

Delivery System Reform Incentive Payment (DSRIP) Program

Stakeholder and Public Comments: Common Themes and State Responses

In order to achieve Arizona's State Innovation Plan's vision of accelerating the State's delivery system transformation towards value-based integrated models that focus on whole person health throughout the continuum in all settings, the State has sought broad-based stakeholder input and support from payers, providers, community organizations, and consumers. Stakeholders and members of the public had multiple ways to receive information and provide feedback on the proposed DSRIP program:

- The State held numerous stakeholder meetings to share information and gather input.¹
- On June 2, 2016, AHCCCS posted for public review and input the draft DSRIP proposal and draft milestones and measures related to the four strategic focus areas:
 - Adult projects.
 - American Indian Health Program projects.
 - Justice system projects.
 - Pediatric projects.
- The State hosted two public forums on June 6, 2016 and June 7, 2016.² The public comment period lasted from June 2, 2016 to July 5, 2016.
- The State created dedicated mailing and e-mail addresses for members of the public to send letters and e-mails.

The State received comments from 20 entities that included managed care organizations, professional membership organizations, state and county agencies, providers, and nongovernmental organizations. This document highlights many common themes found throughout stakeholder feedback and public comment period and offers the State's responses, clarification, and how the comments may have shaped the State's proposal.

1. Target Population.

In addition to targeting individuals with behavioral health needs, involved in the justice system, or receiving services through the American Indian Health Program, the State has been asked to consider expanding the target population as follows:

- Women with high-risk pregnancies.
- Women of child-bearing years to address the importance of prenatal and postpartum care.
- Veterans.
- Older adults with cognitive and functional impairments.
- Patients appropriate for palliative and/or receiving end-of-life care.

¹ Stakeholder meeting dates and materials are available at <https://www.azahcccs.gov/AHCCCS/Initiatives/PaymentModernization/SIM.html>.

² DSRIP public hearing information is available at <https://www.azahcccs.gov/AHCCCS/Initiatives/DSRIP/>.

- Children with complex medical conditions.
- Children engaged in the child welfare system.
- Children who are at-risk for Autism Spectrum Disorder.
- Individuals with intellectual and developmental disabilities.

Taking into consideration the State's focus on reducing fragmentation through developing an integrated system and resources related to DSRIP projects, the State decided to expand the target population to include children engaged in the child welfare system, children who are at-risk for Autism Spectrum Disorder, and children with intellectual and developmental disabilities.

2. DSRIP Entity Geographic Region, Composition, and Patient Attribution.

Given distinct target population, strategic focus areas, and already defined geographic regions for managed care organizations, defining geographic regions for DSRIP provider entities ("DSRIP entity") is challenging. Consequently, stakeholders have asked for flexibility for DSRIP entities to define their own geographic service area. In order to inform the State's planning activity, the State has invited interested parties to provide responses to an RFI to define geographic regions, as well as provide examples of primary care organizations, behavioral health organizations, and hospitals that would be included as DSRIP entity participants. It is the State's intent to finalize the DSRIP entity geographic region definition, their provider composition, and a patient attribution methodology(ies) with stakeholders' input.

3. Social Services

The State has received numerous comments about addressing social determinants of health to assist members to attain their full health potential. To that end, the State is strongly encouraging DSRIP entities through project milestones to form relationships with community-based social service resources, including self-help referral connections, community group resources, peer professionals, housing and employment support services, by identifying the resources in the community and creating protocols of when to engage or refer patients to these community-based resources in all strategic focus areas.

4. Individuals Transitioning from the Justice System

The objective of this strategic focus area is to develop an integrated health care setting within selected probation and parole offices. Stakeholders provided the following suggestions:

- Coordinate eligibility and enrollment activities to maximize access to services.
- Assist with health care system navigation.
- Perform health care screenings.
- Provide physical and behavioral health care services.
- Provide care coordination services to assist the individual in scheduling initial and follow-up appointments with necessary providers within or outside of the integrated setting.
- Assist individuals with arranging and coordinating continuing care once the individual is no longer required to participate in probation/parole activities.

Based on stakeholder comments received, DSRIP entities will have the flexibility to provide integrated care in selected county probation offices or Department of Corrections (DOC) settings, clinics in close proximity to probation offices and/or DOC parole offices, or mobile clinics. Also, additional core competencies will be added related to criminogenic risks screening, participation in Regional Behavioral Health Authority (RBHA) training and education, and health literacy and health financial literacy training for members.

In addition to addressing adults transitioning from the justice system, stakeholders suggested that a project targeting youth transitioning from the justice system would benefit from conducting reach-in coordination, increasing workforce for those serving individuals involved with the justice system, and coordinate eligibility and enrollment activities for continuity of care. The State will convene additional stakeholder meetings to continue developing this project.

5. American Indian Health Program (AIHP) Care Management

The objective of this strategic focus area³ to improve health outcomes for American Indians by creating more robust care coordination and care management in the AIHP program where American Indians receive care from both Indian health and non-Indian health providers. Stakeholders provided the following suggestions:

- Participating in all Steering Committee and work group meetings is not practicable since participants may have varying degrees of interest and capacity for work group participation.
- It is challenging to find qualified staff in rural communities to provide care management. The State should explore employing alternative resources to perform care transition functions including, but not limited to, community paramedicine.
- For post-discharge follow-up visit and medication reconciliation, a shorter timeframe is recommended to ensure member safety.

6. Behavioral Health and Physical Health Integration for Adults and Children

The objective of this strategic is to provide a comprehensive approach to integrated care in any care setting in which a member may receive either physical health or behavioral health services to better address mental and physical health and addiction disorders.

It should be noted that behavioral health and physical health integration has two focus areas: adults and children. Within these two focus areas, there are distinct projects for adults and children with many overlapping project requirements.

Based on stakeholder input, the State is making the following changes for projects for adults and children:

³ Based on the Centers for Medicare and Medicaid Services' most recent feedback regarding AIHP care management activities, the State is currently exploring an alternative method(s), including alternative payment model, to fund these activities.

- The State is researching possible toolkits practices should consider utilizing, for behavioral health/physical health integration.
- The State is engaging Arizona Health-e Connection to define the shared integrated clinical record, core components of a common care plan, and associated measures, as well as common social determinants variables.

Based on stakeholder input, the State is making the following change for projects that apply to adults only:

- The State is expanding post-discharge follow-up care to all inpatient stays.

Based on stakeholder input, the State is making the following changes for projects that apply to children only:

- Since children and families can engage with the child welfare system to receive assistance for various reasons, the State is clarifying that for the purpose of DSRIP, we are focusing on children who have been removed and placed in foster care or other residential placement outside their home.
- Concerns have been raised about requiring that a comprehensive child abuse and neglect screening be conducted at every visit since this could re-traumatize the child. Instead, it was recommended that practices should review the care plan from the Department of Child Safety (DCS) prior to the visit. The State will incorporate this recommendation.

7. DSRIP Milestones and Metrics.

The State has received numerous comments about the importance of having opportunities to share experiences to identify and capture key lessons for successful implementation, as well as participate in DSRIP entity-offered training and education related to strategic focus areas. In addition, the State has received numerous suggestions on additional performance measures in all four strategic focus areas. The State will consider all the suggestions on performance measures and select appropriate measures to evaluate the State's goals of accelerating the State's delivery system transformation towards value-based integrated models through the DSRIP program.