MEDICAID BEHAVIORAL HEALTH SERVICES DURING COVID-19

Current System Functioning and Enhancement Updates

Medicaid Member Advisory Committee
October 26th, 2020
PRESENTING TODAY

Ashley Harrell, LCSW
ARTS Senior Program Advisor, DMAS

Laura Reed, LCSW
Behavioral Health Senior Program Advisor (Acting), DMAS
Executive Order Fifty-One - March 12, 2020

Working with the Department of Medicaid Assistance Services, Governor Northam is increasing access to healthcare for Virginia’s 1.5 million Medicaid members and thousands of low-income residents.
Medicaid Behavioral Health During COVID-19

Behavioral Health Provider Flexibilities

- Telehealth delivery for nearly all BH services and allowance for member home to serve as originating site
  - Telehealth includes Telephonic (audio) only services
  - Allowance of initial visit for treatment of opioid use disorder to be through telehealth/telephonic delivery
  - Limits on audio-only CMHRS services and delivery of group face to face services
- 14 day grace period for submission of Service Authorizations
- Flexibility around hourly requirements for ASAM Levels 2.1 and 2.5
- Allowance for Opioid Treatment Programs to be reimbursed for delivery of medications to member’s location as well as take-home dosage administration.
- Reimbursement for a maximum 90 day supply of pharmaceuticals, including buprenorphine.
- Flexibilities of urine drug tests and counseling requirements for individuals to receive pharmacotherapy for SUD treatment.
Leveraging Telehealth

Collaborative Efforts

• State agencies with Health and Human Resources
• Other state and national resources
• DMAS Contractors

Special thanks to the State of Hawaii for leveraging their guidance on telehealth for Behavioral Health providers.
Medicaid Behavioral Health During COVID-19
Inter-Agency BH Collaboration

- Congregate Care Memo: DSS-OCS-DBHDS-DMAS
- Service Recommendations: DBHDS-DMAS
- School-Based Mental Health Support: DOE-OCS-DBHDS-DMAS
- Executive Order 57: Expanded Workforce: DHP Coordination

<table>
<thead>
<tr>
<th>Temporary License Type</th>
<th>April Totals</th>
<th>May Totals</th>
<th>June Totals</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Clinical Psychologist</td>
<td>123</td>
<td>180</td>
<td>5</td>
<td>308</td>
</tr>
<tr>
<td>LPC</td>
<td>96</td>
<td>138</td>
<td>7</td>
<td>241</td>
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<tr>
<td>LMFT</td>
<td>19</td>
<td>36</td>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>LCSW</td>
<td>54</td>
<td>166</td>
<td>8</td>
<td>228</td>
</tr>
<tr>
<td>Total</td>
<td><strong>292</strong></td>
<td><strong>520</strong></td>
<td><strong>22</strong></td>
<td><strong>834</strong></td>
</tr>
</tbody>
</table>
Behavioral Health Provider and Member Communication

- Weekly and then Bi-Weekly BH Provider Calls attended by 150-450 providers each session
- Consistent Stakeholder Email Updates
- COVID Response Website
  - Clinical resources
  - Decision tree
  - PPE Fact Sheet
  - FAQs
  - Slide decks
  - Recorded webinars
- Behavioral Health Resources for Members
Virginia Medicaid is taking action to fight COVID-19

- No co-pays for any Medicaid or FAMIS covered services
- No pre-approvals needed and automatic approval extensions for many critical medical services
- Outreach to higher risk and older members to review critical needs
- 90 day supply of many routine prescriptions
- Ensuring members do not inadvertently lose coverage due to lapses in paperwork or a change in circumstances
- Encouraging use of telehealth

Medicaid covers all COVID-19 testing and treatment. Call your doctor.

