



Right Help, Right Now. Medicaid Behavioral Health Services Redesign

Virginia Association of Community Services Boards
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Presentation Speakers

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Agenda

RHRN Medicaid Redesign Project Updates

Redesign Listening Session

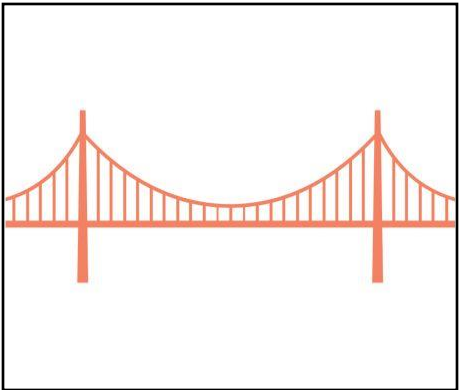
Project Overview

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, Therapeutic Day Treatment, Mental Health Skill Building, Psychosocial Rehabilitation, and Targeted Case Management.

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

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



CardinalCare
Virginia's Medicaid Program

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

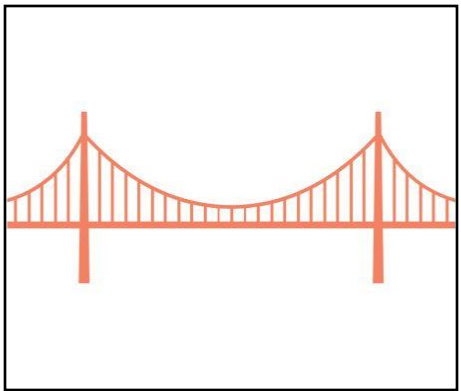


Integrate workforce priorities and workforce supports into service design and implementation


RHRN Medicaid Behavioral Health Services Redesign Continuum



Medicaid Behavioral Health Services Redesign Priorities



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Youth Services Examples:

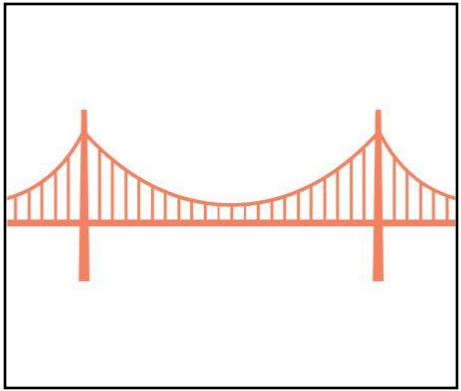
Embed multiple/flexible evidence-based practices within home, school and clinic-based services (TF-CBT, PCIT, BSFT, MAP)

Inclusion of a Intermediate level of care and integrate services into youth centered locations and homes

Supporting and complementing DMAS rehabilitative services with Medicaid in School program under a Multitiered Systems of Support framework
 Screening and Assessment: Use of structured/semi structured approach with a standardized tool

Differential collaborative care requirements (e.g., case load) for licensed practitioners, QMHPs, and BH Technicians at Intermediate and Intensive levels

Medicaid Behavioral Health Services Redesign Priorities



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Adult Services Examples:

