



STATEWIDE COMMUNITY RESIDENTIAL TREATMENT PLAN

June 7, 2019

CONTENTS

1. Introduction	1
2. Behavioral Health Services System Overview	2
• Service Delivery System	2
• Intergovernmental Agreements	3
3. Community-Based Services and Programs	6
• AHCCCS Goals and Objectives	6
• Behavioral Health Covered Services	8
• Service Delivery Mechanisms	10
• Other Community-Based Services	15
4. Evaluating Community-Based Services and Programs	17
• Network Development and Monitoring	17
5. Funding	22

1

Introduction

The Arizona Health Care Cost Containment System (AHCCCS) is designated as the State of Arizona's (Arizona's or State's) single State Medicaid Agency and is responsible for supervising and administering all facets of the State's public behavioral health system. AHCCCS is statutorily responsible for the development of a statewide plan for a "Community Residential Treatment System" for individuals designated as having a serious mental illness, pursuant to Arizona Revised Statutes (A.R.S.) §36-550.01. "Community Residential Treatment System" in the context of the statute refers to a wide range of community-based programs and services that provide care alternatives to institutionalization.

The original purpose of A.R.S §36-550.01 and the statutes referenced therein was to transition Arizona's behavioral health system from one comprised of primarily institutionally-based care settings to a system of community-based services. Enacted in 1980, the statute was written to originally establish a July 1, 1983 date for the State to develop a community residential treatment system. Since that time, significant and material changes have been made to the: 1) organization of the public behavioral health system at the State, county and local levels, 2) coverage and types of community-based programs and services, 3) methods to evaluate the availability and access of programs and services, and 4) strategies to engage, evaluate and compensate providers to deliver services that achieve optimal health outcomes.

AHCCCS' Statewide Community Residential Treatment Plan (Statewide CRTP) herein sets forth the framework of AHCCCS' development and management of a wide range of programs and services as alternatives to institutional care for individuals designated as having a serious mental illness.

2

Behavioral Health Services System Overview

SERVICE DELIVERY SYSTEM

AHCCCS currently operates under an integrated managed care model,¹ through a Research and Demonstration 1115 Waiver (1115 Waiver). AHCCCS contracts with three managed care organizations (referred to as Regional Behavioral Health Authorities [RBHAs]) in three geographic service areas (GSAs), and holds Intergovernmental Agreements with five of Arizona's American Indian Tribes for Tribal Regional Behavioral Health Authorities (described later in this section), to deliver mandatory and optional physical and behavioral health services, as described under AHCCCS' 1115 Waiver,² to individuals designated as having a serious mental illness. The table below reflects each RBHA, the GSAs and counties that each RBHA currently serves:

RBHA	GSA	COUNTIES SERVED
Steward Health Choice Arizona	North	Apache, Coconino, Gila, Mohave, Navajo and Yavapai
Mercy Care	Central	Maricopa
Arizona Complete Health-Complete Care Plan	South	Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma

AHCCCS requires each RBHA to contract with and manage a network of providers, clinics and other appropriate facilities to deliver all covered behavioral health services within its GSA to enrolled individuals designated as having a serious mental illness. State- and grant-funded behavioral health services and benefits are available to individuals designated as having a serious mental illness who are not eligible for Medicaid. AHCCCS delineates its comprehensive covered behavioral health services in its AHCCCS Covered Behavioral Health Services Guide³ which includes:

- Treatment Services
- Rehabilitation Services
- Medical Services

¹ Arizona's health care delivery system for individuals with serious mental illness was modified on October 1, 2015, to require RBHAs to provide and manage behavioral health and physical health care benefits. This report is focused on community-based behavioral health services available to individuals designated as having a serious mental illness; accordingly, references to coverage and management of physical health care services are included to provide overall system context and where important to demonstrate care coordination to improve overall health outcomes.

² Arizona Section 1115 Demonstration Waiver. Retrieved from <https://www.azahcccs.gov/Resources/Federal/waiver.html>

³ AHCCCS Covered Behavioral Health Services Guide. (2017). Retrieved from <https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf>. **Note:** In late-summer of 2019, AHCCCS is expecting to transition the AHCCCS Covered Behavioral Health Services Guide to the following location(s): AMPM Policy 310-B, 320-T, Exhibit 300-2B; FFS Billing Manual and IHS638 Billing Manual; and B2 Matrix.

- Support Services
- Crisis Intervention Services
- Behavioral Health Residential Services
- Behavioral Health Day Programs
- Prevention Services
- Supportive Housing Services

Although AHCCCS contractually delegates provider network development and management to RBHAs, AHCCCS maintains the ultimate responsibility for the Statewide CRTP and ongoing oversight of RBHA implementation.

INTERGOVERNMENTAL AGREEMENTS

Individuals designated as having a serious mental illness frequently require multiple service and support systems to effectively address their complex needs. Unified systems of care offer the linkages, collaboration, communication and coordination necessary to create a seamless member experience of the provision of support and services. To reduce the fragmentation resulting from disparate county and tribal health care systems, AHCCCS has executed the Intergovernmental Agreements (IGAs) described below (three IGAs with counties and five IGAs with Arizona's American Indian Tribes. AHCCCS contractually requires RBHAs to comply with county and tribal IGAs that are in effect within their respective geographical service area.

County IGAs

IGAs between AHCCCS and the counties are negotiated to meet regional needs, while coordinating and streamlining the administration of behavioral health services and maximizing resources by avoiding service duplication. Similarly, RBHAs also maintain IGA's directly with various counties throughout the State to reflect their collaborative agreements for localized health care delivery.

