

THERAPEUTIC DAY TREATMENT: PANDEMIC AND RE-ENTRY INFORMATION AND GUIDANCE

July 2021



PRESENTER TODAY

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Logistical Information

- All participants will be muted for the entirety of the presentation.
- Please use the **Q&A Function** to ask questions regarding the content of the presentation. Time permitting, the DMAS BH Team will do our best to answer questions during the presentation.
- We ask that all unanswered questions be submitted to enhancedbh@dmas.virginia.gov
- Please note that we will **ONLY** be using the CHAT function to post links to information on the DMAS website. The DMAS team will **NOT** be responding to questions via the CHAT function.

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Agenda Today

Overview: Pandemic effects on TDT services

The effects of pandemics on youth & families

TDT Basics and the Pandemic Context

TDT Service Authorization Considerations

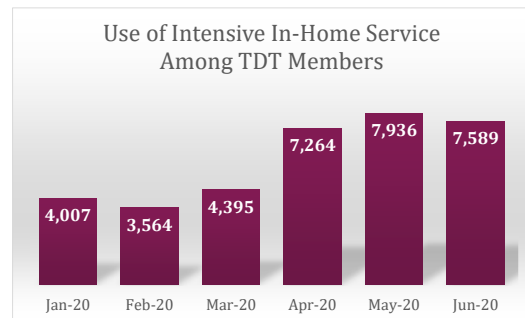
Changes to TDT Billing Codes effective 7/1/21

Future Directions

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Overview: Pandemic Effects on TDT Services

- Significant drop in utilization at the start of COVID-19 with closure of schools and limitations on group services (~68% decline)
- Cohort analysis conducted to examine utilization for youth enrolled in TDT at the start of the pandemic
 - Members significantly increased utilization of Intensive In Home and Behavioral Therapy
 - Similar trends among providers with increase numbers of TDT providers offering Intensive In Home services (81% increase)



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Data under consideration...

Data available from disparate sources

- TDT providers enrolled with Magellan BHSAs Fee For Service
- TDT providers enrolled with MCOs
- TDT providers holding a license through DBHDS to provide any type of TDT
- Pre-Covid DOE survey data on school divisions holding TDT contracts with providers

What remains to be determined

- TDT Providers who have active business operations providing the service
- TDT Providers who ceased active TDT service provision during the pandemic who intend to resume
- Interplay of TDT provision and local school division health and safety plans and availability of schools sites for delivery of service
- TDT referral needs going into the fall

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Monitoring the Landscape of TDT Service Delivery



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Pandemic Effects on Youth and Families

- High Level Findings
 - High numbers of people were seeking screening and help for mental health
 - 9% more youth screened than in 2019
 - Youth ages 11-17 more likely than any other age group to score moderate to severe on symptoms of internalizing problems (anxiety/depression)
 - Rates of suicidal ideation are highest amongst youth, especially LGBTQ+ youth.
 - Survey indicated over half of 11-17 year olds surveyed were having thoughts of suicide or self-harm more than half or nearly every day for the last two weeks



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Pandemic Effects on Youth and Families

- **Access to Behavioral Healthcare Continues to be a National Problem**
 - 60% of youth who would benefit from treatment for depression are not able to participate due to lack of access
 - Even in states with highest access, 1 in 3 youth in need does not have opportunity to access
 - Among youth with severe depression, only 27% receive consistent care



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Pandemic Effects on Youth and Families

- Preliminary Research reveal complexity of effects
 - For Hispanic/Latinx youth with pre-covid mental health problems, a study of 322 youth showed reductions in internalizing & externalizing symptoms and improvements in family functioning (Penner, Ortiz & Sharp, 2021)
 - Sexual and Gender Minority youth have showed high levels of COVID-19 worry and grief unexplained by pre-pandemic baseline (Kamal, Li, Hahm & Liu, 2021)
 - Explorations of a variety of moderators: Gender, Race/Ethnicity, Social Connectedness, Family Conflict, Media Exposure, COVID-19 specific distress, Social Isolation, Physical Activity
 - Recent findings from the Mental Health and Well Being Task force commissioned by The Lancet reviewed nearly 1,000 studies across global populations and found that while early pandemic periods were marked by psychological distress, later periods (starting summer 2020) showed strong resilience across populations and return to pre-pandemic levels of symptomology

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Pandemic Effects on Youth and Families

- Call for Longitudinal Research (Wade, Prime & Browne, 2020)
 - Pandemic likely to reflect cumulative risk due to exposure to multiple and co-occurring risk factors
 - Sleeper effects may be possible at later points in time and thus monitoring is necessary
 - Sensitizing effects should be consider (populations at specific risk due to pre-existing conditions, racism/discrimination, other trauma, economic hardship)
 - Mechanistic effects should be considered: The interplay of distal stressors and proximal family processes (e.g. parent loses job → parent well being suffers → increase in coercive parent child interactions → negative child outcomes)

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THERAPEUTIC DAY TREATMENT BASICS AND THE PANDEMIC CONTEXT

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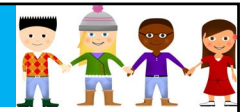
Pandemic transitions and mental health impacts

What role can TDT providers play?