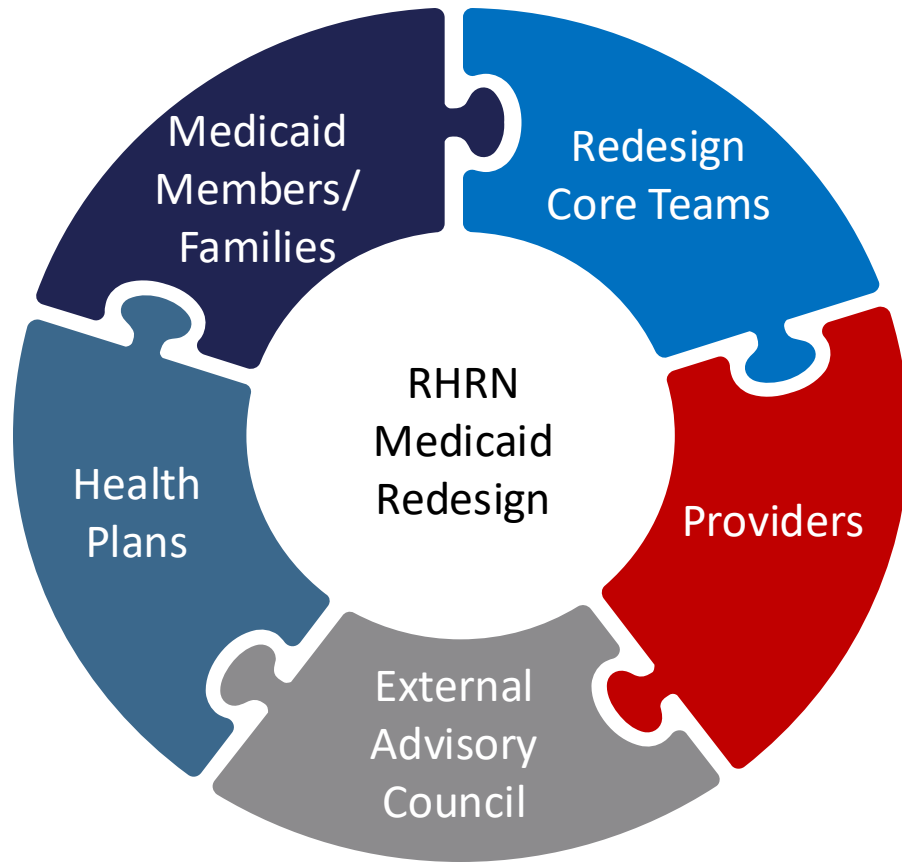
Replace components of mental health skill building with specific evidence-based models; Coordinated Specialty Care

Inclusion of Intermediate and Intensive levels of care for community based psychiatric rehabilitative services to fill gap between skill building/case management and ACT

Alternative payment models for case management entities and specialty provider types to ensure conflict free case management; integrate measurement-based care

Differential collaborative care requirements (e.g., case load) for licensed practitioners, QMHPs, and BH Technicians at moderate and intensive levels

Stakeholder Input



Methods of Input

Provider Surveys

Informational Webinars

Listening Sessions

Member engagement

Public Comment Periods

Current Stakeholder Engagement Opportunities

Information Webinars

- July 2024
- Sept 16th, Provider Online Survey

Providers

- Provider Online Survey (Sept 16-Oct 16)
- Provider Office Hours
- Advisory Council November 2024 TBD
- In-Person listening sessions at four conferences in October

Advocates

- Two Virtual Listening Sessions
 - Oct 4th @ 11 and 1:30pm

Members

- Four Listening Sessions
- In-Person
 - Richmond, VA, TBD
 - Radford, VA, TBD
- Virtual
 - Sept 30th @ 1pm
 - Oct 8th @ 5:30pm
- Member Online Survey

Medicaid Behavioral Health Services 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

← Development of the 1115 Serious Mental Illness (SMI) Waiver →

Youth and Adult Service Redesign Q&A

- What changes are expected for youth and adult services?
- Will Mental Health Skill Building (MHSS), Psychosocial Rehabilitation (PSR), Intensive In-Home Services (IIHS) and Therapeutic Day Treatment (TDT) go away?
- What about the parts of MHSS, PSR, IIHS and TDT services that are working well?
- How and when will providers transition to the new services?



Listening Session



Listening Sessions Questions

1. What are the aspects of the current Community Mental Health Rehabilitation Services (CMHRS) that you would like to see the Commonwealth maintain?
 - a) Intensive In-home Services
 - b) Therapeutic Day Treatment
 - c) Mental Health Skill Building
 - d) Psychosocial Rehabilitation
 - e) Mental Health Case Management
2. What are the aspects of the current CMHRS that you would like to see the Commonwealth reform?
3. What are your worries about CMHRS that you would like to make sure the Commonwealth considers when developing new services?
4. Many states require, similar to our Addiction and Recovery Services Treatment (ARTS), a comprehensive level of care/intensity of service assessment be completed using a standardized assessment tool for mental health services.
 1. Examples of a standardized assessment tool are the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA). Virginia uses the CANS assessment within our Children's Services Act system of care, currently.
 - a) Do you have knowledge of other standardized assessment tools DMAS should consider?
 - b) What are the aspects of using a standardized tool that would be useful and assist your work?
 - c) What aspects would be challenging or of concern to you?

Conclusion

DMAS Behavioral Health Division:
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