



# **Serving Individuals with Disabilities Through a Managed Care Model**

**Interagency Autism Coordinating  
Committee Services Workshop**

**September 15, 2011**





# Arizona Waiver History

- **July 13, 1982**

- The Health Care Financing Administration (HCFA) granted Arizona an 1115 Research Waiver

- **October 1, 1982**

- The Arizona Health Care Cost Containment System (AHCCCS) began serving people in its acute care program

- Arizona was the first state to implement a statewide, Medicaid managed care system, based on prepaid, capitated arrangements with health plans



# Arizona Waiver History

## ■ **December 1988**

- AHCCCS began phasing-in long term care services for individuals with developmental disabilities (DD)

## ■ **January 1989**

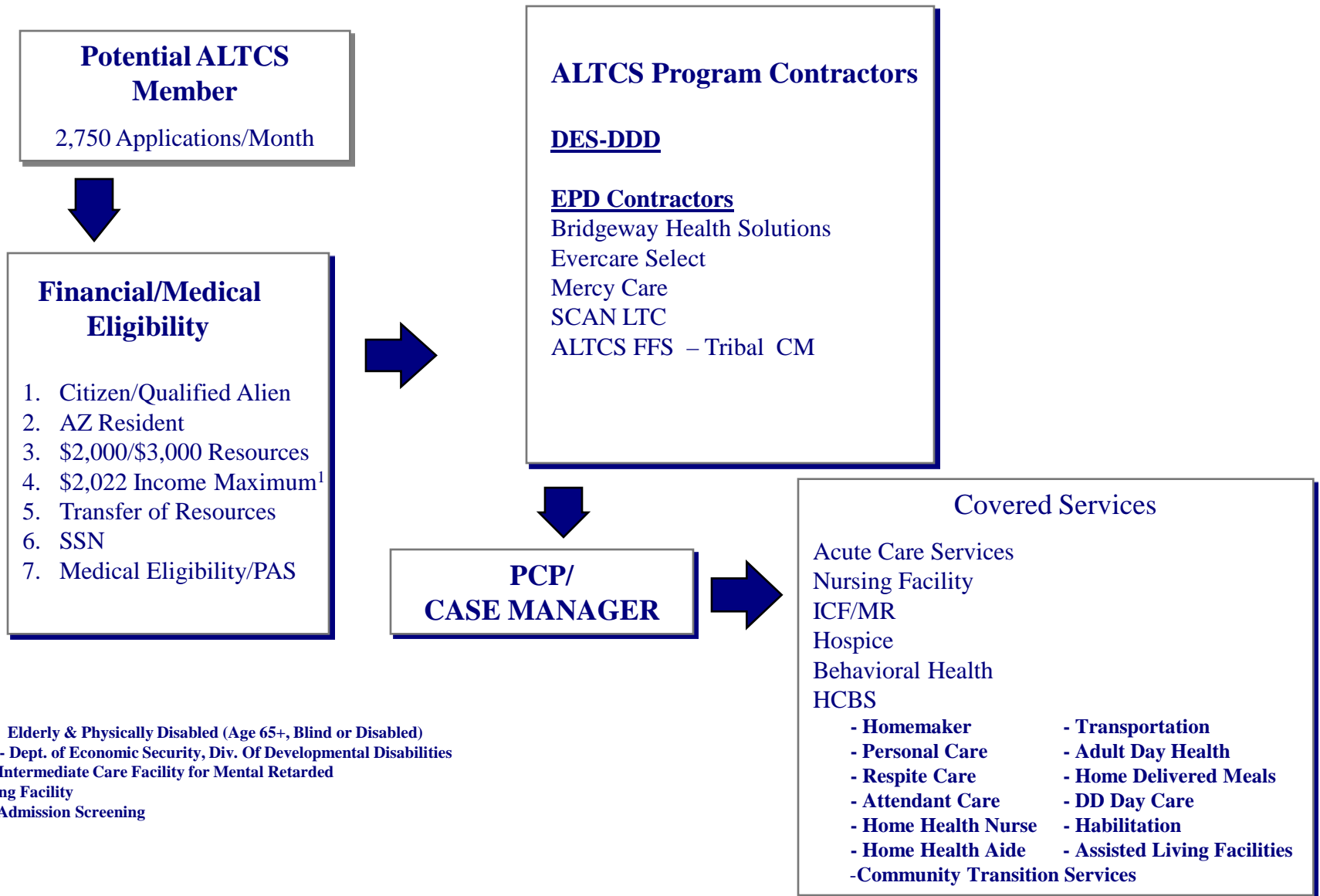
- AHCCCS began serving the elderly and individuals with physical disabilities (E/PD)



