



# Right Help, Right Now. Medicaid Behavioral Health Services Redesign



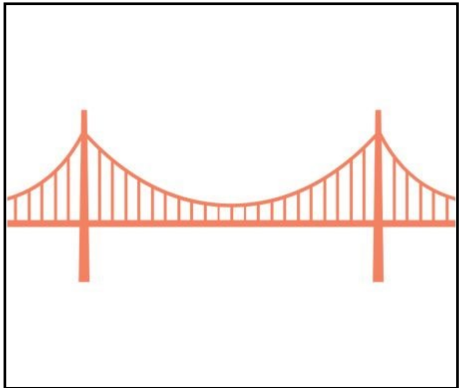
# Project Overview

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

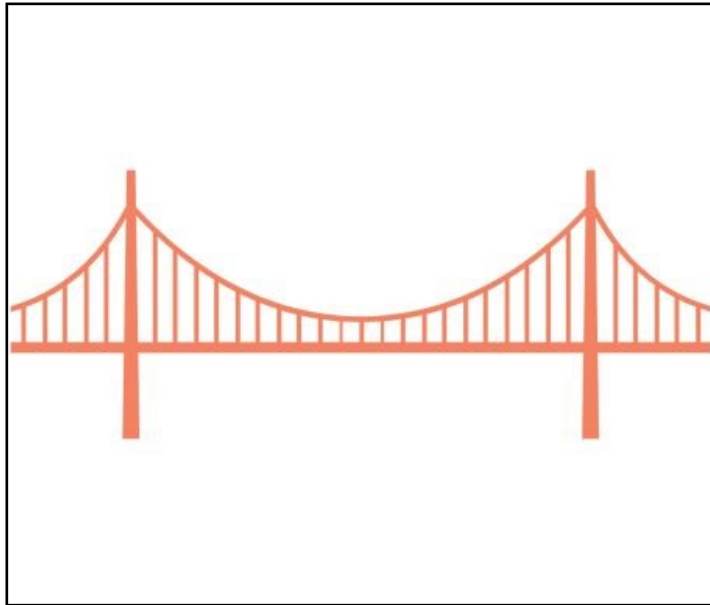


Design services for Virginia's managed care service delivery system and multipayer system



Integrate workforce priorities and workforce supports into service design and implementation

# Medicaid Behavioral Health Services Redesign Priorities



Strengthen the evidence-based, trauma-informed service continuum for youth and adults

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

**Adult Services Examples:** Replace components of mental health skill building with specific evidence-based models; Coordinated Specialty Care

# Medicaid Behavioral Health Services Redesign Priorities



Promote earlier intervention and increase access through tiered service design

**Youth Services Examples:** Standard level of care model; Inclusion of Intermediate level of care (step up/step down) and integrate services into youth centered locations and homes

**Adult Services Examples:** Standard level of care model; Inclusion of Intermediate and Intensive levels of care for community based psychiatric rehabilitative services to fill gap between skill building/case management and ACT

# Medicaid Behavioral Health Services Redesign Priorities



**Youth Services Examples:** Use of structured/semi structured assessment with a standardized tool to communicate between families, providers, and payers (System of Care) Supporting and complementing DMAS rehabilitative services with Medicaid in School program

**Adult Services Examples:** Use of structured/semi structured assessment with a standardized tool; Explore alternative payment models for case management entities and specialty provider types; integrate measurement-based care

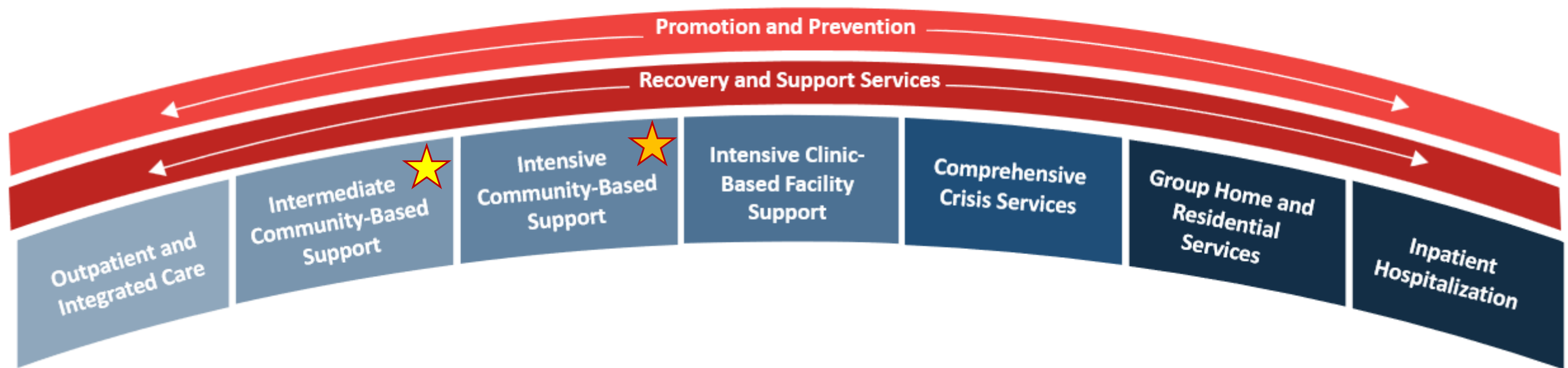
# Medicaid Behavioral Health Services Redesign Priorities



Integrate workforce priorities and workforce supports into service design and implementation

