



AHCCCS Regional Behavioral Health Authorities/Services

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AHCCCS System Overview



92.5% Managed Care Organizations (MCO)
(as of October 1, 2024)

7.5% Fee For Service

11 contracts with 8 unique MCOs

2 primary programs

AHCCCS Complete Care

 1.8m members

 13.06 billion

 Integrated PH & BH services

AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHA)

 48k members w/ SMI

 1.95 billion

 Integrated PH & BH services and

 BH services only and

 Crisis Services

Arizona Long Term Care System Elderly and Physical Disability (EPD)

 27k members

 2.02 billion

 Integrated PH, BH & LTSS services

ALTCS Developmentally Disabled (DD)

 45k members

 3.69 billion

 Integrated PH, BH & LTSS services


DCS-Comprehensive Health Plan (DCS-CHP)


 8k members

 182 million

 Integrated PH and BH Services

AIHP


 122k members

 1.7 billion

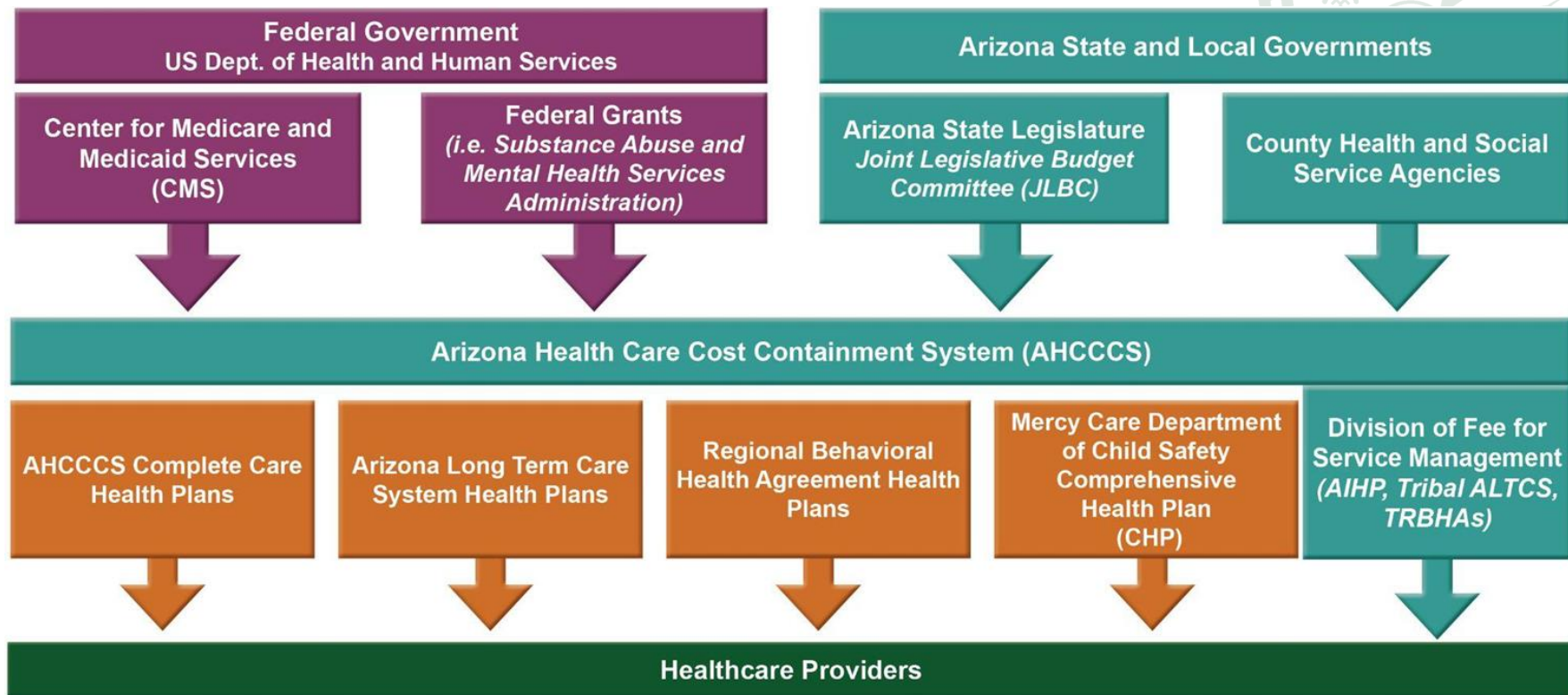
Tribal ALTCS

 2.1k members

 160 million

 Integrated PH & BH and LTSS services (ALTCS)

