

MEDICAID BEHAVIORAL HEALTH SERVICES DURING COVID-19

Current System Functioning and Enhancement Updates

*SJ47 Presentation
August 5th, 2020*





PRESENTING TODAY

Alyssa Ward, Ph.D, LCP
Behavioral Health Clinical Director,
DMAS

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Chief Clinical Office, DBHDS

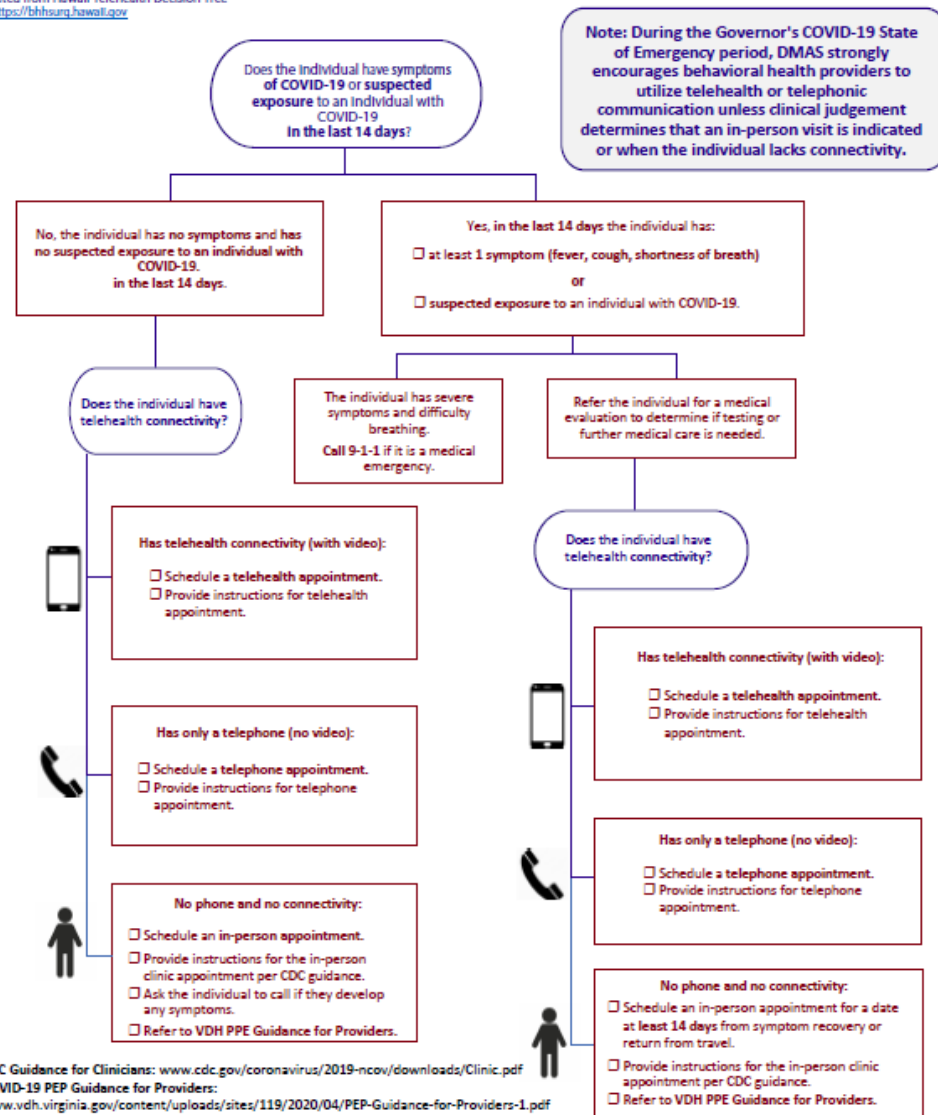
Medicaid Behavioral Health During COVID-19

- Provider Flexibilities
 - **Telehealth delivery for nearly all BH services and allowance for member home to serve as originating site**
 - Telehealth includes Telephonic (audio) only services
 - Limits on audio-only CMHRS services and delivery of group face to face services
 - **14 day grace period** for submission of Service Authorizations
 - **Flexibility around hourly requirements** for ASAM Levels 2.1 and 2.5
 - **Allowance for Opioid Treatment Programs to be reimbursed** for delivery of medications to member's location as well as take-home dosage administration.
 - Reimbursement for a **maximum 90 day supply** of pharmaceuticals, including buprenorphine.
 - **Flexibilities of urine drug tests and counseling requirements** for individuals to receive pharmacotherapy for SUD treatment.

