Office of Comprehensive Services Legislative Activities 2008

Presented to the Hanger Commission October 2008

Comprehensive Services Act (CSA)

- Intent: Child Centered, Family Focused, Community Based
- 2007-2008: Approximately 19,000 children served at a cost of approximately \$382 million
- 2008 General Assembly focus: change to better serve children and contain costs

General Assembly Actions

- Match Rate Incentives

 Reduce reliance on congregate care

 Intensive Care Coordination

 Utilization review/management

 Child and Adolescent Needs and Strengths (CANS)
 - Assessment tool to improve service planning and outcome measures

General Assembly Actions (cont.)

- Match rate workgroup
- Study other issues:
 - Communication and collaboration with the Department of Juvenile Justice and the Department of Education
- Maximize use of Medicaid funds.
- Appropriated funds for training.

Implementation of Match Rate Changes

Appropriation Act Language Chapter 847 requires a 50% reduction in the locality Match Rate for Community Based Services beginning July 1, 2008 (FY 2009)

The SEC approved the Service Placement Type definitions and the associated match rates at the June 2008 meeting.

Implementation of Match Rate Changes (cont.)

- OCS Staff developed and conducted regional trainings for Match Rate Changes in July and August
- 6 trainings in 5 regional sites were conducted with 219 attendees
- The new Pool Fund report was made available on line in June 2008.

Implementation of Match Rate Changes (cont.)

- The Pool Fund Report was put in live production August 1, 2008.
- The additional residential match increase screen for the Pool Fund will be developed in October and available for use in January 2009
- The Supplemental reporting system will be modified to reflect the new expenditure categories and match rates by November 1, 2008

Implementation of Data Set Changes

In the last legislative session the following additions to the Data Set were added to the statute (Chapter 277):

- Provider identification number for specific facilities and programs
- The circumstances under which the child ends each service
- The circumstances under which the child exits the CSA program.

Implementation of Data Set Changes (cont.)

- New services placement type definitions and match rate changes were incorporated into the data set changes working collaboratively with
- Private IT vendors and CSA users collaborated in implementing the changes

Implementation of Data Set Changes (cont.)

- Staff developed and conducted regional trainings for Data Set Changes in July and August
- 6 trainings in 5 regional sites, in conjunction with the Match Rate trainings, were conducted with 219 attendees

Implementation of Data Set Changes (cont.)

- The Web Based Data Set Reporting System was available for FY 2009 updates in mid August 2008 (51 localities utilize this System)
- Proprietary vendors are required to have modifications in place to have the December 2008 report completed by January 31, 2009

Medicaid Maximization

- DMAS and OCS distributed a memo, approved in the September 2008 SEC meeting, outlining strategies for increasing the appropriate use of Medicaid reimbursable services
- DMAS is providing training on Maximizing Medicaid use in CSA.

CANS implementation

- Virginia adaptation of Indiana tool accomplished.
- Four regional trainings completed in spring/early summer.
- Licensure agreement to share software completed and signed by both Indiana and Virginia.
- Online training and certification website created and active. Approximately 355 certified.
- Paper version in use.
- Agency request for Procurement and Sole Source Request approved by VITA to contract with RCR.
- Dr. John Lyons to conduct five "Super User" training events beginning in November.

Intensive Care Coordination

- OCS and Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) led group of stakeholders in development of standard guidelines for Intensive Care Coordination (ICC)
- Guidelines provide Intensive Care Coordinator job description; define the role of CSBs in oversight and implementation; and, guidance for eligibility, referral and billing.
- Public comment and SLAT comment in August

Intensive Care Coordination (cont.)

- Passed SEC in August with directive to form implementation team to assist communities with:
 - CSB as responsible entity but ability to contract with others to provide service
 - Payment for service
 - Prioritizing cases to receive service as program is being implemented

Match Rate Work Group

Designed to:

- develop a plan to measure outcomes
- evaluate impact of changes on local and state administration of the program.
- evaluate the feasibility of a managed care approach
- Meetings led by Deputy Secretary Heidi Dix. were held in July and August with another planned for October

Other Workgroups:

- Evaluate Communication with Department of Juvenile Justice
 - Completed: ongoing communication with judges and DJJ accepted as task of CORE
- Evaluate communication with the Department of Education.
 - Examination of increased use of special education private day placements
 - Improvements in communications between local schools and CSA system

Other Workgroups (cont.)

Training Workgroup

- Targets CSA Coordinators, Family Assessment and Planning Teams, and Community Policy and Management Teams
- Supports Intensive Care Coordination and match rate incentive implementation
- □ Connects CSA to CORE activities