AHCCCS Funding Paths



Key Milestones for Arizona's Public Behavioral Health System

1982: 1115 Demonstration Waiver approved, establishing mandatory managed care and providing vehicle for Arizona to join Medicaid

1990-1995: Program expanded to include behavioral health services. Regional Behavioral Health Authorities phased in by Geographic Service Area

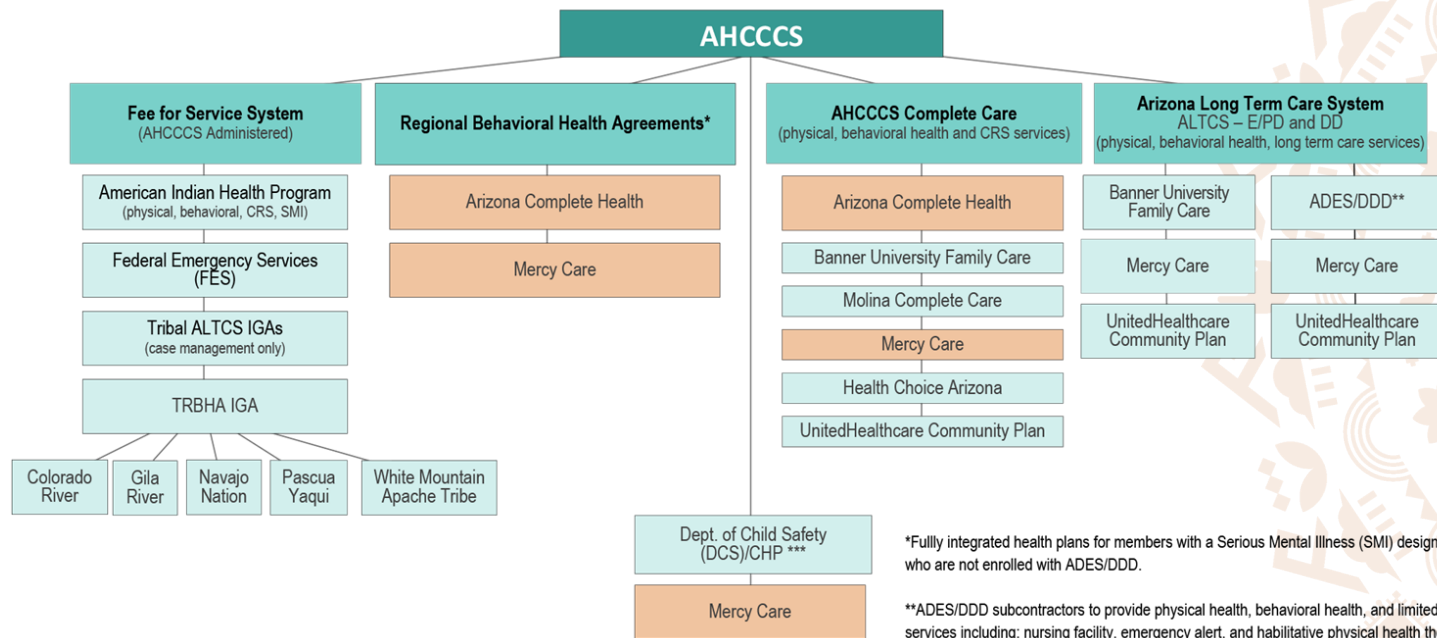
2014 - 2015: Integrated health plans for individuals living with serious mental illness under 3 Regional Behavioral Health Authorities

2016: Division of Behavioral Health Services merges with AHCCCS; enrollment restored for KidsCare

2018: AHCCCS integrates physical and behavioral health services for 1.5 million AHCCCS enrollees with new AHCCCS Complete Care contracts.



AHCCCS Care Delivery System



*Fully integrated health plans for members with a Serious Mental Illness (SMI) designation who are not enrolled with ADES/DDD.