Replicated from Hawaii Telehealth Decision Tree
Web: <https://bhhsnp.hawaii.gov>

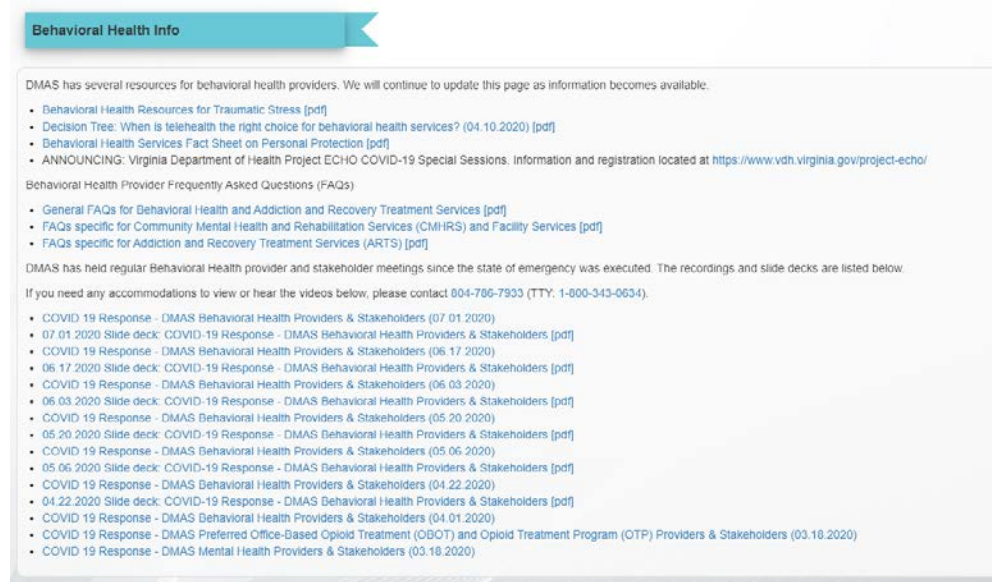
• Collaborative Efforts

- State of Hawaii
- VDH Telehealth Subcommittee
- Connected DMV Taskforce
- Project MED
- Manatt and Mercer



Provider and Member Communication

- **Weekly and then Bi-Weekly BH Provider Calls** attended by 150-450 providers each session
- **Consistent Stakeholder Email Updates**
- **COVID Response Website**
 - Clinical resources
 - Decision tree
 - PPE Fact Sheet
 - FAQs
 - Slide decks
 - Recorded webinars
- **Behavioral Health Resources for Members**



COVID-19 Clinical Webinars

Supported by the Support Act Grant

- **Held over 70 webinars since April reaching over 3,400 Participants across Virginia!**
- Topics include delivering SUD treatment via telehealth, co-occurring disorders, HIV/HepC management, special populations, individual and group therapy, working with families, and much more.

Virginia Medicaid: Substance Use Disorder Training and Technical Assistance Webinars

VIRGINIA'S MEDICAID PROGRAM
DMAS

DMAS SUPPORT Act Grant: Section 1003 and COVID-19 Response

Background

The Virginia Department of Medical Assistance Services (DMAS) was awarded the Centers for Medicare and Medicaid Services SUPPORT Act Section 1003 Grant in September 2019. The purpose of this grant is to decrease substance use disorder (SUD) provider workforce barriers and increase the treatment capacity of providers participating under the state Medicaid program to provide SUD treatment or recovery services. While also recognizing the new barriers SUD providers are experiencing during the COVID-19 state of emergency, DMAS, through the SUPPORT Act Grant, is offering technical assistance and training webinars focused on substance use disorder related topics and treatment practices.

Mission Statement

These technical assistance and training webinars are designed to increase SUD knowledge and to provide support to anyone who serves Medicaid members with substance use disorders. The overall goal of the webinars, as well as other grant activities, is to increase addiction and recovery workforce capacity while also creating a culture of understanding, empathy, and support for individuals with substance use disorder in various workforce settings.

Webinar Presenters:

Paul Brasler, MA, MSW, LCSW

Behavioral Health Addictions Specialist, DMAS

Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul has worked in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, in private practice, in community mental health and in residential treatment. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients.



Dr. Mishka Terplan, MD, MPH, FACOG, DFASAM Addiction Medicine Specialist

Dr. Mishka Terplan is board certified in both obstetrics and gynecology and in addiction medicine. He is Senior Physician Research Scientist at Friends Research Institute and adjunct faculty at the University of California, San Francisco where he is a Substance Use Warmline clinician for the Clinical Consultation Center. He is also the Addiction Medicine Consultant for Virginia Medicaid and a consultant for the National Center on Substance Abuse and Child Welfare.



Medicaid Behavioral Health During COVID-19

Inter-Agency BH Collaboration

- Congregate Care Memo: DSS-OCS-DBHDS-DMAS
- Service Recommendations: DBHDS-DMAS
- School-Based Mental Health Support: DOE-OCS-DBHDS-DMAS
- Executive Order 57: Expanded Workforce: DHP Coordination