The following IGAs between AHCCCS and the counties are currently in place:

- **Maricopa County IGA**

AHCCCS and Maricopa County are jointly required to provide a unified system of behavioral health services to individuals designated as having a serious mental illness in Maricopa County to meet statutory requirements and responsibilities resulting from the judgment under *Arnold v. Sarn*. To meet the requirements, AHCCCS and Maricopa County have entered into an IGA pursuant to A.R.S. §36-550.03 that delineates the unified continuum of behavioral health and mental health care services for individuals designated as having a serious mental illness in Maricopa County, and defines the respective service delivery and payment responsibilities of AHCCCS, the RBHA and the county.

- **Pima County IGA**

In order to maximize combined available resources and work together to deliver quality care and treatment that is efficient and effective, Pima County and the Arizona Department of

Health Services (ADHS)⁴ entered into an IGA. The IGA requires AHCCCS, through the RBHA in Pima County, to provide pre-petition screening services and to develop, implement and manage a comprehensive, community-based system for residents of Pima County, in exchange for county funding.

- **Coconino County IGA**

Similar to the Pima County IGA, AHCCCS and Coconino County have executed an IGA in which Coconino County pays AHCCCS to provide directly, or through the RBHA in Coconino County, pre-petition screening and evaluation services on behalf of Coconino County.

Tribal IGAs

AHCCCS has also jointly entered into IGA's with some of Arizona's American Indian Tribes for Tribal Regional Behavioral Health Authorities (TRBHAs) to coordinate behavioral health services to Tribal members, including those designated as having a serious mental illness who choose to receive AHCCCS-covered services on tribal lands. TRBHAs coordinate the delivery of comprehensive behavioral health services according to each of the Tribes' unique needs and resources.

The following Tribes have entered into an IGA with AHCCCS:

- The **Colorado River Indian Tribe**, a federally-recognized Indian Tribe, operates under an IGA⁵ with AHCCCS to provide crisis response services and care coordination services to tribal members, including those designated as having a serious mental illness.
- The **Navajo Nation**, a federally-recognized Indian Tribe, provides administrative Case Management, Care Coordination and Collaboration and Crisis services, under the IGA.⁶ The Navajo Nation coordinates care for individuals designated as having a serious mental illness and makes referrals to appropriate community and social support services. The IGA also permits AHCCCS to collaborate with the Navajo Nation to develop housing services for tribal members designated as having a serious mental illness, based upon availability of funding and the identified need of the individual.
- The **Pascua Yaqui Tribe**, a TRBHA and federally-recognized Indian Tribe, coordinates healthcare services for its tribal members under the terms of an IGA⁷ with AHCCCS, including treatment, rehabilitation, medical/dental, support (e.g., case management, personal care, family support, peer support), crisis intervention, residential, behavioral health day program and prevention services. The TRBHA is required to fulfill additional requirements specific to individuals designated as having a serious mental illness, including those relating to eligibility

⁴ Effective July 1, 2016, administration of behavioral health services was transitioned from ADHS to AHCCCS.

⁵ Intergovernmental Agreement (Agreement #YH16-0026). (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/TRBHA/YH160026CRITIGASignedExecutedEffective07012016To06302021>

⁶ Intergovernmental Agreement (Agreement #BH16-0021). (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/TRBHA/BH16-0021NavajoNationCareCoordination.pdf>

⁷ Intergovernmental Agreement (Agreement #BH16-0022). (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/TRBHA/BH16-0022PasquaYaquiIndianTribeCareCoordination.pdf>

determinations and referrals for services and supports that are only covered for individuals designated as having a serious mental illness (e.g., special assistance, housing programs). While the TRBHA is not responsible for developing a network of contracted providers, the TRBHA is required to notify AHCCCS of unmet network needs or gaps.

- AHCCCS has an IGA⁸ with **Gila River Health Care Corporation**, a TRBHA and a wholly-owned subordinate entity of the Gila River Indian Community (a federally recognized Indian Tribe), to coordinate healthcare services for its tribal members, including treatment, rehabilitation, medical/dental, support (e.g., case management, personal care, family support, peer support), crisis intervention, residential, behavioral health day program and prevention services. The TRBHA is required to fulfill additional requirements specific to individuals designated as having a serious mental illness, including those relating to eligibility determinations for individuals designated as having a serious mental illness and referrals for services and supports that are only covered for those individuals (e.g., special assistance, housing programs). While the TRBHA is not responsible for developing a network of contracted providers, the TRBHA is required to notify AHCCCS of unmet network needs or gaps.
- AHCCCS' IGA⁹ with **White Mountain Apache Behavioral Health Services**, a TRBHA and an agency of the White Mountain Apache Tribe (a federally-recognized Indian Tribe), is for the TRBHA to coordinate healthcare services for its tribal members, including treatment, rehabilitation, medical/dental, support (e.g., case management, personal care, family support, peer support), crisis intervention, residential, behavioral health day program and prevention services. The TRBHA is required to fulfill additional requirements specific to individuals designated as having a serious mental illness, including those relating to eligibility determinations for those individuals and referrals for services and supports that are only covered for individuals designated as having a serious mental illness (e.g., special assistance, housing programs). While the TRBHA is not responsible for developing a network of contracted providers, the TRBHA is required to notify AHCCCS of unmet network needs or gaps.

⁸ Intergovernmental Agreement (Agreement #BH16-0023). (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/TRBHA/BH16-0023GilaRiverIndianTribeCareCoordination.pdf>

⁹ Intergovernmental Agreement (Agreement #BH16-0071). (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/TRBHA/BH16-0071WhiteMountainApacheTribeCareCoordination.pdf>

3

Community-Based Services and Programs

AHCCCS GOALS AND OBJECTIVES

The AHCCCS strategic plan¹⁰ outlines AHCCCS' vision, mission, core values and strategic goals. Four overarching goals drive AHCCCS operations:

- Pursue and implement long term strategies that bend the cost curve while improving member health outcomes.
- Pursue continuous quality improvement.
- Reduce fragmentation driving towards an integrated sustainable healthcare system.
- Maintain core organizational capacity, infrastructure and workforce planning that effectively serves AHCCCS operations.

