Arizona Crisis System Overview
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
Integration Progress To Date

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ALTCS / EPD

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

1989: ALTCS / EPD 29,200
2013: CRS 17,000
2014: SMI Maricopa 18,000
2015: SMI Greater AZ 17,000
2016: AIHP/TRBHA 80,000
2018: GMH/SA Adults & Non CMDP Children Approximately 1.5 million

95%
40%
20%
0
Care Delivery System as of Oct. 1, 2018

AHCCCS

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

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

AHCCCS Complete Care
- Arizona Complete Health
- Banner University Family Care
- Magellan Complete Care
- UnitedHealthcare Community Plan

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.

Dept. of Child Safety (DCS)/CMDP

COLORADO RIVER
GILA RIVER
NAVAJO NATION
PASCUA YAQUI
WHITE Mtn APACHE TRIBE

Rev: 3-12-2018
Integration for Complex Members

MCO

- Crisis System
- Medicaid & BG Behavioral Health
- Housing & Employment
- Medicare A, B & D
- MLTSS
- MLTSS
- Care Mgmt.
- Medicaid Physical Health
- Housing & Employment
- Crisis System
Current Geographical Service Area

North GSA 7
Health Choice Integrated Care

Central GSA 6
MMIC

South GSA 8
Cenpatico Integrated Care

AHCCCS
Arizona Health Care Cost Containment System
Crisis System Principles

• Coordinated System of Entry
• Community Based
• Recovery Oriented
• Member Focused
The Contractor Shall

• Establish a 24X7 Crisis Response System
• Establish timely access to Crisis Telephone Services
• Establish mobile Crisis Services
• 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
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
**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

**AHCCCS**

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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
## Crisis System Services

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<table>
<thead>
<tr>
<th>Call Centers</th>
<th>$22.0 m</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile Crisis</td>
<td>$45.0 m</td>
</tr>
<tr>
<td>Stabilization Services</td>
<td>$95.0 m</td>
</tr>
<tr>
<td>Total</td>
<td>$165.0 m</td>
</tr>
</tbody>
</table>
## Crisis System Funding Sources

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Only Funding</td>
<td>$35.0 m</td>
</tr>
<tr>
<td>SABG</td>
<td>$5.0 m</td>
</tr>
<tr>
<td>TXIX</td>
<td>$125.0 m</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$165.0 m</strong></td>
</tr>
</tbody>
</table>

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## Capitation Structure

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

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### Select Example Call Center Data Reporting

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Calls for Month</td>
<td>14,259</td>
</tr>
<tr>
<td>Resolved by Phone</td>
<td>9,782</td>
</tr>
<tr>
<td>Secured Transportation</td>
<td>2,435</td>
</tr>
<tr>
<td>Mobile Team Dispatch</td>
<td>1,853</td>
</tr>
<tr>
<td>911 Called</td>
<td>109</td>
</tr>
<tr>
<td>Referral to Community Resources</td>
<td>283</td>
</tr>
</tbody>
</table>
## Select Data for Mobile Dispatch

<table>
<thead>
<tr>
<th>Service Provided</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resolved with Mobile Team</td>
<td>1,207</td>
</tr>
<tr>
<td>Referred to Facility</td>
<td>253</td>
</tr>
<tr>
<td>911</td>
<td>64</td>
</tr>
<tr>
<td>Police request Mobile Transport</td>
<td>260</td>
</tr>
<tr>
<td>Initiated Petition Process</td>
<td>48</td>
</tr>
</tbody>
</table>
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.