



Department of Medical Assistance Services (DMAS) Hot Topics

13th Annual Commonwealth of Virginia CSA Conference
October 16, 2024



Presentation Speakers

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Agenda

Medicaid Program & Services Overview

Foster Care Program & MCO Care Management

RHRN Medicaid Redesign Project Updates

Redesign Listening Session



Medicaid Program & Services Overview

Medicaid Program Background

Mission: To improve the health and well-being of Virginians through access to high quality health care coverage.



1 in 4 Virginians
receive often lifesaving
coverage through Virginia
Medicaid



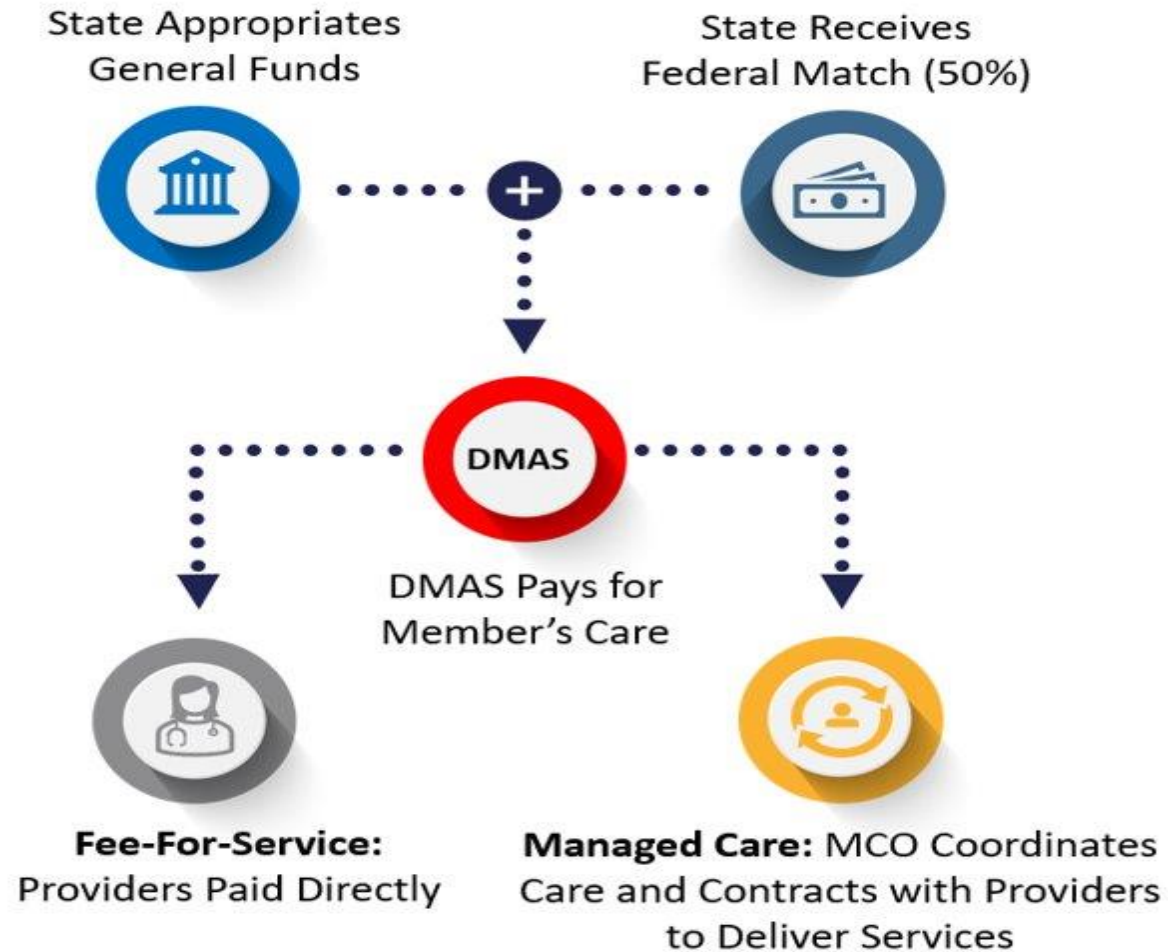
**More than
800,000 children**
in Virginia are covered
by Medicaid