**ADES/DDD subcontractors to provide physical health, behavioral health, and limited LTSS services including: nursing facility, emergency alert, and rehabilitative physical health therapy for members age 21 and over. ADES/DDD to provide all other LTSS and coordinate with AHCCCS' Division of Fee for Service Management to provide services for the Tribal Health Program for American Indian members.

***DCS/Comprehensive Health Plan (CHP) statewide subcontractor to provide physical and behavioral health services.

Integration



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM



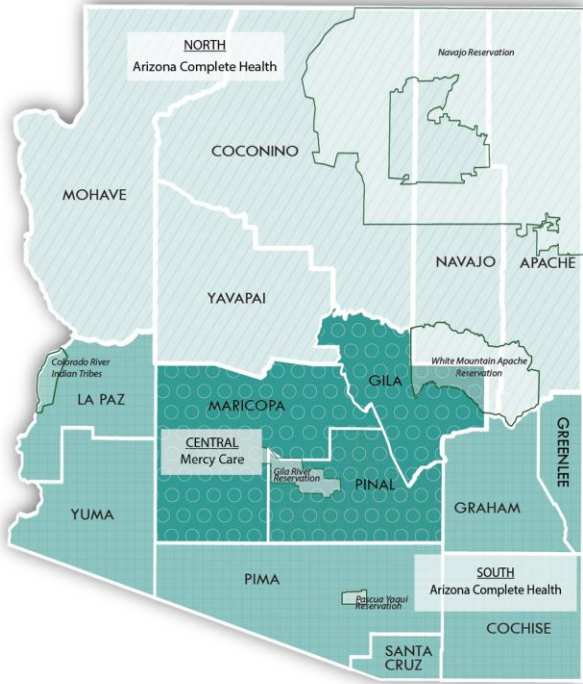
Health Plans
RBHAs
TRBHAs



Providers



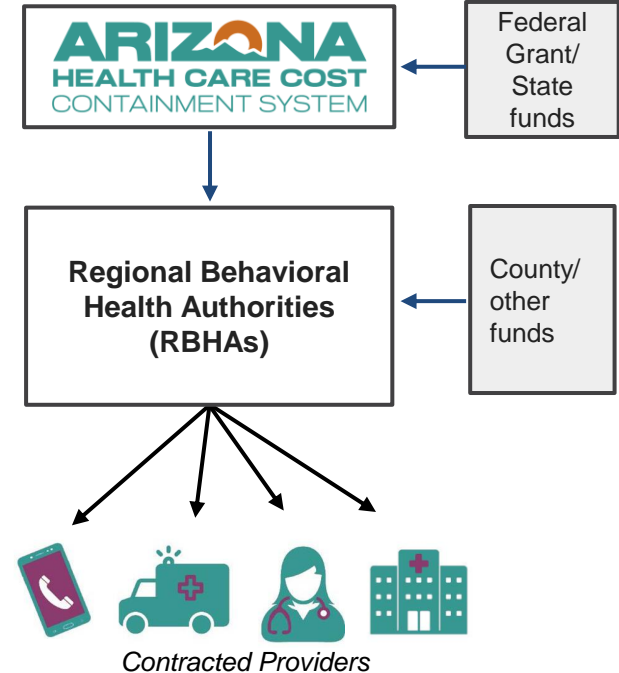
AHCCCS RBHA System Responsibility



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

Regional Behavioral Health Authorities (RBHAs):

- North (Arizona Complete Health)
- Central (Mercy Care)
- South (Arizona Complete Health)



Braided Funding Model

- AHCCCS as the State Medicaid Agency, State Mental Health Authority, Single State Agency we are able to braid Medicaid, State appropriated, General Fund dollars, State Block Grant and Discretionary federal grant dollars and County funds through our Managed Care Contractors known as ACC-RBHAs and for our Tribal partners under Intergovernmental Agreements with Tribal Regional Behavioral Health Authorities.
- The braided funding model allows us to create a “No Wrong Door” system of care for crisis, behavioral health and substance use disorder treatment, prevention and harm reduction.

