

# MEDICAID MEMBER ADVISORY COMMITTEE

August 8, 2022





# AGENDA

Natalie Pennywell

# Agenda

1. Call to Order and Introductions
2. Minutes Approval 60.13.2022 MAC Meeting
3. Behavioral Health Update: Project Bravo
4. Waiver 101
5. Public Comment
6. Adjournment and Lunch



# MINUTES APPROVAL

Natalie Pennywell

# BEHAVIORAL HEALTH UPDATE: PROJECT BRAVO

*Alyssa Ward, PhD.,* Behavioral Health  
Clinical Director

*Laura Reed, LCSW,* Behavioral Senior  
Program Advisor



# DMAS Behavioral Health Division



## Medicaid Member Advisory Committee

August 8, 2022



# Agenda for Today



## INTRODUCTIONS & ORIENTATION

---

Our Team

DMAS's role in the BH system

## COVID SUMMARY

---

The work of DMAS BH during COVID:  
Flexibility & Implementation

## OUR CURRENT WORK

---

Emerging from COVID

## WHERE WE ARE GOING

---

Emerging Priorities

## QUESTIONS & FEEDBACK

---

What else would help you to know?

What questions and feedback do you  
have for our team?



# Together in Service





# The Behavioral Health Team



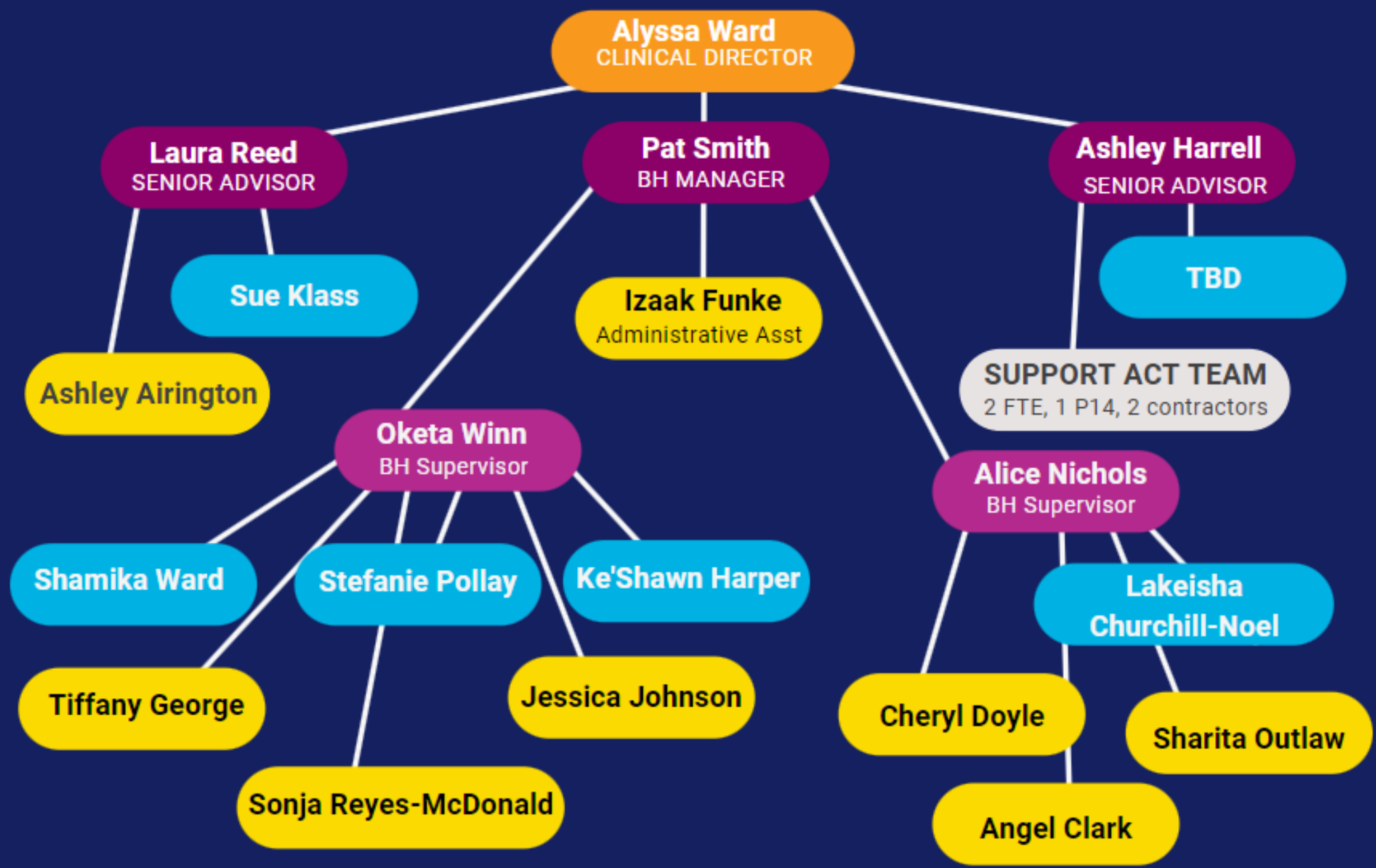
DMAS context

---

System context

---

# DMAS BEHAVIORAL HEALTH DIVISION: JULY 2022





### **We are a SUBJECT MATTER EXPERTISE division.**

This means we support other divisions in interpreting and applying what they do to for the Behavioral Health services in our state plan.

### **We manage the Magellan of Virginia (Behavioral Health Service Administrator) contract**

We oversee the contractor that completes service authorizations and claims payments for behavioral health services in our Fee for Service program.

We also oversee the residential placement process that is managed by this same contractor.

### **We are the public facing voice of Behavioral Health for the agency.**

We represent DMAS in external stakeholder meetings related to Behavioral Health policy issues, and we take in all of the communications from email or calls to respond to questions about our program.

### **Examples of Divisions that we collaborate with as SMEs:**

- Healthcare Services
- Integrated Care
- Program Operations
- Program Integrity
- Policy
- Legislative Affairs
- Quality
- Office of the Chief Medical Officer
- Office of Data Analytics
- Budget
- Information Management

### **We are the process owners of the ARTS program**

We manage all programmatic aspects of ARTS and participate in external stakeholder efforts related to substance use disorders prevention and treatment.

### **We are the process owners of the BRAVO initiative**

We manage all programmatic aspects of BRAVO and manage all aspects of the implementation of new BRAVO services.



### **Yes, we pay for a lot of the Behavioral Health Services**

DMAS is the largest payor of behavioral health services in the Commonwealth and about 1/3 of Medicaid members have a need for BH services.

