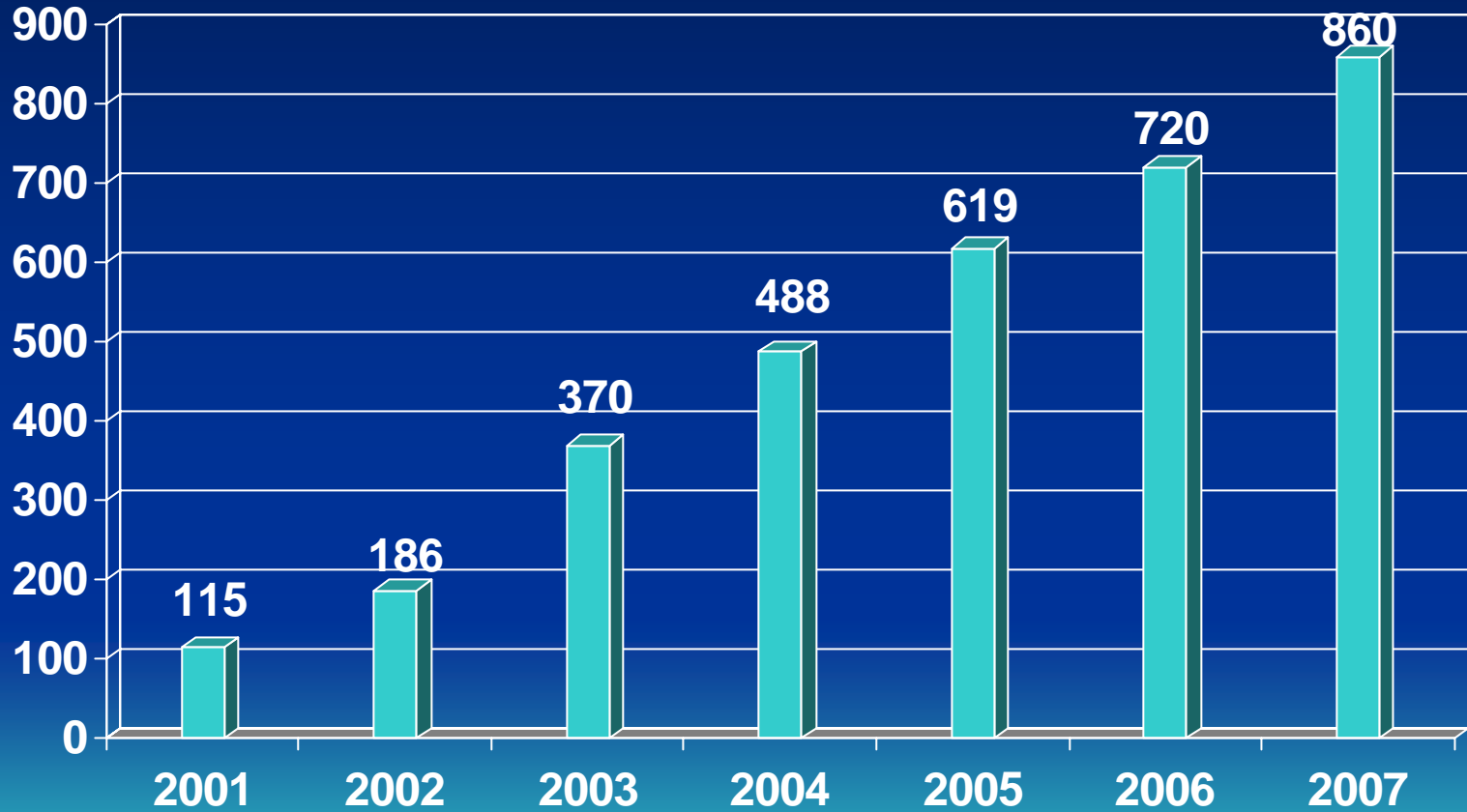
Outcomes: ADHD/DBHS Audit Performance



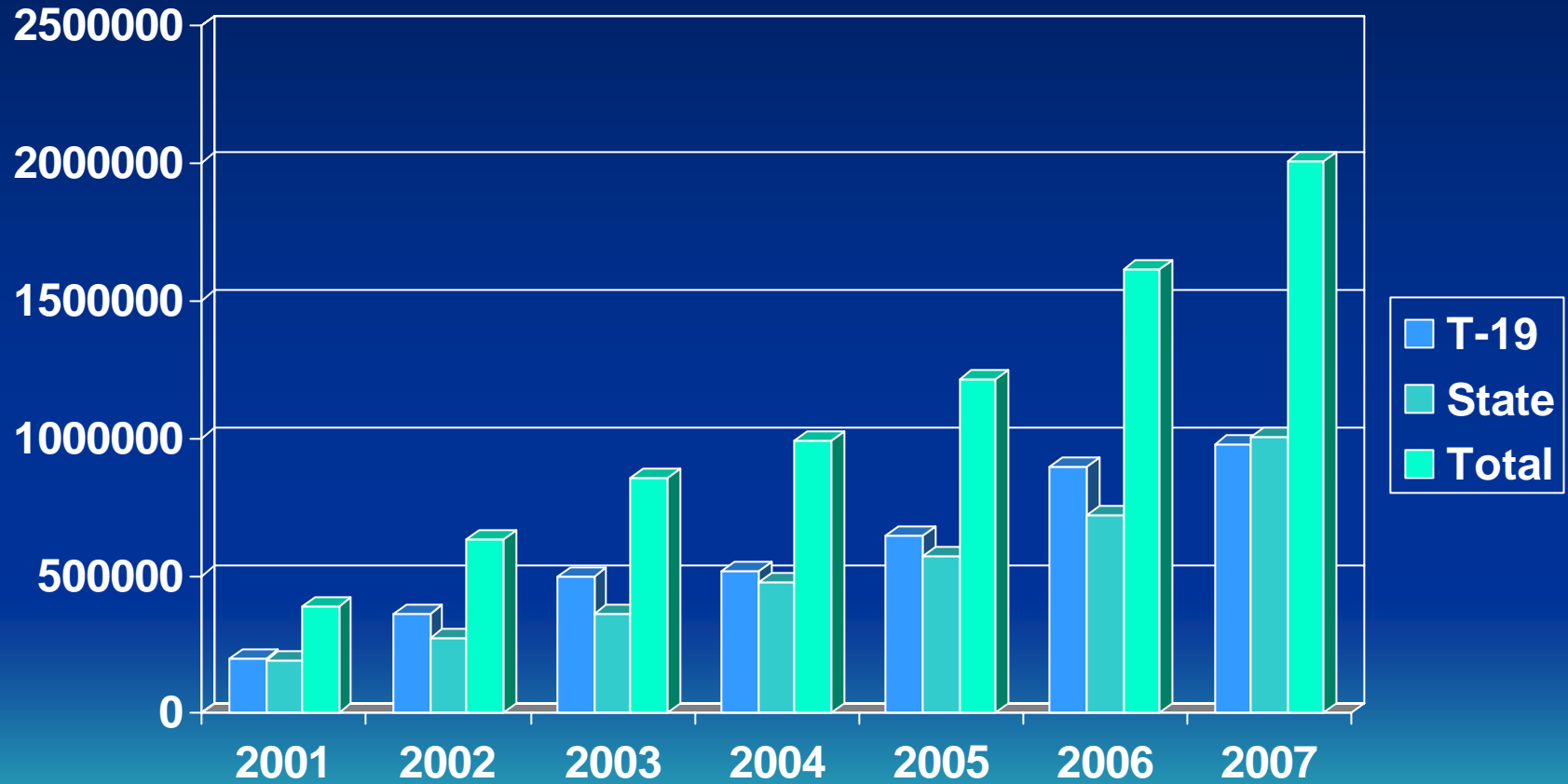
Outcomes: Program Referrals By SFY



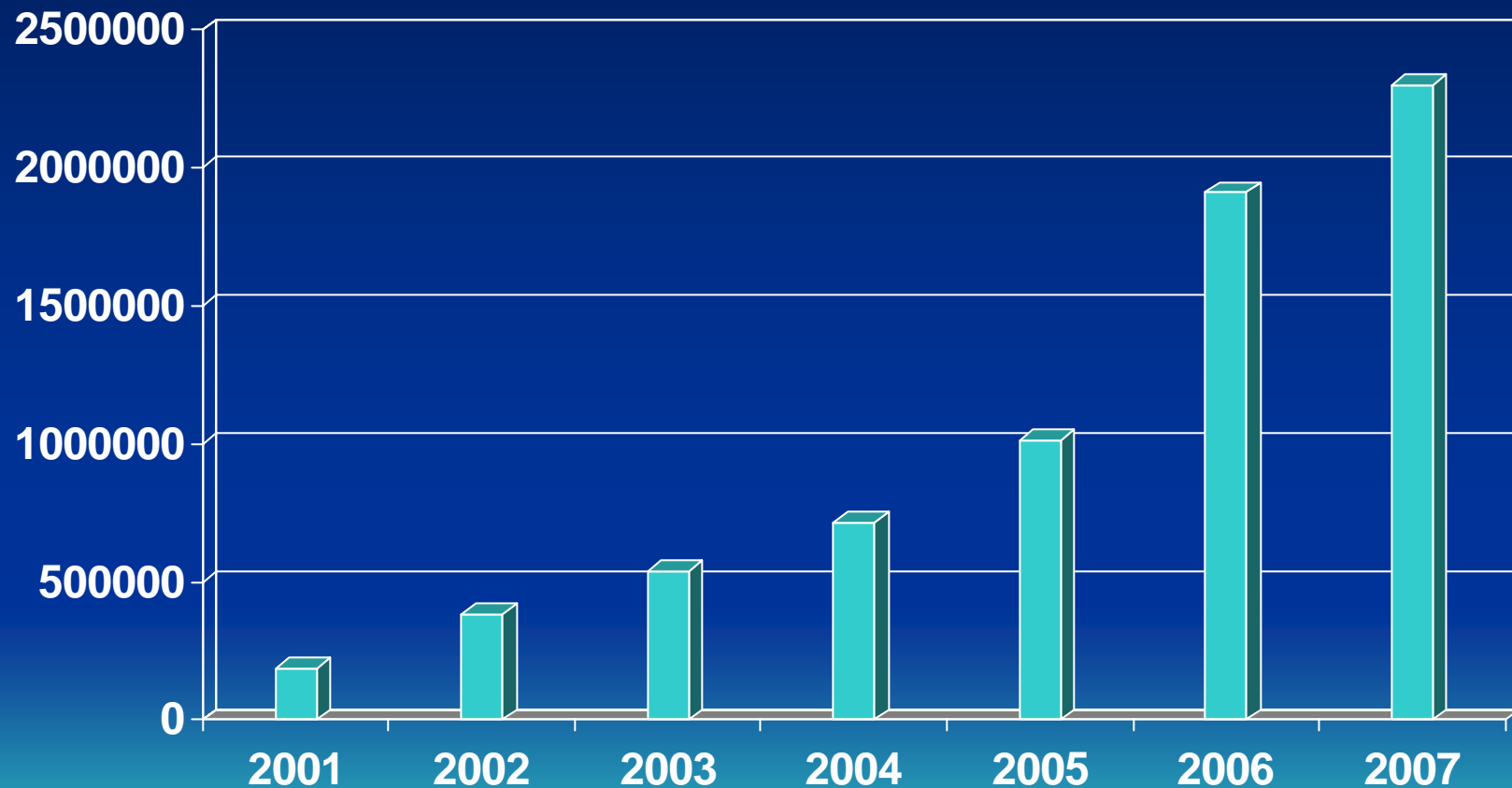
Outcomes: Client Enrollment By SFY



Outcomes: ADHS/DBHS Annual Funding



Outcomes: Combined AHCCCS and 638 Medicaid Collections



Moving Towards an Integrated System of Care

Gila River Behavioral Health Services

- Merger of Behavioral Health Clinic (outpatient mental health) and TRBHA (case management)
- One integrated service delivery system for the benefit of clients and the community.
 - Outpatient and case management service divisions
 - Two locations in the community
 - Fosters service collaboration among providers



Moving Towards an Integrated System of Care

- Program Development Projects of the Integration:
 - Organizational Structure
 - Centralized screening/referral and intake
 - Consolidation of records
 - Uniform documentation and billing system
 - Consolidation of quality management
 - Regulatory compliance (ADHS/DBHS, JCAHO)

