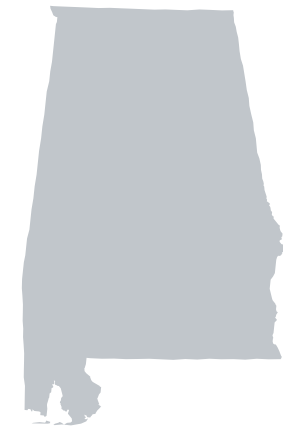




**OPEN MINDS**

# Alabama Health & Human Services Market Profile: 2024



# Health & Human Services Market Profile Overview

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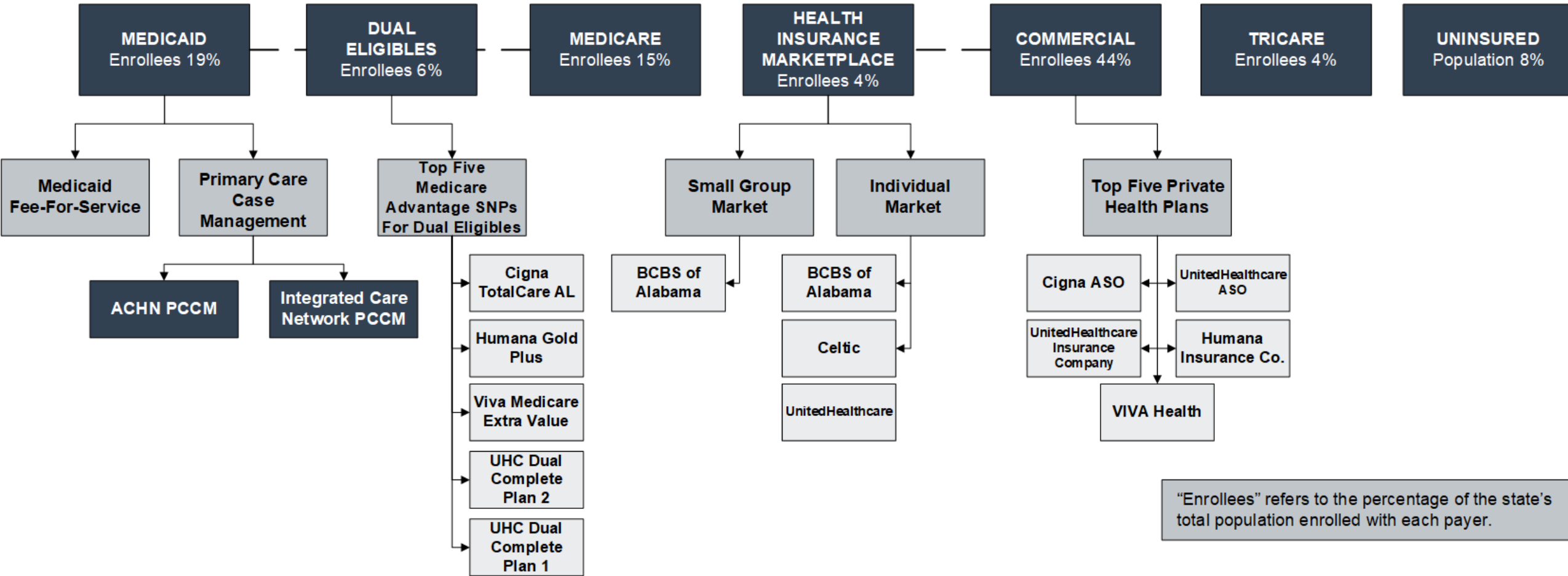
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# A. Executive Summary

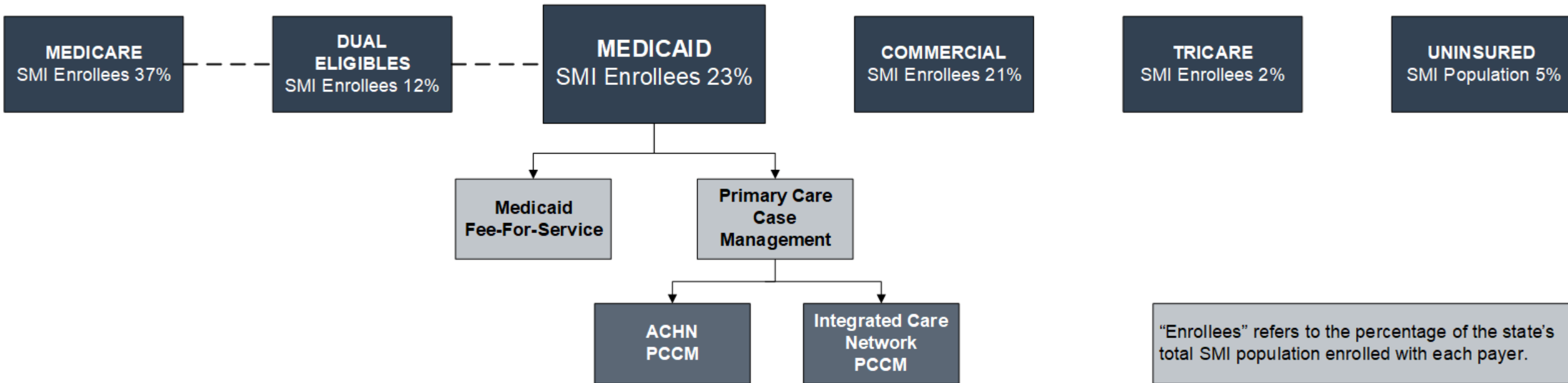
# A.1. Alabama Physical Health Care Coverage by Payer

Total Alabama Population- 5,074,296  
 Estimated SMI Population- 405,944



“Enrollees” refers to the percentage of the state’s total population enrolled with each payer.

# A.1. Alabama Behavioral Health Care Coverage by Payer



## A.2. Medicaid Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan		Managed care services are delivered through the state's PCCM program.
Primary Care Case Management (PCCM)	✓	The state operates two PCCM programs; Alabama Coordinated Health Network (ACHN) and the Integrated Care Network, which it considers to be managed care.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	Primary care providers in the ACHN PCCM program serve as medical homes for their enrollees.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		The state has discontinued its plans for a MLTSS program.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Alabama currently has two CCBHCs.

## A.3. Behavioral Health Care Safety-Net Delivery System

### State Agencies Responsible For Uninsured Citizens & Delivery System Model

#### Physical Health Services

- Alabama Department of Public Health provides physical health services to the safety-net population. It provides funding to county public health departments that in turn deliver services on a sliding fee basis.

#### Mental Health Services

- The Alabama Department of Mental Health provides mental health services to the safety-net population by contracting with community behavioral health entities, called 310 Boards, that are operated at the county or joint county level, as well as through contracted provider organizations.

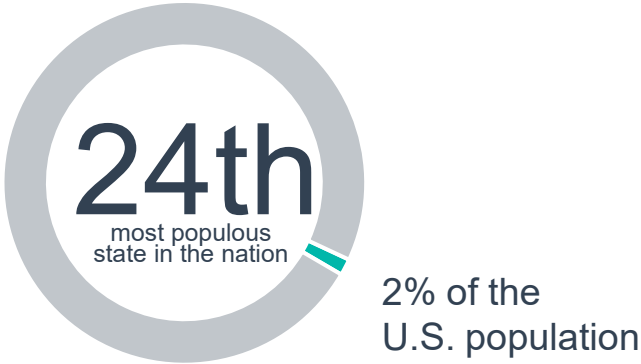
#### Addiction Treatment Services

- The Department of Mental Health also delivers addiction treatment services through the 310 boards and through contracted provider organizations.

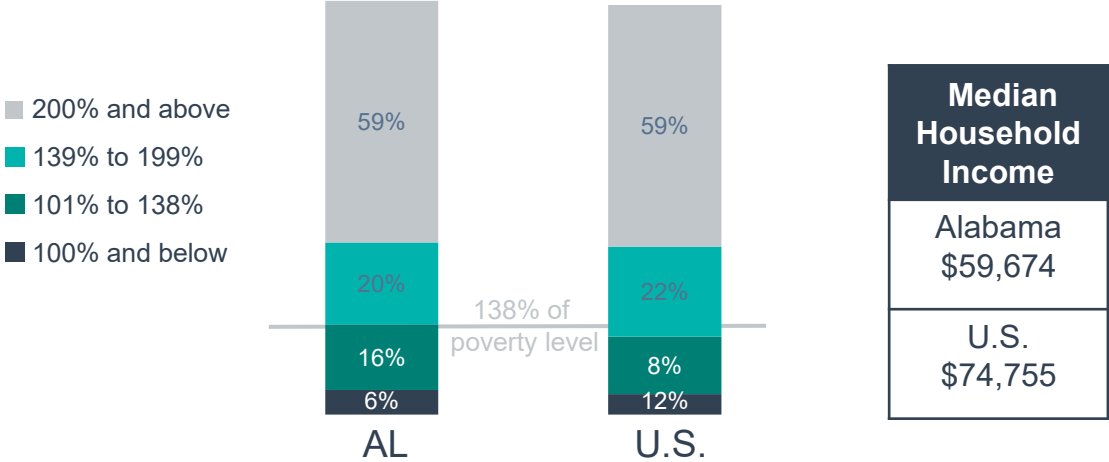
# B. Alabama Health Financing System Overview

# B.1. Population Demographics

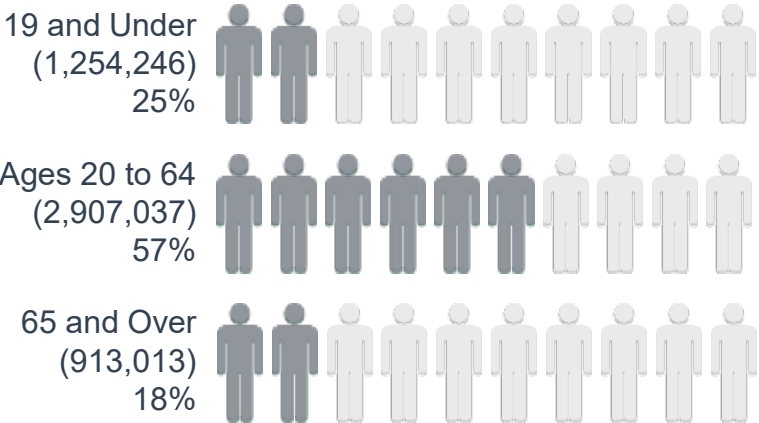
Total Alabama Population - 5,074,296  
 Estimated SMI Population - 405,944



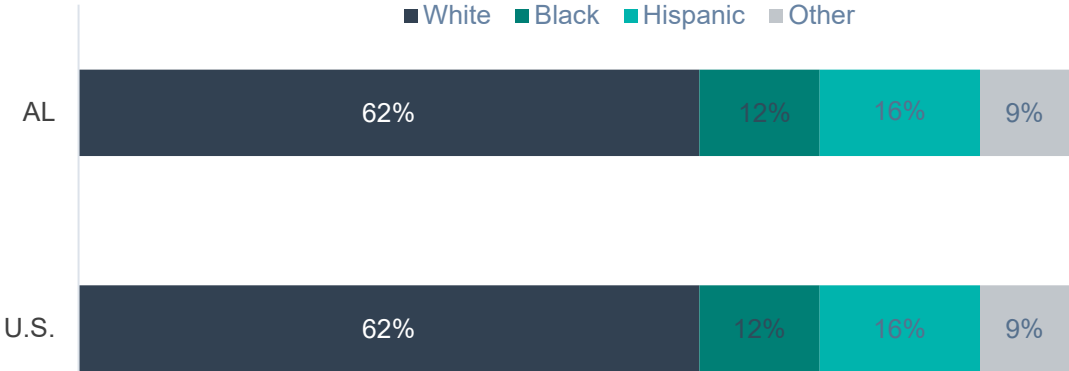
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



