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Information About this Webinar

- The webinar is being recorded and will be posted to the Virginia Medicaid YouTube Channel.
- All participants will be muted and off camera for the entirety of the webinar.
- Participants can submit questions to DMAS via a Microsoft Form. The link has been posted in the Chat.
- Questions will be answered via an FAQ document we will post to our website.

DMAS Medicaid Behavioral Health Services Redesign Update Webinar Q&A Form

https://forms.office.com/g/K8GaMLrJjJ

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Today's Speakers

Lisa Jobe-Shields, Ph.D
Behavioral Health Division Director
Department of Medical Assistance Services

Laura Reed, LCSW
Behavioral Health Senior Program Advisor
Department of Medical Assistance Services

Heather Norton, MSW
Deputy Commissioner, Community Services
Department of Behavioral Health and Developmental Services

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Today's Agenda

1. Project Overview
2. January-June Project Update
3. New Service Array Descriptions
4. Rate Study Assumptions and Rates
5. Provider Readiness Survey and Training Plan
6. Next Steps

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Project Overview

DMAS, in coordination with DBHDS, DHP and DMAS health plans, is employing an integrated and comprehensive approach to address rate, service, and workforce/provider roles for Medicaid over the next two years.

The project seeks to redesign DMAS' youth and adult legacy services: Intensive In-home Services (IIHS), Therapeutic Day Treatment (TDT), Mental Health Skill Building (MHSS), Psychosocial Rehabilitation (PSR), and Mental Health Case Management (MHCM).

The budget language authorizes DMAS to move forward with budget neutral changes to replace the legacy services with evidence-based, trauma-informed services.

XX. 1. Effective July 1, 2024, the Department of Medical Assistance Services (DMAS) shall have the authority to modify Medicaid behavioral health services such that: (1) legacy services that predate the current service delivery system, including Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In Home Services, and Therapeutic Day Treatment are phased out; (2) legacy youth services are replaced with the implementation of tiered community based supports for youth and families with and at-risk for behavioral health disorders appropriate for delivery in homes and schools, (3) legacy services for adults are replaced with a comprehensive array of psychiatric rehabilitative services for adults with Serious Mental Illness (SMI), including community-based and center-based services such as independent living and resiliency supports, community support teams, and psychosocial rehabilitation services, (4) legacy Targeted Case Management- SMI and Targeted Case Management- Serious Emotional Disturbance (SED) are replaced with Tiered Case Management Services. All new and modified services shall be evidence based and trauma informed. To facilitate this transition, DMAS shall have the authority to implement programmatic changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates for the legacy and redesigned services identified in this paragraph. DMAS shall only proceed with the provisions of this paragraph if the authorized Medicaid behavioral health modifications and programmatic changes can be implemented in a budget neutral manner within appropriation provided in this Act for the identified legacy services. Moreover, any new or modified services shall be designed such that out-year costs are in line with the current legacy service spending projections. No new Medicaid behavioral health services or rates shall be implemented until corresponding legacy services have ended. Implementation of the redesigned services authorized in this paragraph shall be completed no later than June 30, 2026.

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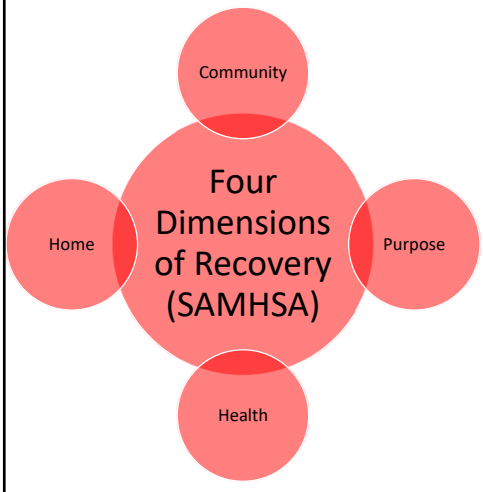
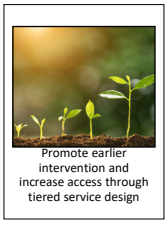
Medicaid Behavioral Health Services Redesign Priorities




Strengthen the evidence-based, trauma-informed service continuum for youth and adults


Promote earlier intervention and increase access through tiered service design

Design services for Virginia's managed care service delivery system and multipayer system