Braided Funding Model

- Non-Title XIX/XXI General Fund dollars for SMI behavioral health services and crisis services are allocated by the Arizona Legislator and passed to the RBHAs for the Non-Title XIX/XXI population.
- On the Title XIX/XXI side, behavioral health and crisis services are funded through capitation paid to the RBHAs. Capitation rates negotiated based on historical spend and estimated/projected costs.



Covered Behavioral Health Services Include:

- Residential Behavioral Health Services include a range of up to 24-hour/day services in a structured living environment for individuals needing support,
- Support Services including case management, personal assistance, Family & Peer Support, therapeutic foster care, respite, housing support, interpreter services, transportation, assistance accessing community resources and locating and applying for benefits, child care connections, and
- Treatment Services - counseling, consultation, assessment and specialized testing, and substance abuse treatment.

Covered Behavioral Health Services Include:

- Behavioral Health Day Programs including supervised day programs, therapeutic day programs, medical day programs,
- Crisis services including mobile team services, telephone crisis response, and crisis observation/stabilization, sub-acute inpatient, and crisis care coordination,
- Rehabilitation Services including living skills, cognitive rehabilitation, supported employment, and education support, and
- Health Promotion – Prevention, Education and Medication Training – education and standardized training for the purpose of increasing an individual's behavioral knowledge of a health related topic such as medication management, the nature of an illness, relapse and symptom management, stress management, parenting skills and health lifestyles.

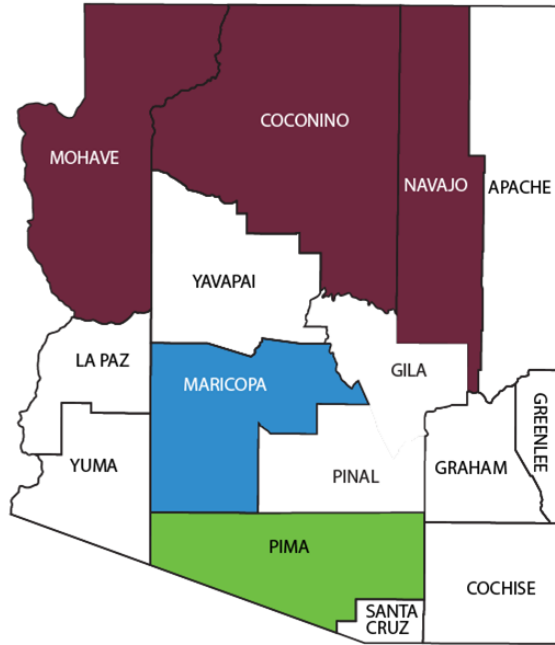
Arizona Cour Ordered Evaluation (COE) and Court Ordered Treatment (COT)







Court Ordered Evaluations (COE)

- [A.R.S. §36-545.06](#) counties are required to ensure that the services of a screening agency and an evaluation agency are provided for purposes of Arizona Revised Statutes Title 36, Chapter 5, Articles 4 and 5. (“Title 36”).
- Counties have the authority to enter into an Agreement with AHCCCS and/or the ACC-RBHA pursuant to [A.R.S. §11-952](#), [11-251](#), [11-291](#) and [11-297](#) (A) (2). Some Counties have delegated COE responsibilities to AHCCCS / RBHAs.