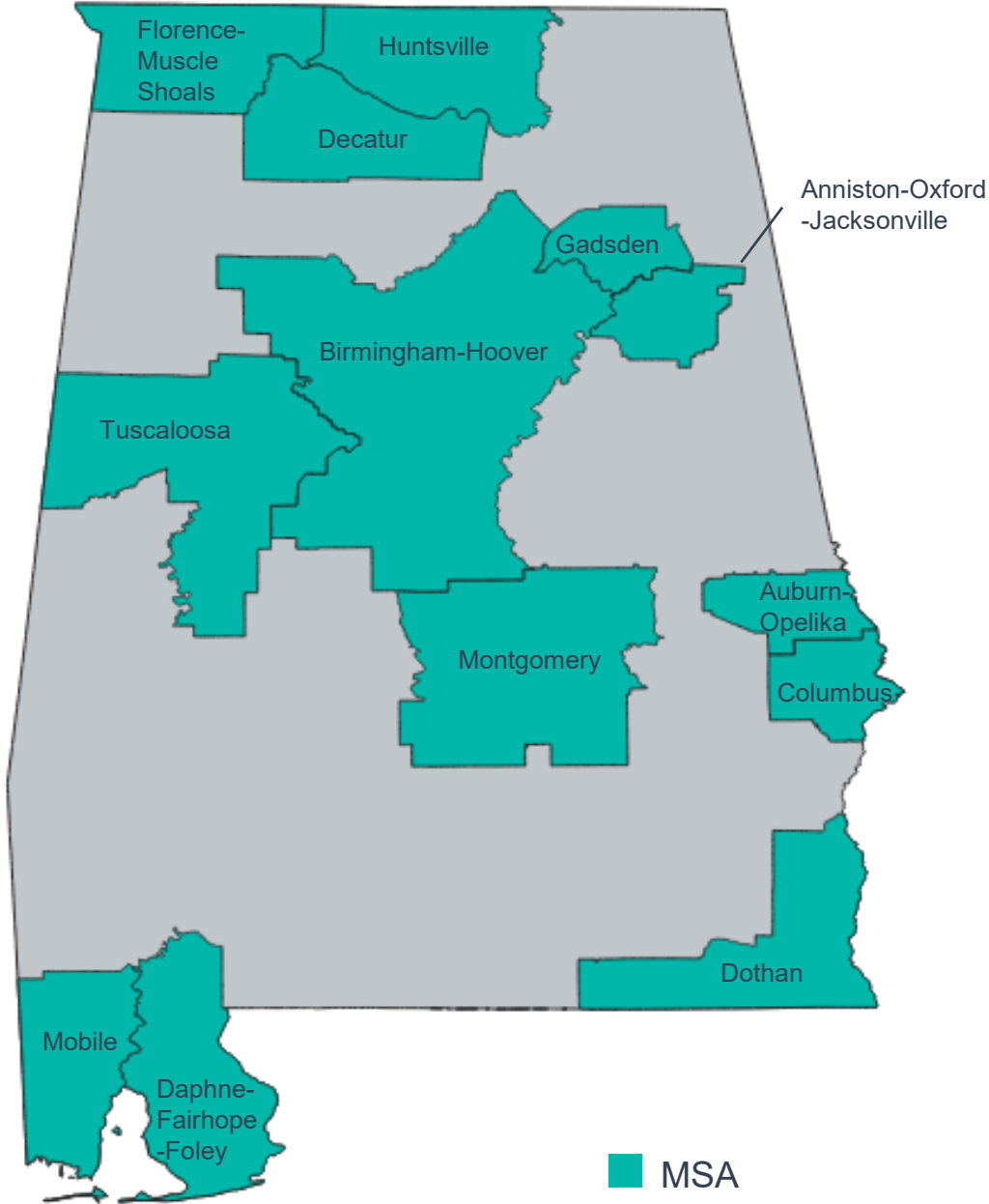
Alabama & U.S. Racial Composition



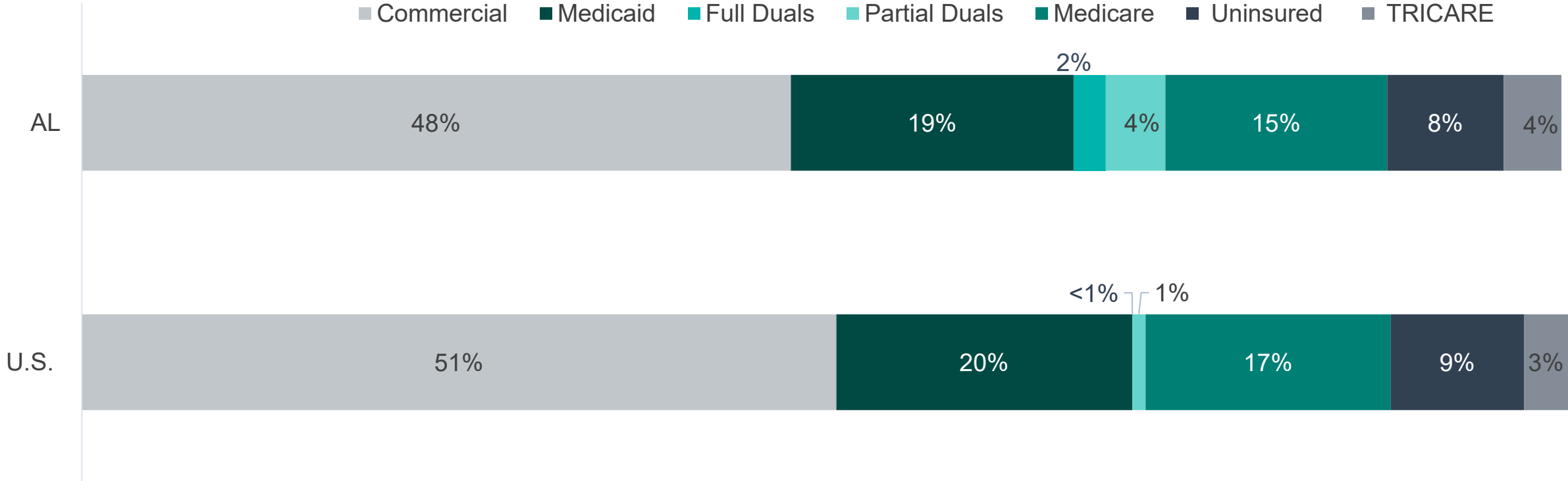
Totals may not equal 100% due to rounding.

# B.2. Population Centers

Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percentage
<b>Total MSA Population</b>	<b>4,154,856</b>	<b>82%</b>
Birmingham-Hoover	1,116,857	22%
Huntsville	514,465	10%
Mobile	426,533	8%
Montgomery	385,460	8%
Columbus, GA-AL	324,110	6%
Tuscaloosa	277,494	5%
Daphne-Fairhope-Foley	246,435	5%
Auburn-Opelika	180,773	4%
Decatur	157,425	3%
Florence-Muscle Shoals	153,911	3%
Dothan	152,517	3%
Anniston-Oxford-Jacksonville	115,788	2%
Gadsden	103,088	2%

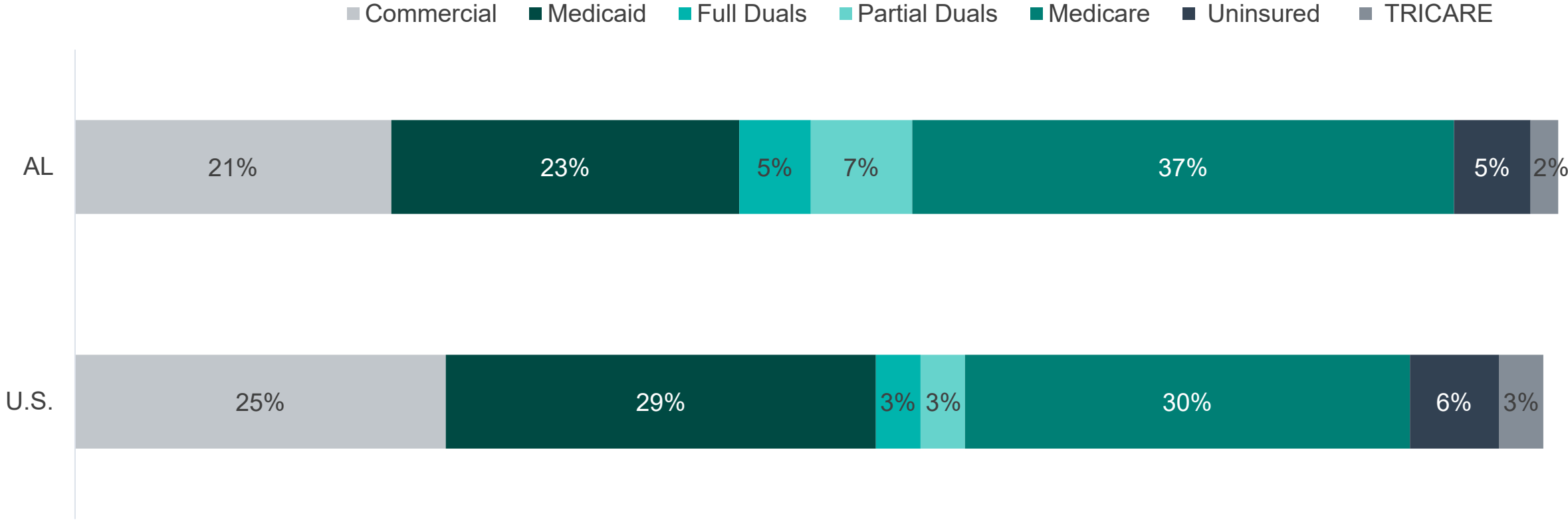


# B.3. Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

# B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

## B.4. Largest Alabama Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Patient 1 <sup>st</sup>	Medicaid PCCM	810,232
Medicare fee-for-service (FFS)	Medicare	428,136
Medicaid FFS	Medicaid	240,579
TRICARE	Other Public	211,844
AARP MedicareComplete	Medicare Advantage	132,124
Humana Health Plan	Medicare Advantage	119,873
UnitedHealthcare Nursing Home Plan	Medicare Advantage	110,840
Sierra Health and Life Insurance Company	Medicare Advantage	106,959
Blue Cross Blue Shield of Alabama	Commercial	106,631
Blue Advantage	Medicare Advantage	106,584

\* Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024; Medicare enrollment as of January 2024