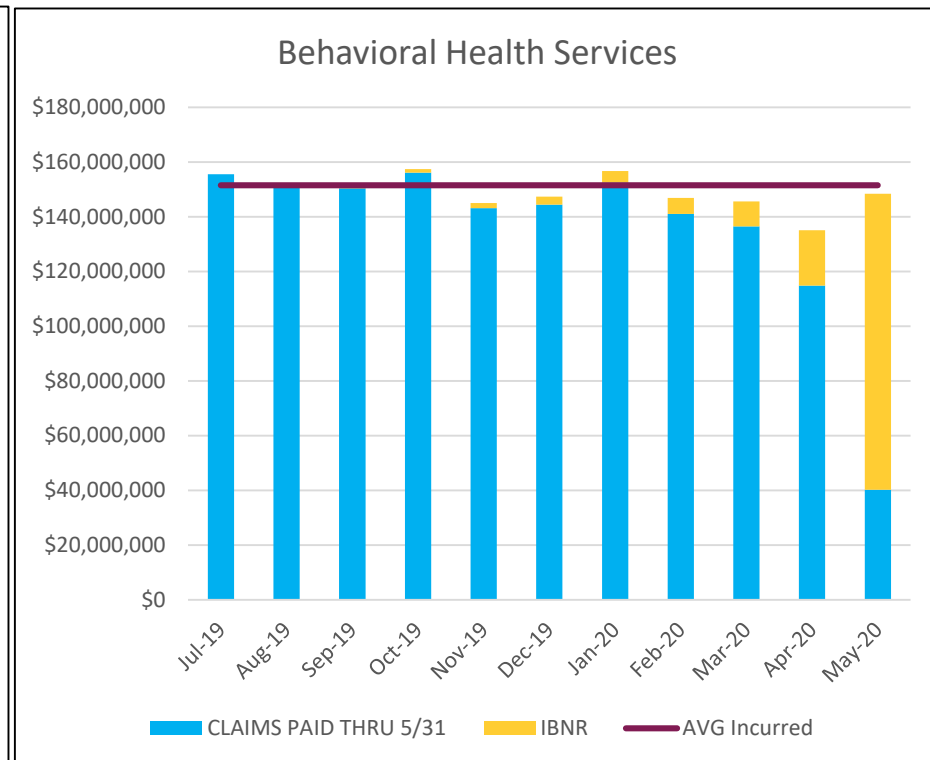
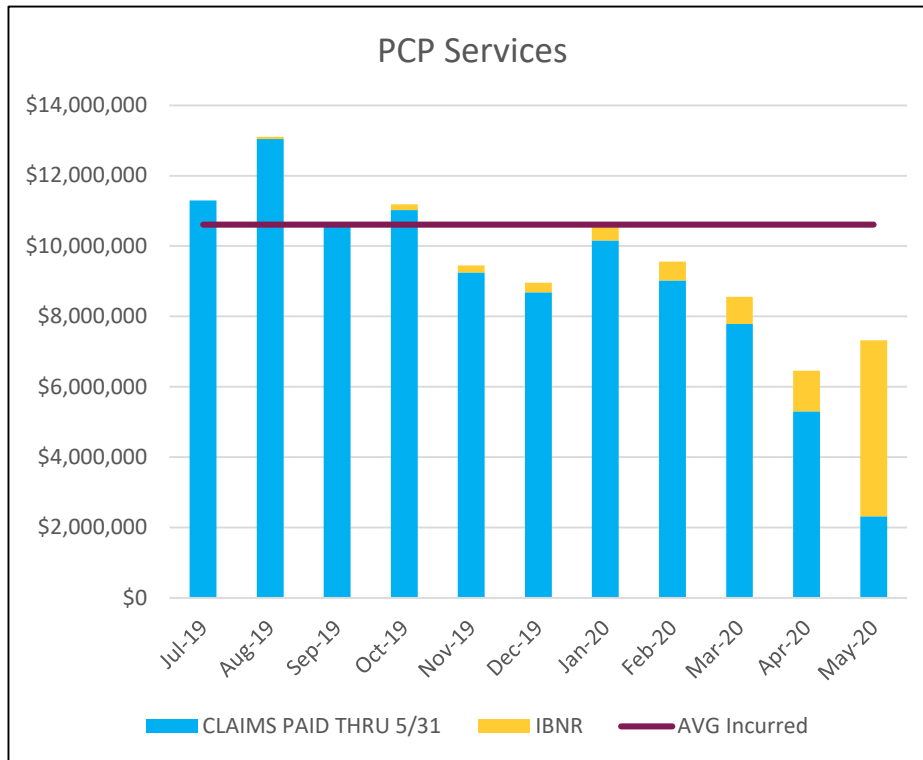
Temporary License Type	April Totals	May Totals	June Totals	TOTAL
Clinical Psychologist	123	180	5	308
LPC	96	138	7	241
LMFT	19	36	2	57
LCSW	54	166	8	228
Total	292	520	22	834