Integrate workforce priorities and workforce supports into service design and implementation

Evidence Base Highlights

- Mental health disorders are complex and include genetic, environmental, biological, and social factors
- Treatments include medication, therapy, and support services
- Duration of untreated mental illness is primary predictor of long-term functional impairment; recovery is a process
- Early, coordinated intervention during sensitive periods improves long-term outcomes
- Mental health treatment system is paradoxical if not constrained: over-treatment (mild) and under-recognition (severe)
- Financial incentives are often misaligned for both providers and payers

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Medicaid Behavioral Health Redesign Timeline July 2024-June 2026

Year 1

July 2024-June 2025

- Service research, stakeholder input, contractor support to develop service requirements
- Develop service definitions and requirements
- Develop FFS rates for each proposed new service
- Estimate utilization, cost and budget impact for redesigned services

Year 2

July 2025-June 2026

- Operationalize new services through licensure, regulatory, and policy manual changes
- Prepare providers to transition to new services
- Ensure MCO readiness to implement new services
- New Services Go Live
  Potential phased in approach of service implementation

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Project Updates

We are here!

December, 2024

Last public webinar, draft Community Psychiatric Support and Treatment (CPST) definition posted for public comment

February, 2025

Feedback integrated, rate assumptions completed

March, 2025

Rate study completed for all potential replacement services

June, 2025

Fiscal impact study completed

Implementation plan developed

July, 2025

Phase 2 (Implementation) Launch!

<---- Pre-planning for Phase 2 Implementation and Training ---->

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Rate Study Developed Actuarially Sound Rate Ranges for:

1. General rehabilitative service structure for youth, adults, and for school settings (Community Psychiatric Support and Treatment)
2. Clubhouse International Model of Psychosocial Rehabilitation
3. Targeted Case Management for Serious Mental Illness and Serious Emotional Disturbance
4. Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime) to transition Virginia to Level of Need (LON) model
5. High Fidelity Wraparound (HFW)
6. Supported Employment (IPS) and Pre-tenancy and post-tenancy support (Permanent Supportive Housing)
7. Specialty Clinical Approaches including Parent-Child Interaction Therapy, trauma protocols, and brief family therapy protocols
8. Additional residential and crisis supports initially planned for 1115 SMI waiver

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Rate Study Overview

Key Cost Components:

- Wages for Direct Care Worker (DCW) and other program staff.
- Employee-related expenses (ERE) (e.g., health insurance, other employee benefits, employer taxes) for DCW and other program staff.
- Productivity (e.g., paid time off [PTO], staff training time, other non-billable staff time).
- Other service-related costs (e.g., supplies, mileage costs associated with service transportation, training).
- Administration/overhead.

Data Sources:

- Bureau of Labor Statistics (BLS) market data on wages, ERE, full-time (FT) staff and turnover percentages.
- IRS data related to employer tax rates and mileage reimbursement rates.
- 127 youth and adult provider surveys, 42 school district personnel surveys, 80 youth/family and adult member surveys. 11 listening sessions held. Virginia specific data used whenever available.

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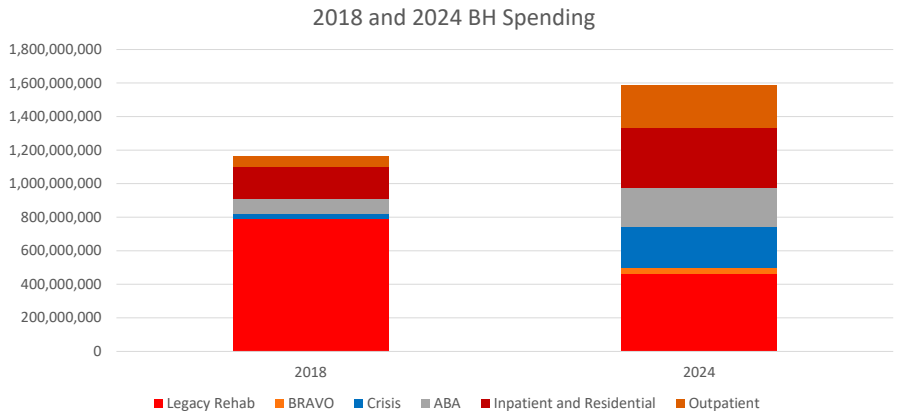
DMAS Behavioral Health (BH) Spending 2018 vs. 2024



