Health Homes for People with Serious Mental Illness: Emerging Strategies and Challenges

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Overview of AHCCCS

- 1115 Waiver since 1981
- Oversee 10 managed care contracts
- Reimbursement through capitated payments (PMPM)
- As of June 2011, approximately 1.2 million members
- Acute care MCOs, Long Term Care MCOs, DBHS
- FQHCs, RHCs, CHCs
Why Healthcare Integration?

- Improve lifespan and healthcare outcomes
  - Persons with Serious Mental Illness (SMI) die 25 to 30 years earlier than general population
- Control costs
  - 60% of Medicaid’s highest cost beneficiaries with disabilities have co-occurring physical and behavioral health conditions
  - Current healthcare system is unsustainable
- Strengthen the focus on screening, prevention, early intervention, care management, patient education, & wellness
- Support the national movement and focus
Integration and Alignment

- Payor integration vs co-location, reverse co-location
- Integration must include clinical and payor integration as well as integration of benefits (for dual eligibles)
- Maricopa County- Average 12,000 individuals with serious mental illness
- 47% have Medicare, 48% of those are in a FFS or MA plan
- AHCCCS is seeking alignment
First Steps in Planning for Integrated Care

- Starting and nurturing the dialogue
  - CHCs, FQHCs, Tribes—many have been providing integrated care for decades
  - Existing partnerships between Regional Behavioral Health Authorities (RBHAs) and AHCCCS Health Plans
  - Milbank Memorial Fund Conference in January 2011
  - Other states and national experts

- Identifying key system partners
  - Members and Family members via St. Luke’s Health Initiative
  - T/RBHAs
  - Health Plans
  - Behavioral Health and Physical Health Care Providers
First Steps in Planning for Integrated Care

- Awarded Section 2703 Planning Grant
- Obtained support and commitment from Executive
- Developed structure to drive change—Interagency Steering Committee:
  - ADHS/DBHS and AHCCCS are co-leads
  - Established foundational principles
  - Established vision for Specialty RBHA with SMI Health Homes
  - Utilizing consultants as necessary (research, data analysis, stakeholder input...)
Foundational Principles

- Reduced Health Care Costs
- Improved Health Outcomes
- Improved Coordination of Health Care
- System Transformation
- Stakeholder Engagement
A reason system transformation and improved coordination of health care are foundational principles...

Let's review the current system
Vision for Specialty RBHA

- One (1) or more at-risk managed care organizations (MCOs) to act as a Specialty RBHA with SMI Health Homes
  - Become a Medicare Special Needs Plan (SNP)
  - Start with Maricopa County (begin October 1, 2013)
  - Consider expansion to other geographic service areas and behavioral health populations (kids, adults without SMI)

- Expanded responsibility for Title XIX adults with SMI
  - Fully integrate at administrative and service delivery level
  - Provide all medically necessary behavioral health and physical health care services through the use of health homes
  - Meet all CMS requirements for health homes
  - Coordinate and manage benefits for dual eligible Title XIX members with SMI
  - Coordinate care using electronic health records and health information technology (HIT) which provides information to measure system and member-level outcomes
Vision for Specialty RBHA...

Some things don’t change

- Provide all behavioral health services using current model to TXIX GMH/SA/CA populations (RBHAs + Acute Care AHCCCS Health Plans)

- Provide Non-TXIX reimbursable services to TXIX members*

- Provide services for non-TXIX eligible members*

*subject to funding allocations and ADHS contract expectations
Health Homes vs PCMHs

- "Health Home" is a health care delivery approach that includes enhanced coordination of care services for individuals with chronic conditions including expansion of community services.
- Health Homes have a designated team of providers and new payment mechanisms.
- PCMHs are models of care provided by physician led practices that seek to strengthen the doctor-patient relationship by replacing episodic care with coordinated care for all life stages.
Vision for SMI Health Homes

- Multidisciplinary team responsible for delivering physical and behavioral health services

- Multidisciplinary team responsible for both member and population outcomes

- Evidenced based practices used for screening, prevention, wellness, care management, disease management and Recovery programs

- Care coordinated through technology and information sharing systems
Vision for SMI Health Homes

- Behavioral Health Services
- Housing support
- Employment support
- Primary Care Services
- Specialty Care Services
- Peer Support

Behavioral Health Clinic
Care coordination site
Current Activities....

- Data analysis
  - Acute care + behavioral health care + Medicare data
  - Utilization patterns and profiling
  - Diagnostics & demographics of the population
- Stakeholder input
  - Members and family members
  - Behavioral health and physical health providers
  - Managed care organizations
    - RFI submissions and presentations
  - Other system partners
The Next 6 Months...

- Establish requirements/definitions for SMI health homes
  - Services
  - Team members
  - Best/promising practices to be used
  - Outcomes
  - Information technology

- Consider stakeholder input/recommendations

- Ongoing guidance from CMS

- Consultation with SAMHSA
The Next 12 Months and beyond...

- RFP
- State Plan Amendment
- Policies
- Costs; billing codes; reimbursement
- Confidentiality; HIPAA regulations
- Provider/workforce
  - Licensing; credentialing; privileging
  - Provider network development
- Training
- EHR/EMR/HIE; technology; sharing of data
Throughout This Process...

- Preserve Recovery
- Peer and Family voice and participation in program design
- Maintain strong and effective communication
  - Transparency
  - Seek public buy-in and support
  - Inclusion
THANK YOU FOR YOUR PARTICIPATION TODAY

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