



Independent Clinical Assessment Project Update

Stakeholder Meeting
April 5, 2012

Sandra Brown, LCSW
Virginia Department of Medical Assistance Services
and
Mary Ann Bergeron
Virginia Association of Community Services Boards



Authority

Due to concerns about unprecedented growth, the 2011 Acts of Assembly directed DMAS to take action that resulted in an independent clinical assessment be completed by a Community Services Board prior to receiving the following services from any provider:

- Intensive In-Home (IIH)
- Therapeutic Day Treatment (TDT)
- Mental Health Support Services (MHSS) for youths up to the age of 21



Independent Clinical Assessment

Purpose

- To assure that children and families receive the most clinically appropriate services based upon level of need
- This type of assessment is already required for all other Medicaid-funded vulnerable populations (e.g., intellectual disability, physical disability)
- This initiative is the first step toward the development of a behavioral health care coordination system that will integrate behavioral, acute and primary health services (297.MMMM)



Independent Clinical Assessment

Principles of the Program

- Freedom of choice of direct service provider for families
- Responsiveness
- Family-oriented/focused process
- Least restrictive service(s) appropriate to safely and effectively meet the needs of family/child
- Establish a link between fee-for-service behavioral health services and coordinated care



Implementation

- On July 18, 2011, CSBs began conducting independent clinical assessments (ICAs) for new service requests
- Effective August 1, 2011, independent assessors began conducting assessments for re-authorizations
 - An estimated 60% of individuals who are currently receiving these service have been authorized more than one time for these services in the past



ICA Status Snapshot

- As of February 2012, over 20,000 independent assessments have been completed.
- The services that were recommended most frequently were TDT, Outpatient Psychiatry/Medical Evaluation, and non-physician Outpatient Counseling.
- Utilization of higher intensive services such as IIH and TDT is trending downward since July 2011.



Satisfaction Survey Results

- In January 2012, DMAS began conducting telephonic satisfaction surveys to families who had received an assessment
- As of March 2012, 466 family contacts have been attempted and 66 contacts have been made
- 99% report being **SATISFIED**
 - 88% report being **VERY SATISFIED** with the assessment process
 - 11% report being **SOMEWHAT SATISFIED** or above



Appointment Timeliness

- Excessive wait times for an assessment appointment was #1 complaint.
- CSBs joined efforts to improve wait times.
 - Staff sharing
 - Assessments offered via teleconference
 - Extended appointment time slots
- As of February, less than 1% of appointments scheduled are outside of timeliness standards.



No Show Appointment Rates

- The average no show rate since July 2011 is 26%, with the highest percentage occurring in December 2011 at 47%.
- There were 385 fewer no show appointments in February 2012 than in October 2011.
- CSBs call the family the day before the assessment appointment:
 - Inform about process
 - Screen for transportation issues
 - Provide a prompt to call back to reschedule



Provider Selection

- Families are given a list of Medicaid enrolled providers in their area.
- Families are encouraged to call several providers of their choosing prior to selecting one for treatment.
- The CSBs do not make recommendations or referrals to specific providers.



Provider Selection

- DMAS investigates every complaint related to suspected improper provider selection.
- Data suggests access to recommended services are distributed fairly across the provider network.



Family Education

- During the assessment, families are educated and informed about all behavioral health service options.
- Families report appreciating this learning experience offered during the assessment process.
- DMAS continues to review and approve provider marketing plans to support families' freedom of choice and access to appropriate providers.



Denials/Approvals/Appeals

- KePro Denial Rate – 5.9%
- KePro Approval Rate for Non-recommended services by VICAP – 5.4%
- Independent Assessment Appeal Rate – 1.3%



ICA Provider Issues

- Addressing individual provider concerns
- Tackling systemic issues as they arise
 - Youth between 18 and 21 requesting MHSS
 - Inpatient discharges
 - Urgent calls to providers



Department of Medical Assistance Services



Continuing Evaluation

Email: cmhrs@dmas.virginia.gov

Office of Behavioral Health Services
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

804-786-1002

<http://dmasva.dmas.virginia.gov>