## B.4. Largest Alabama Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	428,136	97,187
Patient 1 <sup>st</sup>	Medicaid PCCM	810,232	93,987
AARP MedicareComplete	Medicare Advantage	132,124	29,992
Medicaid FFS	Medicaid	240,579	27,907
Humana Health Plan	Medicare Advantage	119,873	27,211
Sierra Health and Life Insurance Company	Medicare Advantage	106,959	24,280
Blue Advantage	Medicare Advantage	106,584	24,195
HumanaChoice	Medicare Advantage	62,744	14,243
VIVA Health	Medicare Advantage	56,185	12,754
Humana Gold Plus	Medicare Advantage	48,921	11,105

\* Medicaid enrollment as of January 2024; TRICARE as of December 2023; Commercial as of January 2024, Medicare enrollment as of January 2024

# B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	Federal
Individual Enrollment Contact	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
	1-800-318-2596
Small Business Enrollment Contact	<a href="https://www.healthcare.gov/small-businesses/">https://www.healthcare.gov/small-businesses/</a>
	1-800-706-7893

2024 Individual Market Health Plans
<ol style="list-style-type: none"> <li>1. Blue Cross and Blue Shield of Alabama</li> <li>2. Celtic</li> <li>3. UnitedHealthcare</li> </ol>

2024 Small Group Market Plans
<ol style="list-style-type: none"> <li>1. Blue Cross and Blue Shield of Alabama</li> </ol>

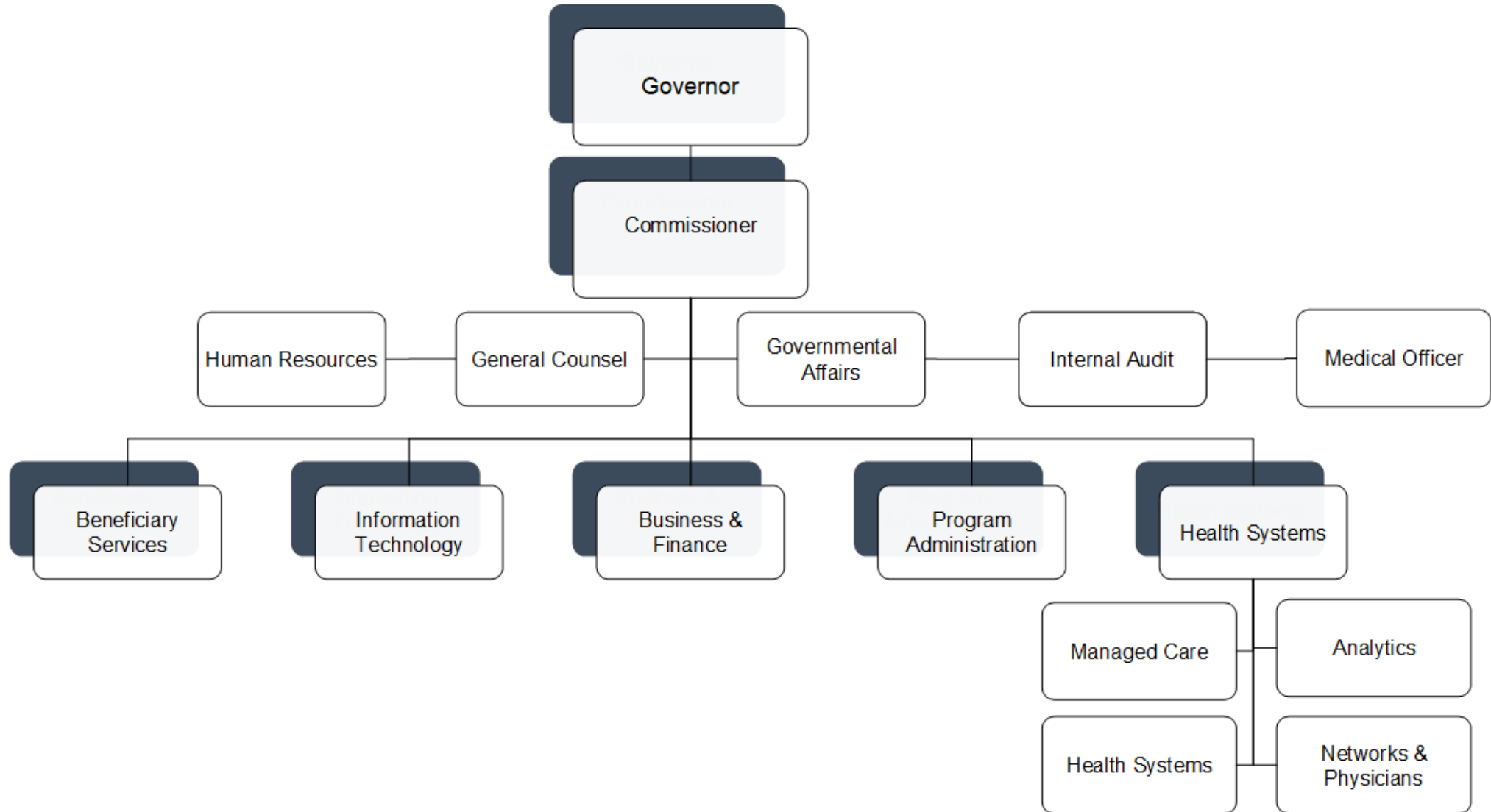
## B.6. Accountable Care Organizations

Medicare Shared Savings ACOs	
1. Accountable Care Coalition of Alabama	12. Doctors ACO, LLC
2. ACO of North Delaware, LLC	13. Fresenius Seamless Care of Central Alabama*
3. Alabama Physician Network	14. Fresenius Seamless Care of Gulf Shore*
4. Aledade Accountable Care 22, LLC	15. LTC ACO, LLC
5. Aledade Accountable Care 79, LLC	16. North Georgia HealthCare Partnership, Inc dba Live Oak Care
6. Aledade Jupiter ACO, LLC	17. Northwest Florida Health Partners LLC dba Gulf Coast Health Partners
7. CHSPSC ACO 12, LLC	18. PH Health Alliance LLC
8. CHSPSC ACO 19, LLC	19. Piedmont Clinic ACO, LLC
9. CHSPSC ACO 21, LLC	20. Select Physicians Associates, LLC
10. CPSI AC 3, LLC	21. Statera Health, LLC
11. Cumberland ACO, LLC	

\* End Stage Renal Disease Model

## C. Medicaid Administration, Governance & Operations

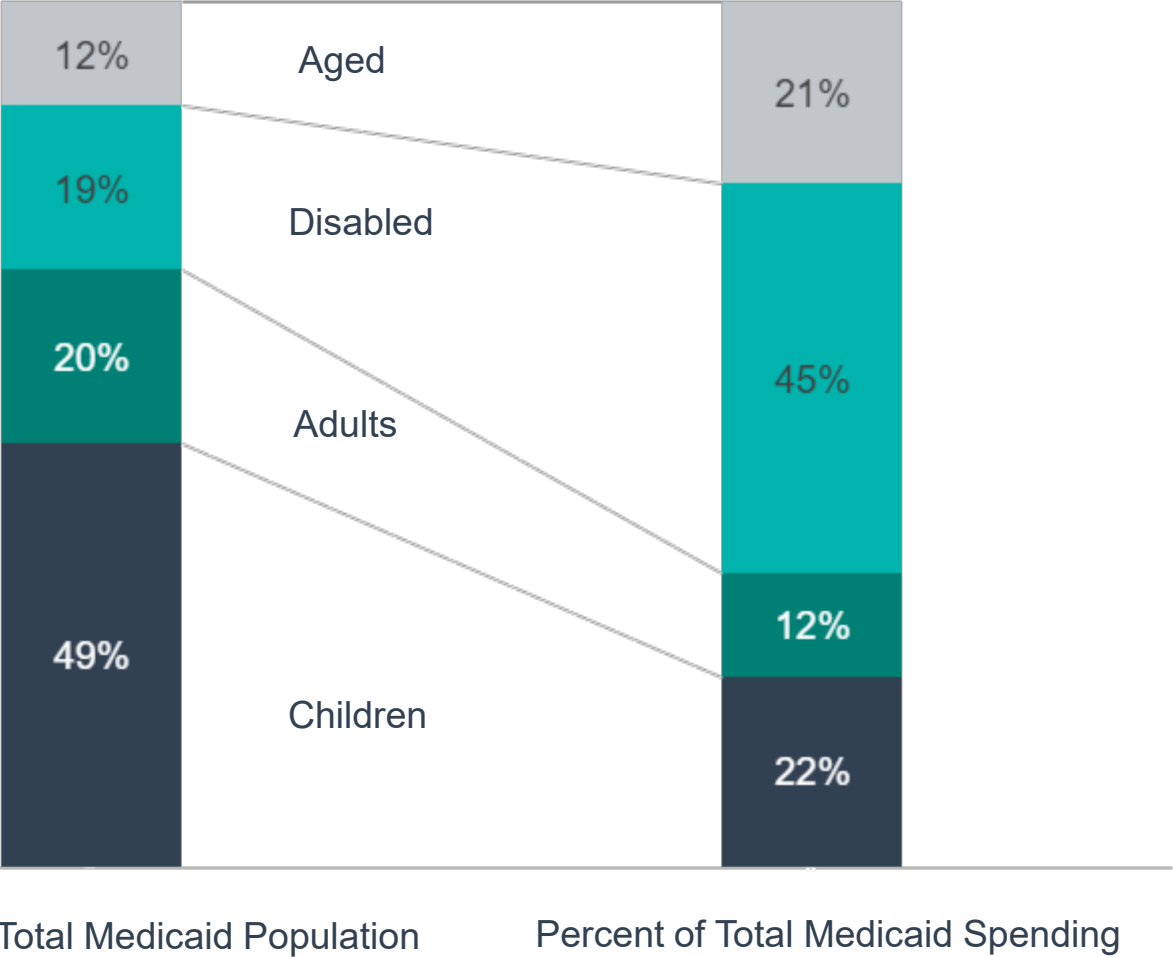
# C.1. Medicaid Governance: Organization Chart



## C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Stephanie McGee Azar	Commissioner	Alabama Medicaid Agency	stephanie.azar@medicaid.alabama.gov
Mason Tanaka	Deputy Commissioner, Information Systems & Technology	Alabama Medicaid Agency	mason.tanaka@medicaid.alabama.gov
David McIntosh	Deputy Commissioner, Business & Finance	Alabama Medicaid Agency	david.mcintosh@medicaid.alabama.gov
Vacant	Medical Director	Alabama Medicaid Agency	N/A
Barry Cambron	Deputy Commissioner, Health Systems	Alabama Medicaid Agency	barry.cambron@medicaid.alabama.gov
Ginger Carmack	Deputy Commissioner, Program Administration	Alabama Medicaid Agency	ginger.carmack@medicaid.alabama.gov
Gretel Felton	Deputy Commissioner, Beneficiary Services	Alabama Medicaid Agency	gretel.felton@medicaid.alabama.gov
Travis Houser	Associate Director, Managed Care	Alabama Medicaid Agency, Department of Health Systems	travis.houser@medicaid.alabama.gov
Bakeba Raines	Associate Director, Health Systems	Alabama Medicaid Agency, Department of Health Systems	bakeba.raines@medicaid.alabama.gov