More Info: www.dmas.virginia.gov/#/emergencywaiver
Questions: dmas.virginia.gov/contactforms/#/general
BEHAVIORAL HEALTH SERVICES UTILIZATION DURING COVID
Overall Trend of Behavioral Health Services

Goal: Primary care (including adult PCP, Pediatricians, and OBGYNs), and behavioral health

- PCP service expenditures significantly decreased during COVID-19 emergency
  - Decreased by 31% in April
  - Decreased by 39% in May

- Behavioral health services remained largely stable during COVID-19 emergency
  - Decreased by 11% in April
  - Decreased by 2% in May
Community Mental Health and Rehabilitation Services (CMHRS) Utilization During COVID

CLAIMS PAID THRU 6/30  IBNR  AVG Incurred
Addiction & Recovery Treatment Services (ARTS) Utilization During COVID

MCO Expenditure Report Category of Service

CLAIMS PAID THRU 6/30
IBNR
AVG Incurred
## Top 10 Diagnostic Categories

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disorder</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>ADHD</td>
</tr>
<tr>
<td>2.</td>
<td>Opioid Disorders</td>
</tr>
<tr>
<td>3.</td>
<td>Mood Disorders</td>
</tr>
<tr>
<td>4.</td>
<td>Autism</td>
</tr>
<tr>
<td>5.</td>
<td>Anxiety Disorders</td>
</tr>
<tr>
<td>6.</td>
<td>PTSD</td>
</tr>
<tr>
<td>7.</td>
<td>Psychosis (Schizophrenia)</td>
</tr>
<tr>
<td>8.</td>
<td>Adjustment Disorder</td>
</tr>
<tr>
<td>9.</td>
<td>Hypertension</td>
</tr>
<tr>
<td>10.</td>
<td>Oppositional Defiant Disorder</td>
</tr>
</tbody>
</table>

### Top BH Telehealth providers: **Community Services Boards (CSBs)**

Increase in the use of Telehealth within these services:

- Psychotherapy
- Therapeutic Day Treatment (TDT)
- Intensive In-Home Services (IIH)
- Opioid Counseling
- Psychosocial Rehabilitation (PSR)
Overall, BH service utilization has remained relatively stable, likely due to telehealth allowances.

This is consistent with other states and national trends.

There are some areas of variability due to the nature/context of some services (group service limitations, school closures).

We are not (yet) seeing a surge of new members seeking BH services in the current window of assessment, though anticipate those trends as the state of emergency and social distancing continues.

Providers were able to adapt and use a combination of telehealth and face-to-face service delivery models to continue to provide services.
Governor’s Budget Funding Summary

UN-ALLOTTED DUE TO COVID-19

• Allow FAMIS MOMS access to SUD treatment in an Institution for Mental Diseases (MH/SUD facilities with more than 16 beds)
• Expand the Preferred Office-Based Opioid Treatment (OBOT) model to cover other substance use disorders like alcohol, cocaine, and methamphetamine.
• Authorize and fund an increase in the Reimbursement Rate for Licensed Mental Health Professionals.
• New care coordination benefit for incarcerated individuals who are Medicaid eligible and have pending release within 30 days
• Behavioral Health Enhancement
BEHAVIORAL HEALTH ENHANCEMENT (BHE) INITIATIVE UPDATE
Enhanced Behavioral Health Services for Virginia Re-Allotted

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:

- **High Quality**
  Quality care from quality providers in community settings such as home, schools and primary care

- **Evidence-Based**
  Proven practices that are preventive and offered in the least restrictive environment

- **Trauma-Informed**
  Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals

- **Cost-Effective**
  Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system
Enhancement of Behavioral Health Services: Current Priorities Explained

What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients

Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**

- Partial Hospitalization Program (PHP)
- Program of Assertive Community Treatment (PACT)
- Multi-Systemic Therapy (MST)
- Intensive Outpatient Program (IOP)
- Comprehensive Crisis Services (Mobile Crisis, Intervention, Residential, 23Hr Observation)
- Functional Family Therapy (FFT)

Why Enhancement of BH for Virginia?

- Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- Demonstrated cost-efficiency and value in other states
## Enhancement of Behavioral Health Services

**Governor’s Budget Funding Summary: Re-Allocated**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year TBD</th>
<th>Fiscal Year TBD</th>
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</thead>
<tbody>
<tr>
<td><strong>General Fund</strong></td>
<td>$3,028,038</td>
<td>$10,273,553</td>
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<tr>
<td><strong>Non-General Funds</strong></td>
<td>$4,127,378</td>
<td>$14,070,322</td>
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<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td>$7,155,416</td>
<td>$24,343,875</td>
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</table>

