ENHANCEMENT OF MEDICAID BEHAVIORAL HEALTH SERVICES: STAKEHOLDER UPDATE

Advancing Proactive, Evidence-Based Solutions

December 11th, 2020

PRESENTERS TODAY

Alyssa M. Ward, Ph.D.
Behavioral Health Clinical Director, DMAS
Laura Reed, LCSW
Acting Behavioral Health Senior Advisor, DMAS
Alexis Aplasca, M.D.
Chief Clinical Officer, DBHDS
Lisa Jobe-Shields, Ph.D.
Deputy Director of Community Based Services, DBHDS
Agenda Today

Overview: Vision and Scope of BH Enhancement
Timeline: What has been accomplished?
Funding Update: Results of Special Session 2020
Contextual Factors for DMAS/DBHDS
Revised Implementation Plan
High Level Service-Specific Updates
Immediate Next Steps

Enhanced Behavioral Health Services for Virginia

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
Medicaid System Enhancement Fundamentals

MEASURE OUTCOMES
Patient-centered
Quality • Accountability • Value

EXPAND WORKFORCE
Transitional care • Certification Programs
Training for Evidence-Based Practice
Assessment & Measurement

DESIGN A CONTINUUM OF CARE
Accessible Access • Evidence-Based Services
Medical & Nursing Requirements

ENGAGE STAKEHOLDERS AND LEADERSHIP
Relationships • Transparency • Cross Sector Alignment • Communication

Current Medicaid-funded Behavioral Health Services

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Recovery</th>
<th>Outpatient</th>
<th>Community Mental Health Rehabilitation Services</th>
<th>Inpatient / Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention Part C • Screening • EPSDT services</td>
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<tr>
<td>Peer and family support partners</td>
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<tr>
<td>Outpatient psychotherapy • Psychiatric medical services</td>
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<tr>
<td>Therapeutic day treatment</td>
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<tr>
<td>Mental health skill building services</td>
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<tr>
<td>Intensive in-home services</td>
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<tr>
<td>Crisis intervention &amp; stabilization</td>
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<tr>
<td>Behavioral therapy</td>
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</tr>
<tr>
<td>Psychosocial rehabilitation</td>
<td></td>
<td></td>
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<tr>
<td>Partial hospitalization / Day treatment</td>
<td></td>
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<tr>
<td>Mental health case management</td>
<td></td>
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<tr>
<td>Treatment foster care case management</td>
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<tr>
<td>Intensive community treatment</td>
<td></td>
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<tr>
<td>Inpatient hospitalization</td>
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<tr>
<td>Psychiatric residential treatment</td>
<td></td>
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<tr>
<td>Therapeutic group home</td>
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</tbody>
</table>
## Continuum of Behavioral Health Services Across the Life Span

<table>
<thead>
<tr>
<th>Promotion &amp; Prevention</th>
<th>Recovery Services</th>
<th>Outpatient &amp; Integrated Care</th>
<th>Intensive Community Based Support</th>
<th>Intensive Clinic-Facility Based Support</th>
<th>Comprehensive Crisis Services</th>
<th>Group Home &amp; Residential Services</th>
<th>Inpatient Hospitalization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Therapy Supports</td>
<td>&gt;&gt;&gt; &gt;&gt;&gt; &lt;&lt;&lt;</td>
<td>Case Management*</td>
<td>&gt;&gt;&gt; &lt;&lt;&lt;</td>
<td>Recovery &amp; Rehabilitation Support Services*</td>
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</tr>
</tbody>
</table>

*Home visitation • Comprehensive family programs • Early childhood education
  Screening & assessment” • Early intervention Part C

- Permanent supportive housing • Supported employment • Psychosocial rehabilitation
- Peer and family support services • Independent living and recovery/resilience services
- Outpatient psychotherapy • Tiered clinical-based behavioral health services
- Integrated physical & behavioral health • Psychiatric medical services
- Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
- High fidelity wraparound • Intensive community treatment • Assertive community treatment

### INTEGRATED PRINCIPLES/MODALITIES

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

*Key STEP-VA service alignment

**Reminder that this is our NORTH STAR Vision for Enhancement**

## Enhancement Brings Alignment Across Initiatives

### BH Enhancement Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

**Enhancement & Family First Prevention Services Act**
- Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

**Enhancement & Juvenile Justice Transformation**
- Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

**Enhancement & Governor’s Children’s Cabinet on Trauma Informed Care**
- BH Enhancement continuum is built on trauma-informed principles of prevention and early intervention to address adverse childhood experiences
Enhancement of Behavioral Health and STEP-VA