**More than 89% of
members**
receive coverage through
managed care

Medicaid plays a critical role in the lives of nearly 2 million Virginians

Delivery System



Cardinal Care Managed Care

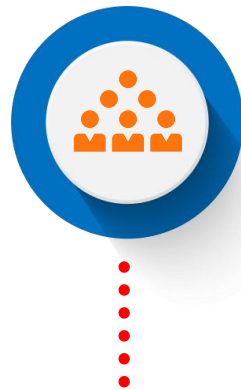
- The Cardinal Care Managed Care (CCMC) program provides comprehensive health care services for 1.8 million Virginians receiving Medicaid and CHIP through five contracted health plans.
- DMAS is taking a bold approach to improve the program with three steps:
 - ✓ Creation of Cardinal Care Managed Care – A consolidation of the two programs formerly known as Commonwealth Coordinated Care Plus and Medallion 4.0
 - ✓ Defining the transformation goals for the program
 - ❑ Reprourement of the Cardinal Care Managed Care delivery system

Medicaid Population

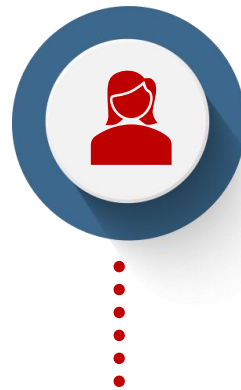
Managed care serves over 89% of our members through five accredited health plans.