These strategic goals, in addition to core values, support AHCCCS' mission of "reaching across Arizona to provide comprehensive, quality health care for those in need" and AHCCCS' vision of "shaping tomorrow's managed health care...from today's experience, quality and innovation".

Building from AHCCCS' strategic plan, AHCCCS' Quality Strategy¹¹ provides a coordinated, comprehensive pro-active approach to drive quality throughout the AHCCCS service delivery system. AHCCCS strategies are targeted to simultaneously improve care, improve population health and reduce costs. The collective approaches articulated in AHCCCS' Strategic Plan and Quality Strategy are critical to developing a sustainable service delivery system that fosters continuous quality improvement to improve the health outcomes of AHCCCS enrollees.

Specific to the strategies that apply to services for individuals designated as having a serious mental illness, AHCCCS, through its RBHAs, requires all services to be delivered consistent with the Adult Service Delivery System-Nine Guiding Principles. The Nine Principles are listed below:

1. **Respect**

Respect is the cornerstone. Meet the person where they are without judgment, with great patience and compassion.

2. **Persons In Recovery Choose Services And Are Included In Program Decisions And Program Development Efforts**

A person in recovery has choice and a voice. Their self-determination in driving services, program decisions, and program development is made possible, in part, by the ongoing dynamics of education, discussion, and evaluation, thus creating the "informed consumer" and

¹⁰ AHCCCS Strategic Plan — State Fiscal Years 2018-2023. (2018). Retrieved from https://www.azahcccs.gov/AHCCCS/Downloads/Plans/StrategicPlan_18-23.pdf

¹¹ Quality Strategy, Assessment and Performance Improvement Report. (2018). Retrieved from <https://www.azahcccs.gov/PlansProviders/Downloads/DraftQualityStrategyJuly2018.pdf>

the broadest possible palette from which choice is made. Persons in recovery should be involved at every level of the system, from administration to service delivery.

3. Focus On Individual As A Whole Person, While Including And/Or Developing Natural Supports

A person in recovery is held as nothing less than a whole being: capable, competent, and respected for their opinions and choices. As such, focus is given to empowering the greatest possible autonomy and the most natural and well-rounded lifestyle. This includes access to and involvement in the natural supports and social systems customary to an individual's social community.

4. Empower Individuals Taking Steps Towards Independence And Allowing Risk Taking Without Fear Of Failure

A person in recovery finds independence through exploration, experimentation, evaluation, contemplation, and action. An atmosphere is maintained whereby steps toward independence are encouraged and reinforced in a setting where both security and risk are valued as ingredients promoting growth.

5. Integration, Collaboration, And Participation With The Community Of One's Choice

A person in recovery is a valued, contributing member of society and, as such, is deserving of and beneficial to the community. Such integration and participation underscores one's role as a vital part of the community, the community dynamic being inextricable from the human experience. Community service and volunteerism is valued.

6. Partnership Between Individuals, Staff, And Family Members/Natural Supports For Shared Decision Making With A Foundation Of Trust

A person in recovery, as with any member of a society, finds strength and support through partnerships. Compassion-based alliances with a focus on recovery optimization bolster self-confidence, expand understanding in all participants, and lead to the creation of optimum protocols and outcomes.

7. Persons In Recovery Define Their Own Success

A person in recovery — by their own declaration — discovers success, in part, by quality of life community, and greater self-determination. Persons in recovery are the experts on themselves, defining their own goals and desired outcomes.

8. Strengths-Based, Flexible, Responsive Services Reflective Of An Individual's Cultural Preferences

A person in recovery can expect and deserves flexible, timely, and responsive services that are accessible, available, reliable, accountable, and sensitive to cultural values and morals. A person in recovery is the source of his/her own strength and resiliency. Those who serve as supports and facilitators identify, explore, and serve to optimize demonstrated strengths in the individual as tools for generating greater autonomy and effectiveness in life.

9. Hope Is The Foundation For The Journey Towards Recovery

A person in recovery has the capacity for hope and thrives best in associations that foster hope. Through hope, a future of possibility enriches the life experience and creates the environment for

uncommon and unexpected positive outcomes to be made real. A person in recovery is held as boundless in potential and possibility.

The Nine Principles serve as a foundation to promote recovery throughout the behavioral health system and are used to guide system development efforts, programs, service provision and stakeholder collaboration.

BEHAVIORAL HEALTH COVERED SERVICES

AHCCCS has developed a comprehensive array of community-based behavioral health services to assist, support and encourage each eligible person to achieve and maintain the highest possible level of health and self-sufficiency. These behavioral health services are community-based alternatives to institutional care. AHCCCS requires RBHAs to ensure the availability of the following community-based behavioral health services across the State to individuals designated as having a serious mental illness.¹²

Treatment Services reduce symptoms and improve or maintain functioning of the individual. Services provide support, education or understanding for the individual, group or family to resolve or manage the current problem or conflict:

- Behavioral Health Counseling and Therapy
- Assessment, Evaluation and Screening Services
- Other Professional

Rehabilitation Services provide education, coaching, training and demonstration. Other services also include ongoing support to securing and maintaining employment. Individuals are taught independent living, social and communication skills, and recovery of cognitive impairments:

- Skills Training and Development and Psychosocial Rehabilitation Living Skills Training
- Cognitive Rehabilitation
- Behavioral Health Prevention/Promotion Education and Medication Training and Support (Health Promotion)
- Psychoeducational Service (Pre-Job Training and Job Development) and Ongoing Support to Maintain Employment (Job Coaching and Employment Support)

Medical Services are provided or ordered by a licensed physician, nurse practitioner, physician assistant, or nurse to reduce an individual's symptoms and improve or maintain functioning:

- Medication
- Laboratory, Radiology and Medical Imaging

¹² AHCCCS Covered Behavioral Health Services Guide. (2017). Retrieved from <https://www.azahcccs.gov/PlansProviders/Downloads/GM/CoveredServiceGuide/covered-bhs-guide.pdf>. **Note:** In late-summer of 2019, AHCCCS is expecting to transition the AHCCCS Covered Behavioral Health Services Guide to the following location(s): AMPM Policy 310-B, 320, Exhibit 300-2B; FFS Billing Manual and IHS638 Billing Manual; and B2 Matrix.

