



Virginia Medicaid Updates: VACSB Public Policy Panel

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(DMAS) Director



Agenda

- ❑ Agency Background and Three for 2023:
 - Unwinding
 - Right Help and Right Now
 - MCO Procurement
- ❑ Other Behavioral Health Updates
 - Rate Increase
 - Behavioral Health Services Administrator (BHSA) Change
- ❑ Developmental Disabilities (DD) Updates
- ❑ Brain Injury Targeted Case Management Updates

Virginia Medicaid's Overarching Goals

Goal 1: Member-Centered Serving members the best way possible

1. Improve maternal/child health outcomes
2. Ensure members with behavioral health needs obtain coordinated care and services
3. Support community living and independence for all older adults and people with disabilities who need help with daily activities

By

Goal 2: Innovating To create new ways to address member and program needs

1. Explore and develop new models and services that drive outcomes
2. Foster a team of qualified and passionate public servants
3. Streamline the member journey and process from application to services to transitions
4. Use data and technology to make our program more efficient and effective

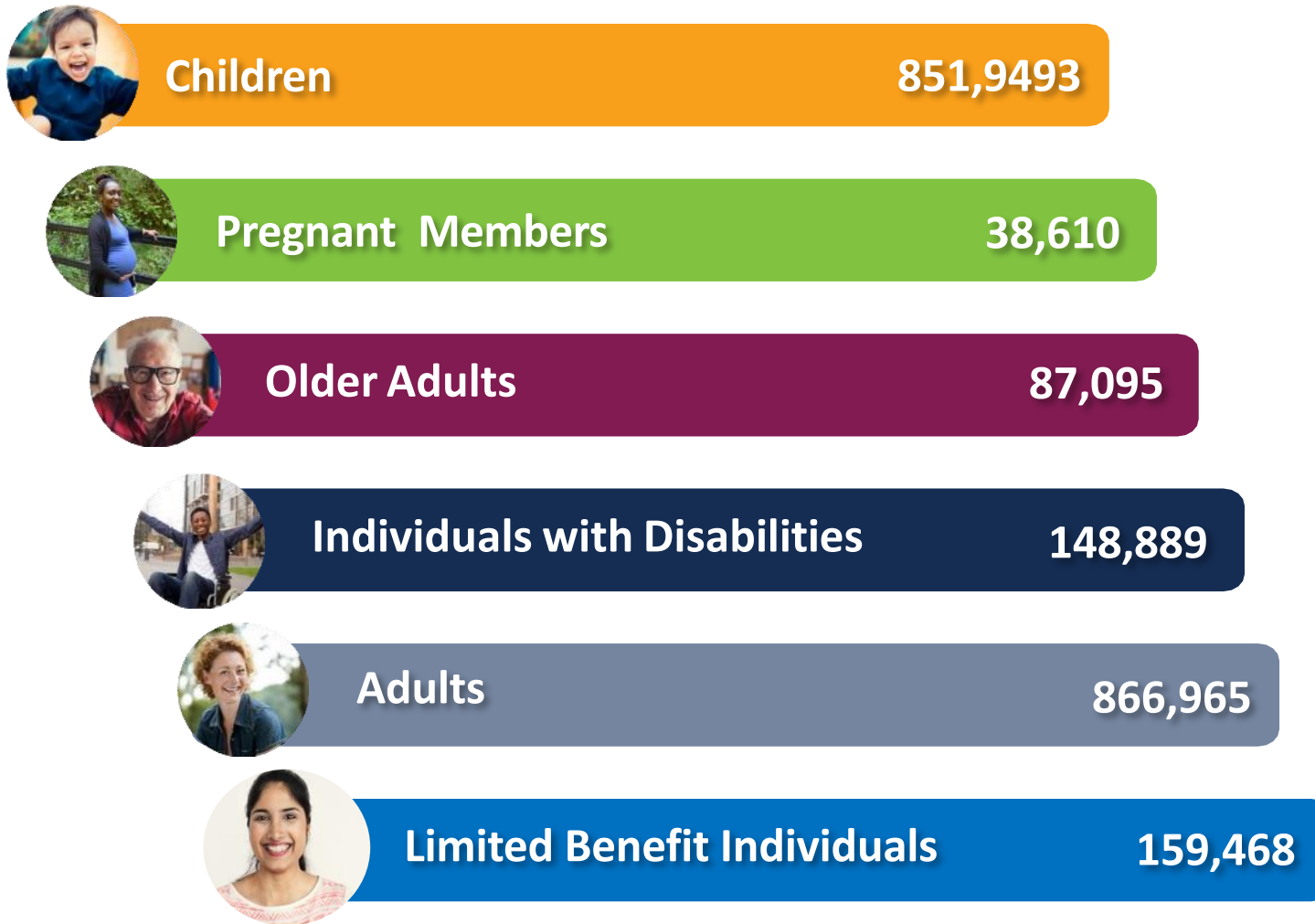
And

Goal 3: Accountable Managing the Commonwealth's resources with integrity and measurable outcomes