# C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	AL
All populations	\$8,651	\$5,835
Children	\$3,584	\$2,641
Adults	\$5,462	\$3,474
Expansion adults	\$7,486	N/A
Blind and disabled	\$23,935	\$13,451
Aged	\$18,514	\$10,497

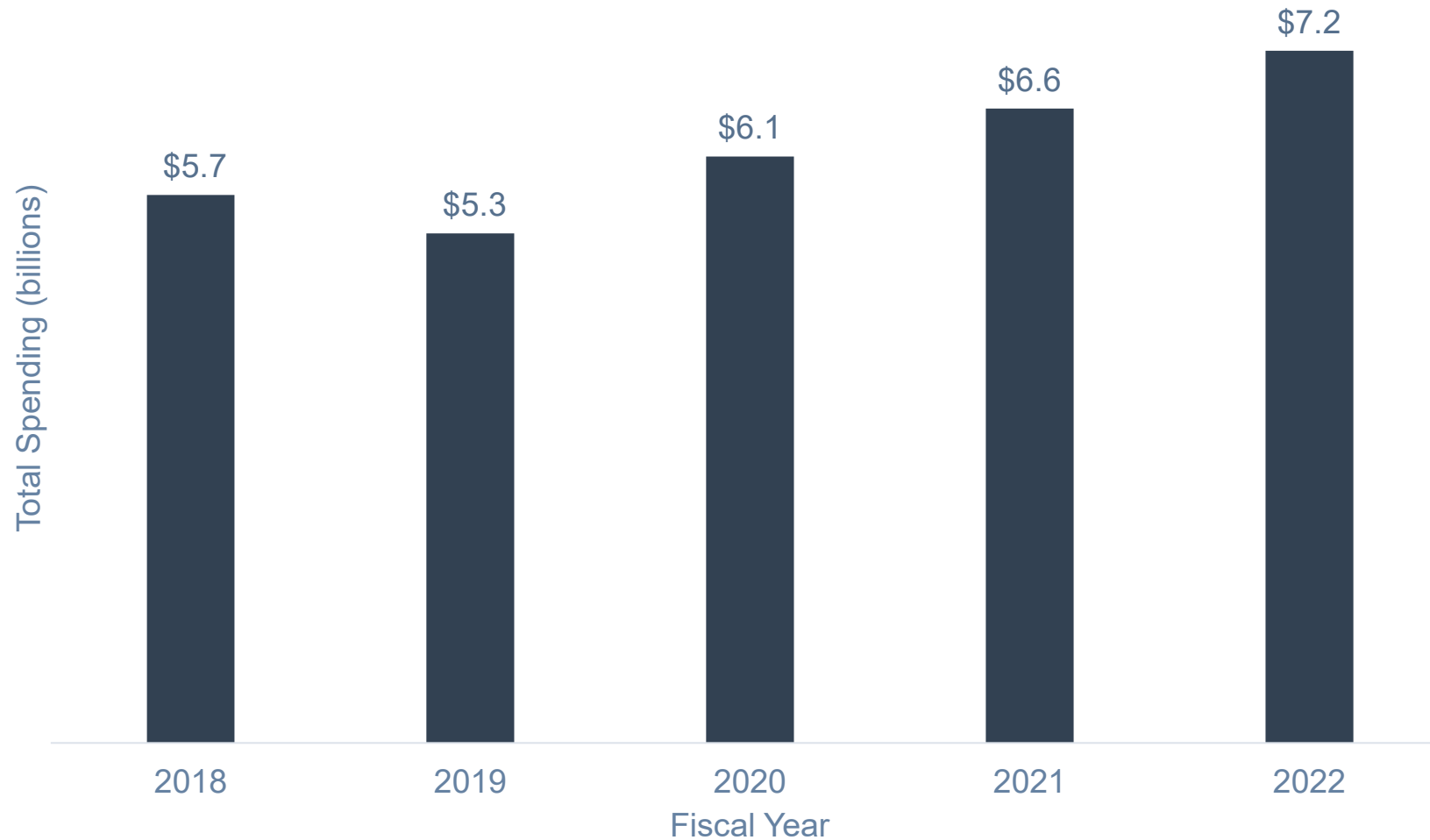
Based on FY 2021 data

## C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Hospital	\$2,835,000,000	39%
Institutional LTSS	\$1,172,000,000	18%
Other acute	\$712,000,000	10%
Home- and community-based LTSS	\$656,000,000	9%
Physician	\$483,000,000	7%
Medicare premiums and coinsurance	\$450,000,000	6%
Drugs	\$432,000,000	6%
Managed care and premium assistance	\$140,000,000	2%
Clinic and health center	\$126,000,000	2%
Other practitioner	\$108,000,000	1%
Dental	\$89,000,000	1%
<b>Budget Total: \$7,203,000,000</b>		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	73.1%
CY 2024 Newly Eligible FMAP (expansion population)	N/A
Counties contribute to state Medicaid share	No

## C.2. Medicaid Program Spending: Change Over Time



## C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	No
Date Of Expansion	N/A
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) for parents; No coverage for childless, able-bodied adults
Legislation Used To Expand Medicaid	N/A
Number Of Individuals Enrolled In The Expansion Group (October 2023)	N/A
Number Of Enrollees Newly Eligible Due To Expansion	N/A
Benefits Plan For Expansion Population	N/A

## C.4. Medicaid Program Benefits

### Federally Mandated Services

1. Inpatient hospital services
2. Outpatient hospital services
3. Federally Qualified Health Center (FQHC) services
4. Laboratory and x-ray services
5. Nursing facilities for individuals 21 and over
6. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
7. Family planning services and supplies
8. Pregnancy-related and postpartum services
9. Nurse midwife services
10. Physician services
11. Medical and surgical services of a dentist for individuals 21 and under
12. Home health services
13. Behavioral health services
14. Emergency transportation to medical care
15. Non-emergency transportation to medical care
16. Eye care services
17. Hospice care

### Alabama's Optional Services

1. Certified nurse anesthetist services
2. Clinic services
3. Prescribed drugs
4. Prosthetic devices
5. Rehabilitative services
6. Inpatient and nursing facility services for individuals aged 65 and over in an IMD
7. Intermediate care facility services for individuals with intellectual or developmental disabilities (ICF/IDD)
8. Public institution services for individuals with I/DD
9. Inpatient psychiatric services for individuals under age 22
10. Case management
11. Renal dialysis services
12. Nursing facility services for patients under 21
13. Hearing services for individuals 21 and under
14. Organ transplant services
15. Dental services

# D. Medicaid Financing & Service Delivery System

# D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Integrated Care Network PCCM	Alabama Coordinated Care Health Network (ACHN) PCCM
<b>Enrollment (January 2024)</b>	239,203	19,216*	810,232
<b>SMI Enrollment</b>	<ul style="list-style-type: none"> <li>Alabama does not specifically preclude individuals from enrolling in the PCCM program based on a diagnosis of SMI. As a result, most of the SMI population is enrolled in managed care.</li> <li>Estimated 78% of the SMI population is enrolled in PCCM.</li> </ul>		
<b>Management</b>	Alabama Department of Medicaid	Alabama Select Network	Alabama Department of Medicaid
<b>Payment Model</b>	Fee-for-service	Per member per month case management fee and FFS	Per member per month case management fee and FFS
<b>Geographic Service Area</b>	Statewide	Statewide	Statewide

**Total Medicaid: 1,068,651 | Total Medicaid With SMI: 123 ,963**

\*Alabama has not updated enrollment information for ICN since 2021.

## D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	<ul style="list-style-type: none"> <li>As of January 2024: approximately 22% in Medicaid fee-for-service (FFS) and 78% in primary care case management (PCCM) programs.</li> <li>Alabama considers its PCCMs to be managed care.</li> </ul>
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>The SMI population is not specifically excluded from enrollment in the Alabama Coordinated Healthcare Network (ACHN) or Integrated Care Network (ICN) PCCM program. <i>OPEN MINDS</i> estimates that 78% of the SMI population is enrolled in a PCCM program.</li> </ul>
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>Dual eligibles residing in a nursing home or enrolled in the Alabama Community Transition or the Elderly and Disabled section 1915 (c) waiver are automatically enrolled in ICN. All other dual eligibles are enrolled in FFS or D-SNP's.</li> <li>Estimates on the number of dual eligibles in the ICN program are not currently available.</li> </ul>
Long-term services and supports inclusion in managed care	<ul style="list-style-type: none"> <li>All LTSS beneficiaries receive services FFS. Nursing home, Alabama Community Transition for the Elderly and Disabled receive care coordination services through the PCCM.</li> </ul>

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional Behavioral Health	Covered FFS by the state	Covered FFS by the state and delivered through one of the two PCCMS, ACHN or the ICN.
Specialty Behavioral Health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	
Long-Term Services and Supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> <li>Nursing home, Alabama Community Transition or the Elderly and Disabled section 1915 (c) waiver services are covered FFS by the state and delivered through the ICN PCCM.</li> <li>All other LTSS services are financed FFS by the state.</li> </ul>

## D.1. Medicaid Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan		Managed care services are delivered through the state's PCCM program.
Primary Care Case Management (PCCM)	✓	The state operates two PCCM programs; Alabama Coordinated Health Network (ACHN) and the Integrated Care Network, which it considers to be managed care.
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home		None
Patient-Centered Medical Home (PCMH)	✓	Primary care providers in the ACHN PCCM program serve as medical homes for their enrollees.
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		The state discontinued its plans for a MLTSS program.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Alabama currently has two CCBHCs.

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or PCCM	Mandatory ICN/ACHN Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X*		
Medicaid expansion	Not applicable		
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> <li>• Retroactive eligibility</li> <li>• Enrollment in another managed care plan, or the HIPPP program</li> <li>• Persons living in group homes</li> <li>• Persons receiving hospice care</li> <li>• Other persons receiving medical exemption</li> <li>• Inmates</li> <li>• Individuals receiving refugee medical assistance.</li> </ul>	<ul style="list-style-type: none"> <li>• American Indians</li> </ul>	<ul style="list-style-type: none"> <li>• Alabama Community Transition (ACT) waiver recipients</li> <li>• Elderly and Disabled waiver recipients</li> <li>• Maternity Care Recipients</li> <li>• Breast and Cervical Cancer individuals</li> </ul>

\*Additionally, the D-SNP program is an option for individuals that are dual eligible

## D.2. Medicaid FFS Program: Overview

- There were 239,203 individuals enrolled in the FFS program as of January 2024.

# D.2. Medicaid FFS Program: Behavioral Health Benefits

All mental health and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1. Intake evaluation	16. Basic living skills
2. Medical assessment and treatment	17. Family support/psychoeducational services
3. Diagnostic testing	18. Case management
4. Crisis intervention	19. Assertive community treatment (ACT)*
5. Individual, group, and family counseling	20. Program for assertive community treatment (PACT)*
6. Medication administration	21. Rehabilitative services for individuals with mental illness, ASD, or I/DD
7. Medication monitoring	22. High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
8. Partial hospitalization	23. ABA therapy for individuals under age 21.
9. Adult intensive day treatment	
10. Adult Rehabilitative day program	
11. Child and adolescent day treatment	
12. Treatment plan review	
13. Mental health care coordination	
14. Coping skills training	
15. In-home intervention	

FFS Addiction Treatment Benefits	
1. Intake evaluation	
2. Methadone treatment	
3. Medical assessment and treatment	
4. Diagnostic testing	
5. Individual, group, and family counseling	
6. Medication administration	
7. Basic living skills	
8. Social skills training	
9. Coping skills training	
10. Family support/psychoeducational services	
11. Treatment plan review	
12. Peer support services	
13. Outpatient detoxification	
14. Rehabilitative services for individuals with substance use disorder.	