- Medical Management (including medication management)
- Electroconvulsive Therapy

Support Services facilitate the delivery of or enhance the benefit received from the other behavioral health services. Goals of the services include, but are not limited to: maintain or increase self-sufficiency, restore or enhance family functioning to increase the family's ability to interact and care for the individual in the home and community, and developing skills to promote long-term sustainable recovery.

- Case Management
- Personal Care Services
- Home Care Training Family Services (Family Support)
- Self-Help/Peer Services (Peer Support)
- Therapeutic Foster Care (Home Care Training to Home Care Client)
- Unskilled Respite Care
- Sign Language or Oral Interpretive Services
- Non-Medically Necessary Covered Services
- Transportation

Crisis Intervention Services stabilize or prevent a sudden, unanticipated, or potentially dangerous behavioral health condition, episode or behavior. Services include screening, counseling to stabilize the situation, medication stabilization and monitoring, observation and/or follow-up to ensure stabilization, and/or other therapeutic and supportive services to prevent, reduce or eliminate a crisis situation. Crisis intervention services are offered in the following settings:

- Mobile, Community-Based
- Stabilization, Facility-Based
- Telephonic

Behavioral Health Residential Services are provided on a 24-hour basis and provide a structured treatment setting with 24-hour supervision and counseling along with other therapeutic activities for individuals who do not require onsite medical services. Behavioral Health Residential Services may include specialty focused programming, such as residential treatment for individuals with co-occurring conditions. Behavioral Health Residential Services include:

- Behavioral Health Residential Facility, Without Room and Board
- Mental Health Services Not Otherwise Specified (Room and Board covered through State funding)

Behavioral Health Day Programs are scheduled on a regular basis either hourly, half day or full day and may include therapeutic nursery, in-home stabilization, after school programs, and specialized outpatient substance abuse programs for an individual, group of individuals and/or families. Day programs provide skills training and ongoing support to improve the individual's ability to function within the community. Based on the type of staffing, day programs are grouped in the following categories:

- Supervised
- Therapeutic
- Community Psychiatric Supportive Treatment and Medical Day Programs

Prevention Services promote the health of persons, families and communities through education, engagement, service provision and outreach. Examples include: implementation of strategic interventions to reduce the risk of development or emergence of behavioral health disorders, increase resilience and to promote and improve the overall behavioral health status in communities and among individuals and families; education to the public on improving their mental health; education to providers and professionals on recognizing and preventing behavioral health disorders and conditions; and identification and referral of persons and families who could benefit from behavioral health treatment services.

SERVICE DELIVERY MECHANISMS

Assessment and Service Planning

AHCCCS' model for behavioral health assessment, service planning and service delivery is recovery-oriented, strengths-based, member-centered, family-friendly, culturally and linguistically appropriate, and clinically supervised, in keeping with the Nine Principles and A.A.C. Title 9, Chapter 21, Article 3. Assessment and service planning for individuals designated as having a serious mental illness is conducted consistent with the requirements described in AHCCCS Medical Policy Manual, Policy 320-O, Behavioral Health Assessments and Treatment/Service Planning.¹³

Behavioral health services for individuals designated as having a serious mental illness are coordinated through behavioral health homes (BHHs), contracted behavioral health providers that provide and coordinate the provision of covered behavioral health services, and coordinate care with the primary care provider for the individual. Comprehensive assessments and service planning are conducted within the individual's BHH through an Adult Recovery Team (ART). The ART is also responsible for conducting periodic assessment and service planning updates to meet the individual's changing behavioral health needs.

Each ART is composed of multi-specialty and interdisciplinary team members, customized to the needs and preferences of the individual. At a minimum, the ART consists of the person, his/her guardian (if applicable), advocates (if assigned), and a qualified behavioral health clinician. The team may also include members of the enrolled person's family, physical health, behavioral health or

¹³ Behavioral Health Assessments and Treatment/Service Planning. Retrieved from <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-O.pdf>

social service providers, representatives or other agencies serving the person, paraprofessionals and professionals representing various areas of expertise related to the person's needs, designated representatives or other persons identified by the enrolled person. Assessments and service plans (Individual Recovery Plans [IRPs]) are completed by behavioral health professionals (BHPs), or behavioral health technicians under the clinical oversight of a BHP.

Other qualified BHPs, including specialty providers not part of the BHH, may engage in assessment and service planning activities to support an individual's timely access to medically necessary behavioral health services, but are required to forward completed assessment and treatment/service plan documentation to the individual's BHH for inclusion in the comprehensive BHH clinical record.

Assessments are conducted to collect information on the strengths and needs of the individual, identify the need for additional or specialty evaluations, and support the development and updates to the individual's service plan to improve the individual's health outcomes and effectively meet the individual's recovery goals. Individuals designated as having a serious mental illness are also assessed to determine whether he or she is in need of Special Assistance.¹⁴ A person is determined in need of Special Assistance if they are unable to articulate treatment preferences and/or participate effectively in the development of the IRP, Inpatient Treatment and Discharge Plan, grievance and/or appeal processes due to cognitive or intellectual impairments and/or medical conditions (including psychiatric symptoms). Assessments that result in an individual being determined to need Special Assistance are referred to AHCCCS' Office of Human Rights who in turn ensures that the individual is provided the assistance necessary to support meaningful participation in service/discharge planning and grievance/appeal processes.