199,151 served; $5,836 per person → 348,826 served; $4,546 per person

From 2018 to 2024:

- ***36% growth in spending overall***
- ***75% increase in number served***
- ***22% decrease in cost per member served***

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Fiscal Impact Study

- Spending in mental health rehabilitative legacy services (IIHS, TDT, MHSS, PSR) has decreased by 40% since 2017-2019 timeframe
  - primary increases have been in crisis and Applied Behavior Analysis which are not included in this Redesign
- Virginia's mental health services are currently underfunded in Medicaid, particularly for youth compared to adults

2027 Projected Adult Spend: ***$356,664,429*** + *2027 Projected Youth Spend:* ***$200,011,690*** = *2027 Projected Spend (Budget Neutral Target):* ***$556,676,119***

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Fiscal Impact Study

- Mercer completed two approaches to estimating fiscal impact:
  - 1-to-1 approach (current utilization applied to redesigned CPST rates)
  - Level of Need approach (utilization of CPST based on six levels of need; ranging from 4 hours avg. per month to 24 hours avg. per month)

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1-to-1 Approach

- Current legacy billing units do not provide information on actual face to face time
  - For example, Mental Health Skill Building (H0046), one unit of service could account for 1–2.99 hours of service
  - Using the lowest end (1 legacy unit H0046 = four 15-min units CPST), the 1:1 Approach yielded estimated spending over $147 million over baseline
- New rates, based on a team-based approach involving clinical supervision and oversight, significant training requirements, and competitive salaries across professional types will require a more active, focused approach to community support and treatment.

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DRAFT-Level of Need Approach for CPST

Level of Need	Other Services	Community Rehabilitative Services	CPST Tier	Units (15 mins)	Minimum Limit	Maximum Limit	Average hours/ week	Average hours/ month
1	Crisis, Peer Recovery Supports Medication Management, Outpatient therapy	Not eligible for CPST	-	-	-	-	-	-
2	Crisis, Peer Recovery Supports Medication Management, Outpatient therapy, IOP	CPST Clubhouse International, TCM (when in long term maintenance)	CPST Tier 1	12-27 units per 30 calendar days	3 hours per month	Up to 6.75 hours per month	1-1.5	4-6
3	Crisis*, Peer Recovery Supports, Medication Management, IOP, PHP	CPST Clubhouse International, TCM (when stepping down)	CPST Tier 1	28-35 units per 30 calendar days	7 hours per month	Up to 8.75 hours per month	1.75-2	7-8
4	Crisis*, Peer Recovery Supports Medication Management, PHP	Assertive Community Treatment; Multisystemic Family Therapy; Functional Family Therapy; Coordinated Specialty Care	CPST Tier 2	36-79 units per 30 calendar days	9 hours per month	Up to 19.75 hours per month	4-4.75	16-19
5	rCSU, Crisis*, Peer Recovery Supports Medication Management PRTF, TGH Youth		CPST Tier 2	80-95 units per 30 calendar days	20 hours per month	Up to 23.75 per month	5-5.75	20-23
6	Inpatient	CPST; Clubhouse International, TCM (when appropriate)	CPST Tier 2	96-112 units per 30 calendar days	24 hours per month	Up to 28 hours per month	6-7	24-28

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Final Budget Neutral Model for July, 2026 Implementation

Services Being Retired July 1, 2026	New Services July 1, 2026
• Intensive In-Home Services (H2012) • Therapeutic Day Treatment (H2016) • Mental Health Skill Building (H0046) • Psychosocial Rehabilitation (H2017)	• Standardized Assessment for Level of Need (LON) Placement • Community Psychiatric Support and Treatment (CPST) in community (youth and adult) and schools (youth)- Tier 1 and 2 • Coordinated Specialty Care for First Episode Psychosis • Clubhouse International Model of Psychosocial Rehabilitation

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Rates for July, 2026 Implementation

CPST Individual Rates:

