ARIZONA DEPARTMENT OF HEALTH SERVICES

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AZ Managed Care System for Behavioral Health Services

• AHCCCS “carves out” Title XIX and XXI funds and contracts with ADHS/DBHS to administer a behavioral health managed care service system with the T XIX/XXI funds.

• ADHS/DBHS in turn contracts with Tribal Regional Behavioral Health Authorities and Regional Behavioral Health Authorities (T/RBHAs) to assure access for eligible recipients to behavioral health services through provider networks.
ADHS/DBHS

DBHS manages the behavioral health services system through contracts and agreements with:

- 4 – Regional Behavioral Health Authorities (RBHAs) – providing services in 6 designated geographic service areas (GSAs).
- 3 – Tribal Regional Behavioral Health Authorities (TRBHAs) - Gila River, Pascua Yaqui, & White Mountain Apache – providing comprehensive “covered” behavioral health services to tribal members.
- 2 – Intergovernmental Agreements (IGAs) – Navajo & CRIT – providing selected behavioral health services.

Each T/RBHA must provide, contract for or arrange for access to AHCCCS covered behavioral health services for its enrolled members.
Geographic Service Areas

• Each RBHA is assigned a Geographic Service Area (GSA)
• GSAs were PREVIOUSLY contiguous with county lines
• GSAs defined by ZIP CODES effective 7/1/2010
  - AHCCCS Eligible members are assigned to a RBHA or TRBHA based on ZIP CODES.
• BH Members are “auto enrolled” to a RBHA or TRBHA based on their residence zip codes
NARBHA Service Area

- http://www.narbha.org/
- Serves Apache, Coconino, Mohave, Navajo and Yavapai County zip codes
- DBHS Contract Administrator – Vacant
- RBHA Tribal Liaison – Gabriel Yaiva, Ph 928-214-2171
Pascua Yaqui Tribal RBHA


- Pascua Yaqui TRBHA provides services to tribal members living on the Pascua Yaqui reservation, which covers part of Pima county.
- Pascua Yaqui TRBHA may also service tribal members living in Guadalupe, Arizona, which is in Maricopa county.
- Tribal Contract Administrator – Lydia Hubbard-Pourier, Ph 602-542-1745
Axiom # 1: A range of services is necessary to meet needs.

Axiom # 2: People should be treated in the least restrictive setting that meets the person's needs.

Axiom # 3: People should be treated in or near their home community as much as possible.
Covered Behavioral Health Services

T/RBHAs are to provide a comprehensive range of services.

Treatment Services
- Counseling Services; consultation, assessment and specialized testing; professional services

Rehabilitation Services
- living skills training; cognitive rehabilitation; health promotion; vocational rehabilitation, & supported employment

Medical Services
- Medications; lab, radiology and medical imaging; medical management
Covered Behavioral Health Services continued

**Support Services**
Case management; personal assistance; family support; peer support; therapeutic foster care services; respite; housing support, interpreter services; and transportation

**Crisis Intervention Services**
Mobile team services; telephone; urgent care Housing and Housing Related Services for Adults with Serious Mental Illness
Covered Behavioral Health Services continued

- Case management services
- Inpatient services – Hospitalization
- Residential Treatment
- Pharmacy – Psychotropic Medication
- Respite Care
- Therapy and counseling services (family, group, individual, etc.)
- Medically necessary transportation
- All AHCCCS covered medical services
Prevention & Suicide Prevention

**PREVENTION**
- Federal Prevention funds - SAPT block grant
- State appropriated prevention funds in years past
- Substance abuse prevention programs funded – PYT, GRIC, WMAT, NN & CRIT
- Substance abuse prevention through RBHAs for TO, Ak-Chin, & SCAT

**SUICIDE PREVENTION**
- Suicide Prevention Grant – ASSIST training
- NARBHA – N. AZ tribal coalition for suicide prevention
Where do Native Americans Access Behavioral Health Services?

- Indian Health Services (IHS) health care facilities
- Tribal ‘638’ Providers and Tribal Behavioral Health Programs
- Indian health care providers in urban areas
- Tribal RBHA that serves the designated reservation, ie Gila River
- Local RBHA that serves the NA person’s county of residence.

AIs have “choice” of their bh providers and go between the IHS & State BH systems.
Improving Access to BH Care for American Indians

- Federal funds for IHS and tribal 638 programs are insufficient to meet the tribal BH needs.
- Tribal members are also citizens of the state so they are entitled to state services as any other state citizen.
- Tribes and individual tribal members need to access state behavioral health services to “fill in the existing bh service gaps” and meet bh service needs.
Accessing RBHA BH Services

• RBHAs receive funding to provide BH services to residents residing in RBHA assigned zip codes including tribal members residing in those zip codes.
• Effective July 1, 2010, AIs NOT be required to enroll in a TRBHA or a RBHA to receive services IF the individual is already registered/enrolled with AHCCCS. **They are auto enrolled to a T/RBHA based on their residence zip code.** (Previously T/RBHA enrollment was required to access BH services)
AUTO ENROLLMENT

Issues for AI members

- Al's residing in zip codes near reservations and who previously receiving care at TRBHAs or through the AHCCCS American Indian Health Program (IHS or 638 facilities) have been auto assigned to a RBHA.
  - has created difficulty getting the member back to the TRBHA previously being served by.
  - has created continuity of care issues
Tribal Work Group

• A Tribal Work Group was established in early July to conduct tribal outreach on the auto enrollment issue.
• A tribal health directors meeting was held on July 26th to describe the auto enrollment issue in preparation for the AHCCCS tribal consultation.
• On July 26th, questions were asked and responded to.
• One recommendation was that a “universal” AI ID # be used to access all bh service systems similar to the system in the state of Washington.
Auto Enrollment Fix

• The TRBHAs have requested that AHCCCS “fix” the auto enrollment issue.
• AHCCCS is looking into AI self-identification on AHCCCS applications.
• This will then be used to auto enroll AIs into T/RBHAs if previously served by a TRBHA or RBHA.
• There are other options being explored.
Thank You

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