Case Management, Care Management and Care Coordination

Case management is performed through the BHH and encompasses the day-to-day collaborative activities to continuously assess, plan, implement, coordinate, monitor, and evaluate options and services to meet an individual's health needs. Case management addresses the needs of individuals designated as having a serious mental illness beyond covered behavioral health services, and assists in addressing other social determinants of health, such as housing and food assistance, and accessing other resources in the community.

Care management is the design of clinical interventions or alternative treatments to help patients manage medical conditions more effectively, reduce risk, cost, and help members achieve better health care outcomes. While BHH staff conduct care management for individuals receiving services in BHHs, RBHAs supplement care management for individuals designated as having a serious mental illness identified through health risk assessments as high risk or high needs. Distinct from case management, care management does not include the day-to-day duties of service delivery. Care management is designed to align and support the person's IRP, but is not a part of, nor substitute for, the IRP. Care management provided by the RBHA complements the BHH treatment team activities by: monitoring individual health status, offering clinical intervention recommendations,

¹⁴ Special Assistance for Members with Serious Mental Illness. Retrieved from <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320R.pdf>

providing care coordination between service providers, helping to identify coordination gaps, assessing the continued appropriateness and medical necessity of services, monitoring routine health care services and medication monitoring, and monitoring referrals and follow-up for specialty care.

Care coordination consists of synchronized activities to execute IRP services and care management strategies, including:

- Securing any service authorizations associated with services identified in the IRP, making referrals to providers or community resources, and ensuring continuity of medication.
- Planning and tracking care transitions to ensure continuity of care following discharges from hospitals, jails or other institutions,¹⁵ as well as transitions between RBHAs and other AHCCCS Health Plans,¹⁶ and levels of care.
- Communication among service providers regarding member progress and health status, test results, lab reports, medications and other health care information to promote optimal outcomes and reduce risks, duplication of services or errors.
- Communication with family members and other system stakeholders that have contact with the individual including: state agencies, other governmental agencies, tribal nations, schools, courts, law enforcement and correctional facilities.

Recognizing that many individuals designated as having a serious mental illness simultaneously struggle with comorbid and chronic diseases, AHCCCS has implemented targeted initiatives designed to improve care coordination and communication to improve overall health outcomes.¹⁷

Integration of Physical and Behavioral Health Systems

Arizona's service delivery system design of statewide community residential services for individuals designated as having a serious mental illness began as a carved-out behavioral health benefit separately managed by RBHAs, with physical health services provided through separate AHCCCS-contracted Health Plans. Navigating disparate health care systems and the propensity of the model for gaps and/or duplication of care posed significant barriers to obtaining the health care necessary to improve overall health outcomes. Adding to the complexity, persons designated as having a serious mental illness may also be dually eligible for both Medicaid and Medicare and have Medicare Part D benefits for medications.

To help address these issues, as of October 1, 2015, AHCCCS implemented a statewide vertical carve out of behavioral and physical health care benefits for persons designated as having a serious mental illness, requiring RBHAs to provide behavioral and physical health care services and manage

¹⁵ Behavioral Health Assessments and Treatment/Service Planning. Retrieved from <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-O.pdf>

¹⁶ Member Transitions. Retrieved from <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/500/520.pdf>

¹⁷ Building A Health Care System: Care Coordination and Integration. Retrieved from <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/>

the “whole health” of persons designated as having serious mental illness.¹⁸ Additionally, RBHAs are required to offer an affiliated Dual Special Needs Plan (D-SNP) Medicare Advantage plan to members who are eligible for Medicare and Medicaid to promote the enrollment or alignment of dual eligible members in the same health plan.¹⁹ Enrolling in D-SNPs allows dual eligible members to receive all of their health care services, including prescription drug benefits, from a single, fully integrated health plan.

Coordination with the Criminal Justice System

AHCCCS has partnered with State and county governments in multiple ways to improve coordination between the public behavioral health care system and the criminal justice system. AHCCCS initiatives have focused on promoting treatment in lieu of criminalization, ensuring the continuity of care for individuals designated as having a serious mental illness upon incarceration, and providing timely access to critical healthcare for individuals released from incarceration.²⁰ AHCCCS contractually requires RBHAs to support justice system initiatives by entering into collaborative agreements with justice system partners, maintaining data exchanges with justice system partners, and having personnel in place to execute the coordination of needed physical and behavioral health services.²¹

RBHAs engage and/or negotiate collaborative agreements with local first responders, mental health and drug courts and other justice system partners to promote community-based behavioral health treatment in lieu of unnecessary arrests and incarceration, where appropriate. For incarcerations that are not otherwise diverted, data exchanges between the RBHAs and jails allow correctional health staff to access to real-time health and treatment information about individuals at time of incarceration.

AHCCCS also exchanges data with the Arizona Department of Corrections (ADOC) and counties in order to suspend Medicaid eligibility upon incarceration, rather than terminate coverage. This exchange also allows ADOC and counties to electronically send release dates, which simplifies the process of transitioning directly into care. Through this enrollment suspension process, care can be coordinated by county jails or prisons upon release. To support care coordination, RBHAs provide contractually required “reach-in” care coordination to identify members with complex health needs prior to their release. Reach-in care coordination provided by RBHAs includes providing member education regarding care, services, resources and appointment information to facilitate the smooth transition and support of members released from jails and prisons to be successful within their communities.