- TDT remains the primary option school-based mental health service reimbursed by Medicaid 
 - No changes have been made to the TDT service definition or medical necessity criteria 
 - Data is limited to help DMAS understand what TDT providers will be able to or plan to provide services this fall 
 - TDT availability is connected to local school plans for re-opening 
 - Summer school arrangements may look unusual this year
 - Some youth will elect to remain virtual next year (e.g. Richmond Public Schools) 
- TDT providers have opportunity to support early identification for youth's needs coming out of the pandemic
 - This training serves as a level set for all involved in the management including MCOs and TDT providers
 - DMAS will continue to work with the BHSA and MCOs to closely monitor utilization of TDT over the summer and into the fall
 - Providers should work directly with local school districts to determine plans for supporting re-opening plans
 - We are mindful that there are still factors yet to be determined as the situation with schools evolves

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Therapeutic Day Treatment (TDT)



- TDT is a combination of psychotherapeutic interventions combined with evaluation, medication education and management, opportunities to learn and use daily skills and to enhance social and interpersonal skills, and individual, group and family counseling offered in programs of two or more hours per day. ~ CMHRS Manual, Chapter IV
- Provided in-school, after-school, or as summer programs

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Service Components included in TDT

- Diagnostic evaluations
- Planning and implementing individualized pro-social skills curriculums
- Monitoring of progress
- Implementing cognitive behavioral programming
- Planning and implementing individual behavior modification programs
- On-site crisis response during school day, including “De-briefing” with youth and family
- Behavioral management support during school day
- Individual, group and family counseling
- Consultations with teachers and others’ involved in youth’s care
- Family contacts (at least once a week)
- Collaboration with other community providers
- Providing educations about medications, side effects, participation in medication routine, coordination with physician

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TDT Program Description

- 2 or more therapeutic activities per day including
 - Individual, group and/or family counseling
 - Social skills training
 - Psychoeducation interventions
- Program must operate a minimum of 2 hours per day
- Program must offer flexible hours
- Provider qualifications: LMHP (all types), QMHP-C, QMHP-E
- Therapeutic groups are limited to 10 members
- Services must not duplicate those provided by school
- Not billable = inactive time, transportation, documentation time
- *Service Units: 1 unit = 2 to 2.99 hours; 2 units = 3 to 4.99 hours; 3 units = 5+ hours*
- *Rate as of 7/1/2019 = \$36.53 per youth, per unit*



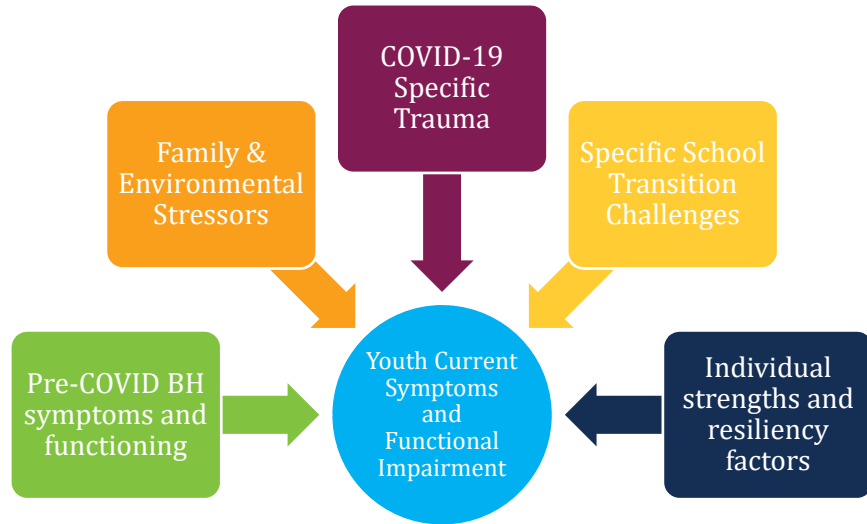
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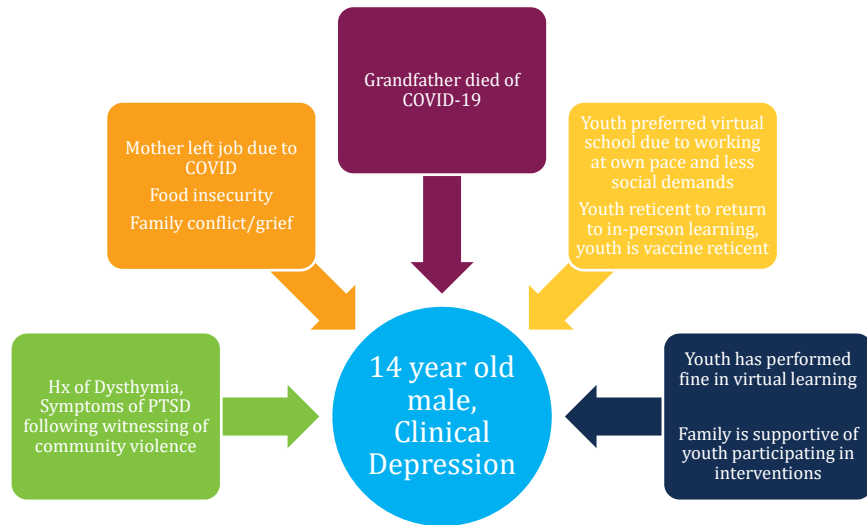
Areas of Consideration for Impacts in Clinical Assessment