1. Ensure program integrity and compliance with State and federal requirements
2. Increase accountability of contractors and partners to ensure a stable, accessible, and continuously improving program
3. Monitor fiscal integrity and accountability and manage risk

Who Do We Cover?

Medicaid plays a critical role in the lives of more than 2.152 million Virginians



DMAS Priorities: “Three for 2023”

- 1. Unwinding:** Return to Normal Medicaid Redetermination Processing
- 2. *Right Help, Right Now:*** Behavioral Health Transformation
- 3. Procurement:** Medicaid Managed Care Delivery System Re-procurement

Three for 2023: Impact of “Unwinding”



As of March 2023, Virginia began redetermining Medicaid eligibility for over 2.1 million members after a 3 year pause.



Preparations, execution and ongoing modifications for this work are a joint HHR effort in close collaboration with the Department of Social Services (DSS). The work is closely monitored by CMS.

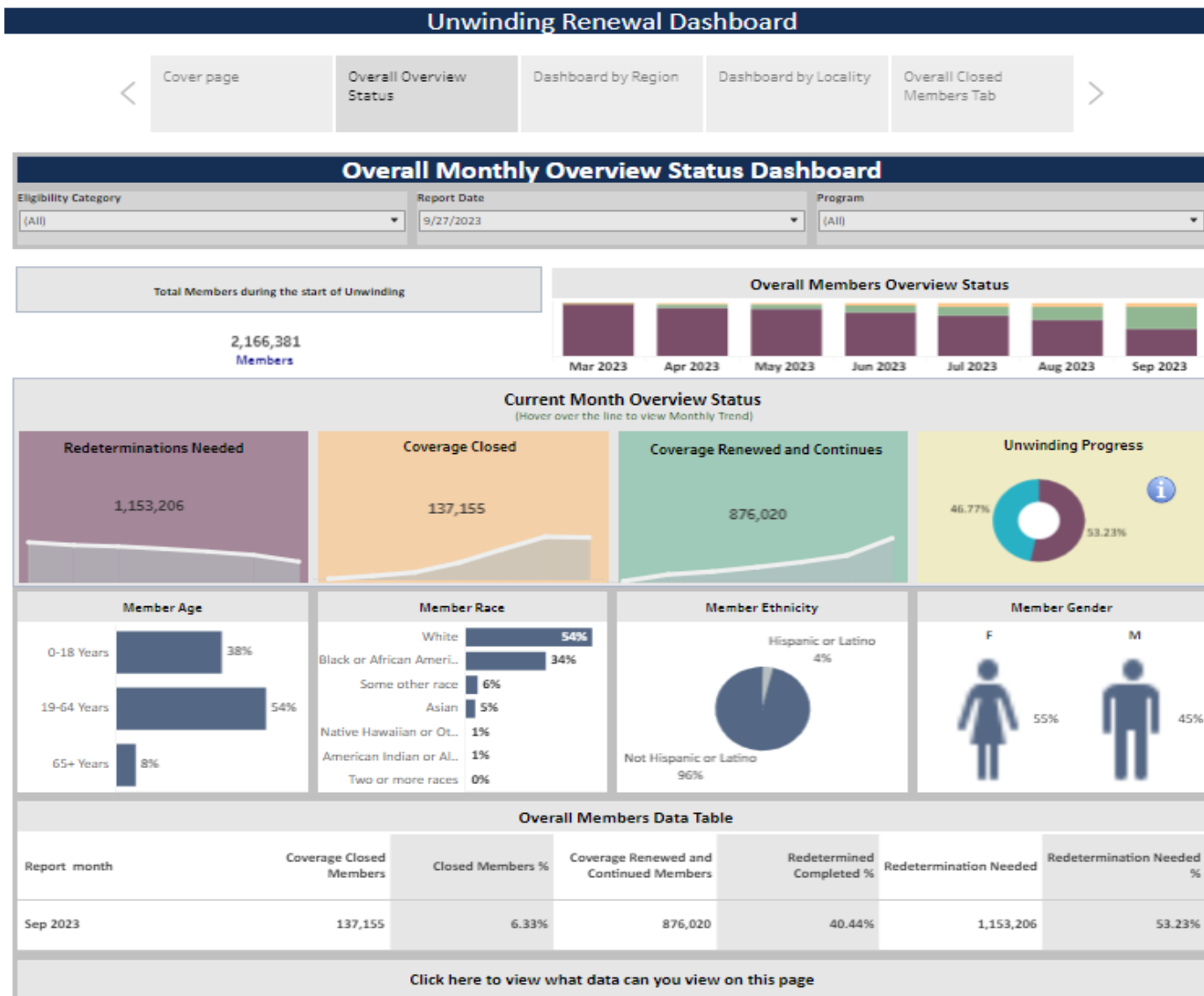


DMAS expects approximately 14% of members to transition off the Medicaid program due to no longer meeting program requirements.



Asking for everyone’s assistance to assist members with completing renewal packets prior to redetermination deadlines!