BEHAVIORAL HEALTH SERVICES UTILIZATION DURING COVID

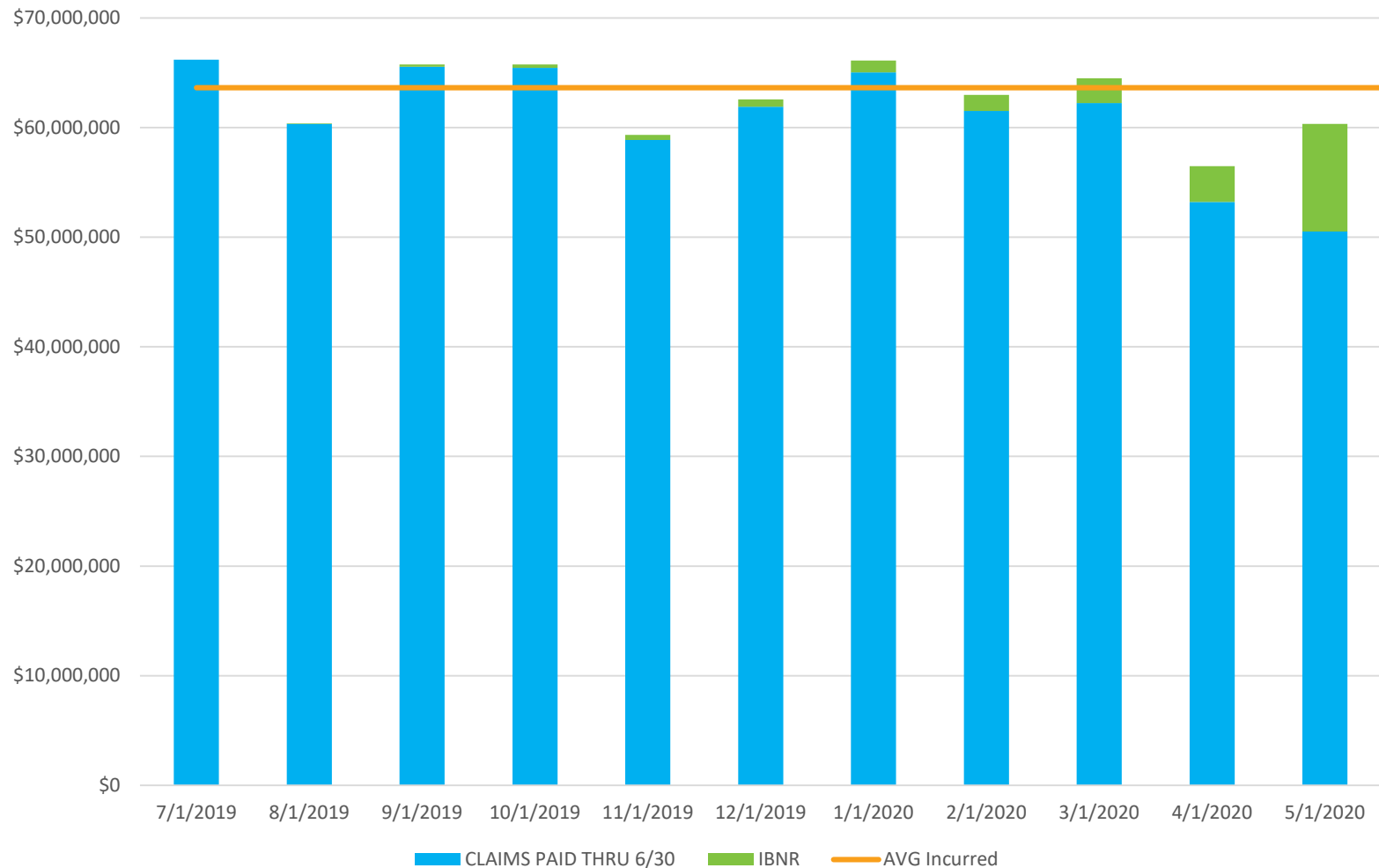
Overall Trend of Behavioral Health Services

Goal: Primary care (including adult PCP, Pediatricians, and OBGYNs), and behavioral health

- PCP service expenditures significantly decreased during COVID-19 emergency
 - Decreased by **31%** in April
 - Decreased by **39%** in May
- Behavioral health services remained largely stable during COVID-19 emergency
 - Decreased by **11%** in April
 - Decreased by **2%** in May

