



# The Arkansas PASSE Program

SEPTEMBER 19, 2023

# What is the PASSE

## Provider-Led Arkansas Shared Savings Entity (PASSE)

- A health coverage program that serves Medicaid clients with complex behavioral health, and/or developmental, or intellectual disabilities
- The PASSE Program is a risk-based provider organization created by Act 775 in 2017
- The State pays the PASSEs a set per member per month (PMPM) payment to coordinate care and pay medical expenses for enrolled Medicaid Beneficiaries



### What does “provider-led” mean?

- To be certified as a PASSE, the PASSE must be owned by at least 51% of enrolled Arkansas Medicaid Providers
- The provider ownership structure in Act 775 also stipulates certain provider types

# What is the PASSE

## There are 4 PASSEs

- Arkansas Total Care
- Summit Community Care
- Empower Healthcare Solutions
- CareSource PASSE

## Goals of the PASSE

- **To improve the health of Arkansans** who need intensive levels of specialized care due to behavioral health issues or developmental/intellectual disabilities.
- **To link providers** of physical health care with specialty providers of behavioral health and developmental/intellectual disabilities services.
- **To coordinate care** for all community-based services for these individuals.
- **To allow flexibility** in the array of services offered
- **To increase the number of service providers** available in the community to the population covered
- **To reduce cost** of care by coordinating and providing appropriate and preventative care

## Services Covered by all the PASSEs

- Medicaid State Plan services unless they are explicitly excluded by Act 775 or the State (NET, Dental, Skilled Nursing, Doctor Visits, Pharmaceuticals)
- 1915 (i) State Plan Home and Community Based Services
- 1915 (c) Community and Employment Supports Waiver

### State Plan service examples include:

- Personal Care
- Primary Care Physician (PCP)
- Durable Medical Equipment
- Occupational Therapy
- Speech Therapy
- Physician Specialists
- Pharmacy
- Hospital Services
- Physical Therapy
- Nursing Services
- Family Planning
- Inpatient Psychiatric
- Outpatient Behavioral Health Counseling



# Services Covered by all the PASSEs

PASSE-Specific Home & Community Based (HCBS) service examples include:

- Respite
- Supported Employment
- Supportive Living
- Supportive Housing
- Behavioral Assistance
- Peer Support
- Family Support Partners
- Crisis Stabilization
- Community Transition Services
- Supplemental Support
- Specialized Medical Supplies
- Adult Rehabilitation Day Treatment
- Child & Youth Support Services
- Supportive Life Skills Development





### PASSE enrolled Medicaid beneficiaries must:

- Be eligible for Medicaid
- Receive a behavioral health or developmental disabilities Independent Assessment (IA) and receive a Tier II or above
- The IA assesses functional ability conducted by a contractor selected by the State

## PASSE Eligibility

- Each PASSE must have a process to take and resolve complaints/grievances made by a member/guardian or a provider
- Process and contact information must be posted on the website
- All grievances must be reported to DHS
- Member/guardians may also contact the DHS Ombudsman office about issues he/she is having with a particular PASSE

### How are Individuals assigned to a PASSE

- DHS assigns eligible members through an auto-assignment/proportional assignment process among the active PASSEs
- Individual has 90 days from the date coverage begins to switch to a different PASSE
- If the individual does not choose to switch within the 90 days, he/she will remain a member of that PASSE until the end of the coverage year unless they request with DHS a “for cause” transition
- Open enrollment occurs every October 1st-October 31st

### Care Coordination is a Central Component of the PASSE program

- Each PASSE member is assigned a care coordinator (CC) who is the primary point of contact between the PASSE and the member
- The CC works with the member, family and their providers to develop a person-centered service plan (“PCSP”); the PCSP identifies the member’s preferences, goals and choices
- The CC coordinates with healthcare providers
- Access to a CC 24/7/365

## PASSE Case Coordination

- Qualifications to provide care coordination
  - Be a healthcare professional or have a bachelor's degree in a social science or health-related field, OR
  - Have at least one year of experience working with developmentally or intellectually disabled members or behavioral health members



## PASSE Case Coordination

- The PASSE must provide continuous education to CCs that meet all state and federal requirements which includes but is not limited to:
  - Training on the PCSP development
  - Cultural Competency
  - Advance Directives
  - Full-service continuum including all HCBS and how each is used to meet the needs of members and their and families

# Consumer Advisory Council

## **Consumer Advisory Council**

The PASSE must establish and maintain a Consumer Advisory Council and have at least one (1) consumer of developmental disabilities services, behavioral health services, and substance abuse treatment services.

The CAC must:

- Conduct meetings at least quarterly to discuss matters within the scope of Consumer Advisory Council business;
- Review marketing materials for content and appropriateness;
- Review other informational materials for content and appropriateness;
- Review the results of the PASSE administered satisfaction survey; and
- Monitor and provide quality assurance to Grievances filed by PASSE members.

# PASSE Contact Information



**Member Services**  
1-866-282-6280



**Member Services**  
1-866-261-1286



**Member Services**  
1-833-230-2005



**Member Services**  
1-844-405-4295