\*ACT and PACT are benefits provided to persons with SMI only.

## D.2. Medicaid FFS Program: SMI Population

- The SMI population is not specifically excluded from managed care; however, some dual eligibles, who constitute a large percentage of the SMI population, are mandatorily enrolled in FFS.
- *OPEN MINDS* estimates that 22% of the SMI population is enrolled in FFS.
- ACT and PACT benefits are available for persons with SMI when they are in a high-risk period due to exacerbation of illness, return from inpatient/residential psychiatric care, are resistant to traditional clinic-based interventions, or are difficult to engage in ongoing treatment.

## D.2. Medicaid FFS Program: Pharmacy Benefit

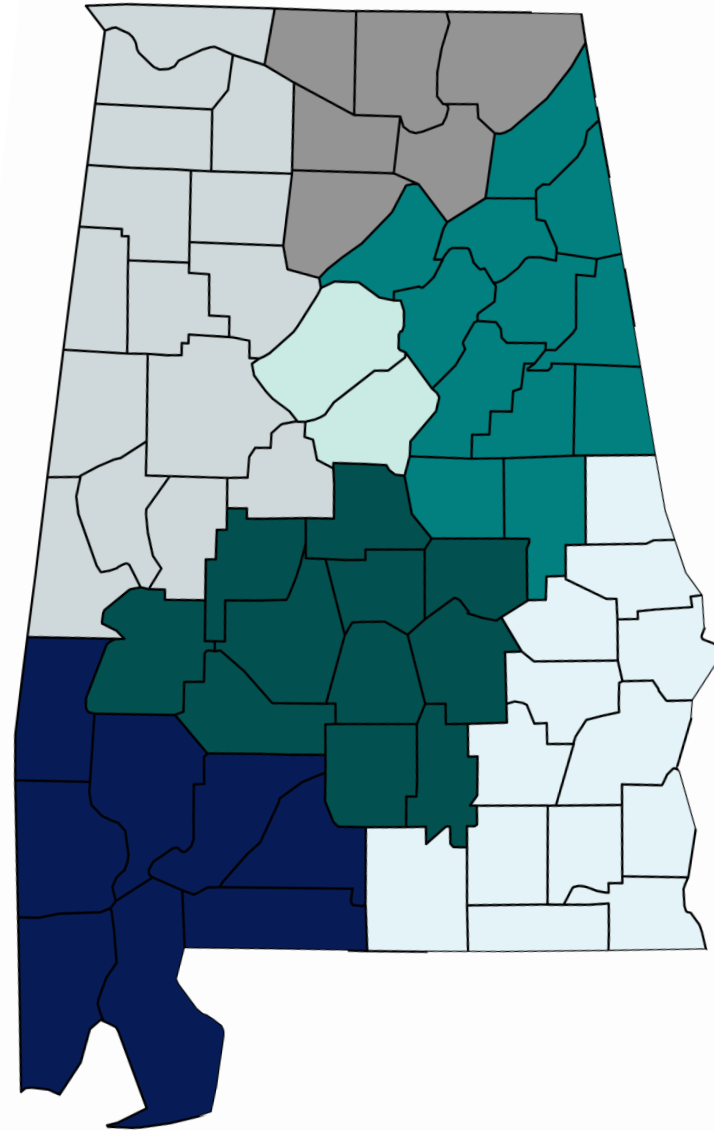
Alabama FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and anxiolytics are included in the general pharmacy PDL. Antipsychotics are not included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	No, all addiction treatment drugs require prior authorization.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit; prior approval is required
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• For most classes of drugs, non-preferred drugs require prior authorization.</li> <li>• All antipsychotic drugs and addiction treatment drugs require prior authorization.</li> <li>• All opioids now have a cumulative daily Morphine Milligram Equivalent (MME) limit. Opioid claims must not exceed 250 cumulative MME per day.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Recipients who are proven to have abused or misused the Medicaid program may be locked in to one doctor and one pharmacy; be required to repay the state for misspent funds; and/or may be suspended from the program for at least one year and until full restitution is made.

## D.3. Medicaid Managed Care Program: Overview

- There are 829,448 individuals enrolled in the managed care program as of January 2024.
- Alabama's newest initiative, Alabama Coordinated Health Network (ACHN), consolidated the Patient 1<sup>st</sup> program and several other Medicaid programs into a single coordinated program managed by the region-specific primary care case management entities (PCCM-E) (See the [next slide](#) for these regions).
  - This program was implemented in October 2019 through a section 1915 waiver.
- Incentives are provided to both the PCCM-Es and regional entities to promote better health care outcomes and provide a higher volume of care coordination services.
  - ACHN's are required to pay for activity, not membership, and are required to redirect current expenditures to better achieve desired outcomes.
- The ACHN's and provider organizations each have a separate system of incentives (see [slide 35](#)).
  - These incentives are to provide a higher volume of care coordination services.

## D.3. Medicaid Program Managed Care: ACHN Regions & Awardees

Region	Awardee
Southwest	Gulf Coast Total Care
Jefferson/Shelby (Midstate)	Alabama Care Network MidState
East	MyCare Alabama East
Northeast	North Alabama Community Care
Southeast	Alabama Care Network Southeast
Central	MyCare Alabama Central
Northwest	MyCare Alabama Northwest



## D.3. Medicaid Program Managed Care: ACHN Regions

- The ACHN regions are not required to take on full financial risk, and do not pay the providers directly.
- The ACHN are responsible for the care coordination system in their region.
- Some services that ACHN's are authorized to provide include:
  - Services in a setting of the recipient's choice, including provider offices, hospitals, ACHN's entity office, public location, or in the recipient's home.
  - Help manage complex or noncompliant patients
  - Perform screening and assessment of an individual's needs.
  - Assist individuals with transportation, applying for Medicaid, appointments, appointment reminders and referrals.
  - Educate individuals with medication or treatment plans
  - Facilitate communication between the individual and providers.
  - Help individual's locate community services.
- In addition to the Quality Improvement Plan, the state requires the ACHN to submit and implement Quality Improvement Projects (QIPS).
  - These QIPS are to address at minimum childhood obesity, infant mortality and/or adverse birth outcomes, and substance use disorder.
  - Each QIP must be completed within the timeframes that have been established by the AMA and must make all the information regarding the success of the program available through ongoing reporting and review.

## D.3. Medicaid Managed Care Program: Quality Incentive Program

PCCM-E Quality Incentive Program Measures		
CMS Measure Designation		Description
1	W15-CH	Well Child Visits in the First 15 Months of Life
2	ABA-AD	Adult BMI Check
3	WCC-CH	Child BMI
4	CCS-AD	Cervical Cancer Screen
5a	AMR-CH	Asthma Medication Ratio (Child Measure)
5b	AMR-AD	Asthma Medication Ratio (Adult Measure)
6	AMM-AD	Antidepressant Medication Management
7	LBW-AD	Live Births less than 2500
8a	CAP-CH	CAP-CH 12-24 months
8b		CAP-CH 25 months to 6 years
8c		Child Access to Care 7-years to 11-years
8d		Child Access to Care 12-years to 19-years
9	PPC-CH	Prenatal and Postpartum: Timeliness of Prenatal Care
10	IET-AD	Initiation and Engagement of Treatment for AOD (Initiation and Continuation)

## D.3. Medicaid Managed Care Program: Provider Measures

Provider Measures				
Measure		Measure Description	State-Wide Baseline	Benchmark As of September 2020
1	W34-CH	Well Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	61.1%	66.7%
2	AWC-CH	Adolescent Well-Care Visits	43.0%	45.0%
3	CIS-CH	Childhood Immunization Status (Combo 3)	70.5%	74.0%
4	IMA-CH	Immunizations for Adolescents (Combo 2)	20.4%	24.6%
5	AMM-AD	Antidepressant Medication Management (Continuation Phase)	29.6%	37.1%
6	HA1C-AD	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing	73.4%	83.3%
7	FUA-AD	Follow-Up after ED Visit for Alcohol and other Drug Abuse or Dependence (30 days)	11.4%	12.4%
8	CHL-AD	Chlamydia Screening in Women Ages 21-24	9.7%	54.3%

## D.3. Medicaid Managed Care Program: ACHN Payment Structure

- The ACHN program contains two levels of payment – one for regional entities and one for PCPs.
- Participating PCPs may receive four different types of payments:
  - Enhanced FFS rates
  - Quarterly payments for achieving or documenting progress towards PCMH recognition
  - Quarterly cost-effectiveness bonus payments based on patient attribution and two-year look back of medical claims
  - Quarterly quality bonus payments based on quality measures relevant to the PCPs practice
- For the first four quarters of the program, all PCPs receive the full bonus payments based on participation. After four quarters, payment will be based on performance on benchmarks. The bonus payment for quality participation will be automatically attained for seven quarters.
- The PCCM-Es receive a capitated rate for care coordination based on the complexity of the patient. PCCM-Es also receive a small per member per month for quality improvement projects and an incentive payment up to 10% of revenue received for meeting quality metrics.

Level	Payment	Definition
Monitoring	\$35.00	Monitoring through claims and data review for cost efficiency and clinical appropriateness
Moderately Managed	\$101.43	Completion of at four non-face-to-face activities in a month
Intensely Managed	\$202.86	At least one face-to-face encounter

## D.3. Medicaid Managed Care Program: ICN Program

- Alabama operates a second PCCM program, called Integrated Care Network (ICN), for individuals in the long-term care population.
  - The state administers the program through a section 1915 (b) waiver that was approved in September 2018.
- The ICN program provides services to 19,216 beneficiaries, based on December 2021 estimates. Individuals eligible for the ICN program must be:
  - In a nursing facility
  - Enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver
- The Alabama Medicaid Agency contracts with a single, statewide organization, Alabama Select Network, LLC, to manage the ICN program.
  - Alabama Select Network is responsible for developing enrollee care plans, outreach and education activities, coordination with behavioral health provider organizations, and coordination with LTSS provider organizations.
  - Alabama Select Network has some additional responsibilities in utilization and claims review, quality improvement activities, and telephonic case management and triage.
- Alabama Select Network receives PMPM payment for care coordination. Additionally, there is a shared savings component to the model.
  - The Fiscal Year 2023 PMPM rate for HCBS enrollees is \$350.90. The rate for nursing home enrollees is \$21.59.
  - The Fiscal Year 2024 PMPM rate for HCBS enrollees is \$359.67. The rate for nursing home enrollees is \$15.59.
  - Direct services are reimbursed fee-for-service.