Setting and Professional	Rate Type	Mercer Range	Rate (Budget Neutral)
CPST — Licensed Mental Health Professional (LMHP), Community	Per 15 Minutes	$30.31 - $46.48	$33.24
CPST — LMHP, Center-based	Per 15 Minutes	$22.99 - $36.68	$25.81
CPST — Qualified Mental Health Professional (QMHP), Community	Per 15 Minutes	$25.31 - $32.55	$25.66
CPST — QMHP, Center-based	Per 15 Minutes	$18.77 - $25.43	$19.41
CPST — Behavioral Health Technician (BHT), Community	Per 15 Minutes	$20.49 - $23.41	$20.49
CPST — BHT, Center-based	Per 15 Minutes	$14.69 - $17.70	$14.69

CPST Group Rates:

Setting and Professional	Rate Type	Mercer Range	Rate (Budget Neutral)
CPST — LMHP, Community Adult Group	Per 15 Minutes	$5.05 - $7.75	$5.54
CPST — LMHP, Center-based Adult Group	Per 15 Minutes	$3.83 - $6.11	$4.30
CPST — QMHP, Community Adult Group	Per 15 Minutes	$4.22 - $5.42	$4.28
CPST — QMHP, Center-based Adult Group	Per 15 Minutes	$3.13 - $4.24	$3.24
CPST — LMHP, Community Youth Group	Per 15 Minutes	$7.58 - $11.62	$8.31
CPST — LMHP, Center-based Youth Group	Per 15 Minutes	$5.75 - $9.17	$6.45
CPST — QMHP, Community Youth Group	Per 15 Minutes	$6.33 - $8.14	$6.41
CPST — QMHP, Center-based Youth Group	Per 15 Minutes	$4.69 - $6.36	$4.85

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Rates for July, 2026 Implementation- Cont'd.

Service	Rate Type	Mercer Range	Rate (Budget Neutral)
Clubhouse International Model of Psychosocial Rehabilitation	Per Diem	$62.21-$85.31	$72.41
Coordinated Specialty Care for First Episode Psychosis	Monthly Rate	$2,308.00 (caseload 35) - $2,183.00 (caseload 30)	$2,308.00
Coordinated Specialty Care for First Episode Psychosis	Encounter Rate	(derivative of rate selected above)	$381.00
Mental Health Case Management for SMI and SED	Monthly Case Rate	$329.79 - $428.48	$374.09
Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime)	Unit Rate (90 min. each LMHP and QMHP)	$22.31-$29.67 per 15 min	$323.42

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Executive Summary of Findings (Year 1)

- Actuarily sound rates were developed for 11 potential replacement services with significant research and stakeholder input.
- Fiscal impact analysis indicated that BH spending on rehabilitative services has decreased significantly (40%) since 2018 when a budget neutral replacement array was proposed, and the children's system is underfunded compared to the adult system.
- An implementation plan for July, 2026 was developed under budget neutral requirements, including Community Psychiatric Support and Treatment (CPST), Clubhouse Model of Psychosocial Rehabilitation, Coordinated Specialty Care, Mental Health Case Management, and a standardized assessment to support a Level of Need model.
- Additional funding (+~$85m, not including group homes or other residential settings for adults) would be needed for a *complete* array of evidence-based, trauma-informed services for adults and youth, with projected costs approaching (81%) Virginia's 2017-2019 annual spending on mental health rehabilitative services in Medicaid.

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What are rehabilitative behavioral health services?

Rehabilitative Services

Rehabilitative behavioral health services means assisting individuals regain skills or functions that they have lost due to mental health and/or substance use disorder or compensating for impairments due to a disorder.	Developmental stage, age of onset, trauma exposure, support systems, etc.	Skills not learned between that time and entry to treatment is duration of untreated mental illness	Rehabilitation of skills in these domains means closing the gap.

All Virginia Medicaid behavioral health services are considered rehabilitative services.