**Implementation Timeline TBD**
- Multi-Systemic Therapy
- Functional Family Therapy
- Assertive Community Treatment

**Implementation Timeline TBD**
- Comprehensive Crisis Services
- Partial Hospitalization
- Intensive Outpatient
Enhancement Implementation Steps

If Authority is Granted to Proceed

Reconvene regular stakeholder workgroups for installation planning

INSTALLATION PLANNING

• Systems changes
• SPA, Regulations and Manual Updates
• Launch statewide workforce training

ACCOUNTABILITY

Develop metrics and dashboards with stakeholder input to report out on implementation progress and outcomes

1115 SMI WAIVER

Once installation plan is clear, engage Federal Government for 1115 SMI Waiver application

Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC
Enhancement In the Time of Covid-19

- BH Enhancement as Agency Priority
  - Evidenced-Based Practice Center Efforts
  - Establish Health Services Initiatives to support enhancing services

- Installation Planning
  - Medical Necessity Criteria
  - State Plan Amendments
  - Training Brainstorms
  - BHE Advisory Meeting GA Mandate

- Accountability
  - SMI Innovation Accelerator Program
  - Dashboards
  - Training Brainstorms
  - Internal Dashboard Template Development

- 1115 SMI Waiver
  - GA Report

Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC
ADDITION AND RECOVERY TREATMENT SERVICES (ARTS) UPDATE
ARTS offers a fully integrated physical and behavioral health continuum of care based on the American Society of Addiction Medicine.
Primary Evaluation Aims for ARTS

- Access to treatment services for Medicaid members with substance use disorders
- Quality of treatment services
- Outcomes of treatment
Addiction Treatment Providers Serving Medicaid Members

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers Before ARTS</th>
<th>ARTS Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Detox (ASAM 4)</td>
<td>N/A</td>
<td>103</td>
</tr>
<tr>
<td>Residential Treatment (ASAM 3)</td>
<td>4</td>
<td>92</td>
</tr>
<tr>
<td>Partial Hospitalization Programs (ASAM 2.5)</td>
<td>N/A</td>
<td>22</td>
</tr>
<tr>
<td>Intensive Outpatient Programs (ASAM 2.1)</td>
<td>49</td>
<td>136</td>
</tr>
<tr>
<td>Opioid Treatment Programs</td>
<td>6</td>
<td>39</td>
</tr>
<tr>
<td>Preferred Office-Based Opioid Treatment Providers</td>
<td>N/A</td>
<td>153</td>
</tr>
<tr>
<td>Outpatient practitioners billing for ARTS services (ASAM 1)</td>
<td>1,087</td>
<td>4,079</td>
</tr>
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</table>
More Medicaid Members Received SUD Treatment

*Members enrolled through Medicaid expansion are excluded to maintain comparability with prior years.*
Fewer ED Visits Related to SUD per 100 Medicaid Members

<table>
<thead>
<tr>
<th></th>
<th>Before ARTS Apr 2016 - Mar 2017</th>
<th>ARTS Year 1 Apr 2017 - Mar 2018</th>
<th>ARTS Year 2 Apr 2018 - Mar 2019</th>
<th>% Change since before ARTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>All SUD-related ED visits per 100 members with SUD</td>
<td>56</td>
<td>54</td>
<td>52</td>
<td>-7.1%</td>
</tr>
<tr>
<td>OUD related ED visits per 100 members with OUD</td>
<td>31</td>
<td>24</td>
<td>21</td>
<td>-32.3%</td>
</tr>
<tr>
<td>AUD related ED visits per 100 members with AUD</td>
<td>75</td>
<td>70</td>
<td>73</td>
<td>-2.7%</td>
</tr>
</tbody>
</table>

*Members enrolled through Medicaid expansion are excluded to maintain comparability with prior years*
Gains in Treatment Rates for Pregnant Individuals

Increase in SUD and OUD treatment rates in the 12 months prior to delivery

1 Treatment rates reflect the number of members who received any addiction treatment service as a percentage of those with a diagnosed disorder.
Our Work is Not Done

https://www.vdh.virginia.gov/medical-examiner/forensic-epidemiology/
Evolving Strategy to Address the Addiction Epidemic

- Reduce Risk of Addiction and Overdose
- Increase access to MAT
- Reduce Stigma
- Priority Populations

- Pregnant and Parenting Individuals
- Justice-Involved
- Acute Care

Focus to Increasing Access to Treatment for All SUD
What is the SUPPORT Act?

The Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act became law on October 24, 2018.

- Notice of Award: September 18, 2019
- Period of Performance: **September 30, 2019 to March 29, 2021** (18 months)
- **Approved Budget: $4.8 million**

It is designed to allow states to increase the capacity of Medicaid providers to deliver substance use disorder (SUD) treatment and recovery services through:

- An ongoing assessment of SUD treatment needs
- Training and technical assistance for providers
- Expansion of the number and capacity of providers
SUD Related Clinical Webinars

Supported by the Support Act Grant

- Held over 95 webinars since April reaching over 4,100 participants across Virginia!
- Topics include delivering SUD treatment via telehealth, co-occurring disorders, HIV/HepC management, special populations, individual and group therapy, working with families, and much more.
Addressing Racial Injustices and Impact on Behavioral Health - *Supported by the Support Act*

The SUPPORT Act Grant Team and the Virginia Department of Medical Assistance Services (DMAS) are proud to be hosting a training presented by Dr. Rae-Anne Dougan and Dr. Jeremy Walden from *Dougan and Walden Wellness, PLLC*. The training sessions will provide education for healthcare providers and organizations on understanding race-based trauma and incorporating cultural humility in clinical practice.

The training will cover topics such as:
- Exploring what it means to be anti-black, while privilege, and Black Lives Matter;
- Structural racism, racial equity, and their impacts on behavioral health and substance use disorder treatment;
- What providers can do to promote discussions around racial trauma and how to address racial trauma in therapy; and
- Learning how to implement culturally humble practices.

### Training Dates

- **October 15th**
  - 9:00 am - 11:00 am
  - Click here to register: [https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e17fb0ac410052d1affe6839e6e82f7ff](https://covaconf.webex.com/covaconf/onstage/g.php?MTID=e17fb0ac410052d1affe6839e6e82f7ff)

- **October 22nd**
  - 3:00 pm - 5:00 pm
  - Click here to register: [https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ef1cc94d61275909a263db782929e090d](https://covaconf.webex.com/covaconf/onstage/g.php?MTID=ef1cc94d61275909a263db782929e090d)

- Reasonable accommodations for this presentation will be provided upon request for persons with limited English proficiency and disabilities. Please notify the DMAS Civil Rights Coordinator at (804) 482-7269 at least five (5) business days prior to the meeting to make arrangements.
Center for Best Practices Learning Collaborative on Strengthening Substance Use Disorder Systems of Care

- Multi-Agency initiative in the Governor’s public health and public safety secretariats.
- Goal:
  - Improving transitions between levels of care
  - Coordination of payers for families at risk of child removal
  - Strategic planning for the integration of high-quality, evidence-based behavioral treatments (including co-occurring trauma and SUD at each level of care)
  - Coordination and improvement in data analytics across state agencies
Medicaid Expansion Updates

469,692 newly eligible adults enrolled as of 10/1/2020

Medicaid plays a critical role in the lives of nearly 1.5 million Virginians

<table>
<thead>
<tr>
<th>Medicaid Region</th>
<th>Number of New Adults Enrolled in Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central</td>
<td>120,762</td>
</tr>
<tr>
<td>Charlottesville / Western</td>
<td>57,806</td>
</tr>
<tr>
<td>Northern &amp; Winchester</td>
<td>91,951</td>
</tr>
<tr>
<td>Roanoke / Alleghany</td>
<td>46,733</td>
</tr>
<tr>
<td>Southwest</td>
<td>34,490</td>
</tr>
<tr>
<td>Tidewater</td>
<td>105,227</td>
</tr>
<tr>
<td>Grand Total</td>
<td>456,969</td>
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36,372 received an ARTS Service!
Addiction and Recovery Treatment Services (ARTS)

Visit the DMAS ARTS website to locate providers with Google Maps: http://www.dmas.virginia.gov/#/arts

New! Indicates if ARTS providers treat pregnant members
Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
Behavioral Health: Enhancedbh@dmas.virginia.gov
ARTS: SUD@dmas.virginia.gov
SUPPORT Act Grant: SUPPORTGrant@dmas.virginia.gov

Please send your email to enhancedbh@dmas.virginia.gov if you would like to be added to the listserv of stakeholders.