**Youth and Adult Services Examples:** Further defining collaborative behavioral health services under new QMHP and BH Technician scope (e.g., case loads for team based approaches at intermediate and intensive levels); Standardized training for core rehabilitative elements such as person-centered treatment planning process; workforce supports for evidence based practice

# RHRN Medicaid Behavioral Health Services Redesign Continuum





# 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

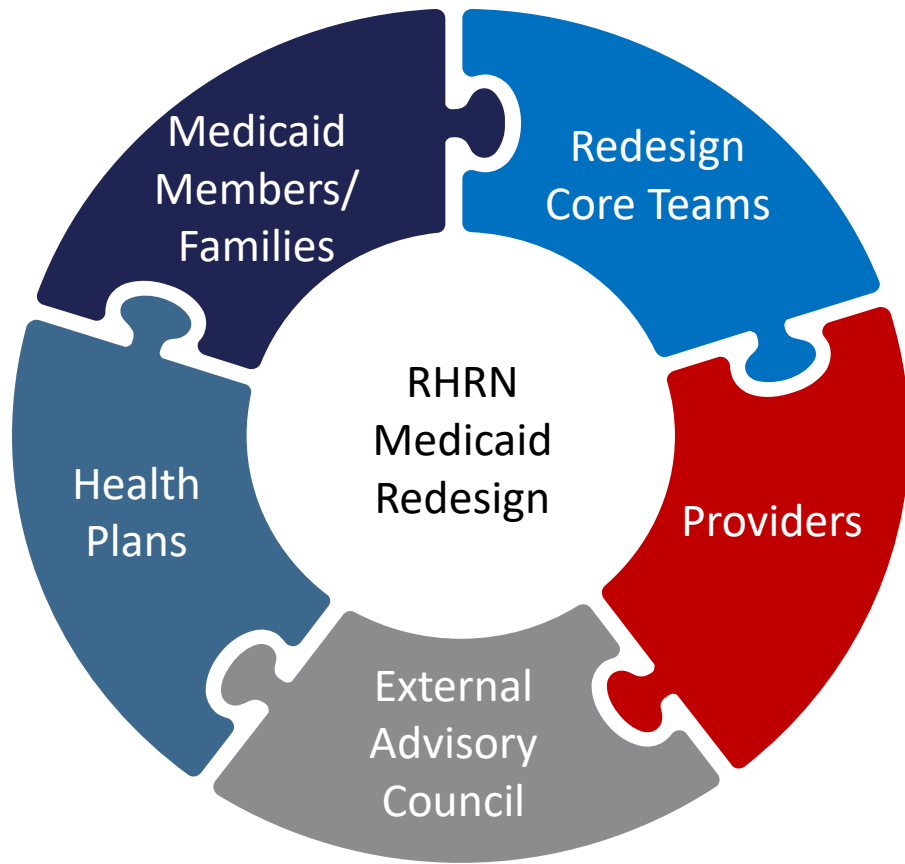
Operationalize new services through licensure, regulatory, and policy manual changes

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

# Stakeholder Input



## Methods of Input

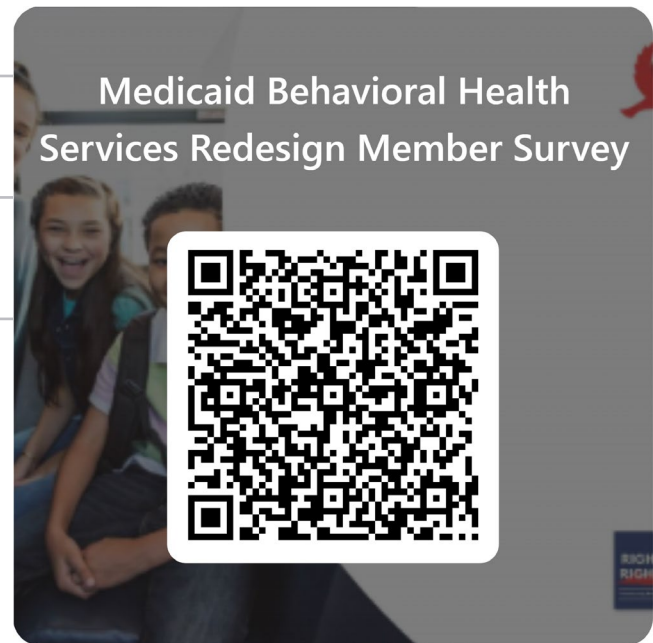
Provider Surveys

Informational Webinars

Listening Sessions

Member engagement

Public Comment Periods



# Current Stakeholder Engagement Opportunities

## Information Webinars

- July 2024
- Sept 16<sup>th</sup>, 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 4<sup>th</sup> @ 11 and 1:30pm

## Members

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

# 1115 SMI Waiver

- 1115 waivers are intended to test innovative approaches and include an evaluation component; Virginia has an 1115 waiver for ARTS and former foster care youth program

*The SMI/SED demonstration opportunity allows states, upon CMS approval of their demonstrations, to receive Federal Financial Participation (FFP) for services furnished to Medicaid beneficiaries during short term stays for acute care in psychiatric hospitals or residential treatment settings that qualify as IMDs if those states are also taking action, through these demonstrations, to ensure good quality of care in IMDs and to improve access to community-based services.*

- GA has directed DMAS to explore this opportunity, write annual report, and apply when state demonstrates readiness. We are not authorized to implement any new waiver programs currently.
- **Application is currently in development with plan to post for public comment this Winter and then submit to CMS**



# Thank you! Questions?

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