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Cross Walk of Current Community Rehabilitative Mental Health Services (CMHRS) and New Service Array

Current Services	New Service Replacement
Mental Health Skill Building (H0046) Psychosocial Rehabilitation (H2017)	Community Psychiatric Support and Treatment-Community
	Coordinated Specialty Care
	Clubhouse Model of Psychosocial Rehabilitation
Intensive In-Home Services (H2012)	Community Psychiatric Support and Treatment-Community
Therapeutic Day Treatment (H2016)	Community Psychiatric Support and Treatment-School Setting
Mental Health Case Management (H0032)	Remaining Mental Health Case Management with policy changes

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Community Psychiatric Support and Treatment (CPST) DRAFT-Agency Requirements

Rehabilitative Agency - Agency Level Requirements
1. Providers may offer community-based CPST and/or school-setting CPST.
2. Providers may offer services for youth, adult, or both.
3. Providers may offer community/home-based or school setting or both.
4. Must have clinical director (independently Licensed Mental Health Professional, Full-Time) that provides clinical oversight of all CPST services.
5. Supervision requirements will include hours of supervision and other requirements for license-eligible, licensed, and non-licensed (e.g., QMHP/BHT) staff
6. Caseload limits for each staff level (LMHP, QMHP, BHT), including across agencies (i.e., licensed individual's caseload is counted across all agencies where employed)
7. Evidence-based practices and principles integrated into service definition where possible; and through statewide training which will be required for all providers. Additional EBPs are recommended.
8. Providers must be accredited by Commission on Accreditation of Rehabilitation Facilities (CARF), Council on Accreditation (COA), DNV Healthcare or Joint Commission required within approximately 2 years.

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Cross Walk of Current Community Rehabilitative Mental Health Services (CMHRS) and New CPST Service Components

Old CMHRS Service Components	New Service Components
Comprehensive Needs Assessment (CNA)	Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime)
Treatment Planning	Treatment Planning
Crisis Intervention	Crisis Support
Skills Restoration	Restorative Life Skills Training
Care Coordination	Care Coordination
Counseling	Psychotherapy
Not Applicable	Health Literacy Counseling
Not Applicable	Rehabilitative Skills Practice (Tier 2 Only)

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Cross Walk of Current CMHRS Rehabilitative Services and required CPST Service Components

CPST Service Components	Mental Health Skill Building	Intensive In Home	Therapeutic Day Treatment
Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime)			
Treatment Planning	X	X	X
Psychotherapy		X	X
Crisis Support		X	X
Care Coordination	X	X	X
Restorative Life Skills Training	X		X
Health Literacy Counseling			
Rehabilitative Skills Practice (Tier 2 Only)	X	X	X

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Community Psychiatric Support and Treatment (CPST)- Rate Study Assumptions (not comprehensive)

- Overhead: 15%
- Supervisor to staff ratio: 1:9
- Absentee factor: 5%
- Assumed staffing model includes: Clinical Director, licensed or license-eligible staff, QMHPs, BH Techs, peers, and an administrative supervisor
- Employee related expenses (ERE): Full-time staff: 29%; Part-time staff: 14%
- Training costs: LMHP new- $2,000; $500 ongoing. QMHP and BH Tech new- $800; $620 ongoing.
- Accreditation costs: $10,000 (COA, TJC, or CARF)
- Experienced staff/new staff (turnover): 72/28
- Productivity: 6.5 hr/8 hr (center); 5.5 hr/8 hr (community)
- Travel: 75 miles per day (Community only)
- Group size: 1:6 adults; 1:4 youth

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DRAFT-Community Psychiatric Support and Treatment (Community-Based) Service Description

Community Psychiatric Support and Treatment (CPST) is a multi-component team-based service for adults and youth that consists of assessment, psychotherapy, therapeutic interventions, care coordination, crisis support and functional supports. In collaboration with the individual, CPST services concentrate on goal-directed supports and solution focused interventions, which focus on restoring functional skills of daily living, building natural supports, and achieving identified person-centered goals and objectives as identified in the Individual Service Plan (ISP). Individualized trauma-informed interventions are intended to assist the individual in achieving stability and functional improvement in daily living, family and interpersonal relationships, and personal recovery and resilience.

CPST is delivered by two or more members of a team consisting of professional and paraprofessional staff, offering a combination of trauma-informed, medically necessary community-based interventions. Services are provided through a team-based approach under collaborative behavioral health services (as defined in § 54.1-3500). A licensed mental health professional completes assessments, develops individual service plans and directs services provided by qualified team members as described in the ISP.