¹⁸ Behavioral Health Integration. Retrieved from <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/behavioralhealth.html>

¹⁹ Individuals Covered by Both Medicare and Medicaid (Dual Eligible Members). Retrieved from <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/duals.html>

²⁰ Support for Individuals Transitioning out of the Criminal Justice System. Retrieved from <https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/justiceinitiatives.html>

²¹ Medical Management Scope and Components. Retrieved from <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1000/1020.pdf>

HOUSING

- For individuals designated as having a serious mental illness and able to live independently (with or without supports and services), the RBHAs are responsible for developing and offering an array of housing programs and supportive housing (wrap-around) services to support independent living. RBHAs ensure safe and stable housing that is consistent with the member’s recovery goals and in the least restrictive environment necessary to support the member. Annually, AHCCCS receives limited State-appropriated general funds to be utilized for subsidizing housing for members designated as having a serious mental illness who meet the U.S. Department of Housing and Urban Development (HUD) definition of homelessness. Housing subsidies are not Medicaid covered services, but are essential to meet the basic needs of individuals, support their ability to access and benefit from treatment, and achieve their personal recovery goals. AHCCCS allocates funds to the RBHAs to administer housing programs consistent with the Housing First Model and in accordance with AHCCCS policy and standards. AHCCCS monitors the utilization of the funds and the number of members benefiting from housing subsidies through standardized deliverables submitted regularly by the RBHAs. In addition to the provision of housing subsidies by AHCCCS through the RBHAs, members designated as having a serious mental illness also receive housing subsidies through the HUD Continuum of Care. The HUD Continuum of Care uses HUD dollars to offer rental subsidies and some Continuums throughout the State have dedicated a portion of their funding for individuals determined to have a serious mental illness. The RBHAs actively participate in the Continuum of Care in their respective GSAs in an effort to coordinate housing and supportive housing services for members.

Scattered Sites Voucher Program

- The Scattered Sites Voucher Program offers rental subsidies to provide a member the flexibility to choose where he or she wishes to live in the community. The member, with support from his/her clinical team and/or permanent supportive housing service provider, searches for a housing unit on the open market and once the landlord agrees to rent to the member, the member signs a lease. If the member has an income, he or she will pay 30% of his or her adjusted income towards the rent, while AHCCCS pays the remaining amount with State-appropriated General Fund dollars.

Table 1 — Scattered Sites Voucher Beds Available for Members Determined to Have a Serious Mental Illness by GSA

GSA	TOTAL VOUCHERS ²²
North	99
Central	1,477
South	307

²² The data in this table represents the number of vouchers as of July 2018.

Community Living Property Housing

- Community Living Hard Units includes a mix of single and shared apartments and homes. Members have rights of tenancy through a lease agreement. If the member has an income, he or she will pay 30% of his or her adjusted income towards the rent, while AHCCCS pays the remaining amount with State-appropriated General Fund dollars. The apartments and homes are owned by providers, but the property is held for AHCCCS members determined to have a serious mental illness for an extended period of time (i.e. 25 years) through the use of recorded Covenants, Conditions and Restrictions. For members with significant service and support needs (i.e. members with polydipsia, members who are former sex offenders or members on probation), may receive up to 24 hours of supportive housing services to help them live independently within this community setting.

Table 2 — Community Living Beds by GSA

GSA	TOTAL BEDS ²³
North	206
Central	662 ²⁴
South	406

OTHER COMMUNITY-BASED SERVICES

- Flex Care is a short-term program specific to individuals designated as having a serious mental illness in Maricopa County that combines independent living and treatment within an apartment setting. Members assessed as candidates for the program are referred to a provider who leases apartments located throughout Maricopa County. Members may pay a portion of the rent depending upon their income. AHCCCS state-appropriated General Fund dollars are utilized to subsidize the rent. Services such as case management, crisis intervention, peer mentoring, social skills, budgeting and group settings are available in the apartment. Typically, members are in the program for a short time while they transition into other, more permanent independent living situations.

Table 4 — Flex Care Beds by RBHA

RBHA	TOTAL BEDS ²⁵
Mercy Maricopa Integrated Care	396

²³ The data in this table represents the number of beds as of July 2018.

²⁴ Members who have enhanced support needs can be provided up to 24 hours wrap around services in this setting.

²⁵ The data in this table represents the number of beds as of July 2018.

NEW SERVICES AND PROGRAMS

AHCCCS works collaboratively with internal (i.e., AHCCCS staff) and external (e.g., providers and Plans) to receive and respond to requests for new services and programs. AHCCCS utilizes a process referred to as a “Reference Table Review and Update”²⁶ process to track, review and respond to questions and requests for new service codes and/or programs needed within the Agency.

²⁶ Reference Table Review and Update. Retrieved from
<https://www.azahcccs.gov/PlansProviders/MedicalCodingResources.html>

4

Evaluating Community-Based Services and Programs

NETWORK DEVELOPMENT AND MONITORING

Access to comprehensive, quality behavioral health care services is essential to the recovery of individuals designated as having a serious mental illness. AHCCCS' network development and management activities across the system are well-coordinated, comprehensive, and proactive to ensure that a full array of covered, community-based behavioral health services are available to meet the assessed needs of individuals designated as having a serious mental illness. In addition, network development and management activities help ensure services meet or exceed quality standards, are delivered timely and are geographically accessible. Network development, training, workforce development and monitoring requirements are established by AHCCCS in its contracts with RBHAs and further refined in AHCCCS policies. AHCCCS closely monitors system compliance with network, training and workforce development requirements via its review of RBHA contract deliverables and through legally mandated, targeted AHCCCS evaluations of services and programs for individuals designated as having a serious mental illness. AHCCCS supplements oversight strategies by collecting and analyzing access to care complaint data related to the timely availability and accessibility of service providers to meet the needs of AHCCCS members.²⁷

Network Development and Management

AHCCCS contracts with RBHAs to develop and maintain a network of providers that is sufficient in size, scope and types to deliver all covered services and to meet all access and service delivery standards. Services provided must be geographically convenient and offer members a choice of providers within the network to the extent possible. AHCCCS requires that RBHAs ensure service accessibility and accommodations for all members, including those with physical or cognitive disabilities, which includes, but is not limited to: interpreter services, physical access, adaptive equipment, reasonable accommodations and culturally competent communications.