Unwinding Dashboard



* The dashboard was refreshed on 09/27/2023 – 137,155 members were closed, and 876,020 members were renewed.

1,001,010 Members Determined as of 09/27/2023*

Completed by Member

2,166,831
2,000,000
1,900,000
1,800,000
1,700,000
1,600,000
1,500,000
1,400,000
1,300,000
1,200,000
1,000,000
900,000
879,686
700,000
600,000
500,000
400,000
300,000
200,000
100,000



Three for 2023: Right Help. Right Now.

An aligned approach to BH that provides access to **timely, effective, and community-based care** to reduce the burden of mental health needs, developmental disabilities, and substance use disorders on Virginians and their families

1: We must strive to ensure **same-day care for individuals experiencing behavioral health crises**

2: We must **relieve the law enforcement communities' burden** while providing care and **reduce the criminalization of behavioral health**

3: We must **develop more capacity** throughout the system, going beyond hospitals, especially to enhance community-based services

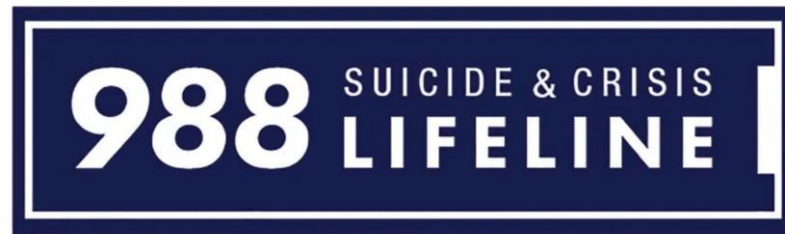
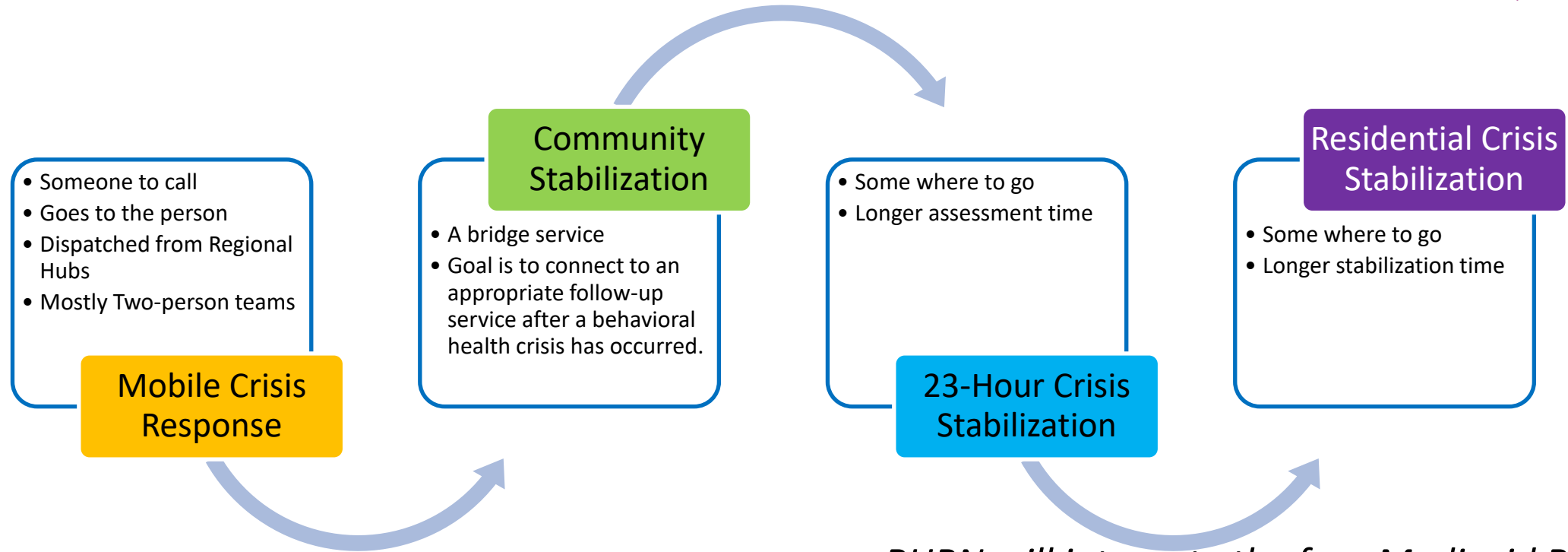
4: We must **provide targeted support for substance use disorder (SUD)** and efforts to prevent overdose