- Internalizing Symptoms—Depression, Anxiety, Traumatic Stress
- Externalizing Symptoms—Disruptive Behaviors
- Traumatic Experiences, Grief & Loss
- Family Stressors connected to youth impacts: Changes in parental employment, Loss or change in housing, Financial distress, Food insecurity
- School Functioning: Transitions, IEP needs, access to resources, youth engagement and supervision with virtual schooling, academic progress, behavioral challenges during virtual or hybrid learning or transition back to in person learning
- Disruptions: Daily routine, sleep, eating, social contacts, extracurricular activities, community relationships

Areas of Consideration for Impacts in Clinical Assessment



Areas of Consideration for Impacts in Clinical Assessment



Medical Necessity Considerations

- **Individual must meet TWO of the following on a continuing or intermittent basis; check applicable criteria:**
 - ❑ Has difficulty in establishing or maintaining normal interpersonal relationships to such a degree that they are at risk of hospitalization or out of home placement because of conflicts with family or community (Note: Please refer to DMAS provider manual for risk of hospital
 - ❑ Exhibits such inappropriate behavior that documented, repeated interventions by the mental health, social services or judicial system are or have been necessary
 - ❑ Exhibits difficulty in cognitive ability such that they are unable to recognize personal danger or significantly inappropriate social behavior.

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Medical Necessity Considerations

- **Individual must meet ONE of the following; check applicable criteria:**
 - ❑ The individual must require year-round treatment to sustain behavior or emotional gains
 - ❑ The individual's behavior and emotional problems are so severe that they cannot be handled in a self-contained or resource emotionally disturbed (ED) classroom without:
 - ❑ a. TDT programming during the school day or
 - ❑ b. TDT programming to supplement the school day or school year
 - ❑ The individual would otherwise be placed on homebound instruction because of severe emotional/behavioral problems that interfere with learning.
 - ❑ The individual must have deficits in social skills, peer relations or dealing with authority, are hyperactive, have poor impulse control, are extremely depressed or marginally connected with reality.
 - ❑ The individual is placed or pending placement in a preschool enrichment and or early intervention program but the individuals emotional/behavioral problems are so severe that it is documented that they cannot function or be admitted to these programs without TDT services.

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Service Authorization for TDT

- *If this youth's TDT services were changed or disrupted due to COVID-19 Pandemic, will be helpful to the process for providers to supply a summary (either from CNA or in the SA form notes section or attachment) of the youth's participation in TDT and school over the last year.*
 - Have they been attending school in person, hybrid or virtual learning?
 - What information do you have about how they have been functioning during COVID with these learning modalities?
 - What type of services AND interventions within those services have been provided during the pandemic and what has worked/not worked?
 - What have been barriers to participation in care during the pandemic (telehealth related, engagement, etc)?

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Service Authorization for TDT

- *Provide explanation for the plan to provide TDT over the summer.*
 - Describe how this may intersect with unusual summer school offerings due to the pandemic
 - Describe if there need to be periods of school-based and summer/after school variations of TDT based on school schedules
 - Describe how TDT goals will be different from any other currently active services such as Intensive In Home

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Service Authorization for TDT

MCO	Guidance for Requesting Authorization of Summer for delivery of multiple TDT service types
Anthem	Submit 1 comprehensive SRA for the summer that indicates the location/types of services or if they will involve telehealth and the clinical rationale, units/dates being requested for each
UHC	Submit 2 SRA's (one for each location/service type) and explain in the treatment plan the rationale for both
Aetna	A possible suggestion of submitting 1 SRA to indicate date span/units for each type, but not sure this would work due to current forms/regulations
Molina (Magellan Complete Care)	Submit 1 comprehensive SRA for the summer that indicates the location/types of services or if they will involve telehealth and the clinical rationale, units/dates being requested for each
VAP	Pay the claim based on the NPI that is attached so the provider would have to submit more than 1 SRA if the NPI changes
Optima	Submit 1 comprehensive SRA for the summer that indicates the location/types of services or if they will involve telehealth and the clinical rationale, units/dates being requested for each
BHSA	Submit 1 comprehensive SRA for the summer that indicates the location/types of services or if they will involve telehealth and the clinical rationale, units/dates being requested for each

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Changes to TDT Billing Codes

- Reminder:
 - Starting July 1, 2021 the billing code for TDT will change **from** H0035 **to** H2016
 - Nothing about the program or policy will change other than the billing code

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Future Directions

- Continued monitoring of TDT utilization
- Schools will return in person by law in the fall of 2021
- Providers should continue close coordination with local school districts to determine how TDT services may intersect with DOE-approved health and safety plans
- DMAS has no active authority to make any changes to the TDT service at this time

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Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov

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