Network Development and Management Plan

AHCCCS requires each RBHA to develop and implement a Network Development and Management Plan²⁸ on an annual basis. Through the Network Development and Management Plan, RBHAs conduct an assessment of the unique needs of the enrolled members in their region and demonstrate that their provider capacity and range of available services is sufficient to meet the needs of their enrolled members and meet AHCCCS' access to care requirements. Any known or anticipated provider or service gaps must be reported to AHCCCS, along with the RBHAs immediate, short- and long-term strategies to resolve identified service gaps. In addition to the

²⁷ Grievance and Appeal System Report. (2016). Retrieved from <https://www.azahcccs.gov/Resources/Downloads/OperationsReporting/GrievanceSystemReportingGuide.pdf>

²⁸ Provider Network Development and Management Plan; Periodic Network Reporting Requirements. Retrieved from https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/415_Provider_Network_Development_and_Management_Plan.pdf

Network Development and Management Plan, RBHAs must submit a Network Attestation Statement to AHCCCS to confirm that the RBHA meets all of AHCCCS' network requirements for each county within their GSA.

Time and Distance Standards

AHCCCS establishes minimum time and distance standards to ensure members receive geographically accessible services. AHCCCS contractually requires each RBHA to have a network in place to meet the time and distance standards established in AHCCCS policy.²⁹ Time and distance standards vary for each county depending upon whether the county is in an urban or rural region. For example, in Maricopa and Pima counties, the RBHA must demonstrate that at least 90% of their enrolled members travel no more than 15 minutes or 10 miles from their residence to access outpatient behavioral health and integrated clinic services. For all other counties, the distance standard is 60 miles from their residence. RBHAs analyze compliance with the time and distance standards and report compliance to AHCCCS through the RBHAs' Provider Affiliation Transmission and Gap in Services Log. AHCCCS also monitors RBHA compliance with time and distance standards for each county in its assigned service area through submission of a Minimum Network Requirements Verification Template and the strategies and efforts used by the RBHA to address any areas of non-compliance. Monitoring these standards helps to ensure members are able to access services in a timely manner.

Appointment Availability Standards

To ensure members receive care on a timely basis, AHCCCS establishes accessibility and appointment availability standards. AHCCCS requires RBHAs to offer both urgent and routine behavioral health provider appointments within specified timeframes.³⁰ For example, the RBHA must offer urgent behavioral health provider appointments as expeditiously as the member's health condition requires but no later than 24-hours from identification of need. In addition to appointment availability standards, AHCCCS requires the RBHAs to develop policies and procedures about educating its provider network regarding appointment time requirements. RBHAs conduct regular reviews of providers to assess the availability of routine and urgent appointments and report RBHA compliance with AHCCCS standards on a quarterly basis to AHCCCS. AHCCCS, along with the RBHAs uses the results of appointment standards monitoring to assure adequate appointment availability for individuals designated as having a serious mental illness. AHCCCS monitors RBHA compliance and if appointment standards are not met, the RBHA is required to correct the network deficiency.

Network Monitoring

Network monitoring is critical to ensure that the provider network continues to meet access to care and quality standards for services delivered to individuals designated as having a serious mental illness. RBHAs are required by AHCCCS to actively manage their networks, addressing identified

²⁹ Network Standards. Retrieved from <https://www.azahcccs.gov/shared/Downloads/ACOM/NotEffective/400/436.pdf>

³⁰ Appointment Availability, Monitoring and Reporting. Retrieved from https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/417_Appointment_Availability_Monitoring_and_Reporting.pdf

service gaps, providing technical assistance and support, and monitoring for compliance with quality standards. AHCCCS requires RBHAs to notify AHCCCS when changes to the provider network constitute a material change.³¹ AHCCCS defines a material change as a change that would impact or is likely to impact more than 5% of total membership and/or provider network in a specific GSA. During the network change period, AHCCCS monitors network changes to ensure that access standards continue to be met and that continuity of care for members is preserved.

Workforce Development

Workforce development is the process of recruiting, selecting, developing, deploying and retaining an interpersonally, clinically, culturally, and technically capable healthcare workforce.

Health Plan Workforce Development Operation

Providers are responsible for acquiring, developing and retaining a workforce that is both adequately staffed and capable of providing the services they are contracted to deliver. To assist providers with keeping up with the demands of an increasingly complex healthcare workforce environment, AHCCCS requires all Health Plans, RBHAs, Complete Care and Arizona Long Term Care System Plans, to maintain a workforce development operation. AHCCCS policy on workforce development³² requires five workforce development functions; forecasting workforce goals, monitoring workforce trends, assessing workforce needs, developing workforce plans and directly assisting providers in the process of developing their workforce.

Inter-Health Plan Collaboration

AHCCCS Health Plans contract with providers who have contractual relationships with multiple Health Plans. Since many workforce development challenges (e.g., workforce shortages) are interdependent in nature, AHCCCS requires its Health Plans to not only collaborate with providers, stakeholders, members and their families to address the workforce needs of their networks, but to collaborate with the other Health Plans to address workforce issues that affect the entire healthcare workforce.