5: We must **make the behavioral health workforce a priority**, particularly in underserved communities

6: We must **identify service innovations and best practices** in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps

Crisis Continuum of Care in Medicaid

Pillars 1 and 2 of RHRN Plan



RHRN will integrate the four Medicaid BRAVO Crisis Services into a statewide system of crisis care based on the Crisis Now model and 9-8-8

DMAS Roles and Updates

Children's Behavioral Health Services

- State Plan Amendment for school-based services approved by CMS 9/25/23
- Workgroup on inclusion of youth in PRTFs in managed care
- Updated five year strategic plan for Coordinated Specialty Care

Key Partners:
DBHDS, DOE, CSA, DSS

Adult Behavioral Health Services

- Part of re-convened Interagency Leadership Team for permanent supportive housing
- Completed report on feasibility of pursuing 1115 waiver for SMI

Key Partners:
DBHDS

SUD Services

- ED Bridge Expansion (Opioid Abatement Authority)
- Identifying paths to improve care coordination and services for people leaving jails and prisons
- Participating in DBHDS-led adolescent SUD initiatives

Key Partners:
DBHDS, DOC, VHHA

Other Initiatives

- Partnering with DBHDS and CSB regional hubs for mobile crisis dispatch Go-Live
- DD waiver slots (Priority 1)
- Managed care initiatives

Key Partners:
DBHDS and CSB hubs

Three for 2023: Medicaid Managed Care Procurement

The health plans provide preventive, chronic, behavioral health and long-term services to to 94% of the Virginia Medicaid members.

To continue to build on the foundation and strengths of Virginia's Medicaid managed care, and maximize program enhancements for members and providers, DMAS is seeking to transform its managed care delivery system through a re-procurement.

A Medicaid managed care re-procurement process is an important and rare opportunity to leverage a state's purchasing power to improve the value that MCOs provide to the state and its members and provider networks.

In October 2022, HHR Secretary Littell announced that DMAS is seeking to use this procurement to drive innovation and strengthen quality and accountability in its managed care program.

DMAS worked with a nationally recognized consultant to translate the priorities of the Administration and emerging best practices into a targeted RFP that was released in August 2023 and aims to move the needle in key areas.

The procurement reflects DMAS' goals to improve services, delivery and access in Right Help Right Now Behavioral health focus, maternal and child health, member engagement, single specialty plan for foster care, innovation, new technology, performance and quality improvement incentives, new payment models and increased accountability.

*RFP released August 31, 2023, for Summer 2024 implementation
Link can be found on eva.virginia.gov*

Medicaid Managed Care Procurement

This RFP will support DMAS to achieve the following goals:

1. Advance the Commonwealth's priorities such as improving behavioral health and population health outcomes
2. Provide member-centered holistic care that meaningfully engages and addresses unique needs of its members
3. Enhance availability and accessibility of care across all care settings
4. Enable participants utilizing LTSS to live in their setting of choice and promote their well-being and quality of life
5. Strategically leverage new technologies, payment models, and best practices for accountability and impact

Behavioral Health Updates: Budget Items (Jan 1, 2024 Implementation)

We have 4 reimbursement changes under the new budget

TTTT. Increase the reimbursement rates for Early Intervention services, excluding case management, by 12.5 percent for all children under age three enrolled in Early Intervention in Virginia Medicaid.