### **AND, that means that we define the services that we pay for and set standards through policy.**

The nature of our federal funding means that we also necessarily have to define and rationalize the services we pay for and HOW we pay for them in our state plan.

### **We aren't the only payor. That means we do a lot of coordination with other entities on their policies and regulations.**

We have to constantly work to assure that our policies are aligned with those from DBHDS, DOC, DJJ, OCS, DSS and even sometimes DOE.

### **We also define who can provide our services.**

...and those standards must conform with federal rules. This means that we work a lot with the Department of Health Professions to assure alignment with their regulations for providers that are agnostic to payor.

### **We are critical partners for cross-agency work.**

Because of our sphere of influence as a payor, we work on nearly any implementation involving Behavioral Health services that happens in the system. We are always advocating for the needs of our members within the larger system, as well as simplification and ease of access in our complex system of care.

### **We support the Commonwealth's vision for Transformation.**

We seek to support all efforts to improve quality and access to behavioral health care across our system.

# Behavioral Health During COVID



Provider Flexibilities

---

SUPPORT ACT grant

---

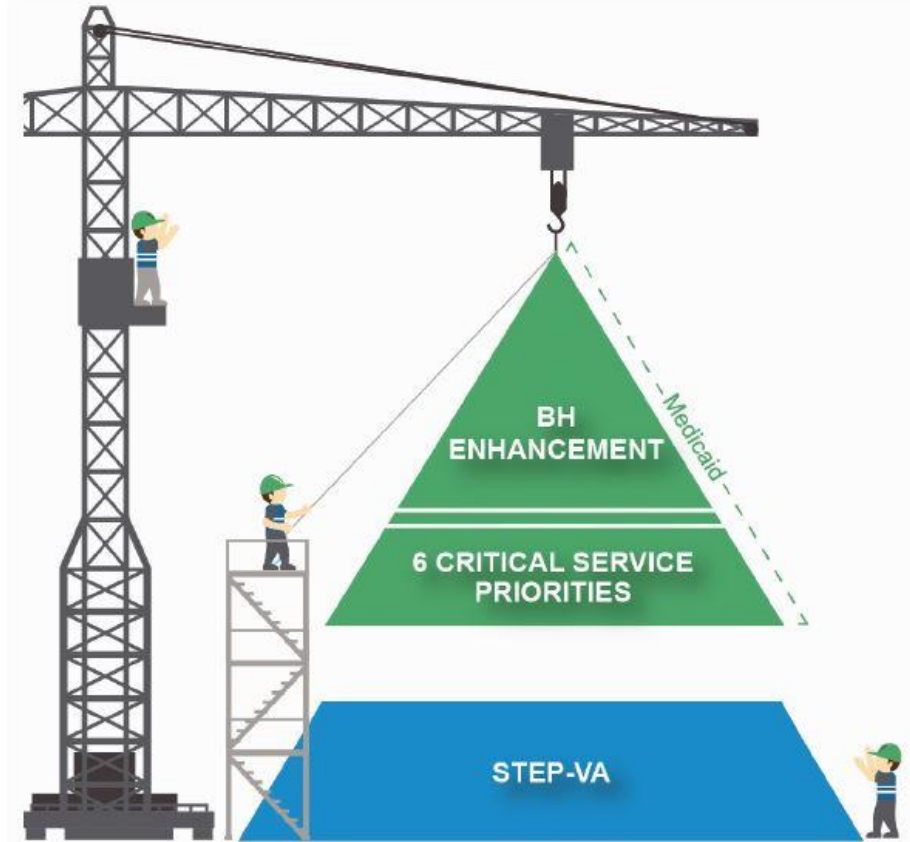
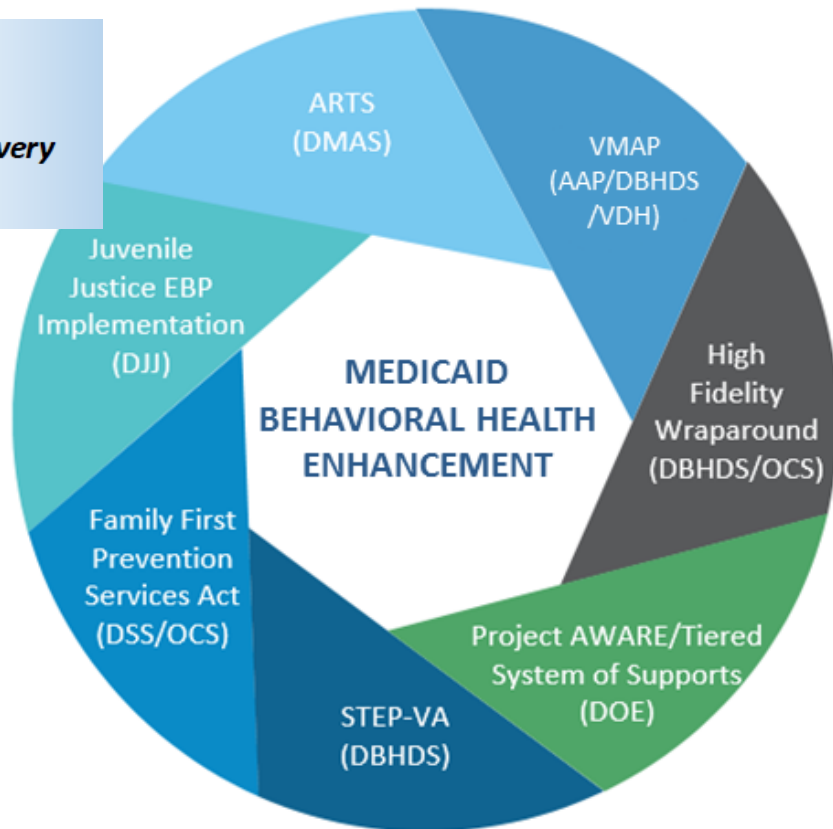
Project BRAVO implementation