# D.3. Medicaid Managed Care Program: Behavioral Health Benefits

All mental health and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1. Intake evaluation	16. Basic living skills
2. Medical assessment and treatment	17. Family support/psychoeducational services
3. Diagnostic testing	18. Case management
4. Crisis intervention	19. Assertive community treatment (ACT)*
5. Individual, group, and family counseling	20. Program for assertive community treatment (PACT)*
6. Medication administration	21. Rehabilitative services for individuals with mental illness, ASD, or I/DD
7. Medication monitoring	22. High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
8. Partial hospitalization	23. ABA therapy for individuals under age 21.
9. Adult intensive day treatment	
10. Adult Rehabilitative day program	
11. Child and adolescent day treatment	
12. Treatment plan review	
13. Mental health care coordination	
14. Coping skills training	
15. In-home intervention	

FFS Addiction Treatment Benefits	
1. Intake evaluation	
2. Methadone treatment	
3. Medical assessment and treatment	
4. Diagnostic testing	
5. Individual, group, and family counseling	
6. Medication administration	
7. Basic living skills	
8. Social skills training	
9. Coping skills training	
10. Family support/psychoeducational services	
11. Treatment plan review	
12. Peer support services	
13. Outpatient detoxification	
14. Rehabilitative services for individuals with substance use disorder	

\*ACT and PACT are benefits provided to persons with SMI only.

## D.3. Medicaid Managed Care Program: SMI Population

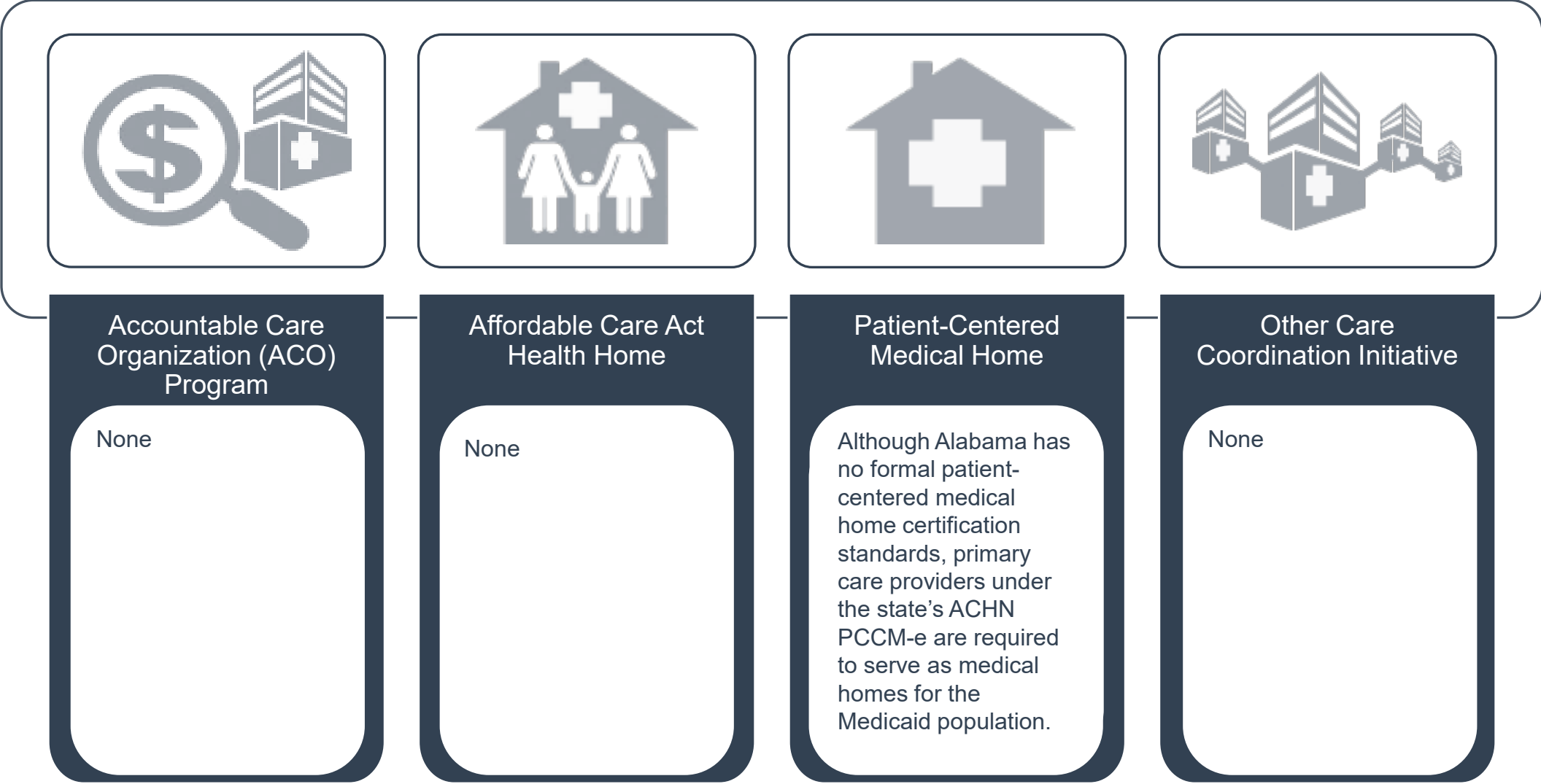
- The SMI population is not specifically excluded from enrollment in the ACHN or ICN PCCM program. *OPEN MINDS* estimates that 78% of the SMI population is enrolled in ACHN or the ICN.
- ACT and PACT benefits are available for persons with SMI when they are in a high-risk period due to exacerbation of illness, return from inpatient/residential psychiatric care, are resistant to traditional clinic-based interventions, or are difficult to engage in ongoing treatment.

## D.3. Medicaid Managed Care Program: Pharmacy Benefit

Because Alabama’s managed care delivery system is a PCCM program, pharmacy benefit administration is identical to that of the FFS system.

Alabama FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antidepressants and anxiolytics are included in the general pharmacy PDL. Antipsychotics are not included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	No, all addiction treatment drugs require prior authorization.
Coverage Of Antipsychotic Injectable Medications	Covered as a pharmacy benefit; prior approval is required
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• For most classes of drugs, non-preferred drugs require prior authorization.</li> <li>• All antipsychotic drugs and addiction treatment drugs require prior authorization.</li> <li>• All opioids now have a cumulative daily Morphine Milligram Equivalent (MME) limit. Opioid claims must not exceed 250 cumulative MME per day.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Recipients who are proven to have abused or misused the Medicaid program may be locked in to one doctor and one pharmacy; be required to repay the state for misspent funds; and/or may be suspended from the program for at least one year and until full restitution is made.

# D.4. Medicaid Program: Care Coordination Initiatives



## D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Alabama Coordinated Health Network (ACHN) (AL-09)	Authorizes the creation of a Primary Care Case Management Entity (PCCM-e) centered around care coordination and quality initiatives. Specific attention will be paid to maternity, obesity, and substance abuse.	1915 (b1), 1915 (b3), 1915 (b4)	None	01/01/2022	09/30/2023*
Institutions for Mental Disease Waiver for Serious Mental Illness	Reimburses for acute inpatient stays in institutions for mental disease for Medicaid eligible individuals ages 21-64 with a serious mental illness.	1115	None	05/20/2022	05/19/2027
Alabama Plan First	Authorizes family planning services for women, ages 19 through 55, with income at or below 141% of the FPL and sterilization for men, ages 21 and older, with income at or below 141% of the FPL	1115	None	10/01/2000	09/30/2024
Integrated Care Network (AL-08)	Authorizes the creation of the ICN program, a primary care case management program for individuals in need of LTSS.	1915 (b1), 1915 (b4)	None	12/02/2021	09/30/2023*
Alabama Community Waiver Program	Authorizes the creation of Community Wavier Program for individuals with I/DD to increase their ability to stay n their natural and existing living arrangements.	1115	500	10/21/2021	09/20/2026

\*This waiver is still listed as approved by the CMS. No updates are available

## D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
AL Home and Community-Based Waiver for the Elderly and Disabled (0068.R08.00)	Individuals aged 65 and over and individuals of all ages with physical disabilities	15,000	Alabama Department of Senior Services (ADSS)	1915 (j) program
AL Home and Community-Based Waiver for Persons with Intellectual Disabilities (0001.R09.00)	Individuals with intellectual disabilities ages three and above	5,260	The Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH DDD)	None
AL SAIL (0241.R06.00)	Individuals between the ages of 18 and 64 with physical disabilities	800	Alabama Department of Rehabilitation Services/SAIL Services	1915 (j) program
AL HCBS Living at Home Waiver for Persons w/ID (0391.R04.00)	Individuals with intellectual disabilities ages three and above	769	ADMH DDD	None
AL ACT (0878.R02.00)	Individuals aged 65 and over and individuals of all ages with physical disabilities	675	ADSS	1915(j) program
AL Technology Assisted Waiver (0407.R04.00)	Individuals aged 21 and over who are technology dependent	80	Office of Long-Term Care Health Care Reform	1915 (j) program
AL Community Waiver Program (1746.R00.00)	Individuals with intellectual disabilities (ID), ages 3 and above.	1,200	The Alabama Department of Mental Health, Division of Developmental Disabilities (ADMH DDD)	1115 program

## D.6. Medicaid Program: New Initiatives - State Medicaid Modernization

- In November 2023, General Dynamics Information Technology (GDIT), a business unit of General Dynamics, was awarded a \$63 million contract by the Alabama Medicaid Agency to modernize the state's Medicaid program. The new contract has a base period of two years with three, two-year options.
- The agency is employing a multi-year strategy to modernize its Medicaid Enterprise System (MES).
  - The transformation will include transitioning from a monolithic system approach to a new modular MES with the information, infrastructure, tools and services necessary to efficiently administer the Alabama Medicaid programs.
- Under this contract, GDIT will streamline processes, enhance data interoperability, and improve overall service delivery for Alabama Medicaid beneficiaries.
- GDIT will also leverage its expertise in cloud computing, data management and cybersecurity to modernize Alabama Medicaid's IT applications and infrastructure.

# E. Medicare Financing & Service Delivery System

# E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (January 2024)	428,136	1,244,693
SMI Enrollment	<ul style="list-style-type: none"> <li>• <i>OPEN MINDS</i> estimates 74% of the population in Medicare Advantage, 26% in Traditional Medicare.</li> </ul>	
Management	<ul style="list-style-type: none"> <li>• Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care</li> <li>• Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>• Part A &amp; B cover up to 80%, remaining costs can be paid out of pocket</li> </ul>	<ul style="list-style-type: none"> <li>• Fixed amounts paid based on health plan chosen</li> </ul>
Geographic Service Area	Statewide	Statewide

**Total Medicare: 1,672,829 | Total Medicare With SMI: 759,464**

# E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of January 2024: 74% Medicare Advantage, 26% in traditional Medicare.
SMI population inclusion in managed care	Estimated 74% of population in Medicare Advantage, 26% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	There are currently no C-SNP plans in Alabama.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 7% of population is enrolled in I-SNP plans.