A county to county look with AHCCCS Involvement for COE

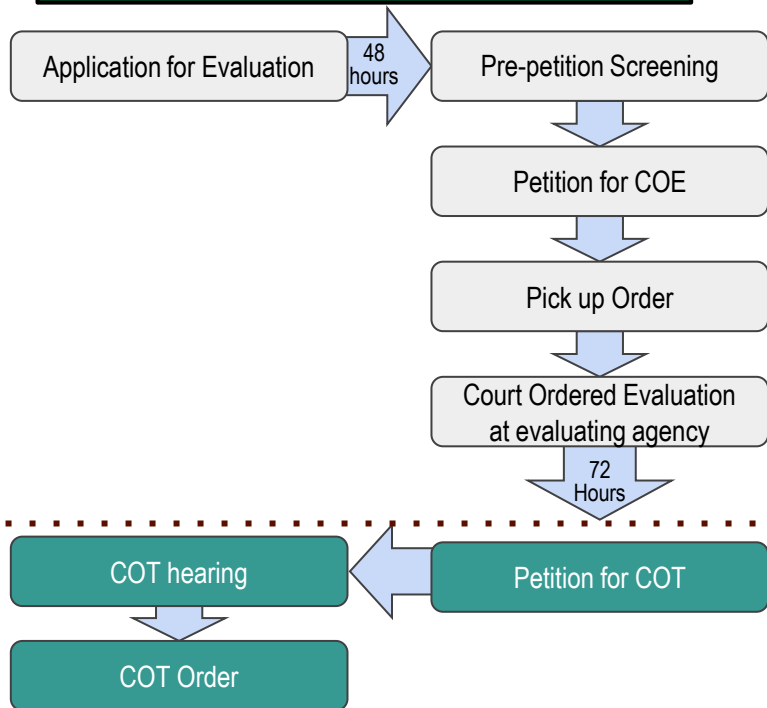


There are 15 counties in Arizona, of which AHCCCS has Intergovernmental Agreements (IGAs) with 3. Further clarification of AHCCCS role in these counties:

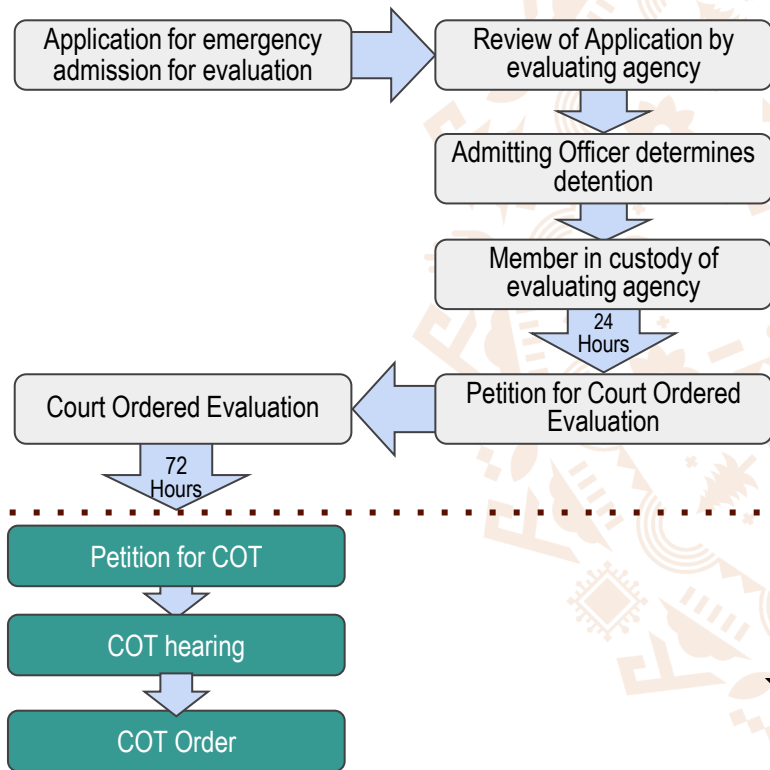
-  Counties highlighted in blue have an IGA for pre-petition screening and evaluation services, executed through AHCCCS' contract with the ACC-RBHA in that Geographic area
-  Counties highlighted in green have an IGA with AHCCCS for pre-petition screening services only, which is executed through AHCCCS' contract with ACC-RBHA in that Geographic Service Area (GSA)
-  Counties highlighted in white contract directly through a provider agency to administer these responsibilities.
-  Counties highlighted in maroon contract directly with the health plan/ACC-RBHA to provide pre-petition screening and evaluation services in that Geographic Service Area (GSA)

COE / COT Process Overview

Routine Process:



Emergent Process:



COUNTY

AHCCS

AHCCCS Responsibility for Oversight of COT

AHCCCS / Health Plan Oversight of COT:

- Tracking inpatient days,
- Renewal/Amendments of Orders,
- Reports to Court,
- Revocations/Re-commitment, and
- Judicial review.