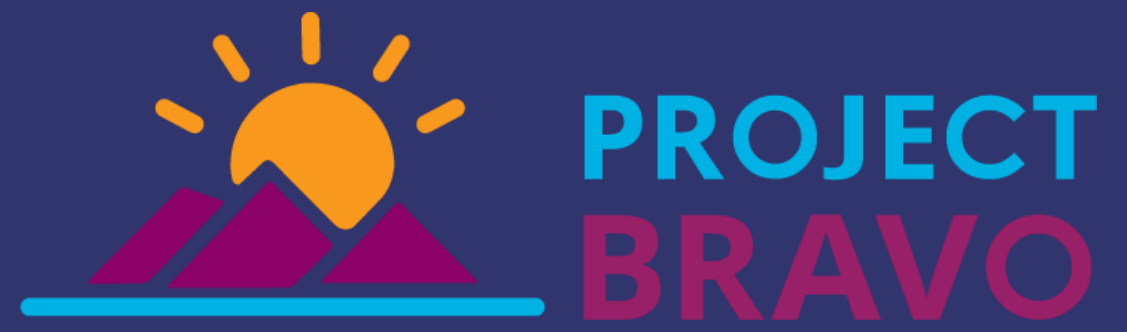
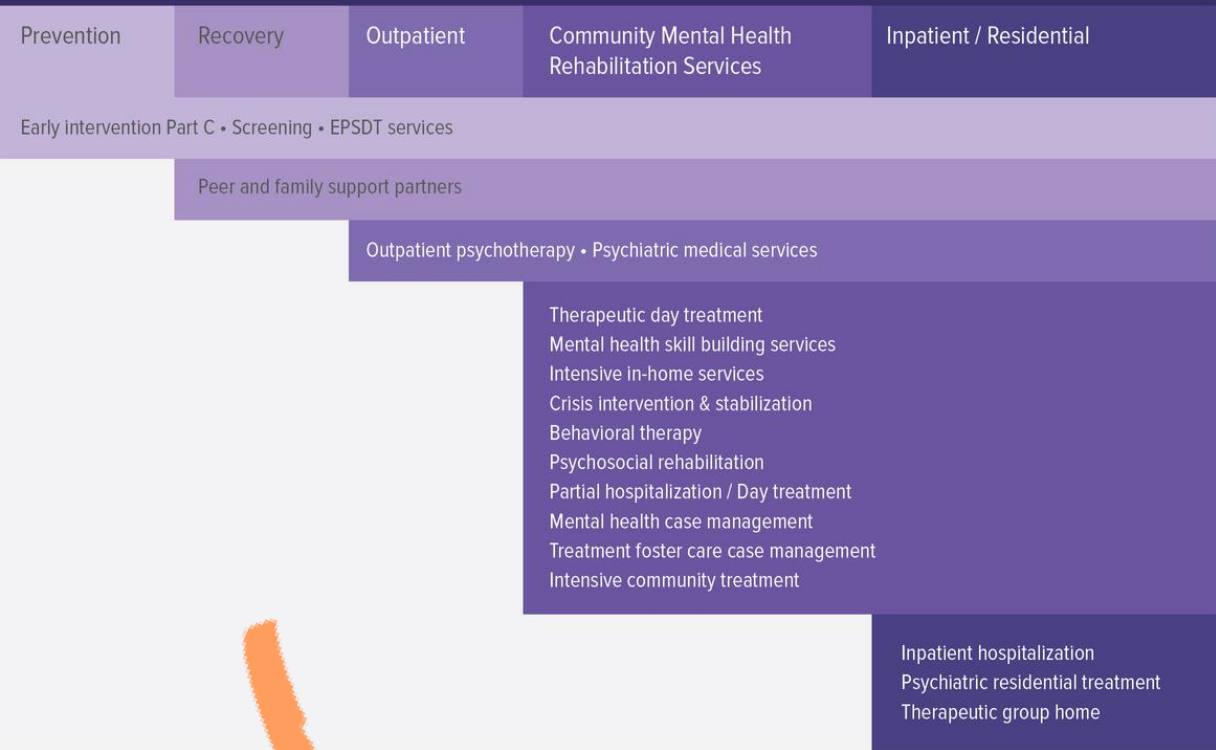


# PROJECT BRAVO

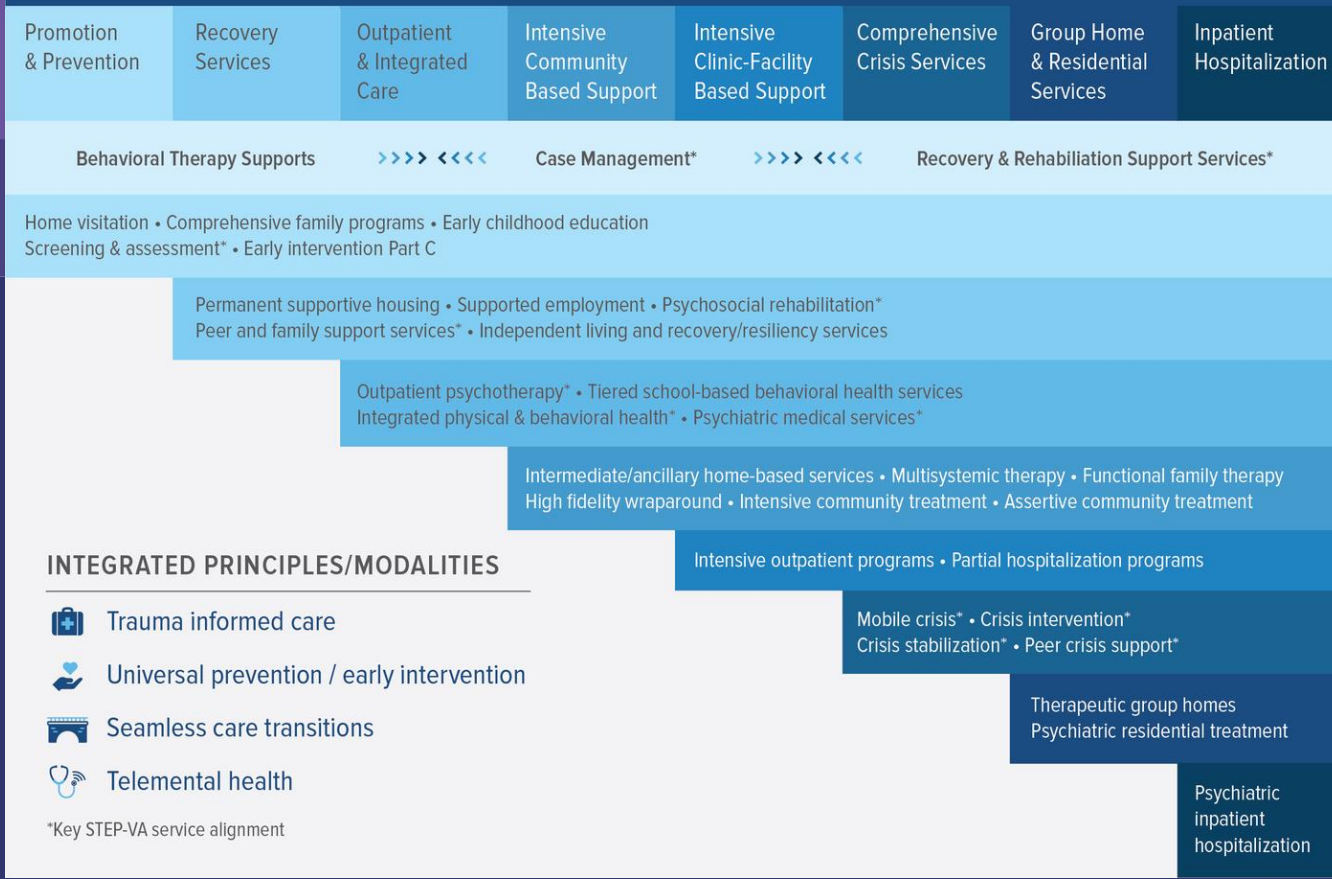
## BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE & OUTCOMES