- Transition funding to outpatient services, integrated services in primary care and schools, and intensive community-based and clinic-based supports
- Invest in workforce development including provision of adequate reimbursement to recruit and maintain providers to serve where most needed. Streamline licensure and reduce regulatory burdens that impede workforce development
- Implementation of high quality, high intensity and evidence-based S6X services that demonstrate high impact and value
- STEP-VA services improve access, increase quality, build consistency and strengthen accountability across Virginia’s public behavioral health system (CSBS)

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)
- Assertive Community Treatment (ACT)
- Multi-Systemic Therapy (MST)
- Intensive Outpatient Program (IOP)
- Comprehensive Crisis Services (Mobile Crisis, Intervention, Community-Based, 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
BH Enhancement Timeline May 2019-Nov 2020

- Stakeholder Implementation Workgroups
- Mercer Rate Study & Fiscal Impact Analysis
- Interagency Prioritization and Alignment Efforts
- CORONAVIRUS
- IMPLEMENTATION REVISION

- 20+ meetings
- 100+ stakeholders
- 5 workgroups (4 service specific) to inform rate study
- Assumptions for Rate Development/Fiscal impact with stakeholder workgroup input: Report Publicly available Jan 2020
- Presentation of rates and assumptions to stakeholders: December 3, 2019
- Made it into Budget following 2020 GA Workforce needs analysis
- Alignment with other key initiatives Licensing analysis
- Un-Allotment of Funding
- Pivot to COVID-19 Response and Service Flexibilities
- Considered Feasibility Factors:
  - Resources
  - Staffing
  - Timeline

Enhancement of Behavioral Health Services

ORIGINAL Governor’s Budget 2020 Funding Summary: DMAS

<table>
<thead>
<tr>
<th></th>
<th>FY2021</th>
<th>FY2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund</td>
<td>$3,028,038</td>
<td>$10,273,553</td>
</tr>
<tr>
<td>Non-General Funds</td>
<td>$4,127,378</td>
<td>$14,070,322</td>
</tr>
<tr>
<td>TOTAL FUNDS</td>
<td>$7,155,416</td>
<td>$24,343,875</td>
</tr>
</tbody>
</table>

Implementation January 2021
- Multi-Systemic Therapy
- Functional Family Therapy
- Assertive Community Treatment

Implementation July 2021
- Comprehensive Crisis Services
- Partial Hospitalization
- Intensive Outpatient
### Enhancement of Behavioral Health Services

**Special Session 2020: REVISED FUNDING**

<table>
<thead>
<tr>
<th></th>
<th>Fiscal Year 19-20</th>
<th>Fiscal Year 21-22</th>
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*This does include funding for ALL of the services, just for what was estimated for the second year of implementation (which reflected a ramp up over time)*

### Enhancement of Behavioral Health Services

**Special Session 2020: Revised Implementation**

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## Enhancement of Behavioral Health Services

### Governor’s Budget Funding Summary: DBHDS

### UN-ALLOTTED, NOT RE-INSTATED AT THIS TIME

<table>
<thead>
<tr>
<th>FY 2021 GF</th>
<th>FY 2022 GF</th>
</tr>
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<tbody>
<tr>
<td>$1,025,815</td>
<td>$1,215,315</td>
</tr>
</tbody>
</table>

Train workforce in preparation for behavioral health enhancement
- Provides $1.0 million general fund in FY 2021 and $1.2 million general fund in FY 2022 to conduct a behavioral health workforce study, create infrastructure for evidence based practice in behavioral health, and to educate the behavioral health workforce regarding changes in the behavioral health delivery system.

### Align DBHDS licensing with Medicaid behavioral health services

**Language Only** - Permits DBHDS to promulgate emergency regulations related to the licensing of services impacted by the enhancement of Medicaid behavioral health services included in the introduced budget.

<table>
<thead>
<tr>
<th>FY 2021 GF</th>
<th>FY 2022 GF</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

### Contextual Factors at DMAS & DBHDS

#### DMAS
- COVID-19 Response
- MES Implementation
- DOJ Settlement
- Changes in Leadership and Staff
- MCO Resolutions Panel
- Telehealth
- Workforce Support Efforts

#### DBHDS
- COVID-19 Response
- STEP-VA
- DOJ Settlement
- Changes in Leadership
- State Hospital Crisis
- Marcus Alert
- Workforce Support Efforts
- ASAM Alignment
Enhancement of Behavioral Health Services
Special Session 2020: Revised Implementation VERSION 2

<table>
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<tr>
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</tr>
<tr>
<td>Non-General Funds</td>
</tr>
<tr>
<td>TOTAL FUNDS</td>
</tr>
</tbody>
</table>