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DRAFT-Community Psychiatric Support and Treatment – LMHP Oversight

LMHP Oversight

1. CPST providers shall have a Clinical Director who is a Licensed Mental Health Professional (LMHP).
   - LMHPs are fully licensed in Virginia to practice independently.
2. All CPST services shall be recommended and overseen by a Licensed Mental Health Professional (LMHP) as a part of an ISP.
3. All staff must provide services under the direct supervision of an LMHP.
4. Supervision of staff and service provision must be provided by an LMHP employed by the DBHDS licensed CPST agency.
5. A senior-level LMHP, trained in working with individuals with SMI or SED, is available to the staff 24 hours a day, seven days a week for consultation on an as needed basis.

LMHP Service Components

1. LMHP-Residents and Supervisees may provide the Psychotherapy, Assessment, and Treatment Planning components of CPST and bill the LMHP rate, but cannot provide the required staff supervision or above LMHP oversight activities.

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DRAFT-Community Psychiatric Support and Treatment Teams – Collaborative Behavioral Health Services

Tier 1: Must include a Licensed Mental Health Professional and may also include an additional LMHP or LMHP-R, LMHP-RP, LMHP-S or QMHP.
A typical Tier 1 team includes:
1. LMHP Supervisor;
2. LMHP/LMHP-type who completes an assessment, develops and directs the ISP and provides psychotherapy; and
3. QMHP who provides restorative life skills training.

Tier 2: Must include a LMHP and an additional staff member who is eligible to provide Tier 1 services. In addition, Tier 2 may include a third team member, a QMHP-T or Behavioral Health Technician (BHT) to provide rehabilitation skills practice.
A typical Tier 2 team includes:
1. LMHP Supervisor;
2. LMHP/LMHP-type who completes an assessment, develops and directs the ISP and provides psychotherapy;
3. QMHP who provides restorative life skills training; and
4. QMHP-T or BHT who provides rehabilitation skills practice.

Care Coordination and treatment collaboration with Peer Recovery Support Specialists, medication prescribers and other healthcare providers is required.

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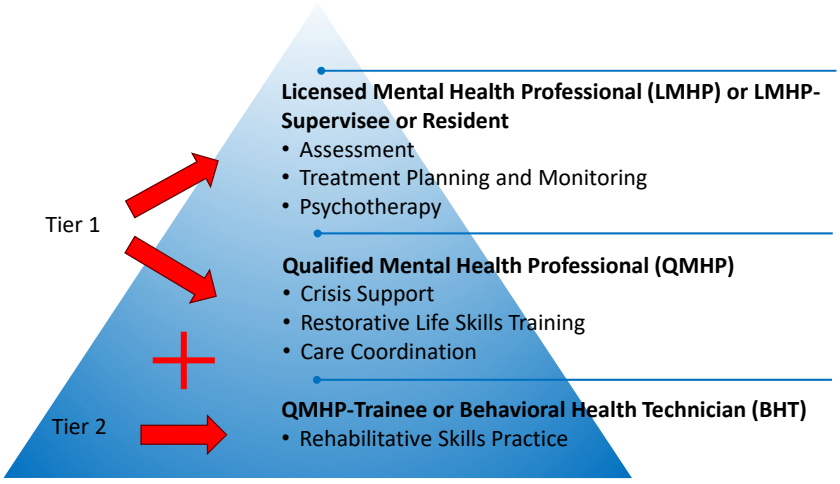
Community Psychiatric Support and Treatment - Draft Activities Completed by each Professional Type



- **Activities and roles are aligned with new Department of Health Professions regulations for Qualified Mental Health Professionals (QMHPs) and Behavioral Health Technicians (BHTs).**
- **Service structure is built on "Collaborative Behavioral Health Services" model and definition in regulation.**

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Community Psychiatric Support and Treatment Required Service Components

CPST Required Service Components	Allowable Staff Credentials
Standardized Comprehensive Assessment of Needs and Strengths (CANS Lifetime)	The assessment shall be conducted by a LMHP, LMHP-R, LMHP-RP or LMHP-S. A QMHP can assist. LMHP is ultimately responsible.
Treatment Planning	Treatment planning shall be conducted by a LMHP, LMHP-R, LMHP-RP or LMHP-S. A QMHP can assist. LMHP is ultimately responsible.
Crisis Support	Crisis support must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S or QMHP.
Restorative Life Skills Training	Restorative life skills training shall be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S or QMHP.
Care Coordination	Care coordination must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S or QMHP.
Psychotherapy	Psychotherapy must be provided by a LMHP, LMHP-S, LMHP-R or LMHP-RP acting within their scope of practice.
Health Literacy Counseling	Health Literacy Counseling must be provided by a LMHP, LMHP-S, LMHP-R or LMHP-RP acting within their scope of practice.
Rehabilitative Skills Practice (Tier 2 Only)	Rehabilitation skills practice must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T or BHT.