VVVV. Increase rates by 10 percent for the following Medicaid-funded community-based services: Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Therapeutic Day Treatment, Outpatient Psychotherapy, Peer Recovery Support Services -- Mental Health, Comprehensive Crisis Services (which include 23-hour Crisis Stabilization, Community Stabilization, Crisis Intervention, Mobile Crisis Response, and Residential Crisis Stabilization), Assertive Community Treatment, Mental Health - Intensive Outpatient, Mental Health - Partial Hospitalization, Family Functional Therapy and Multisystemic Therapy.

WWWW. Increase the rates for mental health partial hospitalization to a per diem rate of \$500.00 and shall increase the rate for mental health intensive outpatient programs from a per diem to \$250.00.

AAAAA. Amend the State Plan under Title XIX of the Social Security Act to provide reimbursement for the provision of behavioral health services that are classified by a Current Procedural Terminology (CPT) code as collaborative care management services.

Behavioral Health Services Administrator (BHSA) – Contract Transition

- Fee for service (FFS) contract with Magellan is ending this Fall
- The last day that Magellan will accept requests for service authorizations is October 31, 2023
- Behavioral Health FFS service authorizations will be managed by Acentra (formerly Kepro) beginning November 1, 2023
- Behavioral Health claims submission through Conduent begins November 1, 2023

BHSA Transition: Actions to Take

- Actions in MES Portal: [Changes to Claims/Payment Process for Behavioral Health Providers- effective November 1, 2023 | MES \(virginia.gov\)](#)
 - Update Primary Account Holder (PAH) Form
 - Correct and update Electronic Funds Transfer (EFT) Information
- Register with Acentra and complete trainings: [Provider Training on How to Register and Submit Successful Service Authorization Requests to Acentra Health \(formerly known as Kepro\) Effective November 1, 2023 | MES \(virginia.gov\)](#)
- Submit service Authorizations to Acentra and claims to Conduent beginning November 1, 2023

Developmental Disabilities (DD) Updates

Home- and Community-Based Services (HCBS) Final Rule Updates

- The HCBS Settings Rule transition period officially ended on 3/17/2023.
- DMAS applied for a corrective action plan (CAP) with CMS and with an agreed upon date for full compliance with all provisions no later than 12/31/25.
- The state team consisting of DMAS HCBS staff and DBHDS staff have completed over 80% of nonresidential settings reviews and almost 60% of the residential setting reviews.
- Providers who are unable to comply with the HCBS final rule will receive 120-day notice of termination to the participation agreement.
- To date, two providers have received this notification along with the affected CSBs and families/individuals.

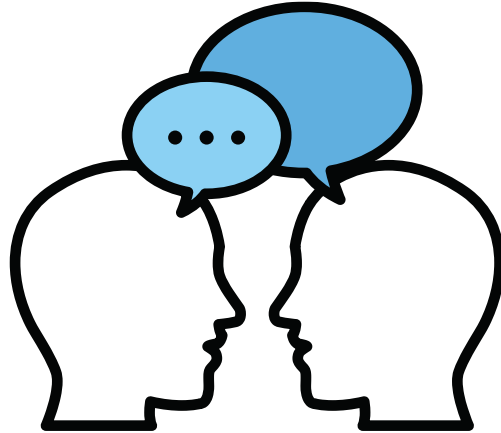
Developmental Disability Waivers (DDW) Operations and Policy Updates

- DMAS has updated and resubmitted requests to renew the Family & Individual Supports (FIS) and Building Independence (BI) waivers to make permanent the allowance for legally responsible individuals to provide paid personal attendant care to spouses and minor children through the consumer directed service option.
- Additional waiver amendments will be made in the coming weeks to include the additional 500 waiver slots (70 CL and 450 FIS) afforded by the General Assembly.
- Updates to the DD provider waiver manual are forthcoming. DMAS will be seeking public comment.

Brain Injury Services – Targeted Case Management Updates

- Case Management Services will be available to individuals with severe traumatic brain injury.
- Individuals must be a Medicaid members, have a diagnosis of traumatic brain injury and have severe functional deficits as determined by the MPAI-4.
- Provider Agencies must be CARF accredited
- Individual case managers must have a Bachelor's and have CBIS or QBIS endorsements
- The case management services anticipated to go-live on January 1, 2024.

Questions & Feedback





Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:

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Provider Enrollment: VAMedicaidProviderEnrollment@gainwelltechnologies.com