Implementation July 2021
- Assertive Community Treatment
- Partial Hospitalization
- Intensive Outpatient Programs

Implementation December 2021
- Multi-Systemic Therapy
- Functional Family Therapy
- Comprehensive Crisis Services
  (23 hour beds, Residential Crisis,
  Community Based Stabilization,
  Mobile Crisis Intervention)

DBHDS BHE Regulatory Actions

Three emergency actions per Item 318.B. of the 2020 Appropriation Act

i. Ensure that licensing regulations support high quality community-based mental health services and align with the changes being made to the Medicaid behavioral health regulations for the services funded in this Act that support evidence-based, trauma-informed, prevention-focused and cost-effective services for members across the lifespan; and

ii. Amend the licensing regulations to align with the American Society of Addiction Medicine Levels of Care Criteria (ASAM) or an equivalent set of criteria into substance use licensing regulations to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction. The department shall seek input from *DMAS and other stakeholders to align with the implementation plan for changes being made to the Medicaid behavioral health regulations.

*within *Item 313 (by Jan 1) assertive community treatment, multisystemic therapy and functional family therapy, (by July 1) intensive outpatient services, partial hospitalization programs, mobile crisis intervention services, 23 hour temporary observation/services, crisis stabilization services and residential crisis stabilization unit service.*
**DBHDS Emergency Regulatory Actions**

**CHILDREN’S RESIDENTIAL REGULATIONS [12 VAC35-46]**
- Amendments to align with ASAM criteria
  - Secretary of Health and Human Resources review in progress.

**RULES AND REGULATIONS FOR LICENSING PROVIDERS BY THE DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES [12 VAC 35 - 105]**
- Amendments to align with ASAM criteria
  - Governor’s Office review in progress.
- Amendments to align with enhanced behavioral health services
  - Secretary of Health and Human Resources review in progress.

(→ Flow charts of the emergency and standard adoption processes.)

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**DBHDS Licensing Crosswalk: BHE Services**

<table>
<thead>
<tr>
<th>Licensed Service</th>
<th>Implementation Date</th>
<th>Current DBHDS License</th>
<th>DBHDS License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Systemic Therapy (MST)</td>
<td>12/2021</td>
<td>Intensive-In-Home Services</td>
<td>05-001</td>
</tr>
<tr>
<td>Functional Family Therapy (FFT)</td>
<td>12/2021</td>
<td>Outpatient Services</td>
<td>07-003, 07-004, 07-005</td>
</tr>
<tr>
<td>Mental Health Intensive Outpatient</td>
<td>7/2021</td>
<td>New License: MHIOP</td>
<td>OL will create new license numbers for: • MH IOP for adults; and • MH IOP for children &amp; adolescents.</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>7/2021</td>
<td>Partial Hospitalization</td>
<td>02-019, 02-021, 02-023</td>
</tr>
<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>7/2021</td>
<td>New License: ACT</td>
<td>OL will create new license numbers for ACT.</td>
</tr>
<tr>
<td>Crisis Intervention (Mobile)</td>
<td>12/2021</td>
<td>Crisis Stabilization</td>
<td>OL will create new license numbers for Crisis Intervention (separate from existing emergency services license numbers).</td>
</tr>
</tbody>
</table>
### DBHDS Licensing Crosswalk: BHE Services

<table>
<thead>
<tr>
<th>Licensed Service</th>
<th>Implementation Date</th>
<th>Current DBHDS License</th>
<th>DBHDS License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>23-Hour Crisis Stabilization</td>
<td>12/2021</td>
<td>Crisis Stabilization Services</td>
<td>OL will create new license numbers for 23-Hour Crisis Stabilization.</td>
</tr>
<tr>
<td>Community-Based Crisis Stabilization</td>
<td>12/2021</td>
<td>Crisis Stabilization Services (Non-residential)</td>
<td>OL will create new license numbers for community-based crisis stabilization.</td>
</tr>
</tbody>
</table>
| Crisis Stabilization Unit         | 12/2021             | Crisis Stabilization Service (Residential) | 01-019  
01-020  
01-023 |

### Enhancement Implementation Steps: High Level

- **Reconvene regular stakeholder workgroups for installation planning**

- **System changes**

- **SPA, Regulations and Manual Updates**

- **Launch statewide workforce training**

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

- **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 Implementation Steps: Revised

If Funding is Re-Allocated through Special Session
- Reconvene stakeholder workgroups for installation planning
  + Racial Equity Workgroup & MCO Resolutions Panel

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

Establishment of BH Enhancement as Agency Priority
- Evidenced-Based Practice Center Efforts

