

January 2, 2020

Richard Stavneak
Director
Joint Legislative Budget Committee
1716 West Adams
Phoenix, Arizona 85007

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Dear Mr. Stavneak:

In accordance with Laws 2019, 1st Regular Session, Chapter 270, please find the enclosed report on inpatient psychiatric treatment. Do not hesitate to contact me at (602) 417-4111 if you have any questions or would like additional information.

Sincerely,

Jami Snyder Director

cc: Matt Gress, Director, Governor's Office of Strategic Planning and Budgeting Christina Corieri, Senior Policy Advisor, Governor's Office



Report to the Director of the Joint Legislative Budget Committee Regarding Inpatient Psychiatric Treatment Availability

January 2, 2020 Jami Snyder, Director

BACKGROUND

Laws 2019, 1st Regular Session, Chapter 270, requires the following:

A. On or before January 2, 2020 and each year thereafter, the director of the Arizona Health Care Cost Containment System administration shall submit a report to the director of the Joint Legislative Budget Committee on the availability of inpatient psychiatric treatment both for adults and for children and adolescents who receive services from the Regional Behavioral Health Authorities. The report shall include all of the following information:

- The total number of inpatient psychiatric treatment beds available and the occupancy rate for those beds.
- 2. Expenditures on inpatient psychiatric treatment.
- 3. The total number of individuals in this state who are sent out of state for inpatient psychiatric treatment.
- 4. The prevalence of psychiatric boarding or holding psychiatric patients in emergency rooms for at least twenty-four hours before transferring the patients to a psychiatric facility.
- B. The report shall provide the information specified in subsection a of this section separately for adults who are at least twenty-one years of age and for children and adolescents who are twenty years of age or younger.

The report provides the requested information regarding the availability of inpatient psychiatric treatment for both adults and children/adolescents who receive services from the AHCCCS Managed Care Organizations (MCOs) which are responsible for the provision of behavioral health services to AHCCCS members. Please note that this includes both the Regional Behavioral Health Authorities (RBHAs) and the AHCCCS Complete Care (ACC) MCOs, effective within State Fiscal Year (SFY) 2019, due to the integration of physical and behavioral health services with the ACC MCOs for all acute careenrolled members with General Mental Health/Substance Use needs, and children other than those in the foster care system.

INPATIENT PSYCHIATRIC TREATMENT DATA

The legislation requires reporting on the following four areas:

1. The total number of inpatient psychiatric treatment beds available and the occupancy rate for those beds.

Based on calendar year 2018 data (most recent available) from the Uniform Accounting Reports (UAR) submitted to the Arizona Department of Health Services, there are 1,818 licensed psychiatric beds available for occupancy in Arizona. This is a slight decline from 1,888 available beds in 2017,

accounting for a 3.7 percent decrease. Also per the UAR data, there was a total of 572,303 inpatient psychiatric patient days reported for the same timeframe, which averages to 1,568 beds utilized per day (86.2 percent occupancy). The increase in inpatient psychiatric days (compared to 550,062 reported last year), combined with fewer beds available, results in an occupancy rate increase from just under 80 percent reported last year.

2. Expenditures on inpatient psychiatric treatment.

Table 1 displays data for all psychiatric inpatient stays for AHCCCS members separately for adults who are at least twenty-one years of age and for children and adolescents who are twenty years of age or younger for dates of service in SFY 2019.

Table 1. Expenditures: Inpatient Psychiatric Treatment

	Members Less than 21 Years of Age	Members Aged 21 and Older
Total expenditures, SFY 2019	\$45,767,477	\$124,152,214

3. The total number of individuals in this state who are sent out of state for inpatient psychiatric care.

Table 2 displays data for all out-of-state psychiatric inpatient stays for AHCCCS members separately for adults who are at least twenty-one years of age and for children and adolescents who are twenty years of age or younger for dates of service in SFY 2019.

Table 2. Unique Members Receiving Inpatient Psychiatric Services Out of State

	Members Less than 21 Years of Age	Members Aged 21 and Older
Unique members with one or more psychiatric inpatient stay(s) out of state, SFY 2019	154	289

4. The prevalence of psychiatric boarding or the holding of psychiatric patients in emergency rooms for at least twenty-four hours before transferring the patient to a psychiatric facility.

AHCCCS is currently developing a new methodology to enhance monitoring of the prevalence of psychiatric boarding. Efforts include statewide consistency in member care coordination and data collection as well as efficient reporting methods that limit provider burden. It is expected that these efforts will be finalized and implemented by the end of State Fiscal Year 2020. Due to the timeline, data is not available for this report; however, AHCCCS continues to work closely with the MCOs to ensure they are focused on timely and appropriate treatment for members as well as adequate networks that meet member needs.

CONCLUSION

The data represented in this report shows that, while inpatient psychiatric beds decreased slightly from the prior year's report, inpatient psychiatric days increased resulting in an increasing occupancy rate nearing 90%. While occupancy is not at full capacity, some AHCCCS members are placed out of state, typically

due to lack of specialty services within the state of Arizona. AHCCCS and its MCOs regularly evaluate member-specific needs vs. network capacity and work to build local services whenever feasible. The efforts to establish greater consistency for evaluation of ED wait times as well as out-of-state placements suggest that improvements in the continuum of care available to Arizona residents should still be a focus for the delivery system. To that end, AHCCCS convened a stakeholder workgroup on this topic in calendar year 2019 and is working through a number of recommendations that are being considered.