# Current Medicaid-funded Behavioral Health Services



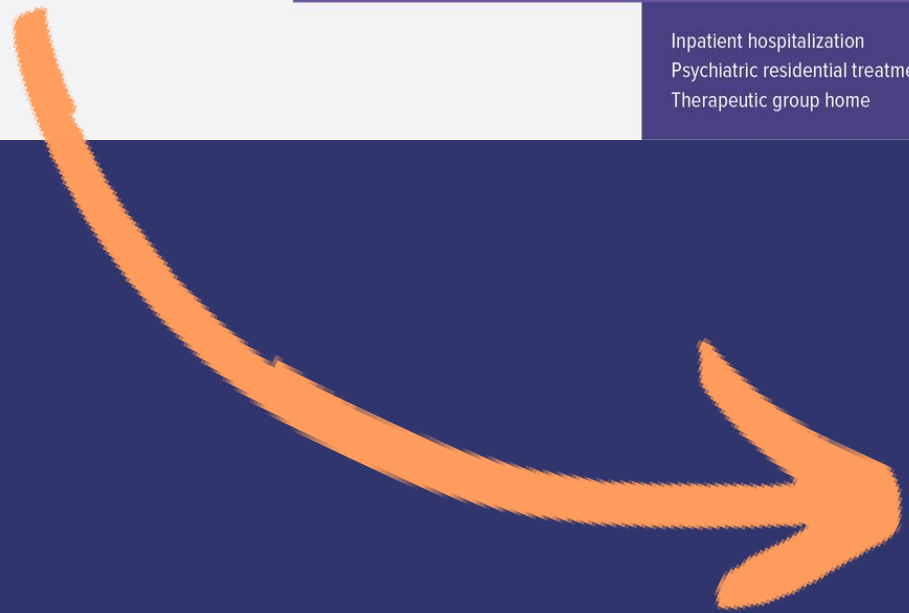
## Continuum of Behavioral Health Services Across the Life Span



### INTEGRATED PRINCIPLES/MODALITIES

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

\*Key STEP-VA service alignment



# Details On Bravo Services

7/1/2021

Assertive community treatment  
intensive outpatient  
partial hospitalization

12/1/2021

Comprehensive crisis services  
Multisystemic therapy  
functional family therapy



## year 1 accomplishments

- Met implementation deadlines on time with MCO partners on timeline shortened to half by pandemic delays in funding
- Maintained close partnerships with BH associations and providers through MCO Resolutions Panel to identify authorization and claims issues and work on solutions
- Development of the Center for Evidence Based Partnerships with VCU

## year 1 challenges

- Limited training dollars has hampered ability to prepare workforce for new services
- Workforce crisis has limited the expansion of services & networks
- Complexity of crisis system infrastructure has led to delays in full system integration of these services