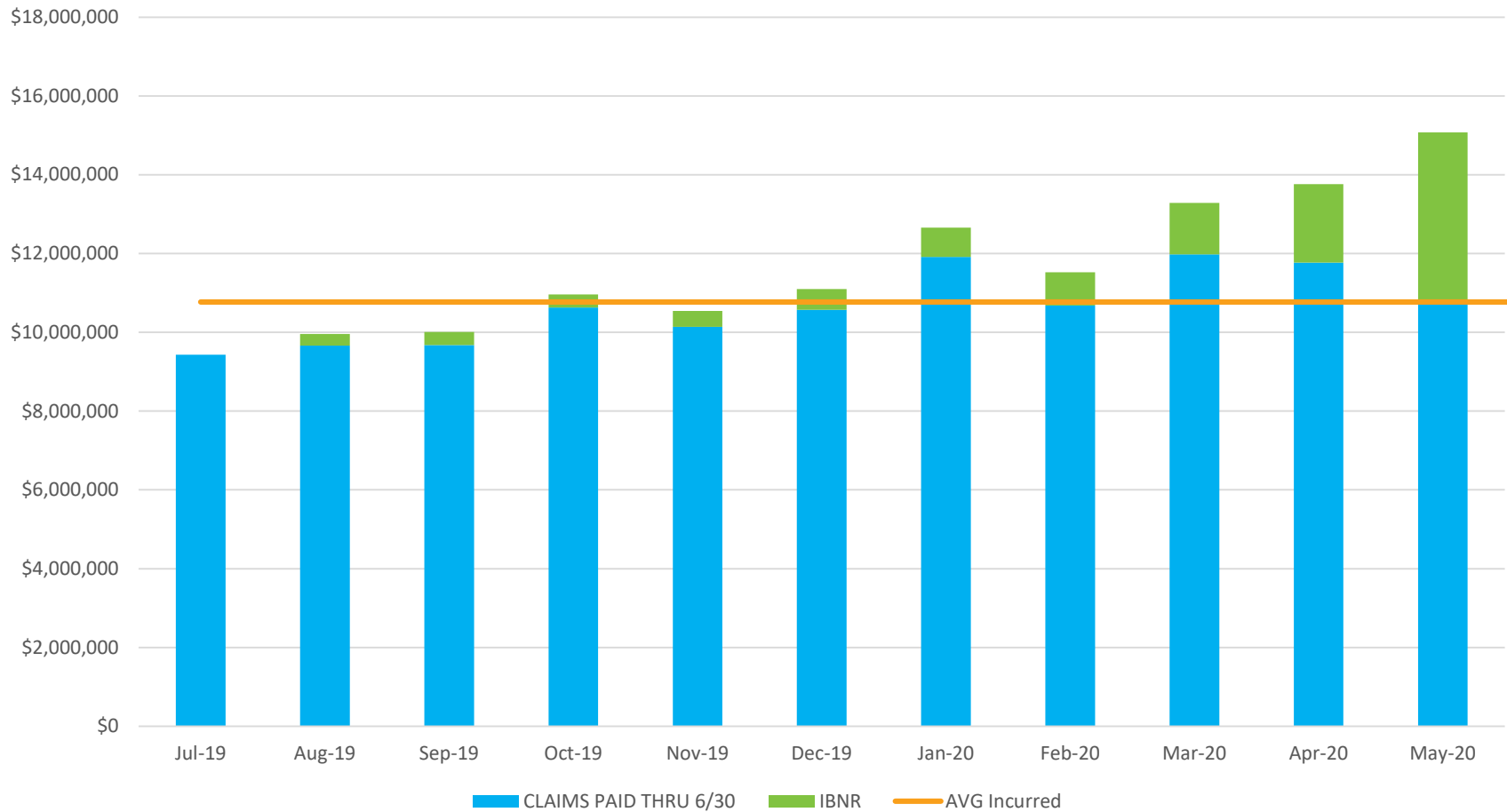


Community Mental Health and Rehabilitation Services (CMHRS) Utilization During COVID



Addiction & Recovery Treatment Services (ARTS) Utilization During COVID

MCO Expenditure Report Category of Service



Telehealth Utilization

Top 10 Diagnostic Categories

1. ADHD
2. Opioid Disorders
3. Mood Disorders
4. Autism
5. Anxiety Disorders
6. PTSD
7. Psychosis (Schizophrenia)
8. Adjustment Disorder
9. Hypertension
10. Oppositional Defiant Disorder



Top BH Telehealth providers:
Community Services Boards (CSBs)



Increase in the use of Telehealth within these services:

Psychotherapy

Therapeutic Day Treatment (TDT)

Intensive In-Home Services (IIH)

Opioid Counseling

Psychosocial Rehabilitation (PSR)

Summary

- Overall, **BH service utilization has remained relatively stable**, likely due to telehealth allowances
 - This is consistent with other states and national trends
- There are some areas of variability due to the nature/context of some services (group service limitations, school closures)
- We are not (yet) seeing a surge of new members seeking BH services in the current window of assessment, though anticipate those trends as the state of emergency and social distancing continues
- **Providers were able to adapt and use a combination of telehealth and face-to-face service delivery models to continue to provide services.**

Enhanced Behavioral Health Services for Virginia

UN-ALLOTTED

Vision

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



High Quality

Quality care from quality providers in community settings such as home, schools and primary care



Evidence-Based

Proven practices that are preventive and offered in the least restrictive environment



Trauma-Informed

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



Cost-Effective

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

Enhancement Brings Alignment Across Initiatives

BH Enhancement Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

Enhancement & Family First Prevention Act

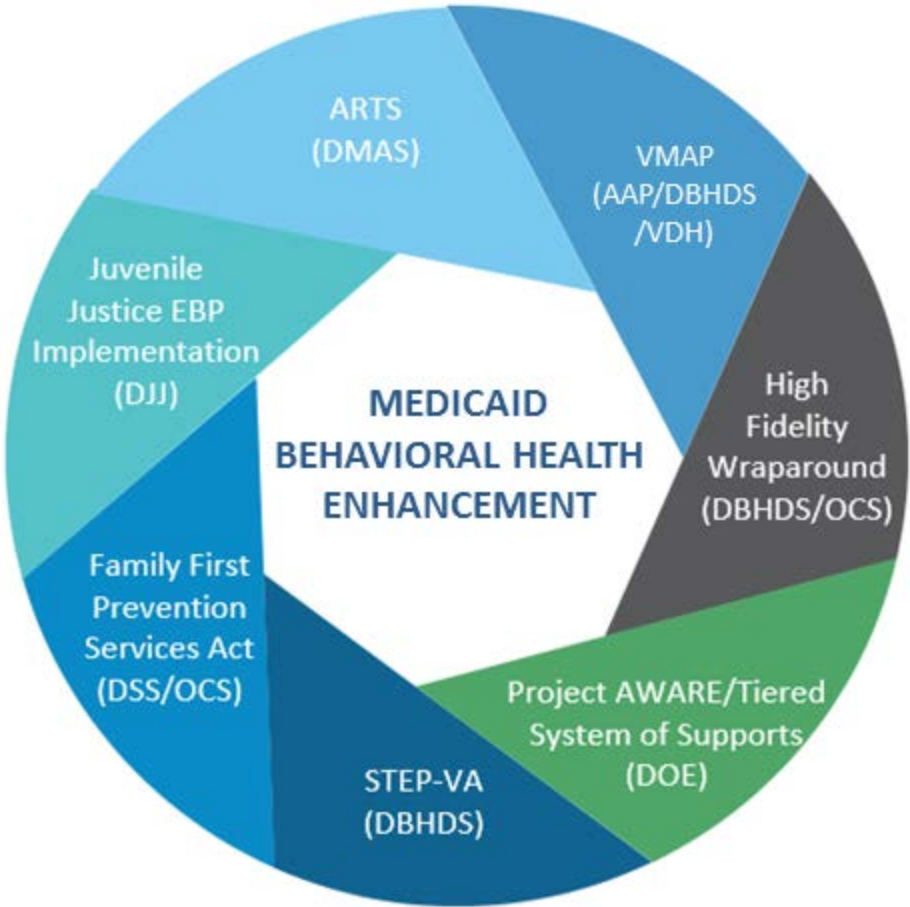
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