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Evidence-Based Practices (EBPs) in Tier 1 and 2 - Community Psychiatric Support and Treatment

- Use of evidence-based principles, practices, and protocols will be required for all agencies providing Tier 1 and Tier 2 CPST
- Statewide training requirements will be set by profession level and adult vs. child serving agencies
  - All agencies: Comprehensive Assessment of Needs and Strengths (CANS- Lifetime) and associated person centered treatment planning training
  - For youth agencies: Managing and Adapting Practice (MAP) will be adopted as a statewide curriculum. PracticeWise training (MAP Clinician) will be required for at least one licensed clinician at each child serving agency. A Virginia specific version of MAP training (MAP Credentialed User) will be required for all staff providing CPST to youth.
  - For adult agencies: All staff, both licensed clinicians and all other staff, will be required to complete a Virginia-specific training curriculum. Additional requirements and options for adult clinicians (in addition to the statewide curriculum) are still under development.

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DRAFT-Clubhouse International Model of Psychosocial Rehabilitation Service Description

Clubhouse is a community-based program organized to support adults living with a serious mental illness. Clubhouse services assist individuals with behavioral health diagnoses to develop social networking, independent living, budgeting, self-care, and other skills that will assist them to live in the community.

Participants are known as Clubhouse members. Through what is referred to as the work-ordered day, the Clubhouse provides opportunities for member involvement and ownership in all areas of Clubhouse operation. Clubhouses are vibrant, dynamic communities where meaningful work opportunities drive the need for member participation, thereby creating an environment where empowerment, relationship-building, skill development and related competencies are gained. Members and staff work side-by-side in the program as colleagues. Comprehensive opportunities are provided within the Clubhouse, including supports and services related to employment, education, housing, community inclusion, wellness, community resources, advocacy, and recovery. In addition, members participate in the day-to-day decision making and governance of the program.

All programs must be accredited by Clubhouse International: https://clubhouse-intl.org/

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Clubhouse Model of Psychosocial Rehabilitation- Rate Study Assumptions (not comprehensive)

- Group size: 1:15 average
- No less than 2 staff at all times when a client is present
- Clubhouse hours: 8 hours per day, five days a week.
- Staffing: A shift is covered by Medical director (On Call- .125 FTE); Clinical Director (On Call- .125 FTE); Program Director with IPS and Clubhouse International training (1 FTE); Generalist/peers staff (2.0 FTE).
- Overhead: 15%
- Supplies: 3%
- Absentee factor: 5%
- ERE: Full-time: 29%; Part-time: 14%
- Training costs: $1,000 per staff. Accreditation costs: $2500 (Clubhouse fees)
- Experienced staff/new staff (turnover): 72/28

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DRAFT-Coordinated Specialty Care for First Episode Psychosis (CSC) Service Description

- Coordinated Specialty Care is an evidence-based, recovery-oriented, **team approach** to treating first-episode psychosis that promotes easy access to care and shared decision making among CSC team staff, the person experiencing psychosis, and family members.
- First-episode psychosis is generally regarded as the early period (up to five years) after the onset of psychotic symptoms.
- CSC provides comprehensive services that includes:
  - Psychotherapy (individual, group and family)
  - Evidence-based medication Management
  - Peer Recovery Support Services
  - Crisis Support
  - Caregiver outreach and skill building
  - Care Coordination/Case Management
  - Supported employment and education
- There are currently 11 CSC teams in Virginia, funded by DBHDS.
- All teams will be required to participate in fidelity monitoring.