# 2021



## What comes next

01

Service learning  
collaboratives

02

Build out of crisis system

03

Metrics & Evaluation

04

Budget Requests to  
expand

**PROJECT BRAVO**

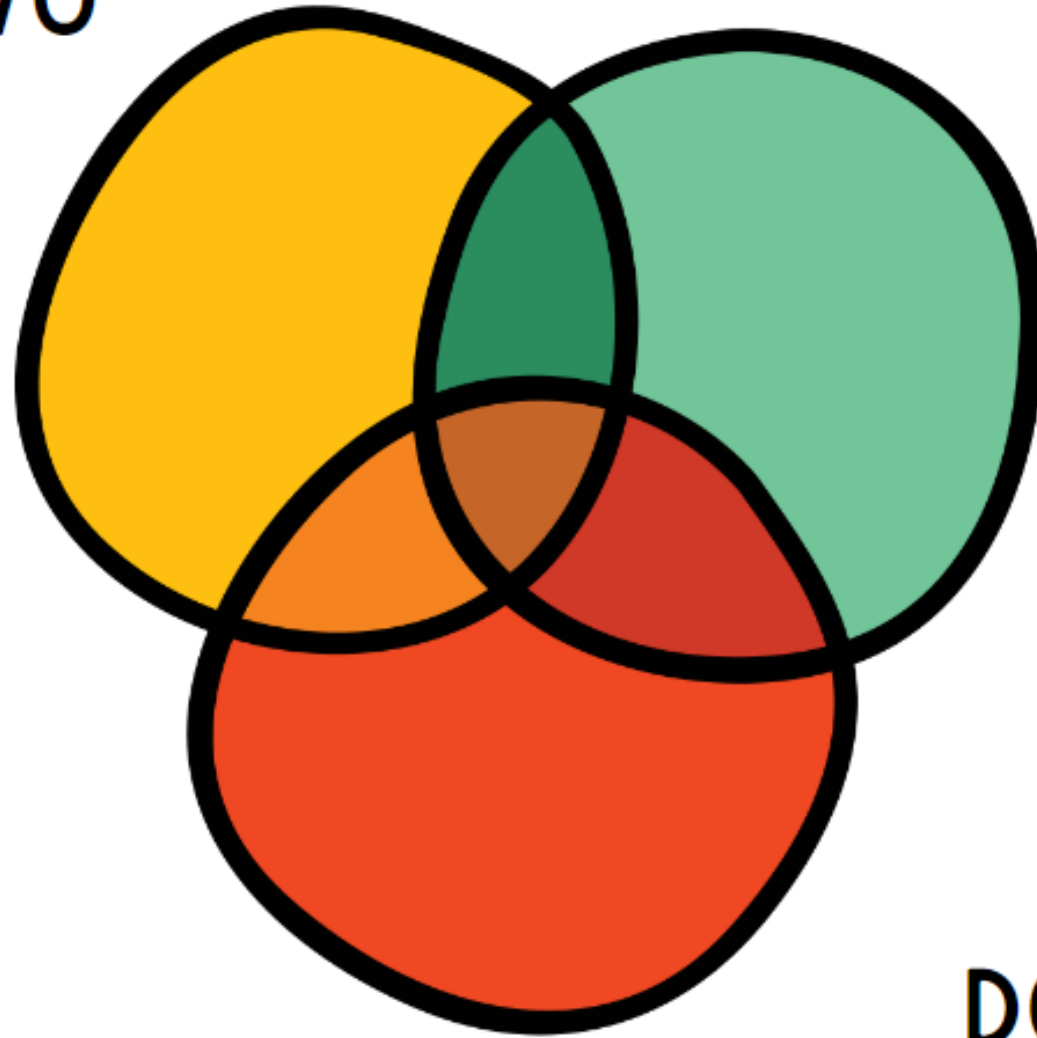
**MARCUS ALERT**

**BED CRISIS**

**988**

**STEP-VA**

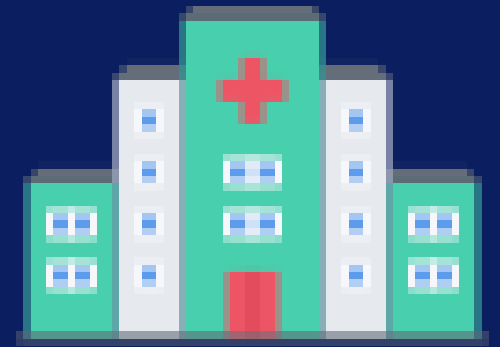
**DOJ SETTLEMENT**



# The safety net to the safety net



# Data from the arizona implementation of crisis now has shown...



80% of crisis resolved through the call center

70% of mobile responses resolved in the community

Small proportion of initial calls result in hospitalization

# Aligning with the crisis now model

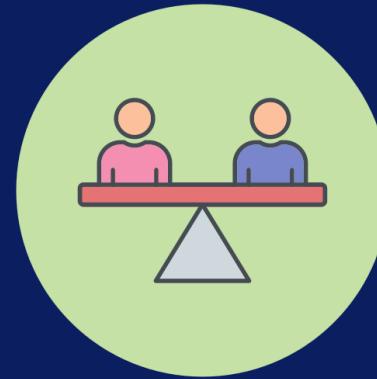
Objective: The development of a community-based, trauma-informed, recovery-oriented crisis system that responds to crises where they occur and prevent out-of-home placements.



high tech crisis  
call centers



24/7 mobile  
crisis  
response



crisis stabilization  
programs



essential principles  
& Practices

# CRISIS IN COMMUNITY



Individual in crisis who calls 988 or another number that is directed to 988

1

## CRISIS RESOLVED BY CALL CENTER

No additional intervention needed

2

## MOBILE CRISIS DISPATCH

Crisis resolved and person connected back with EXISTING PROVIDER

3

## MOBILE CRISIS DISPATCH

Crisis resolved, no existing provider, referral to COMMUNITY STABILIZATION until other service provider available

4

## MOBILE CRISIS DISPATCH

Crisis resolved, person connected with other service provider who is immediately available

5

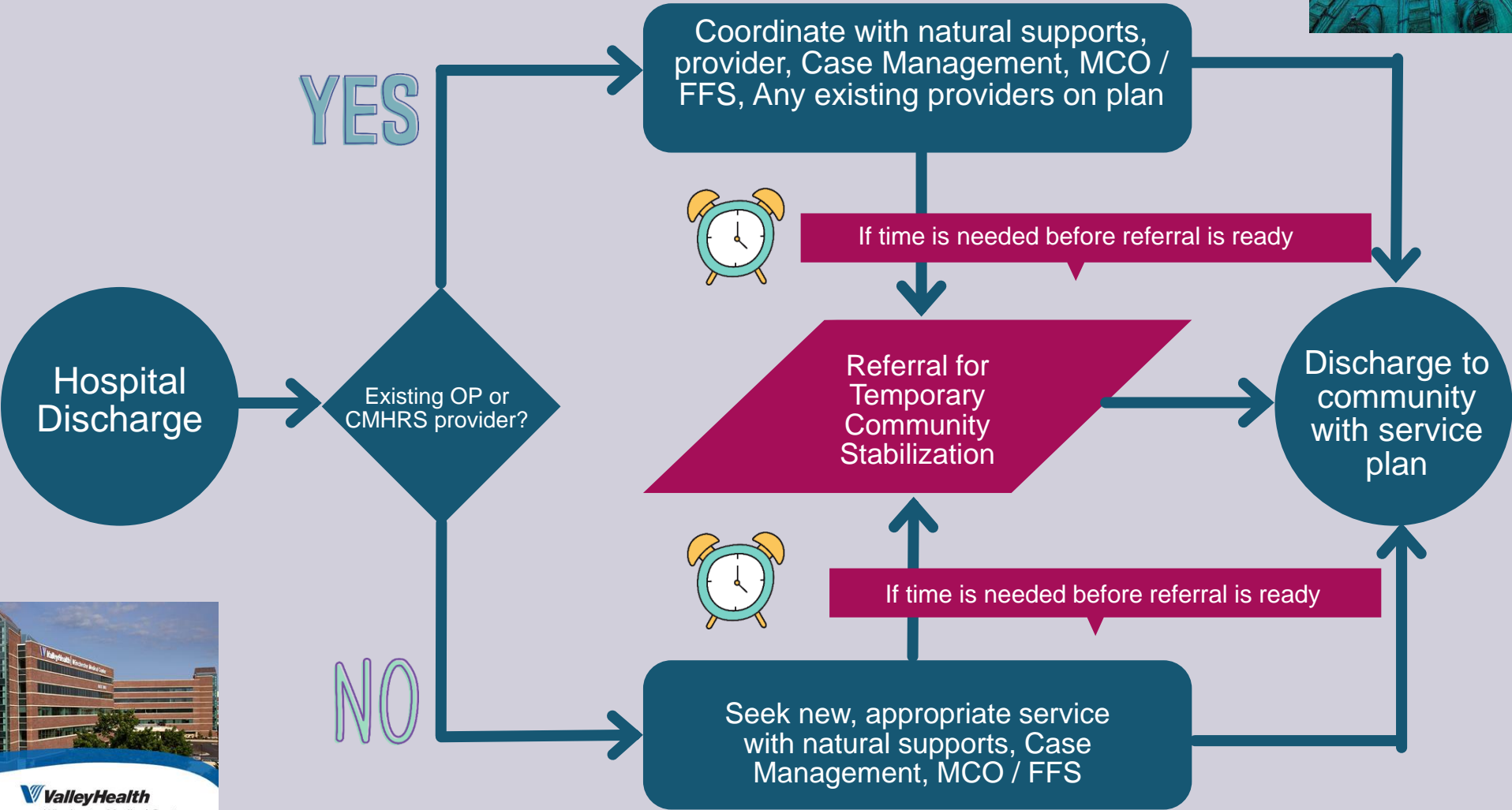
## ESCALATION IN CARE

Mobile Crisis determines need for initiation of ECO/EDO, 23 hr, RCSU or hospital ER