789,542
Children



773,240
Adults



189,282
Limited Benefits
Individuals



138,272
Individuals with
Disabilities

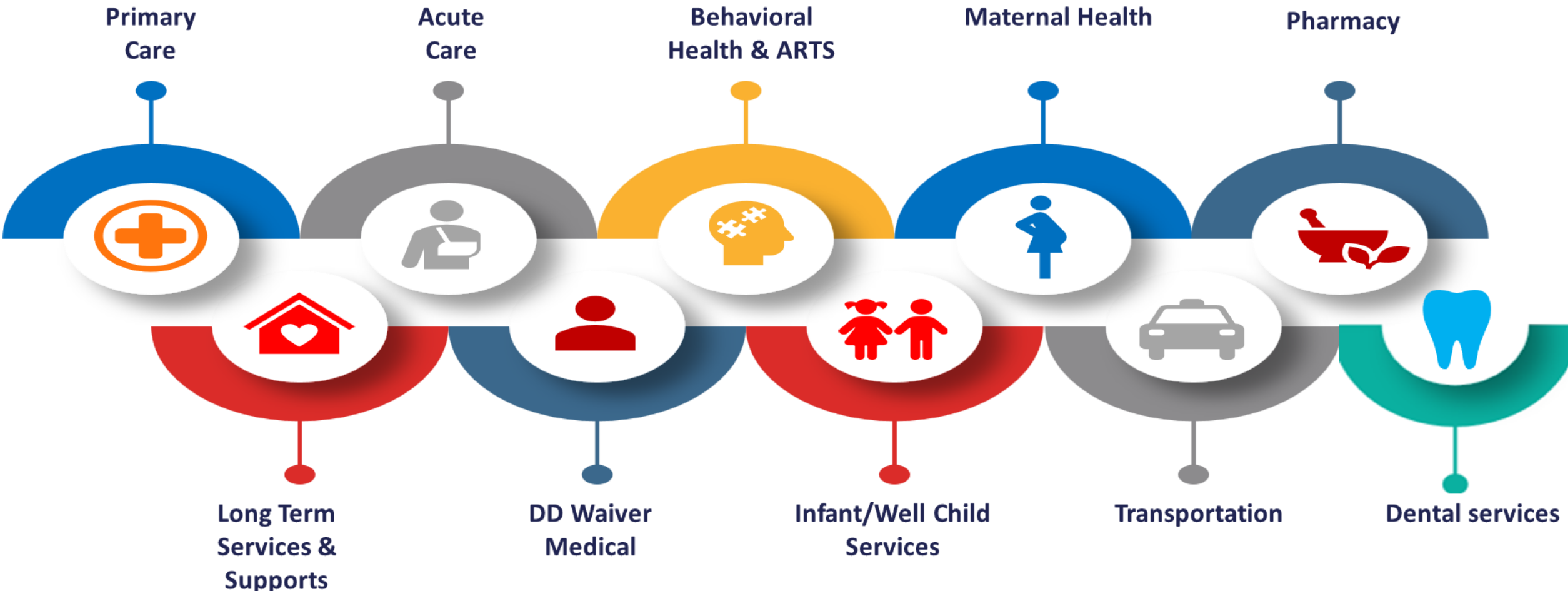


89,532
Older
Adults



38,782
Pregnant &
Postpartum

Virginia Medicaid Covered Services



Services Carved Out of Managed Care Coverage

- Services for members enrolled in managed care that are **not covered by the MCOs** are classified as “carved out”
- Member remains in the MCO but services paid directly by DMAS through fee-for-service
- The MCO is responsible for transportation and medication related to carved out services
- Carved out services include:
 - Dental services
 - DD Waiver services
 - Therapeutic Foster Care Case Management
 - Therapeutic Group Home – some services
 - School health services

Transportation Services

Transportation is covered by Medicaid when you do not have another way to get to your doctor appointment or other Medicaid services.

- Non-Emergency Medical Transportation (NEMT) services are for non-emergency Medicaid services only.
- MCOs can:
 - Assist with scheduling transportation to doctors appointments and prescription pick-up
 - Authorize transportation services to specialists out of state
 - Authorize mileage reimbursement to and from Medicaid funded services



When scheduling a transportation service request, please call MCO and/or transportation vendor **at least 5 business days in advance.**

Note: Fee for Service members **also** have access to Non-Emergency Transportation Services through Modivcare. Contacts for more information according to health plan can be found on the DMAS website.

Early & Periodic Screening, Diagnostic, & Treatment (EPSDT)

The EPSDT benefit is designed to ensure children and youth under 21 receive early detection and medically necessary care to diagnose and treat health problems at no cost to the enrollee



- A benefit for preventive health care and well child examinations, with appropriate tests and immunizations, for children and teens from birth up to age 21 to keep children healthy



- EPSDT periodicity schedule sets the frequency by which screening services are provided and covered. This includes well-visits, vaccines, developmental and sensory testing.

<https://www.dmas.virginia.gov/for-providers/maternal-and-child-health/early-and-periodic-screening-diagnostic-and-treatment-epsdt/>