COE/COT Resources

- Arizona Revised Statutes (A.R.S.) (sections 36-520 through 36-531),
 - <https://www.azleg.gov/arsDetail/?title=36>
- Arizona Administrative Code (A.A.C.) (R9-21-501 et. seq.),
 - https://apps.azsos.gov/public_services/CodeTOC.htm#ID9
- Courts also sometimes have information regarding these processes available directly on their websites.
 - See the Maricopa County Superior Court as an example
 - www.maricopa.gov/882/Mental-Health-Court.



Crisis Services

Crisis Services

In addition to Hotlines, Mobile Crisis and Stabilization Units, crisis services include:

- Non-emergent transportation to crisis facilities,
- Crisis wrap-around services/referrals and follow-up,
- Notification of crisis engagement to assigned health plan/ensure coordination of care,
- Provide community information/education,
- Court Ordered Evaluation screening (as applicable),
- Peer-run warmlines,
- Collaborate with community partners (fire, police, emergency medical services, EDs, health plans, and providers of public health and safety services),
- Utilize peers/family support services, and
- Community/stakeholder training (Crisis Intervention Team (CIT), Mental Health First Aid).



24/7 Crisis Hotlines



Mobile Crisis Teams



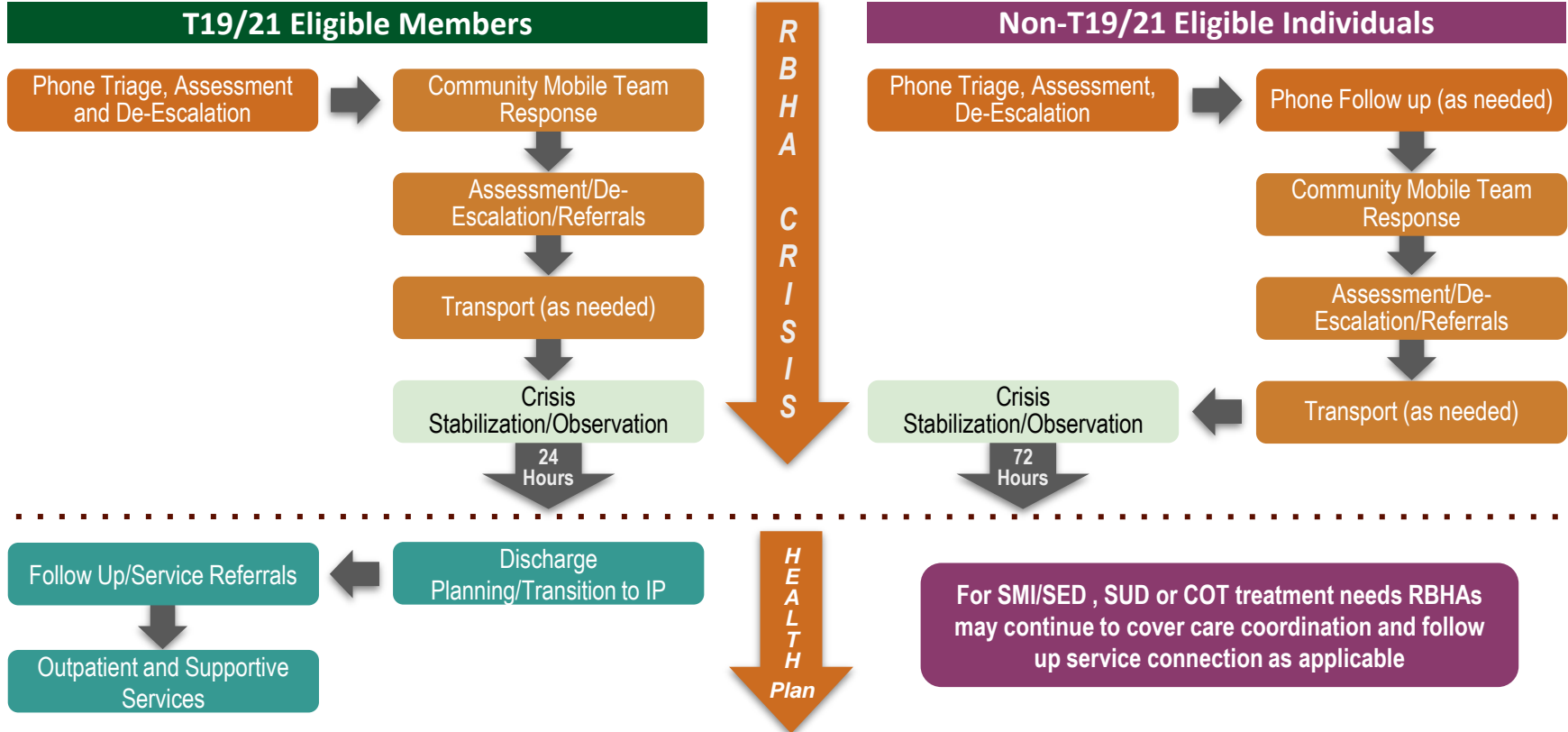
Crisis Stabilization
Facilities

Crisis Intervention Services

Capitation Rate Considerations

- Services offered 24/7/365, “firehouse” model, always available but hopefully not needed.
- Need for these services is unpredictable and highly variable, Fee-For-Service reimbursement model is generally not appropriate.
- Instead most services paid using a Block Payment method made possible by braided funding:
 - Block Payment method = RBHA and crisis providers contract for an annual amount, paid in 12 monthly payments, mitigating much of the under/over-funding risk that Fee-For-Service reimbursement would impart on the crisis system of care
- Providers still submit encounters for all services.
- Main driver for modeling is evaluating the block payments/contracts submitted for reasonable and appropriate costs.