INSTALLATION PLANNING
- Medical Necessity Criteria
- State Plan Amendments
- Unfunded Training Planning
- BHE Advisory Meeting
- GA Mandate
- Licensing Analysis

ACCOUNTABILITY
- SMI Innovation Accelerator Program Dashboards
- Internal Dashboard Template Development
- MCO Resolutions Panel Formation

1115 SMI WAIVER
- GA Report Preparation

Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC
EBP Center Update

BH Enhancement Timeline:

- December 2020
  - Reconvene Original Stakeholders
  - Formal SPA Submissions (pending budget)
  - System Changes Initiation
  - MCO Panel Begins

- January-February 2021
  - General Assembly
  - Systems Changes Begin
  - Manual & Regulation Work Begins
  - MNC completion

- March 2021
  - MCO Readiness Reviews Begin
  - Stakeholder Re-Engagement (Bi-Weekly to Monthly)
  - Project Teams Fully Engaged
  - Training Planning
**Purpose**
- Provide external stakeholder input on: service definitions, licensing and regulatory considerations, outcome/metrics, workforce credentials/considerations
- Serve as a means to disseminate widespread updates to all involved providers and/or service recipients
- Provide feedback to internal agency work products

**Who**
- Each sub-workgroup will be composed of individuals for a respective service category: organizational representatives, subject matter experts.
- Ad hoc members may be included in the sub-workgroups as needed

**Meeting Frequency**
- Quarterly Large Group Meeting
- Virtual, recorded and uploaded to website
- Twice Monthly Sub-Workgroup Meetings
- MNC Review
- Manual Review
- Staggered based on BHE timeline

**DMAS-DBHDS BEHAVIORAL HEALTH ENHANCEMENT PROJECT TEAM STRUCTURE**

- **BHE Stakeholder Workgroup**
  - Large Group and Sub-Workgroup Meetings

- **Service Specific Workgroups**
  - Quality Measures
  - Evidence-Based Practice Workgroup
  - Workforce Workgroup
  - Racial Equity Workgroup
  - MCO Resolutions Panel

- **BH Enhancement Steering Committee**
  - Reviews project schedules and deliverables
  - Reviews and makes decisions regarding key assumptions and decision points
  - Responsible for making key decision and escalating/mitigating key barriers with Secretary’s office

- **Interagency Project Teams**
  - Each project team consists of appointed DMAS Executive Sponsor, Team Lead(s) and Project Coordinator
  - Project teams are cross-functional (across DMAS divisions and with other agency and external stakeholders as needed) and are responsible for operationalizing work plans
  - Clinical Utilization Management
  - Communications
  - Finance
  - IT Systems
  - MCO/BHSA Readiness
  - Policy and Authorities

- **BHE BRAVO TEAM**
  - Central coordination team for project that provides support for project teams, tracks work plan and deliverables, identifies and escalates barriers
Next immediate steps

Stakeholder WebEx: December 11th, 2020
- Will be posted to website and YouTube

MCO Resolutions Panel: December 17th, 2020
- Initial meeting of this panel that conforms to mandated budget language

General Assembly Session
- External workgroups will pause during this time

Instructions for Service Specific Break Outs

Original Stakeholder Workgroup Members may remain here in this WebEx meeting and we will return after 15 minute break

Service Specific Stakeholders, please log out and join your Google Meets session for your break out meetings in 15 minutes
Service Specific Workgroups Meeting Info

Crisis Workgroup (Co-leads: Stefanie Pollay (DMAS) & Heather Norton (DBHDS))
- Meeting ID: meet.google.com/sss-kee-pcb
- Phone Numbers: (716) 800-3479
- PIN: 592 042 662#

ACT Workgroup (Co-leads: Jeffrey Vanarnam (DBHDS) and Brian Campbell (DMAS))
- Meeting ID: meet.google.com/iof-nswd-hre
- Phone Numbers: (929) 324-9787
- PIN: 834 722 527#

PHP/IOP Workgroup (Co-Leads: Shamika Ward (DMAS) & Alexis Aplasca (DBHDS))
- Meeting ID: meet.google.com/hku-oncj-eht
- Phone Numbers: (910) 634-0294
- PIN: 839 321 430#

MST/FFT Workgroup (Co-Leads: Oketa Winn (DMAS) & Malcolm King (DBHDS))
- Meeting ID: meet.google.com/abg-yqvs-hzu
- Phone Numbers: (567) 855-1099
- PIN: 732 652 395#

15 Minute Break

1. Workgroup Members can log off and join their Google Meets meeting at 12:15pm.
2. Others please remain logged into this WebEx meeting if they would like to participate in the Q & A session.
3. Please turn off your video and make sure you are muted during the break.
Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
Enhancedbh@dmas.virginia.gov