# Discharge Decisions Map

## Hospital to Community-Based Care



# COMPARISON

## CRISIS STABILIZATION

Broad crisis care beyond initial intervention

Hourly rate

Billed for residential as well as community-based services

Rate not based on team

Registration Info

CNA

VS



## COMMUNITY STABILIZATION

Specific "bridge" service to address access to care issues

15 minute unit rate

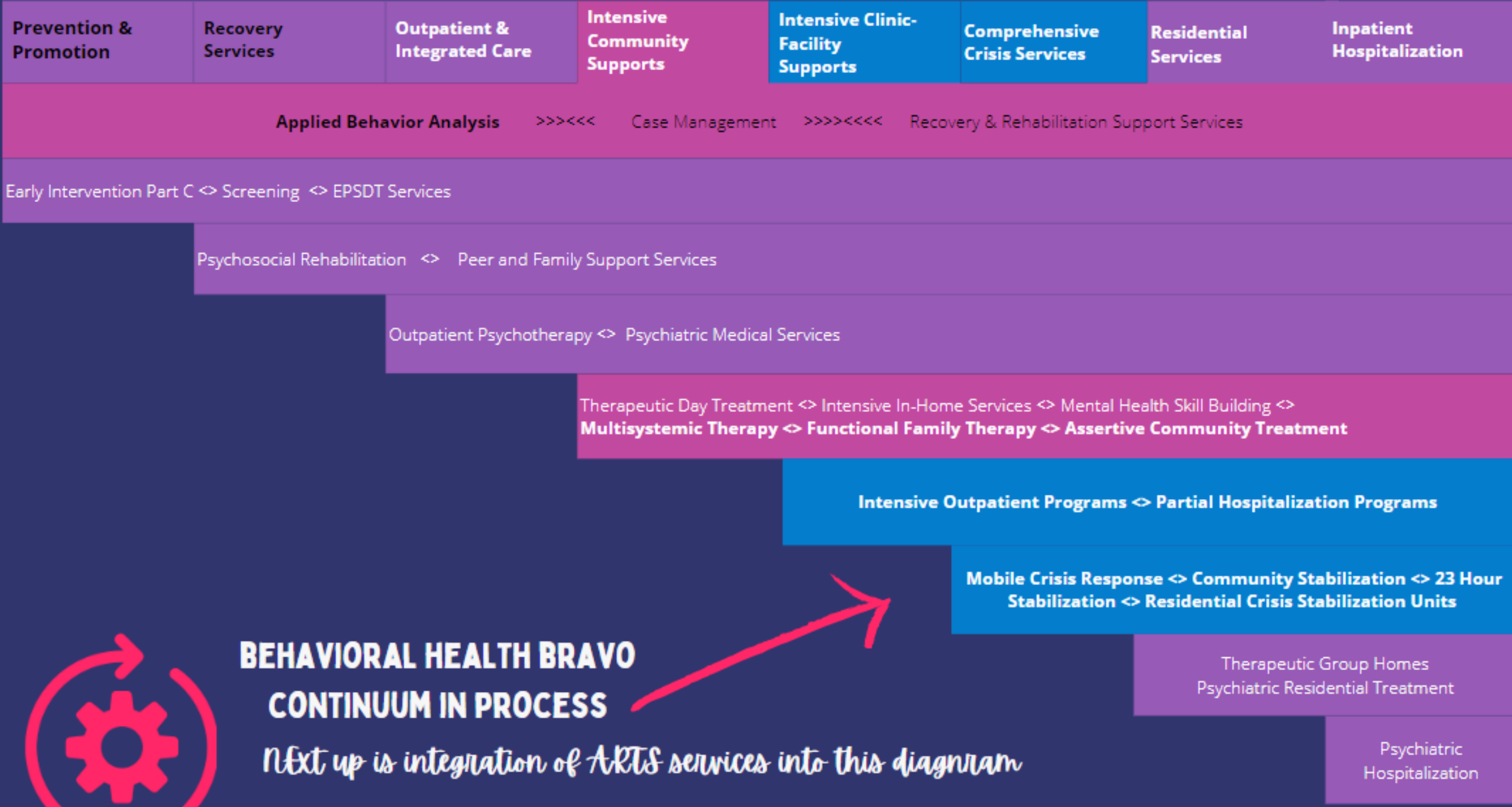
Specific rate for community-based care

Rate based on various staffing delivery options

7 calendar days / 112 units (do not have to be consecutive)

CNA or Pre-Screening addendum or DBHDS approved





**BEHAVIORAL HEALTH BRAVO  
 CONTINUUM IN PROCESS**

*Next up is integration of ARTS services into this diagram*



Prevention & Promotion

Recovery Services

Outpatient & Integrated Care

Intensive Community Supports

Intensive Clinic-Facility Supports

Comprehensive Crisis Services

Residential Services

Inpatient Hospitalization

Early Intervention Part C <> Screening <> EPSDT Services <> SBIRT/ASAM Level 0.5

Psychosocial Rehabilitation <> Peer and Family Recovery Support Services

Outpatient Psychotherapy <> Psychiatric Medical Services <> ASAM 1.0

Tiered School-Based Services <> Intensive In-Home Services <> Mental Health Skill Building <> Multisystemic Therapy <> Functional Family Therapy <> Assertive Community Treatment <> Coordinated Specialty Care <> High Fidelity Wraparound <> Applied Behavior Analysis

Intensive Outpatient Programs <> Partial Hospitalization Programs

ASAM 2.1-2.5

Mobile Crisis Response <> Community Stabilization <> 23 Hour Stabilization <> Residential Crisis Stabilization Units