## E.2. Medicare System: Overview

- Medicare enrollment as of January 2024 was 1,672,829.
- In 2023, over 1 million residents were covered by Medicare in Alabama.
  - That's more than 15% of the state's total population, compared with about 18% of the United States population enrolled in Medicare.
- The availability of Medicare Advantage plans depends on where a person lives. In Alabama in 2023, the number of Medicare Advantage plans available can range up to 108 plans, depending on the county.
- There were 38 insurers that offer Medigap plans in Alabama in 2023.
- As of March 2023, there were more than 839,000 Medicare beneficiaries in Alabama who were enrolled in Medicare Part D coverage.
  - The majority, more than 592,000, had coverage under a Medicare Advantage plan with integrated Part D coverage.
  - Another 247,000 had stand-alone Part D plans.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

## E.3. Medicare ACOs

### Medicare Shared Savings ACOs

- |  |  |
|--|--|
| 1. Accountable Care Coalition of Alabama | 12. Doctors ACO, LLC   |
| 2. ACO of North Delaware, LLC            | 13. Fresenius Seamless Care of Central Alabama*                          |
| 3. Alabama Physician Network             | 14. Fresenius Seamless Care of Gulf Shore*                               |
| 4. Aledade Accountable Care 22, LLC      | 15. LTC ACO, LLC   |
| 5. Aledade Accountable Care 79, LLC      | 16. North Georgia HealthCare Partnership, Inc dba Live Oak Care          |
| 6. Aledade Jupiter ACO, LLC              | 17. Northwest Florida Health Partners LLC dba Gulf Coast Health Partners |
| 7. CHSPSC ACO 12, LLC                    | 18. PH Health Alliance LLC   |
| 8. CHSPSC ACO 19, LLC                    | 19. Piedmont Clinic ACO, LLC   |
| 9. CHSPSC ACO 21, LLC                    | 20. Select Physicians Associates, LLC                                    |
| 10. CPSI AC 3, LLC                       | 21. Statera Health, LLC  |
| 11. Cumberland ACO, LLC                  |  |

\* End Stage Renal Disease Model

## E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives currently.

# F. Dual Eligible Financing & Service Delivery System

# F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Integrated Care Network PCCM	PACE
Enrollment (January 2024)	115,775		157
Estimated SMI Enrollment	24,312		33
Management	Alabama Department of Medicaid	Alabama Select Network	One non-profit organization
Payment Model	Fee-for-service	Per member per month case management fee and FFS	Blended capitated rate
Geographic Service Area	Statewide	Statewide	Mobile County

**Total Dual Eligible Enrollment: 115,932 | Total Dual Eligible Enrollment With SMI: 24,345**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

## F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2024 Enrollment	Estimated SMI Enrollment
UnitedHealthcare Dual Complete Plan 2	UnitedHealthcare	Medicare Advantage D-SNP	48,691	11,053
UnitedHealthcare Dual Complete Plan 1	UnitedHealthcare	Medicare Advantage D-SNP	44,834	10,177
UnitedHealthcare Dual Complete Plan	UnitedHealthcare	Medicare Advantage D-SNP	37,955	8,616
VIVA Medicare Extra Value	VIVA Health, Inc	Medicare Advantage D-SNP	19,335	4,389
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	18,992	4,311
Cigna Totalcare AL	HealthSpring of Alabama	Medicare Advantage D-SNP	6,910	1,569
Cigna-HealthSpring TotalCare	HealthSpring of Alabama	Medicare Advantage D-SNP	3,435	780
UnitedHealthcare Dual Complete Select	UnitedHealthcare	Medicare Advantage D-SNP	3,169	719
Cigna TotalCare Plus	HealthSpring of Alabama	Medicare Advantage D-SNP	2,104	478

## F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of January 2024 was 115,932.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles in need of LTSS have been included in the Integrated Care Network (ICN) primary care case management (PCCM) program developed for individuals receiving long-term care.
  - ICN was originally envisioned as a capitated managed care program; however, spending estimates indicated that the capitated model would be more costly than the status quo.
  - The program is designed for individuals residing in nursing facilities or receiving HCBS through either the Alabama Community Transition or the Elderly and Disabled section 1915(c) waiver.
  - For more information on the ICN program, see [slide 40](#).
- Dual eligibles not in need of LTSS are enrolled in the state's FFS program or one of the states D-SNPs.
- Total D-SNP enrollment as of January 2024 was 189,267, total SMI enrollment was 42,964.

## F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- Alabama does not have, and is not seeking, a demonstration with the Centers for Medicaid & Medicare Services (CMS) to design a new model for integrating benefits and financing for dual eligibles.

# G. Long-Term Services & Supports Financing & Service Delivery System

# G.1. LTSS Financing & Service Delivery System

The state runs the Integrated Care Network, a program specially designed for individuals in a nursing facility or enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver

LTSS Medicaid System Characteristics	
Characteristics	Integrated Care Network
Enrollment (January 2021)	19,216
Estimated SMI Enrollment	6,149
Management	<ul style="list-style-type: none"> <li>Physical health: PCCM through one company</li> <li>Behavioral health: PCCM through one company</li> </ul>
Payment Model	<ul style="list-style-type: none"> <li>Physical health: PMPM Capitated Rate</li> <li>Behavioral health: PMPM Capitated Rate</li> </ul>
Geographic Service Area	Statewide

**Total LTSS Enrollment: 19,216 | Total LTSS Enrollment With SMI: 6,149**

# G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

The state excludes most individuals in need of Long-term Services and Supports (LTSS) from enrolling in managed care. Therefore, most beneficiaries are enrolled in FFS.

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or PCCM	Mandatory Integrated Care Network
Disabled adults	X		
Disabled children	X		
Blind individuals	X		
Aged individuals	X		
Dual eligibles	X		
Individuals with I/DD	X* (unless they are receiving waiver services)		X* (Waiver services only)
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD			X
Other HCBS Recipients			X
Other populations			

## G.2. LTSS Medicaid Financing & Delivery System: Overview

- Medicaid beneficiaries in need of LTSS services receive services through the FFS system. Individuals in need of nursing facility level of care or receiving home- and community-based services (HCBS) through one of the state's waivers are enrolled in the Integrated Care Network for additional care coordination services.
- The Alabama Medicaid Agency contracts with a single, statewide organization, Alabama Select Network, LLC, to manage the ICN program.
  - Alabama Select Network is responsible for developing enrollee care plans, outreach and education activities, coordination with behavioral health provider organizations, and coordination with LTSS provider organizations.
  - Alabama Select Network has some additional responsibilities in utilization and claims review, quality improvement activities, and telephonic case management and triage.
- Alabama Select Network receives PMPM payment for care coordination. Additionally, there is a shared savings component to the model.
  - 2020 PMPM rates for HCBS enrollees is \$290.13 and nursing home enrollees is \$18.65. The state has not released the 2023 rates currently.
  - Direct services are reimbursed fee-for-service.

## G.3. Medicaid LTSS Program: Health Plan Characteristics

- The state runs the Integrated Care Network, a program specially designed for individuals a nursing facility or enrolled in home- and community-based services (HCBS) through the Elderly and Disabled Waiver, HIV/AIDS waiver, or the Alabama Community Transition waiver.
- For more information on the ICN program see [slide 40](#).

# G.4. Medicaid LTSS Program: Health Benefits

All physical health, mental health, and addiction treatment benefits are financed FFS and are covered by the state.

FFS Mental Health Benefits	
1. Intake evaluation	16. Basic living skills
2. Medical assessment and treatment	17. Family support/psychoeducational services
3. Diagnostic testing	18. Case management
4. Crisis intervention	19. Assertive community treatment (ACT)*
5. Individual, group, and family counseling	20. Program for assertive community treatment (PACT)*
6. Medication administration	21. Rehabilitative services for individuals with mental illness, ASD, or I/DD
7. Medication monitoring	22. High intensity care coordination services for individuals under age 21 with ASD with or without I/DD.
8. Partial hospitalization	23. ABA therapy for individuals under age 21.
9. Adult intensive day treatment	
10. Adult Rehabilitative day program	
11. Child and adolescent day treatment	
12. Treatment plan review	
13. Mental health care coordination	
14. Coping skills training	
15. In-home intervention	

FFS Addiction Treatment Benefits	
1. Intake evaluation	
2. Methadone treatment	
3. Medical assessment and treatment	
4. Diagnostic testing	
5. Individual, group, and family counseling	
6. Medication administration	
7. Basic living skills	
8. Social skills training	
9. Coping skills training	
10. Family support/psychoeducational services	
11. Treatment plan review	
12. Peer support services	
13. Outpatient detoxification	
14. Rehabilitative services for individuals with substance use disorder.	

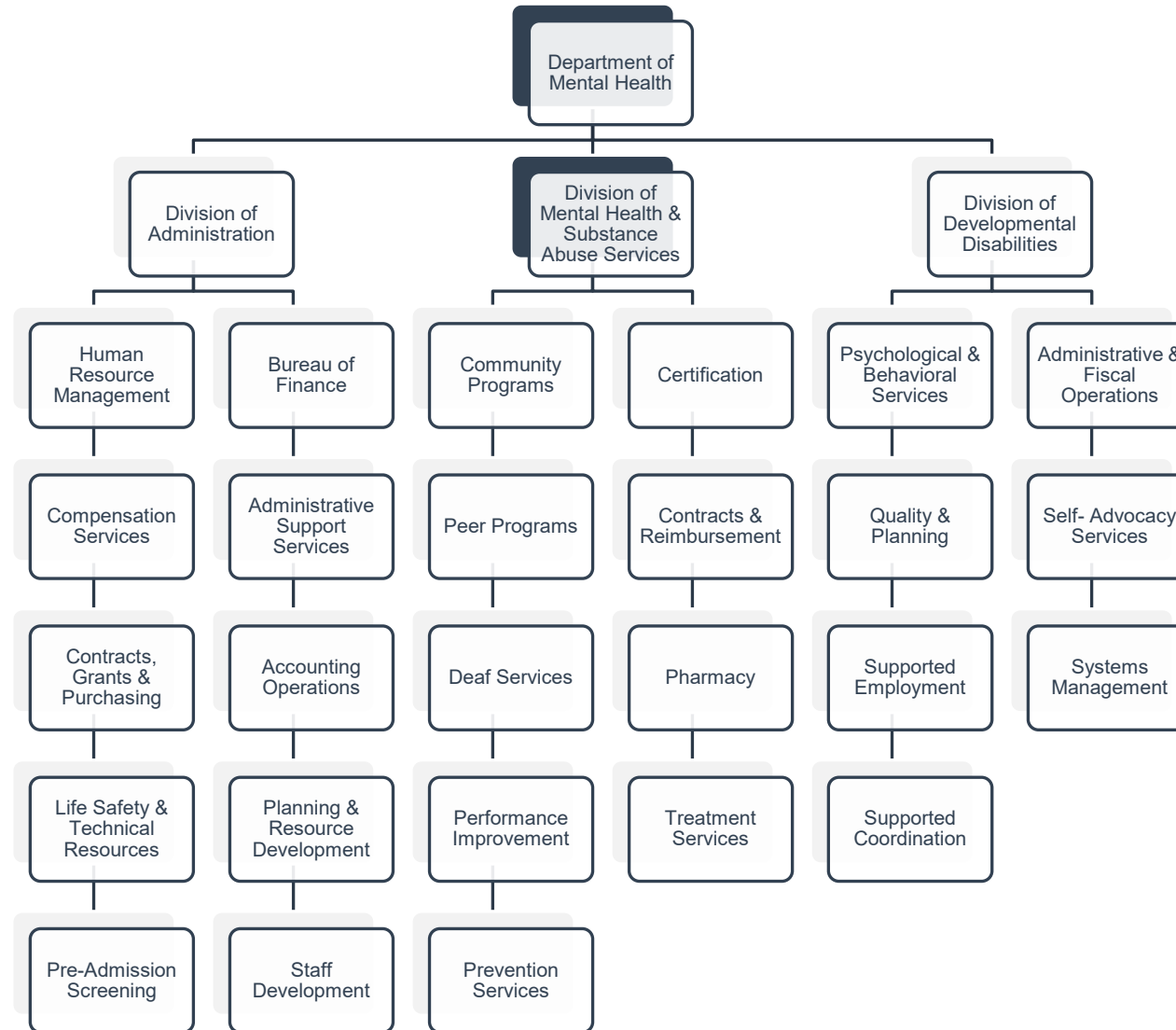
\*ACT and PACT are benefits provided to persons with SMI only.

