



Virginia Association Of
Community Services Boards, Inc.

— *Making a Difference Together* —

*Premier Mental Health,
Developmental,
and Substance Use
Disorders Services in
Virginia's Communities*

State Board of Behavioral Health and Developmental Services Presentation

January 6, 2011

VACSB Update

- VICAP
- Coordinated Care
- ID Waiver
- VACSB Advocacy Update



Virginia Independent Clinical Assessment Program

(VICAP)



VICAP

	Individuals*
Total number of incoming calls, walk-ins and requests for appointments.	14,590
Total number of “no-shows”	3,233
Total number of ICA’s completed	9,317
Total number of ICA’s Recommending: IIH	3,149
Total number of ICA’s Recommending: TDT	4,384
Total number of ICA’s Recommending: MHSS	517
Total number of ICA’s Recommending: OP Counseling or Therapy (non MD)	4,403
Total number of ICA’s Recommending: OP Psychiatry and/or Medical Evaluation	4,402
Total number of ICA’s Recommending: TCM (new & continuing)	2,561
Total number of ICA’s Recommending: No MH Service	213



* Cumulative, Total 7/18 thru 10/31

VICAP

- Important to remember the VICAP is an assessment of need not for a particular service.
- Note that more than 2/3 are assessed with a need for some type of service.
- “No-shows” are down to 22% due to the CSB calling the day before to remind parent of appointment.
- 22% is well below national average for mental health appointments.
- Conclusion: As first step in prior authorization process, VICAP appears to be fulfilling the intention of the general Assembly: better assurance that you receive the services you need.



Medicaid Coordinated Care



Coordinated Care

- In October, DMAS released a Draft RFP for a Behavioral Health Services Administrator to manage a Coordinated Care model for Virginia. Final RFP expected to be released soon.
- The target populations are adults with serious mental illness and youth with serious emotional disturbance receiving community behavioral health rehabilitation.
- Stakeholders had five business days to submit comments.
- It is expected for DMAS to have a selection by January and ready to implement by July of 2012.



Why Coordinated Care?

- Promotes health consciousness and overall wellness
- Promotes transitions to lower, less restrictive levels of care as indicated, promoting continuity of care
- Outcomes are continually assessed and health strategies revised with client preferences and wishes



Features of DRAFT RFP Model

- As of July 1, 2012, first 2 years of 4 year statewide contract award to a single vendor is an Administrative Services (ASO or BHSO) model.
- Assures independent assessment for every individual seeking these services (DMAS required)
- Addresses **all** behavioral health services currently in fee-for-service (FFS) reimbursement, regardless of location in state
- Incorporates Targeted Case Management through CSBs as a component of intensive care coordination
- Assists clients in service access, delivery, problems, and complaints
- Provides technical assistance and information for providers when needed
- Pre-authorizes certain services stipulated by DMAS



Features of DRAFT RFP Model

- Does not include behavioral services currently in MCO contracts—Outpatient Patient and Inpatient
- Improves data collection and reporting in a single system statewide-improves analysis capability
- Coordinates data on Medicaid behavioral health and primary care through data sharing with DMAS-contracted MCOs or FFS PCPs
- Alerts DMAS to quality, service or access issues and sets up process to resolve
- Through data gathering, assesses gaps in services and service locations, quality, and service needs to inform DMAS and create a plan for risk phase
- Includes all willing providers



Advantages to Virginia

- Data will help “rightsize” provider network
- ASO model moving to risk forces the contractor to resolve quality and service delivery issues-can minimize profit motive
- Budget language clarifies against cost shifting to other state and local systems
- Demonstrated outcomes with Medicaid services may, into the future, result in care coordination applied with other youth and adult behavioral health services than those funded through Medicaid



Intellectual Disability Waiver



Needed Improvements Now

- Person-centeredness adopted at all state and local levels, administrative, regulatory, and management, as well as point of service delivery
- Requirements for services not compensated should be re-evaluated
- Service unit structure redesign to make sense for consumers, families and providers
- Variable rates established for residential settings of 4 or fewer residents to encourage and fund quality and staffing



Needed Improvements Now

- Variable rates or comprehensive rates established to support specialized needs and levels of intensity, including nursing needs and specialized staffing and training needs
- Family, consumer, CSB, and private provider peer review teams can best assess gaps in quality and recommend actions
- In any changes considered and made, the input and participation of providers, families, and consumers should be actively sought and input utilized



Needed Improvements Now

- If Medallion II expansion for Waiver recipients is to be successful, health plans must consider the specialized support needs and empower case managers and residential providers in care coordination processes

Caution: Enrollment in Medallion II Managed Care for Primary and Acute Behavioral Health Needs may be successful. The VACSB would have grave concerns about plans for an MCO to manage Waiver services, especially residential and day support/employment.



Conclusions

- Except for the addition of residential services to the DD Waiver, service array in Waivers appears to be sufficient
- The improvements listed above will likely result in individuals' choice of Waiver services for those who might otherwise seek ICF-ID level of care—more restrictive and more expensive
- Implementing these improvements will facilitate transfer from Training Centers to communities, particularly as start-up funding is made available
- Care Coordination with Medallion II MCOs for primary care should be planned and monitored carefully.



VACSB Advocacy Update

- 2012 Regional Budget Hearings, January 5 & 6, 2012
- Coalition for Virginian's with Mental Disabilities Rally & Lobby Day. Monday, January 16, 2012.
- VACSB Legislative Conference. January 17-18, 2012. Richmond Omni Hotel.



QUESTIONS?

THANK YOU!

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