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Coordinated Specialty Care- Rate Study Assumptions

- Caseload assumption: 30-35
- Staffing: 5.7-6.2 FTEs per team = 1 FTE Team lead, 1.5-2 FTEs Lead Clinicians, 1 FTE Peer Support Recovery Specialist, 1 FTE Administrative Support, 1 FTE Integrated Treatment Specialist, 0.2 FTE Psychiatrist
- Overhead: 18%
- Absentee factor: 5%
- ERE: Full-time Staff: 30%; Part-time staff: 12%
- Training costs: $7,352 per staff

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Mental Health Case Management (H0023)- DRAFT- Service Description

Mental health case management (MHCM) is defined as a service to assist individuals, eligible under the State Plan who reside in a community setting, in gaining access to needed medical, social, educational, and other services. MHCM includes the assessment, development of a person-centered Individual Service Plan (ISP), referral to appropriate services, and monitoring of the services provided pursuant to the ISP. MHCM does not include the provision of direct clinical or treatment services.

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Mental Health Case Management (H0023)- Rate Study Assumptions

- Weighted Caseload limits:
  - High Acuity – 20 individuals
  - Medium Acuity- 40 individuals
  - Low Acuity – 60 individuals
- Supervisor to staff ratio: 1:9
- Overhead: 18%
- Absentee factor: 5%
- ERE: Full-time Staff: 30%; Part-time staff: 14%
- Transportation: 75 miles per day
- Training costs: 8 days annually; $924 per full time staff

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Provider Readiness Survey

DMAS Behavioral Health Services Redesign
Provider Readiness Survey

https://forms.office.com/g/2DD9aUwvSf

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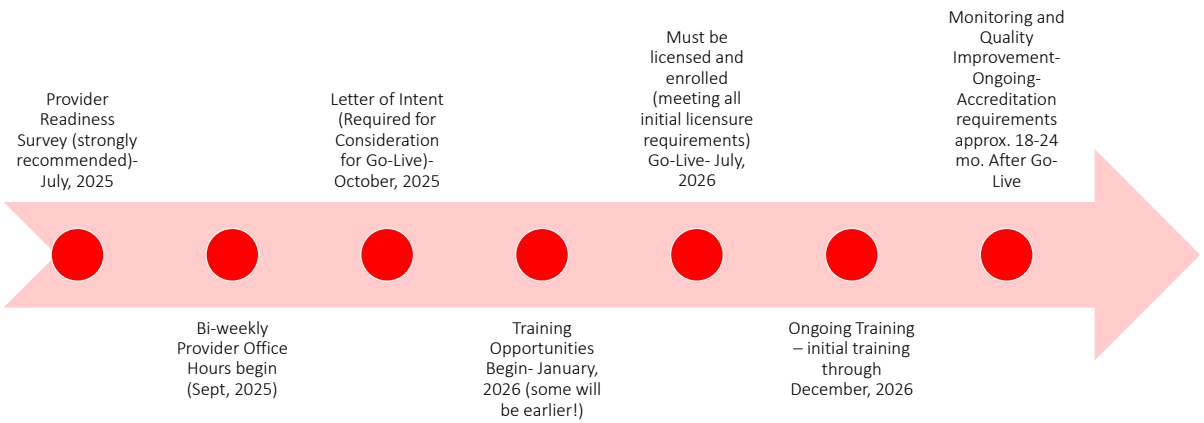
Provider Readiness



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Provider Readiness DBHDS Licensing

- DBHDS is collaborating with DMAS to draft regulatory amendments to the licensing regulations to create a CPST license under the emergency authority granted under FY25-FY26 Budget Item 293 B.
- Goal for Board approval by September, after which they will be public while completing Executive Branch review.
- Along with drafting regulations, DBHDS will also:
  - Develop provider training and education
  - Develop license application review standards and processes
  - Disseminate provider communication on the status of these changes
  - Begin issuing new licenses before July 2026

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Next Steps

- Determine what services you tentatively seek to offer and complete Provider Readiness Survey to share your plans and to provide us with contact information for all next steps.
- Be on the look-out for Managing and Adapting Practice (MAP) therapist trainings offered by DBHDS and VCU Center for Evidence-Based Partnerships.
  - MAP direct services training will be offered in Early Fall
  - CANS, MAP Qualified User, and all Adult Rehabilitative Training opportunities will be publicized by early Fall and training will be offered January 2026- December 2026
- More information coming soon: Provider Office Hours for pre-implementation, will run starting Sept 2025-July 2026.
- More information about post July 2026 provider support will be provided closer to July 2026.

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