AGENDA

Natalie Pennywell
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
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
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.

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

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 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 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
Current Medicaid-funded Behavioral Health Services

- Prevention
- Recovery
- Outpatient
  - Community Mental Health Rehabilitation Services
  - Inpatient / Residential

Early intervention Part C • Screening • EPSDT services

Peer and family support partners
  - Outpatient psychotherapy • Psychiatric medical services

- Therapeutic day treatment
- Mental health skill building services
- Intensive in-home services
- Crisis intervention & stabilization
- Behavioral therapy
- Psychosocial rehabilitation
- Partial hospitalization / Day treatment
- Mental health case management
- Treatment foster care case management
- Intensive community treatment

Inpatient hospitalization
- Psychiatric residential treatment
- Therapeutic group home

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PROJECT BRAVO

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;&gt;</td>
<td>Case Management*</td>
<td>&gt;&gt;&gt;&gt;&gt;&gt;&gt;</td>
<td>Recovery &amp; Rehabilitation Support Services*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home visitation • Comprehensive family programs • Early childhood education</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Screening &amp; assessment* • Early Intervention Part C</td>
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</tbody>
</table>

Permanent supportive housing • Supported employment • Psychosocial rehabilitation* • Peer and family support services* • Independent living and recovery/assistance services

Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrate physical & behavioral health* • Psychiatric medical services*

Intermediate/secondary 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
- Telehealth

*Key STEP-VA service alignment

Therapeutic group homes
Psychiatric residential treatment

Inpatient hospitalization
Details On Bravo Services

- Assertive community treatment
- Intensive outpatient
- Partial hospitalization

- Comprehensive crisis services
- Multisystemic therapy
- Functional family therapy

7/1/2021

12/1/2021

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
What comes next

01 Service learning collaboratives
02 Build out of crisis system
03 Metrics & Evaluation
04 Budget Requests to expand
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

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

Individual in crisis who calls 988 or another number that is directed to 988
Discharge Decisions Map
Hospital to Community-Based Care

Hospital Discharge

Existing OP or CMHRS provider?

YES

Coordinate with natural supports, provider, Case Management, MCO / FFS, Any existing providers on plan

If time is needed before referral is ready

Referral for Temporary Community Stabilization

Discharge to community with service plan

NO

Seek new, appropriate service with natural supports, Case Management, MCO / FFS

If time is needed before referral is ready
<table>
<thead>
<tr>
<th>CRISIS STABILIZATION</th>
<th>VS</th>
<th>COMMUNITY STABILIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broad crisis care beyond initial intervention</td>
<td></td>
<td>Specific &quot;bridge&quot; service to address access to care issues</td>
</tr>
<tr>
<td>Hourly rate</td>
<td></td>
<td>15 minute unit rate</td>
</tr>
<tr>
<td>Billed for residential as well as community-based services</td>
<td></td>
<td>Specific rate for community-based care</td>
</tr>
<tr>
<td>Rate not based on team</td>
<td></td>
<td>Rate based on various staffing delivery options</td>
</tr>
<tr>
<td>Registration Info</td>
<td></td>
<td>7 calendar days / 112 units (do not have to be consecutive)</td>
</tr>
<tr>
<td>CNA</td>
<td></td>
<td>CNA or Pre-Screening addendum or DBHDS approved</td>
</tr>
</tbody>
</table>
Residential Services

Applied Behavior Analysis >>>><<< Case Management >>>><<<< Recovery & Rehabilitation Support Services

Early Intervention Part C <> Screening <> EPSDT Services

Psychosocial Rehabilitation <> Peer and Family Support Services

Outpatient Psychotherapy <> Psychiatric Medical Services

Therapeutic Day Treatment <> Intensive In-Home Services <> Mental Health Skill Building <> Multisystemic Therapy <> Functional Family Therapy <> Assertive Community Treatment

Intensive Outpatient Programs <> Partial Hospitalization Programs

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

Therapeutic Group Homes Psychiatric Residential Treatment

Psychiatric Hospitalization

BEHAVIORAL HEALTH BRAVO CONTINUUM IN PROCESS

NEXT up is integration of ARTS services into this diagram
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
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:

- 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

If currently in the hospital:

Hospital Social Worker or Discharge Planner

Hospital Team will:
## Developmental Disabilities (DD) Waivers

<table>
<thead>
<tr>
<th>Building Independence Waiver</th>
<th>Family and Individual Supports Waiver</th>
<th>Community Living Waiver</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 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.</td>
<td>- 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.</td>
<td>- 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.</td>
</tr>
</tbody>
</table>
Developmental Disabilities Waivers Enrollment

Total DD Waivers: 16,530
(as of June 24, 2022)
Services and supports available in the DD Waivers can be considered and provided across these categories.
How to Access DD Waiver Services

Entry Process

Individual with DD

Community Services Board

Meet Eligibility

Single, Consolidated)

Building Independence

OR

Family & Individual Support

OR

Community Living Waiver

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

<table>
<thead>
<tr>
<th>Priority I</th>
<th>Priority II</th>
<th>Priority III</th>
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</thead>
<tbody>
<tr>
<td>Projected to need services in a year</td>
<td>Expected to need services in 1-5 years</td>
<td>Expected to need services in five years or more</td>
</tr>
<tr>
<td>2,910 Individuals</td>
<td>6,004 Individuals</td>
<td>4,912 Individuals</td>
</tr>
</tbody>
</table>

**Total Waiting List = 13,826** (as of June 24, 2022)
Need More Information?

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

CCC Plus Waiver
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