Serving Individuals with Disabilities Through a Managed Care Model

Interagency Autism Coordinating Committee Services Workshop

September 15, 2011



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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

Potential ALTCS Member

2,750 Applications/Month



Financial/Medical Eligibility

- 1. Citizen/Qualified Alien
- 2. AZ Resident
- 3. \$2.000/\$3.000 Resources
- 4. \$2,022 Income Maximum¹
- 5. Transfer of Resources
- 6. SSN
- 7. Medical Eligibility/PAS



ALTCS Program Contractors

DES-DDD

EPD Contractors

Bridgeway Health Solutions

Evercare Select

Mercy Care

SCAN LTC

ALTCS FFS - Tribal CM



PCP/ CASE MANAGER



Covered Services

Acute Care Services

Nursing Facility

ICF/MR

Hospice

Behavioral Health

HCBS

- Homemaker
- Transportation
- Personal Care
- Adult Day Health
- Respite Care
- Home Delivered Meals
- Attendant Care
- DD Day Care
- Attendant Care - Home Health Nurse
- Habilitation
- Home Health Aide
- Assisted Living Facilities
- -Community Transition Services

<u>KEY</u>

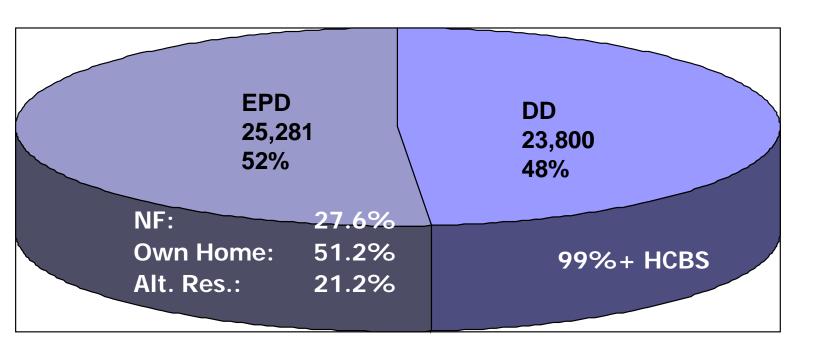
EPD - Elderly & Physically Disabled (Age 65+, Blind or Disabled)
DES/DDD - Dept. of Economic Security, Div. Of Developmental Disabilities

ICF/MR - Intermediate Care Facility for Mental Retarded

NF - Nursing Facility

PAS - Pre Admission Screening







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 selfdirected 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