# Arizona Long Term Care System (ALTCS) Guiding Principles

- Member-centered case management
- Consistency of services
- Accessibility of network
- Most integrated setting
- Collaboration with stakeholders

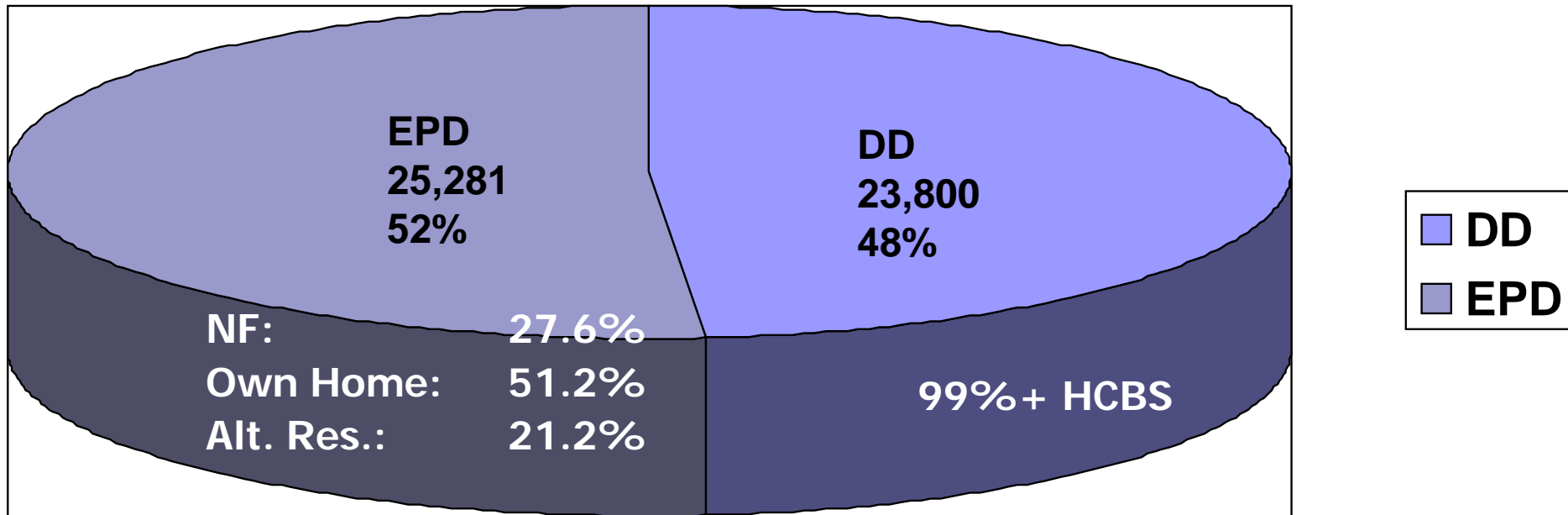
# ALTCS Model



**KEY**

EPD - Elderly & Physically Disabled (Age 65+, Blind or Disabled)  
 DES/DDD - Dept. of Economic Security, Div. Of Developmental Disabilities  
 ICF/MR - Intermediate Care Facility for Mental Retarded  
 NF - Nursing Facility  
 PAS - Pre Admission Screening

# ALTCS Population – September 1, 2011



# Key Components of Serving Individuals with Disabilities Through a Managed Care Model

- **Integrated continuum of care (long term care, acute care, behavioral health care)**
- **Commitment to serving members in the most integrated, appropriate and cost effective setting**
- **Development of and ongoing commitment to self-directed models of care**
- **Coordinated and informed case management**
- **Broad array of community settings, which facilitates member choice**
- **Availability of resources to facilitate transition into the community**

# Key Components of Serving Individuals with Disabilities Through a Managed Care Model

- **State Oversight**
  - Detailed contractual agreement and policies
  - Annual operational and financial review
  - Established network standards
  - Robust quality management standards, including monitoring of clinical performance measures and initiation of quality improvement projects
  - Regular case management monitoring and training
  - Regular monitoring of claims payment for timeliness and accuracy
  - Monthly review of grievances (member grievances and appeals, claims disputes)
  - Monitoring of medical management/utilization management
  - Regular review of financial viability
  - Consistent monitoring of HCBS placement against established targets



# Questions