Enhancement & Juvenile Justice Transformation

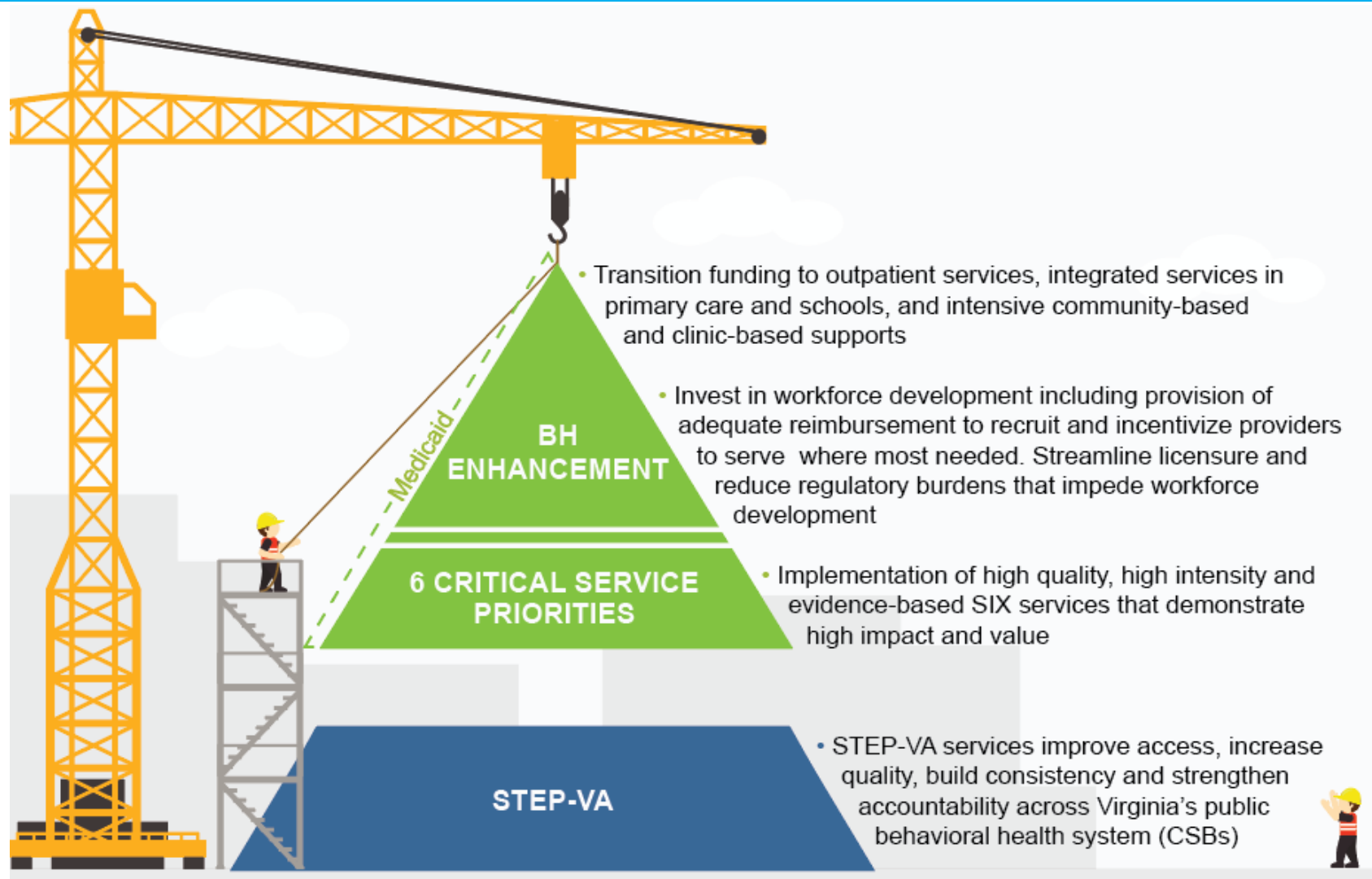
Supports sustainability of these services for the provider community, particularly in rural settings who have struggled with maintaining caseloads and business models when dependent on DJJ or CSA

Enhancement & Governor's Children's Cabinet on Trauma Informed Care

BH Enhancement continuum is built on trauma-informed principles of prevention and early intervention to address adverse childhood experiences



Enhancement of Behavioral Health and STEP-VA



Enhancement of Behavioral Health Services: *Current Priorities Explained*

What are our top priorities at this time?

Implementation of **SIX** high quality, high intensity and evidence-based services that have demonstrated impact and value to patients
Services that currently exist and are licensed in Virginia **BUT are not covered by Medicaid or the service is not adequately funded through Medicaid**



Why Enhancement of BH for Virginia?

- ✓ Provides alternatives to state psychiatric admissions and offers step-down resources not currently available in the continuum of care, which will assist with the psychiatric bed crisis
- ✓ Demonstrated cost-efficiency and value in other states

How are these Services Functioning During COVID?