- Secondary driver is evaluating ancillary services which are more likely to be reimbursed via Fee-For-Service reimbursement model, identify services based on crisis episode of care, although the coding is a little rough in that it isn’t specific to an exact 24 hour time span, and can actually span a three day period, we look at the day before, the day of, and the day after one of the main crisis codes happens to determine if there are additional costs that the RBHA was responsible for (including NEMT to a crisis stabilization unit).

AZ RBHA Crisis Coverage vs. Health Plan of Enrollment





Crisis Line Services

Someone to Contact

41%

Title XIX/XXI

59%

NT XIX/XXI

Call Sources:

28%

Statewide Line

34%

988

39%

RBHA Lines

Top 3 Reasons for Calls:

24%

Social Concerns

25%

Suicidal Ideation

11%

Care coordination

24%

of callers remained anonymous

89%

Adults

11%

Children

Last month, Arizona's crisis system responded to...



212

Crisis Texts

22,583

Crisis Calls



345

Crisis Chats



Outcomes

Resolved by Phone*

79%

Dispatch Initiated

21%

Public Safety Involvement

.2%



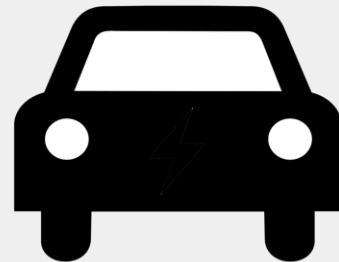
Crisis Mobile Teams

Someone to Respond

Last month, Arizona's crisis system dispatched...

6,003

Mobile teams
across the state



47%
Title XIX/XXI

53%
NT XIX/XXI

37 minutes

average time from
dispatch to arrival

In order to promote justice system diversion, requests for mobile teams from law enforcement are prioritized. The average time from dispatch to arrival for these calls is

32 minutes

Outcomes

15% of mobile team
dispatches were in
response to 988 calls

Resolved*

71%

Petition
Initiated

4%

Transported for
Stabilization

24%

83%
Adults

17%
Children



Crisis Stabilization Facilities

A Safe Place to Be for Crisis Care

81%
Title XIX/XXI

19%
NT XIX/XXI

64% of individuals
discharged
remained community
stabilized after 90 days

95%
Adults

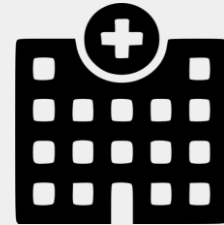
5%
Children

For an updated map
of walk-in, 24/7
Crisis Stabilization
Facilities across the
state, [click here](#) or
visit the AHCCCS
Crisis Web Page



8,361

individuals presented
for crisis stabilization
services last month



Outcomes

Discharge to
Community

73%

Discharge to
Emergency
Room

2%

Discharge to
Inpatient

13%

Admitted to
Crisis Unit for
Stabilization

13%