- Medically necessary services that are discovered during a screening examination are covered under the EPSDT benefit even if they are not covered under the State's Medical benefit plan



- DMAS and its contracted managed care organizations must offer services to promote access to preventive, screening, diagnostic and treatment services, including but not limited to providing translation services, sign language interpreter services, and auxiliary aides and services

Early & Periodic Screening, Diagnostic, & Treatment (EPSDT)

The EPSDT benefit is designed to ensure children and youth under 21 receive early detection and medically necessary care to diagnose and treat health problems at no cost to the enrollee

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems.
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Timely treatment services to control, correct, or ameliorate health conditions.

Specialized Services:

- Personal Care
- Hearing Aids
- Private Duty Nursing
- Assistive Technology
- Residential Treatment
- Behavioral Health and Applied Behavior Analysis (ABA)
- Medical Formula and Nutritional Services

Dental Services

- ✓ All dental services are provided through the *Cardinal Care Smiles* Virginia dental program
 - Recently rebranded from *Smiles for Children*
 - Carved out of managed care coverage, administered by DentaQuest
- ✓ Comprehensive coverage available for youth ages 0-20, pregnant members, and adults
- ✓ No separate card for dental coverage
- ✓ Assistance with locating a provider and scheduling appointments is available by phone at: **1-888-912-3456**
- ✓ Additional information can be found at: www.dentaquest.com



CardinalCare Smiles

Improving Dental Care in Virginia for Children and Adults

- Regular dental checkups
- X-rays
- Cleaning and fluoride
- Sealants
- Information and education
- Space maintainers
- Braces* (*under 21)
- Anesthesia
- Extractions
- Root canal treatment
- Crowns

Home and Community-Based Services Waivers

Medicaid Home and Community-Based Services Waivers (HCBS) are §1915(c) Waivers that offer individuals who require assistance with activities of daily living and/or supportive services the opportunity to receive care in the community rather than in a facility setting.