Evidence-Based Practices are Sustainable

- MST & FFT has been able to shift to a combination of telehealth and face-to-face interventions with continued positive outcomes.
- The number of teams have continued to grow in Virginia
- Families are remaining engaged in treatment.
- PACT programs are continuing to deliver services and have not seen reduction in attendance.
- Some programs have experienced growth.
- Added an additional PACT program!

How are these Services Functioning During COVID?

Evidence-Based Practices are Sustainable

- Partial Hospitalization and Intensive Outpatient programs are staffed with licensed professionals able to deliver professional services
- PHP/IOP have been able to provide a combination of telehealth and face-to-face treatment.
- Referrals have increased to outpatient mental health providers, due to individuals choosing the least restrictive care.
- Comprehensive Crisis Services continue to be a need to reduce unnecessary hospitalization.
- Performed through telehealth, when clinically appropriate.

Enhancement of Behavioral Health Services

Governor's Budget Funding Summary: **UN-ALLOTTED**

	Fiscal Year TBD	Fiscal Year TBD
General Fund	\$3,028,038	\$10,273,553
Non-General Funds	\$4,127,378	\$14,070,322
TOTAL FUNDS	\$7,155,416	\$24,343,875

Implementation Timeline TBD
Multi-Systemic Therapy
Functional Family Therapy
Assertive Community Treatment

Implementation Timeline TBD
Comprehensive Crisis Services
Partial Hospitalization
Intensive Outpatient

Enhancement of Behavioral Health Services

Governor’s Budget Funding Summary: DBHDS

UN-ALLOTTED

	FY 2021 GF	FY 2022 GF
Train workforce in preparation for behavioral health enhancement - Provides \$1.0 million general fund in FY 2021 and \$1.2 million general fund in FY 2022 to conduct a behavioral health workforce study, create infrastructure for evidence based practice in behavioral health, and to educate the behavioral health workforce regarding changes in the behavioral health delivery system.	\$1,025,815	\$1,215,315
Align DBHDS licensing with Medicaid behavioral health services (Language Only) - Permits DBHDS to promulgate emergency regulations related to the licensing of services impacted by the enhancement of Medicaid behavioral health services included in the introduced budget.	\$0	\$0

Enhancement Implementation Steps

*If Authority is
Granted to Proceed*



Reconvene
regular
stakeholder
workgroups for
installation
planning



INSTALLATION PLANNING



- Systems changes
- SPA, Regulations and Manual Updates
- Launch statewide workforce training



ACCOUNTABILITY



Develop metrics
and dashboards
with stakeholder
input to report
out on
implementation
progress and
outcomes