Other Service and Program Oversight

AHCCCS conducts the following service and program oversight in response to expectations tied to the *Arnold v. Sarn* Stipulation for Providing Community Services and for Terminating the Litigation.³³

Quality Service Review

To ensure delivery of quality of care to individuals designated as having a serious mental illness, AHCCCS completes an annual quality service review.³⁴ The review includes an evaluation of nine

³¹ Material Changes: Provider Network and Business Operations. Retrieved from <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/439.pdf>

³² Workforce Development. Retrieved from https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/407_Workforce_Development.pdf

³³ *Arnold v. Sarn*. Retrieved from <https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/arnoldvsarn.html>

³⁴ Quality Service Review 2018. (2018). Retrieved from https://www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/QSR_Report_FINAL_07_20_2018.pdf

targeted behavioral health services delivered to individuals designated as having a serious mental illness in Maricopa County including: Case Management, Peer Support, Family Support, Supported Housing, Living Skills Training, Supported Employment, Crisis Services, Medication and Medication Management services and Assertive Community Treatment (ACT) services. Through interviews with individuals designated as having a serious mental illness, reviews of medical records, and the analysis of service utilization data and other member demographics, the quality service review objectively evaluates whether: 1) the members' needs are being identified, 2) members are receiving each of the nine targeted behavioral health services and that the services are available, 3) the supports and services are meeting identified needs, and 4) supports and services are designed around members' strengths and goals. AHCCCS uses this information to identify strengths, service capacity gaps and areas for improvement at the system-wide level for individuals designated as having a serious mental illness receiving services in Maricopa County.

Priority Mental Health Services Capacity Assessment

To ensure access to services, AHCCCS completes an annual evaluation of network sufficiency of four prioritized mental health services available to individuals designated as having a serious mental illness in Maricopa County.³⁵ The assessment includes an evaluation of need for, and the availability and provision of, Supported Housing,³⁶ Supported Employment,³⁷ consumer operated services (Peer Support services³⁸ and Family Support Services³⁹), and ACT.⁴⁰ AHCCCS uses multiple methods of collecting information to support the assessment, including: the use of surveys, interviews, and focus groups with members, family members, case managers and providers; medical record reviews; analysis of service utilization data; a review of contracted capacity for each of the four services; analysis of outcomes data; and benchmark analysis of penetration rates in other states. The capacity assessment focuses on these four priority services and objectively evaluates: 1) the extent of the assessed need for the service, 2) whether members have timely access to the service when the need for that service is identified, 3) the factors (e.g., capacity, quality, system design) that most commonly impact the appropriate assessment of need and/or ability to access the service, and 4) the system's strengths and opportunities to improve the appropriate identification of need and access to the prioritized mental health services.

³⁵ Service Capacity Assessment —Priority Mental Health Services 2018. (2018). Retrieved from https://www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/AHCCCS_Service_Capacity_Assessment_2018_FINAL_07_20_2018.pdf

³⁶ Permanent housing with tenancy rights and support services that enable recipients to attain and maintain integrated affordable housing.

³⁷ Services through which recipients receive assistance for identifying, attaining and maintaining competitive employment.

³⁸ Delivered by individuals who have personal experience with mental illness, substance abuse or dependence, and recovery to help people develop skills to aid in their recovery.

³⁹ Designed to teach families skills and strategies for better supporting their family member's treatment and recovery in the community.

⁴⁰ Multi-disciplinary group of professionals including a psychiatrist, a nurse, a social worker, a substance abuse specialist, a vocational rehabilitation specialist, and a peer specialist. Services are customized to a recipient's needs and vary over time as needs change.

AHCCCS uses this information to identify unmet needs and service capacity gaps of the four prioritized mental health services for individuals designated as having a serious mental illness receiving services in Maricopa County.

Fidelity Reviews

Evidence-Based Practices (EBPs) combine clinical expertise and scientific evidence to provide high-quality services and optimal health care outcomes reflecting the interests, values, needs and choices of individuals. However, in order to achieve the kinds of outcomes demonstrated under the EBP model, practice needs to align with, or maintain fidelity to, the original EBP approach. AHCCCS requires RBHAs to provide training to providers on four EBPs: ACT, Permanent Supportive Housing, Supported Employment and Consumer Operated Services (Peer-Run) services.⁴¹ AHCCCS conducts fidelity reviews of the four EBPs as a result to improve the quality of services provided for members designated as having a serious mental illness in Maricopa County. AHCCCS uses results of the fidelity reviews to provide education, training, and technical assistance to RBHAs to continue to improve services for individuals designated as having a serious mental illness. While AHCCCS fidelity reviews are conducted in Maricopa County, education, training and technical assistance on best practice models and tools applies across the State.

⁴¹ FY 2017-18 (Year 4) Evidence Based Practices Fidelity Project Quality Improvement Report. (2018) Retrieved from https://www.azahcccs.gov/AHCCCS/Downloads/ArnoldVSarn/AnnualReports/WICHE_Year4ReportJune2018.pdf

5

Funding

Community residential treatment services for individuals designated as having a serious mental illness are funded through a mixture of Federal, State and County government funding sources. Because AHCCCS operates under a managed care model (excluding TRBHAs), funding and funding estimates are calculated for the purpose of establishing RBHA capitation payments to cover all RBHA service and administrative expenses for their enrolled members.

Capitation rates are developed by AHCCCS actuaries on a per member per month (PMPM) basis and are actuarially sound. RBHA monthly capitation payments are a product of PMPM rates and the RBHA's monthly enrollment. Capitation rate development considers the following types of data and information:

- Several years of historical utilization data to estimate trends for the future year's utilization.
- Program changes that may impact the trended utilization data or cost.
- Known rate changes that will impact trended cost data.
- Any AHCCCS initiatives that would impact trended data or cost.

AHCCCS considers these factors to compute a single PMPM rate, by population group (referred to as a risk group), that is paid for every member in that risk group — inclusive of all covered services.