Developmental Disability Waivers

Community Living Waiver

Provides 24/7 services and supports for adults and some children with exceptional medical and/or behavioral support needs. This includes residential supports and a full array of medical, behavioral, and non-medical supports.

Family and Individual Supports Waiver

Provides supports for children and adults living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs.

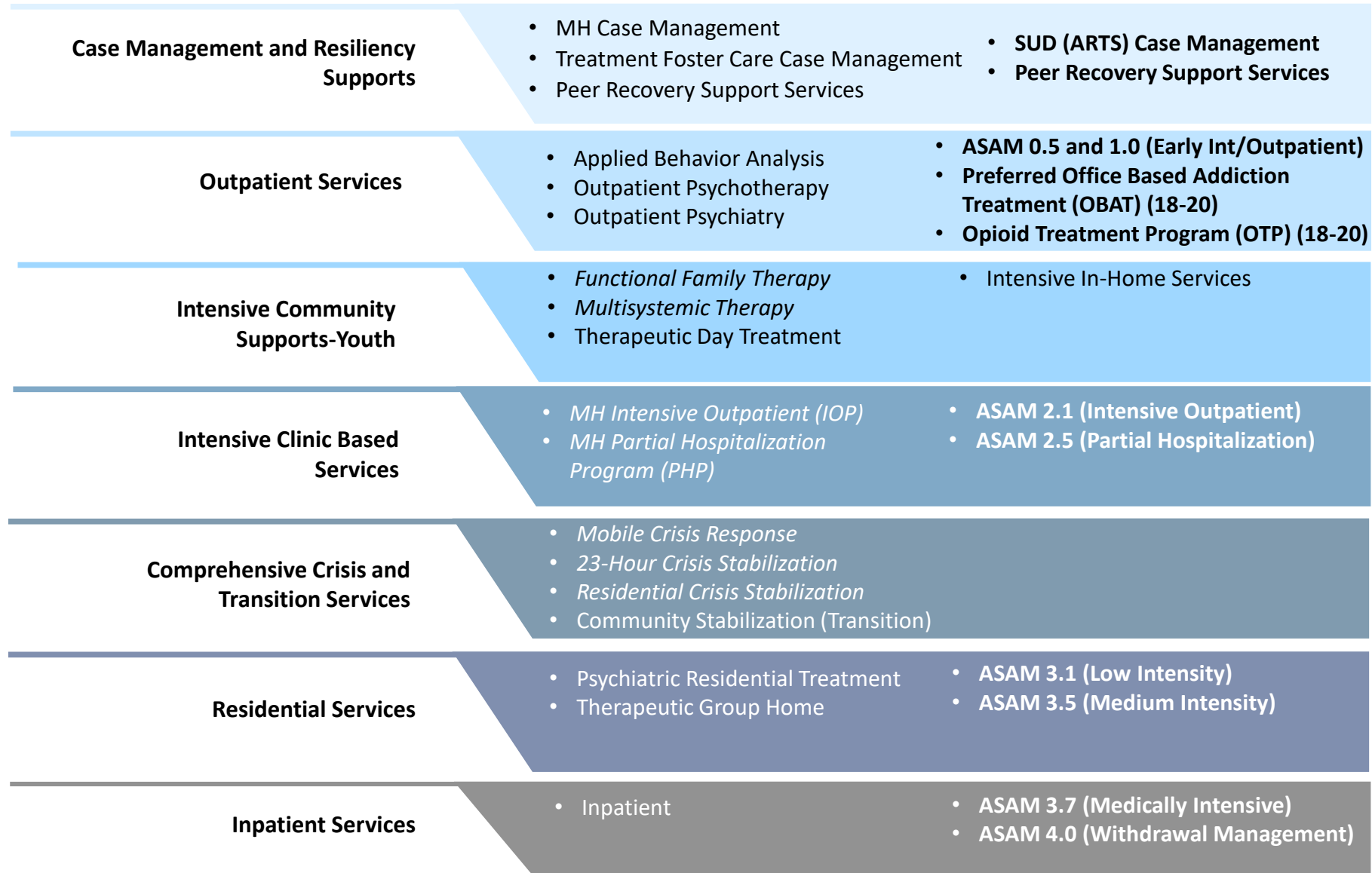
Building Independence Waiver

Provides supports for adults able to live independently in the community with housing subsidies and/or other types of support. The supports available in this waiver will be periodic or provided on a regular basis as needed.

Commonwealth Coordinated Care Plus Waiver

Provides care in the community rather than in a nursing facility (NF) or other specialized care medical facility. This Waiver combines the formerly known waivers titled: the Elderly or Disabled with Consumer Direction (EDCD) Waiver and the Technology Assisted (TECH) Waiver.

Behavioral Health Services Continuum: Youth under 21



Residential Placements & Services

- **Psychiatric Residential Treatment (PRTF)**
- **Therapeutic Group Home (TGH)**

Residential Services

Children placed in PRTF are disenrolled from managed care

- The fee-for-service **Service Authorization and Specialty Services Contractor** (Acentra) coordinates the services & placement.
- Upon discharge, managed care enrollment process begins.

Children placed in TGH remain in managed care

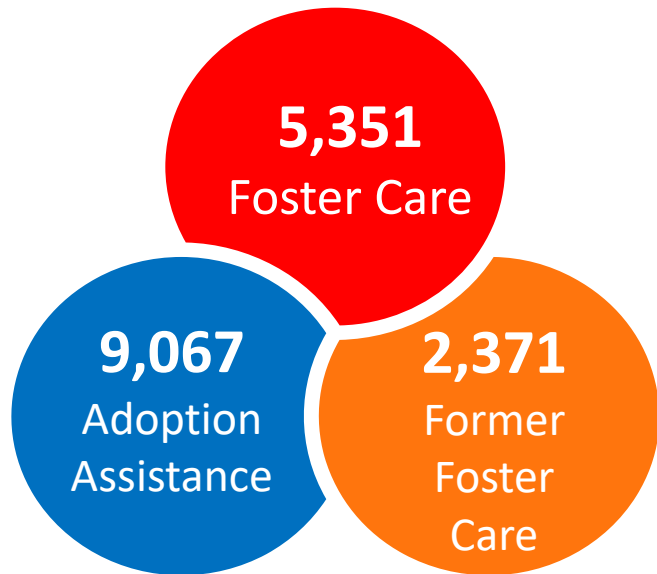
- The contracted **MCO** covers the medical services.
- The fee-for-service **Service Authorization and Specialty Services Contractor** (Acentra) manages the placement.

Those seeking admission to residential placement services will receive the support of the **Independent Assessment, Certification, and Coordination Team** in each locality to address the child's needs.