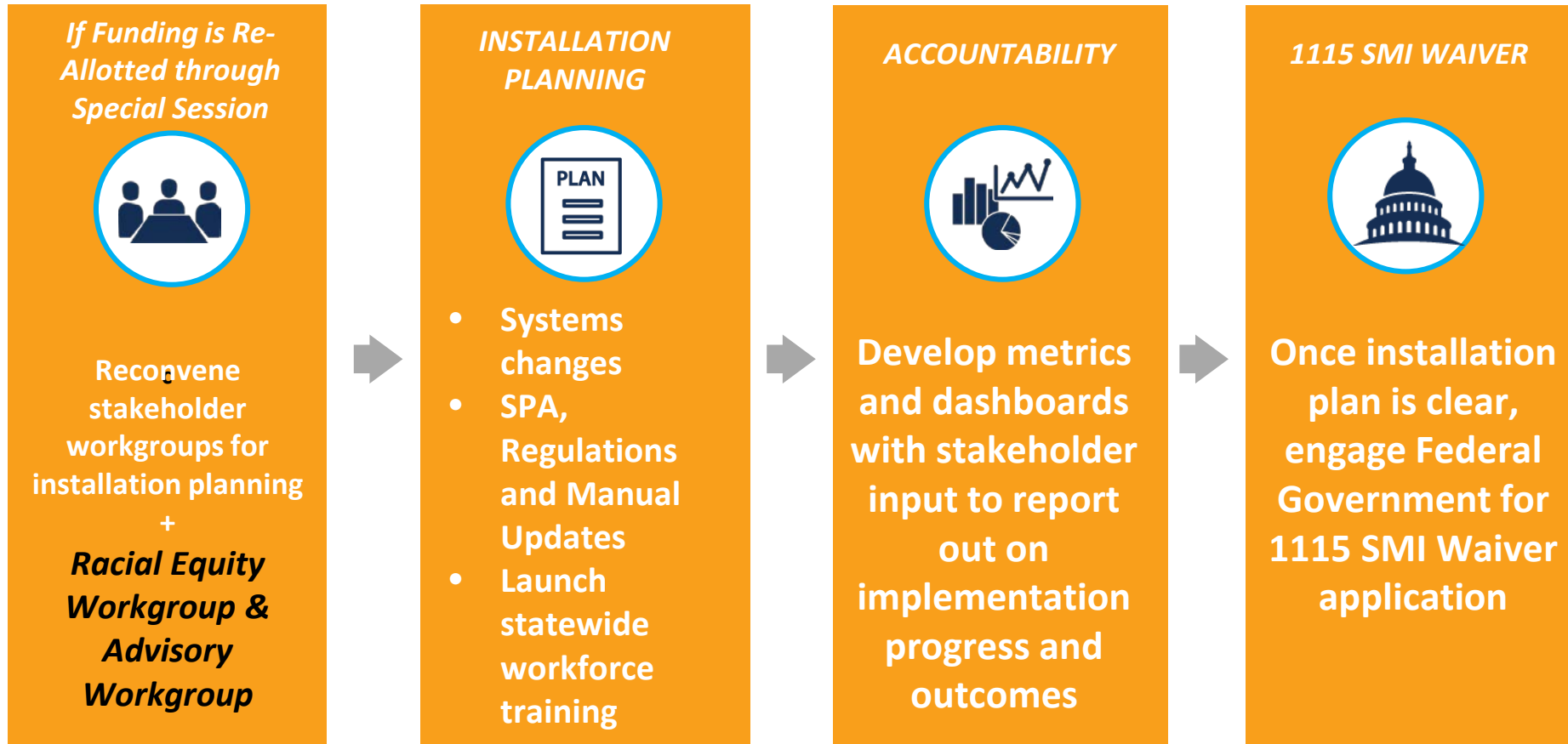
1115 SMI WAIVER



Once installation
plan is clear,
engage Federal
Government for
1115 SMI Waiver
application

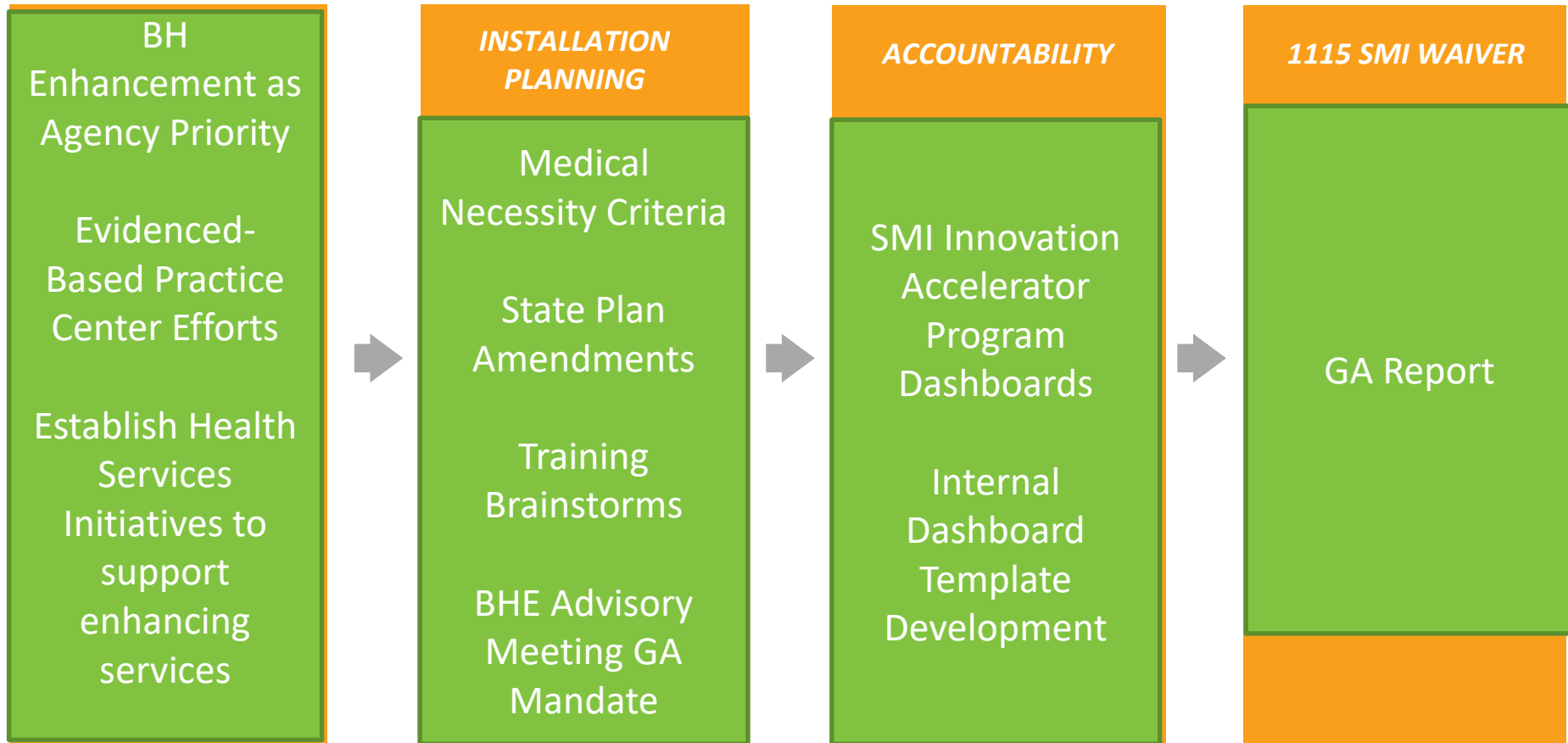
Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

Enhancement Implementation Steps: Revised



Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

Enhancement In the Time of Covid-19



Throughout this process, we commit to continued interagency partnership with DBHDS as well as continued alignment efforts with DSS-DOE-DJJ-DOC

Thank you for your partnership, support and participation.

Additional Questions?

Please contact us at:
Enhancedbh@dmass.virginia.gov

Please send your email to enhancedbh@dmass.virginia.gov if you would like to be added to the listserv of stakeholders.