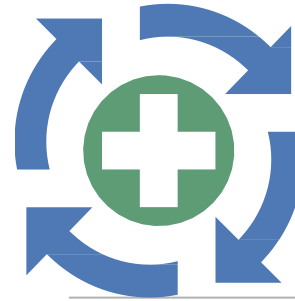
Therapeutic Group Homes  
Psychiatric Residential Treatment  
ASAM 3.1/3.5/3.7 RTS

Psychiatric Hospitalization  
ASAM 3.7 Inpt-4.0

# NORTH STAR MEDICAID CONTINUUM



# Emerging Priorities



## BRAVO Expansion

Continuous improvement process for both recently implemented and proposed services

---



## ARTS & BRAVO INTEGRATION

Greater integration of policy and practice across MH and SUD, starting within our division

---



## Workforce Crisis

A big focus of interagency collaboration

# Questions & Feedback



Alyssa Ward, Ph.D., LCP  
Behavioral Health Clinical Director  
alyssa.ward@dmas.virginia.gov  
804-393-6977





# WAIVER 101

*Nichole Martin*, Director for the Office  
of Community Living



# HOME AND COMMUNITY BASED WAIVERS

**NICHOLE MARTIN**  
DIRECTOR, OFFICE OF COMMUNITY LIVING

# Home and Community Based Services Waivers

Long Term Services and Supports (LTSS) received in the home or community rather than an institutional setting. Also known as 1915 (c) waivers.

- ❑ Commonwealth Coordinated Care Plus Waiver (CCC Plus Waiver)
- ❑ Developmental Disabilities Waivers (DD waivers)
  - ❑ Community Living
  - ❑ Family and Individual Supports
  - ❑ Building Independence



# Home and Community Based Services Waivers

Program allows the state “waive” certain Medicaid program requirements including:

- ❑ State wideness
- ❑ Comparability of services – make services available to only certain groups of people who are at risk for institutionalization
- ❑ Income and resources- provide Medicaid to people who would otherwise be eligible only in an institutional setting, often due to the income and resources of a spouse or parent.

# HCBS Waiver Program Requirements

States must:

- ❑ Demonstrate that providing waiver services won't cost more than providing these services in an institution
- ❑ Ensure the protection of the member's health and welfare
- ❑ Provide adequate and reasonable provider standards to meet the needs of the target population
- ❑ Ensure that services follow an individualized and person-centered plan of care

# Who is Eligible for the HCBS Waiver?

**Medicaid  
Eligible**

**Meet Criteria  
for Institutional  
Level of Care**

# CCC Plus Waiver

- ❑ Serves all ages and does not have a waiting list.
- ❑ Provides care in the home and community rather than in a **nursing facility** or other **specialized care medical facility**.
- ❑ Provides supports and service options for successful living including personal care, private duty nursing, respite, services facilitation, assistive technology and environmental modifications.
  - ❑ 44,191 members enrolled
  - ❑ Majority receive these services through a Managed Care Organization
  - ❑ Consumer-directed options available for personal care and respite

# CCC Plus Waiver Eligibility Criteria

- Institutional Level of Care
  - Nursing Facility
  - Specialized Care
  - Long-Stay Hospital
  
- Uniform assessment instrument (UAI)
  - Functional Capacity
  - Medical or Nursing Need
  - Imminent Risk of Placement

# How to Access CCC Plus Waiver Services

If living in the community:

Local  
DSS or Health Dept.

Local Screening Team will:

If currently in the hospital:

Hospital Social Worker or  
Discharge Planner

Hospital Team will:

- Conduct the screening (UAI)
- Offer choice of institution or HCBS
- Discuss available waiver services
- Facilitate referral to MCO or Provider
- Provide MCO copy of screening

# Developmental Disabilities (DD) Waivers

## Building Independence Waiver

- For adults (18+) able to live independently in the community. Individuals own, lease, or control their own living arrangements and supports are complemented by non-waiver-funded rent subsidies.

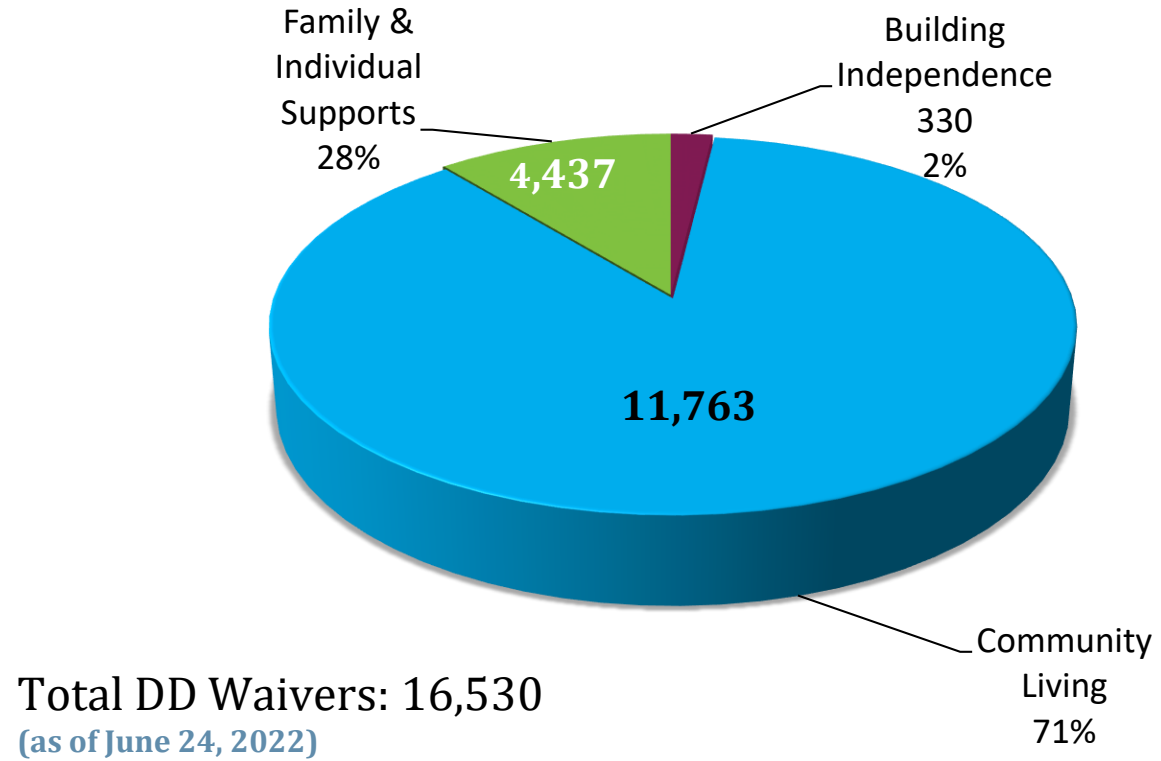
## Family and Individual Supports Waiver

- For individuals living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs. Available to both children and adults.

