

Reducing System Complexity Workgroup Notes

December 2, 2015

Participants: Rene Bartos, Monica Coury, Cynthia Macluskie, Jared Perkins, Chris Tiffany, Sherri Wince
On phone: Aaron Blocher-Rubin, Brian Van Meerten

Facilitator: Sharon Flanagan-Hyde Note-taker: Monica Coury

Sharon introduced issues

- Seems from correspondence that Committee members want this workgroup to recommend for us to move forward with the Hab consult
- Next issue: For this workgroup to clarify habilitation
 - One member clarified that families don't even view providers as BH providers and historically there was no place to put these providers. Only since BCBA's got licensed do we know that they are BH providers. Originally people thought this was a service that only most severe kids needed and now we know from medical community that is not the case.
 - There is still a controversy of rehab vs hab. We see in Tucson and Flagstaff that this is operating differently. Parents have a test case trying to go through Mercy Maricopa Integrated Care (MMIC) and it is not going well.
 - In Tucson, we use skill building and assessment, similar to hab but more what BCBA's provide. We developed that code through the RBHA in Tucson.
 - Brian is running 40 hr/week skills building, assessment, case management in Northern AZ. This is for kids older than 6. They have not have problems with Health Choice Integrated Care (HCIC).
 - Maricopa County RBHA does not know the codes. MMIC contracted AZAUnited.
 - Sharon: Clarified that we're dividing up into accessing system as it is (e.g., include a training program for RBHAs and health plans). Re more forward thinking, De's email is more of what the system could look like.
 - One member wanted to make sure that this workgroup understood with all this current confusion, we have a serious problem for families that needs to be addressed. Line providers have contracts with more than one AHCCCS network. Families get caught in the middle because either as a provider, you don't understand how their contract works or for whatever reason one contract is more fiscally beneficial for your agency. These issues delay access to care and confusion.
 - Sharon interrupted: Reminder to workgroup that we need to frame things in recommendation because this is the last meeting of the workgroup.
 - Recommendation: Support coordinators need to be cognizant of all available services and need to have more control. One member said health plan and DDD also has to create tighter partnership for service authorizations. If DDD and health plans had more data sharing and it is still unclear for providers.

- Recommendation: EPSDT services need to be all under the health plan. That is a long term goal.
- Sharon: interrupted to clarify recommendations re how we want system to work in future and given complexity now and we know system level change takes time, we need to address short term fixes, too. Agree that the EPSDT move to the acute plans.
- Major concern with Maricopa RBHA that doesn't even know the codes for billing ABA.
- Issue around pushing people into ALTCS DDD. We need to get out of that mind set.
- Issue: Making sure that members get access to ABA type services at all RBHAs for ASD services for short term.
- DDD calls it hab because they were filling a gap that was not available.
- Long term recommendation: AHCCCS is Payor of last resort. We need to use codes that will be transferrable so we should recommend adoption of codes that commercial payors are used.
- Short term recommendation: Adopt the current RBHA codes that include: Case management, skills building and assessment are the codes currently used. We should add a supervision code and travel code.
- Sharon interrupted: This workgroup must review draft recommendation.
- Also recommend that industry quality and professionalism standards be adopted.
- Page 1. Sharon asked do we have any revision from this workgroup's lens.
 - Concern re integration is only for people with ASD. Though it is outside the scope of the charge of this committee we do support an integrated system of care for all AHCCCS members. Because "carving in" members with ASD creates another specialty product.
 - Line 28 "enrolled" in ALTCS instead of qualify.
 - Issue with the targeted case management members. Discussion as to where these members go. Today, they have an acute plan, a RBHA and DDD targeted case manager. There are non-Medicaid services that are available to members in DDD targeted like employment and housing, etc.
 - Families may not meet ALTCS level of need initially but if there is DDD targeted they may be eligible for ALTCS later on, which gives them continuity of support coordinator, etc.
 - One suggestion is to put the DDD targeted members in the DDD acute plans. Sharon wants input from the group on this. There are mixed feelings. Explanation that targeted members have input as to their level of support coordination. Concern that parents don't understand what support coordinators provide. Sharon explained that there are clear recommendations for greater education for parents.
 - One suggestion to require greater coordination and data sharing between plans and DDD for the targeted.
 - One point that the more we put people into DDD (targeted or ALTCS) we dilute the pool so it makes it less viable for the rest of the acute plans to build as ASD network.

- Sharon is summarizing: all AHCCCS contracted plans should implement PH and BH integrated services for members with ASD. If the member chooses to apply for DDD and is determined to be DD targeted or eligible for AHCCCS and enrolls.
- Short term solution: DDD targeted group needs to be made clear to the AHCCCS health plans and RBHAs.
- Long term: DDD Targeted members would stay where they are. The families can choose to get support coordination from DDD support coordinators. This would still require health plan/DDD data exchange.
- Long term: Recommendation long term: all services for ALTCS members provided to the DDD acute contracted plans. This includes services like ABA, and similar therapies as well as the entire BH book of services that now would be covered now by the acute health plans contracted with DDD. ALTCS DDD would cover group home, respite, attendant care, etc.
- Another group discussed care coordinator requirements for the health plans to be able to administer the full service array for treatment of ASD.
- Page 2, line 6 make explicit to work more closely with DDD support coordinator
- Every individual with ASD would have a care coordinator. Health plans will likely have to have care coordinators as well particularly until pediatricians and other medical homes can get established. Health plans can also embed care coordinators in clinics, etc.
- Line 26, page 2 point made re difference between process measures and outcomes measures. Quality of life measures should be included. Point made re in BH system got mired in process measures because of the point that people's outcomes are or can be different but actual outcomes suffered. SO need to hold providers accountable to good outcomes. Include family/parent/patient satisfaction.
- Maintain choice of provider and right to switch health plans once per year.
- Discussion of page 3, line 1 re cap rate setting.
- Rates. Did we put anything on Prior Auths. Include that the PA process should not add undue burden. Care coordinator is involved in the Pre-auth process for commercial because that person is an ASD specialist. Would be good to include that as a recommendation.
- Question about the RFI posted from the RBHAs re information about Residential Treatment Centers for persons with ASD. Should we make a recommendation? As a consumer, we have BH professionals that don't exactly know all the needs of individuals with ASD and that any service, we would want to make sure there is integrated service in an RTC so that those traditional medical services could be included. Concern is for when members with ASD are placed in these mental health facilities that their physical care be addressed. This integrated model should permeate the system – not just RTCs but also hospitals, etc.
- Sharon wrap-up: if you have additional thoughts, send page and line number. Goal is to send it out Dec 11 for group to review by the 16th meeting. And please prepare and review the document in advance.

- One parent comment that with AHCCCS we've come this far with community input. We're not used to this with AHCCCS. Another member pleased with amount of stakeholder input and number of parents that have participated.