## G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Alabama has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

# H. State Behavioral Health Administration & Finance System

# H.1. Department Of Mental Health Governance: Organization Chart



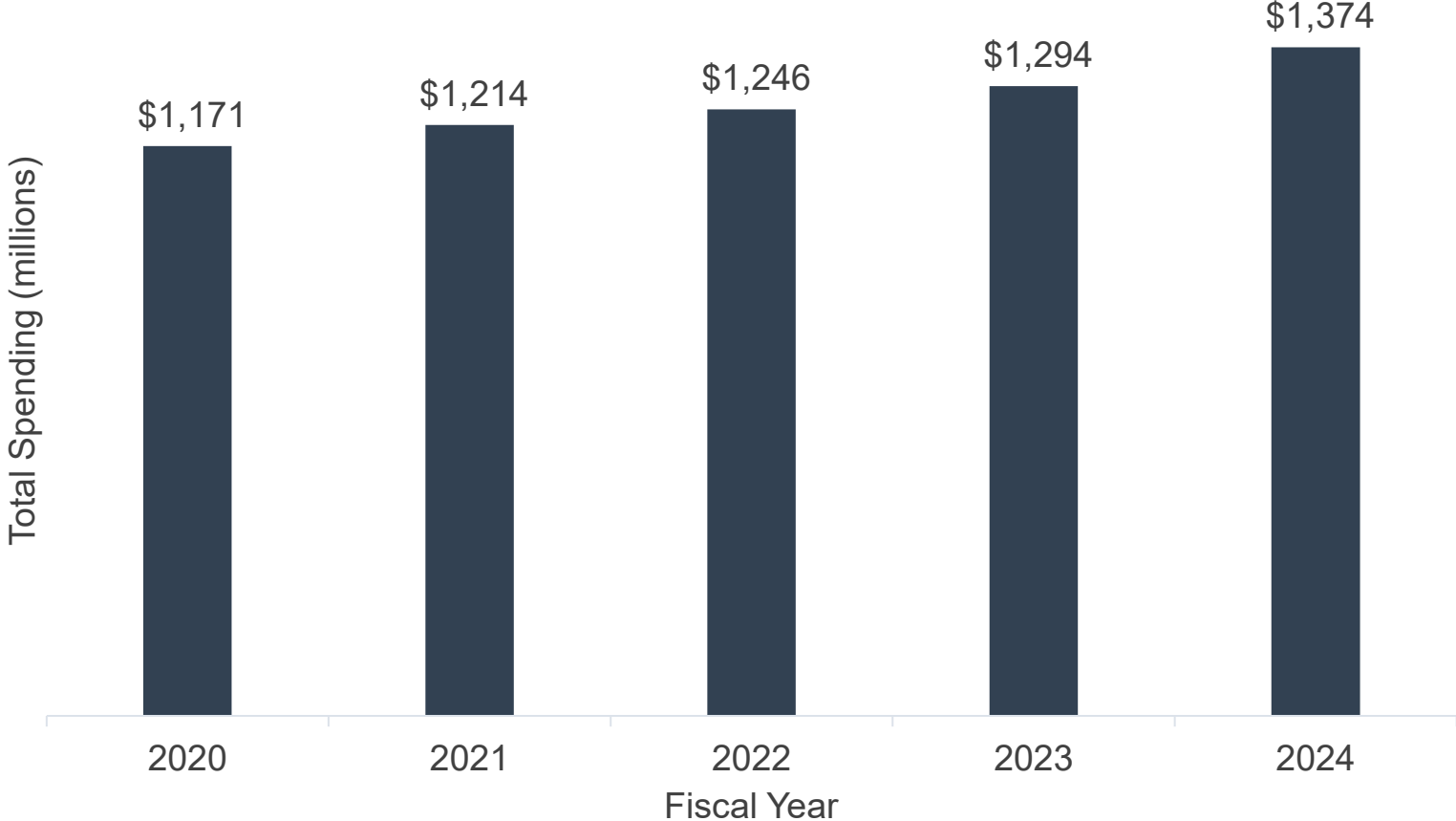
# H.1. Department Of Mental Health Governance: Key Leadership

Name	Position	Department	Email
Kim Boswell	Commissioner	Department of Mental Health	kimberly.boswell@mh.alabama.gov
Nicole Walden	Associate Commissioner, Division of Mental Health and Substance Abuse Services	Department of Mental Health	Nicole.walden@mh.alabama.gov
Kathy Sawyer	Associate Commissioner, Division of Developmental Disabilities	Department of Mental Health	kathy.sawyer@mh.alabama.gov
LaVonda Blair	Associate Commissioner, Division of Administration	Department of Mental Health	lavonda.blair@mh.alabama.gov

## H.2. Department Of Mental Health: Spending

Budget Item	FY 2024 Requested Budget	Percent Of Budget
Institutional Treatment & Care of Intellectually Disabled Program	\$699,847,609	51%
Institutional Treatment & Care of Mentally Ill Program	\$481,724,683	35%
Substance Abuse Program	\$111,362,229	8%
Special Services Program	\$43,078,659	3%
Administrative Services Program	\$38,151,671	3%
<b>Budget Total: \$1,374,164,851</b>		

# H.2. Department Of Mental Health: Spending Over Time



## H.3. State Psychiatric Institutions

State Psychiatric Institutions			
Institution	Location	Population	Beds
Bryce Hospital	Tuscaloosa	Adult	256
Mary Starke Harper Geriatric Psychiatry Center	Tuscaloosa	Geriatric	96
Taylor Hardin Secure Medical Facility	Tuscaloosa	Forensic	140
<b>Total</b>			<b>492</b>

## H.4. Behavioral Health Safety-Net Delivery System

- The Alabama Department of Mental Health (DMH) provides mental health and addiction treatment services to the safety-net population by designating funding and overseeing regional authorities called 310 Boards that operate at the county or joint county level. The 310 Boards serve as the single point of entry for DMH services.
- The Boards receive federal and state funding from DMH, as well as allocations from local governments.
- Each board can be designated as a comprehensive agency, serving persons with mental health, substance abuse, and developmental disabilities (DD) services, or can be specially designated to provide services either for persons with DD or for persons with mental health and/or addiction. Services provided by the 310 boards may include one or more of the following:
  - a. Inpatient
  - b. Outpatient/therapy services/case management
  - c. Partial hospitalization
  - d. Emergency care
  - e. Community education and consultation
  - f. Diagnosis
  - g. Evaluation
  - h. Rehabilitation/habilitation
  - i. Residential care/respite care
- Medicaid beneficiaries may also receive 310 Board services. The 310 Boards accept commercial insurance and individual fees on an ability-to-pay basis.
- The Department of Mental Health also contracts separately with other provider organizations to provide mental health and substance abuse treatment services to the safety-net population.

## H.4. Behavioral Health Safety-Net Delivery System: 310 Boards

Mental Health & Substance Abuse 310 Board	Counties Served
Ability Alliance of West Alabama	Bibb, Pickens, Tuscaloosa
AltaPointe Health Systems	Baldwin, Clay, Coosa, Mobile, Randolph, Talladega, Washington
Autauga Elmore Developmental Services	Autauga, Elmore
Blount County MR/DD	Blount, St. Clair
Cahaba Center for Mental Health	Dallas, Perry, Wilcox
CED Mental Health Center	Cherokee, DeKalb, Etowah
Chilton-Shelby Mental Health Center	Chilton, Shelby
Cindy Haber Center	Baldwin, Clarke, Mobile, Washington
Cullman County Center for the Developmentally Disabled	Cullman
DeKalb County for the Intellectually Challenged	DeKalb
East Alabama Mental Health Center	Chambers, Lee, Russell, Tallapoosa
East Central Mental Health Center	Bullock, Macon, Pike
Greater Etowah 310 Board	Etowah
Highland Health Systems	Calhoun, Cleburne
Indian Rivers Mental Health Centers	Bibb, Pickens, Tuscaloosa
JBS Mental Health Authority	Blount, Jefferson, St. Clair
Jefferson County Intellectual & Developmental Disabilities Authority	Jefferson

## H.4. Behavioral Health Safety-Net Delivery System: 310 Boards

Mental Health & Substance Abuse 310 Board	Counties Served
Madison County 310 Board	Madison
Marshall-Jackson ID/DD 310 Agency	Jackson, Marshall
Mental Health Center of North Central Alabama	Lawrence, Limestone, Morgan
Montgomery 310	Montgomery
Montgomery Area Mental Health Authority	Autauga, Elmore, Lowndes, Montgomery
Mountain Lakes Behavioral Health	Jackson, Marshall
North Central Alabama MR/DD Authority	Lawrence, Limestone, Morgan
Northeast Alabama MR/DD Authority	Cherokee, DeKalb, Etowah
Northwest Alabama Mental Health Center	Fayette, Lamar, Marion, Walker, Winston
Riverbend Center for Mental Health	Colbert, Franklin, Lauderdale
South Central Alabama Mental Health Center	Butler, Coffee, Covington, Crenshaw
Southwest Alabama Behavioral Health Care	Clarke, Conecuh, Escambia, Monroe
SpectraCare Health Systems	Barbour, Dale, Geneva
TriCounty Agency for Intellectual Disabilities	Fayette, Lamar, Walker
Vaughn-Blumberg Services	Houston
Vivian B. Adams School	Dale
West Alabama Mental Health Center	Choctaw, Greene, Hale, Marengo, Sumter
Wellstone Behavioral Health	Cullman, Madison

## H.5. Behavioral Health System: New Initiatives

- There are no new or pending initiatives regarding behavioral health services.

# I. Appendices

# I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
<b>Commercial</b>	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a>
<b>Medicaid</b>	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a</a>
<b>Medicare</b>	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from <a href="https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness">https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness</a>

# I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from <a href="https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf">https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf</a>
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from <a href="https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx">https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx</a>
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDe tTabsSect6pe2021.htm#tab6.8a">https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDe tTabsSect6pe2021.htm#tab6.8a</a>

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Medicaid</b>		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
<b>Medicaid Waiver</b>		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
<b>Medicaid Waiver Section 1115</b>	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
<b>Medicaid Waiver Section 1915(b)</b>	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
<b>Medicaid Waiver Section 1915(c)</b>	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
<b>Medical Home</b>		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
<b>Medicare</b>		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
<b>Medicare Advantage</b>	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

## I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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