## Community Living Waiver

- Includes residential supports and a full array of medical, behavioral, and non-medical supports. Available to adults and children. May include 24/7 supports for individuals with complex medical and/or behavioral support needs through licensed services.

# Developmental Disabilities Waivers Enrollment





# DD Waiver Support Options

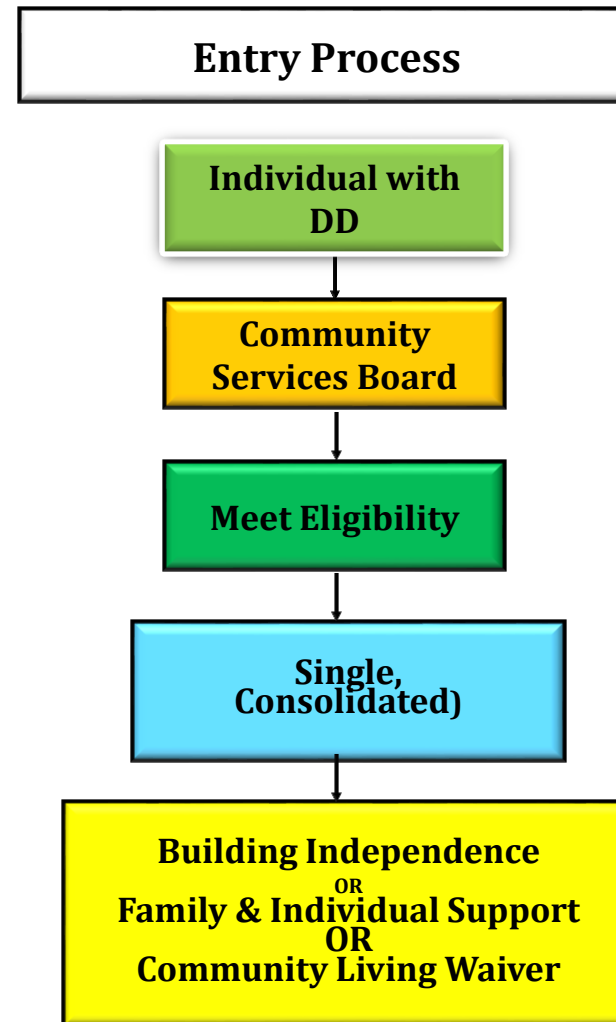
Services and supports available in the DD Waivers can be considered and provided across these categories.



# How to Access DD Waiver Services

## Eligibility Criteria

- Developmental Disability diagnosis
- Meet ICF/IID level of care
  - Virginia Individual Developmental Disability Survey (VIDES)
- Accept services within 30 days
- Medicaid Eligible

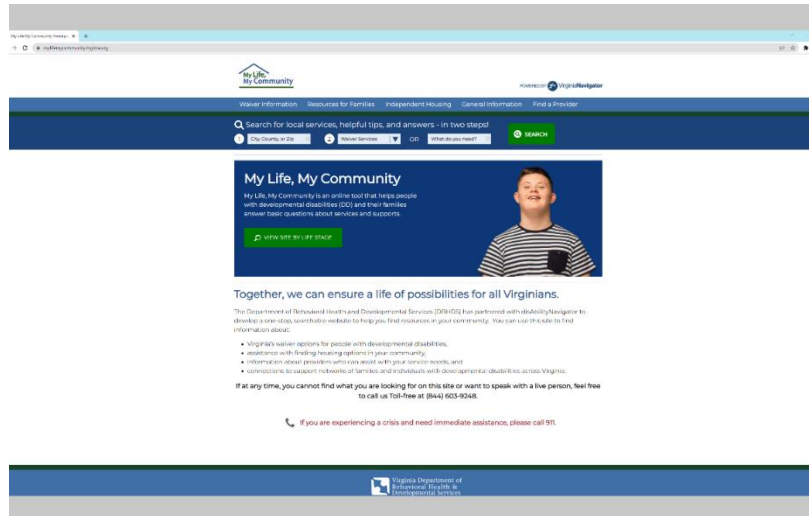


# Waiting List Update

<b>Priority I</b> Projected to need services in a year	<b>Priority II</b> Expected to need services in 1-5 years	<b>Priority III</b> Expected to need services in five years or more
<b>2,910</b> Individuals	<b>6,004</b> Individuals	<b>4,912</b> Individuals
<b>Total Waiting List = 13,826</b> (as of June 24, 2022)		

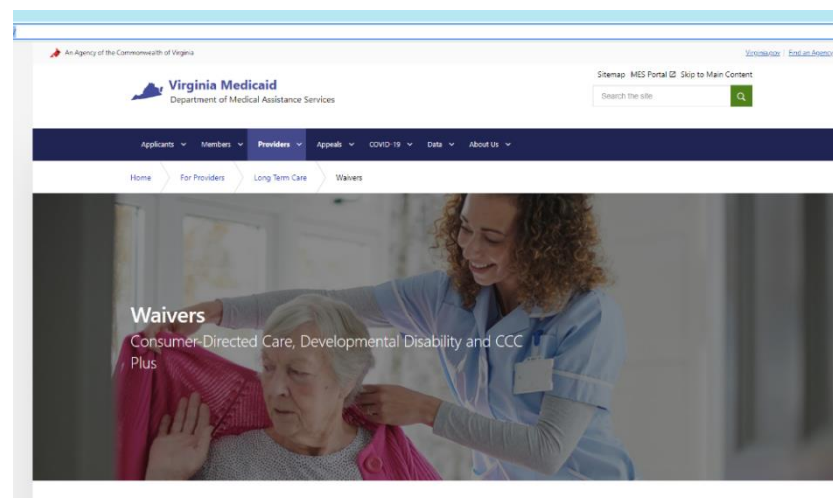
# Need More Information?

DD Waivers- <https://www.mylifemycommunityvirginia.org/>



CCC Plus Waiver  
[CCCPlusWaiver@dmas.Virginia.gov](mailto:CCCPlusWaiver@dmas.Virginia.gov)

DMAS Website -<https://dmas.virginia.gov/for-providers/long-term-care/waivers/>





# PUBLIC COMMENT

Medicaid Members  
and Public

**NEXT MAC MEETING:  
MONDAY, NOVEMBER 14, 2022  
10:00 AM – 12:00 PM**





# ADJOURNMENT AND LUNCH

THANK YOU