Foster Care Program & Care Management

Medicaid's Foster Care Program

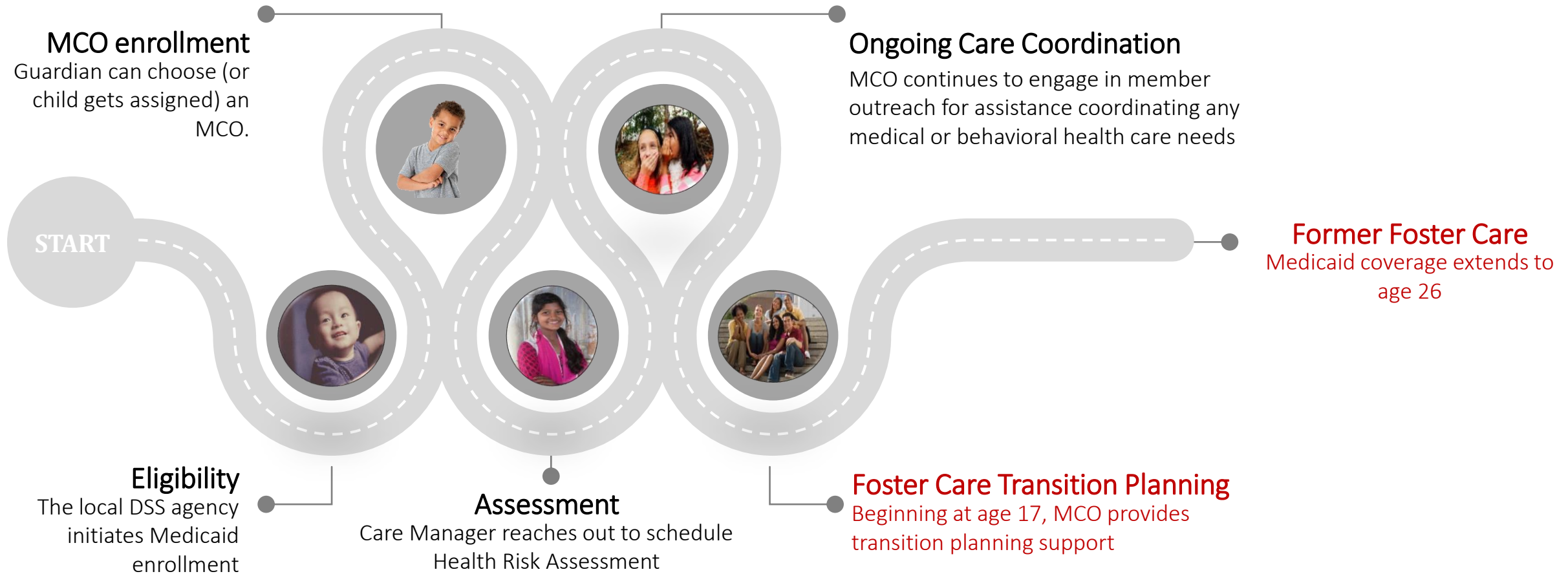
16,789 children and youth are enrolled in Medicaid through foster care, adoption assistance, & former foster care



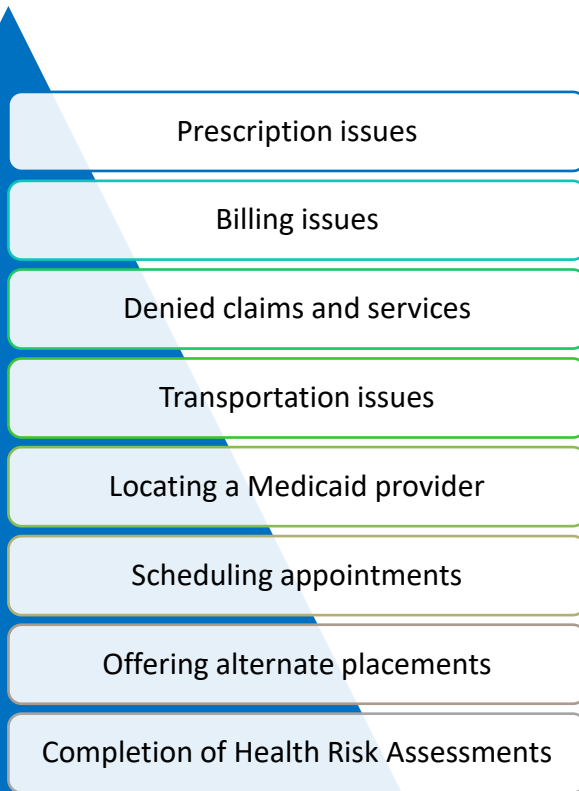
- ✓ **Foster Care:** Members under age twenty-one (21) who are in foster care.
- ✓ **Adoption Assistance:** Youth under age twenty-one (21) who receive adoption assistance.
- ✓ **Former Foster Care:** Individuals under age twenty-six (26) who were in foster care in any state until their discharge at age eighteen (18) or older.

Individuals in foster care, adoption assistance, and former foster care are enrolled in managed care unless they are new to Medicaid or placed in a Psychiatric Residential Treatment Facility (PRTF).

Foster Care Member Journey



Foster Care MCO Care Management Highlights



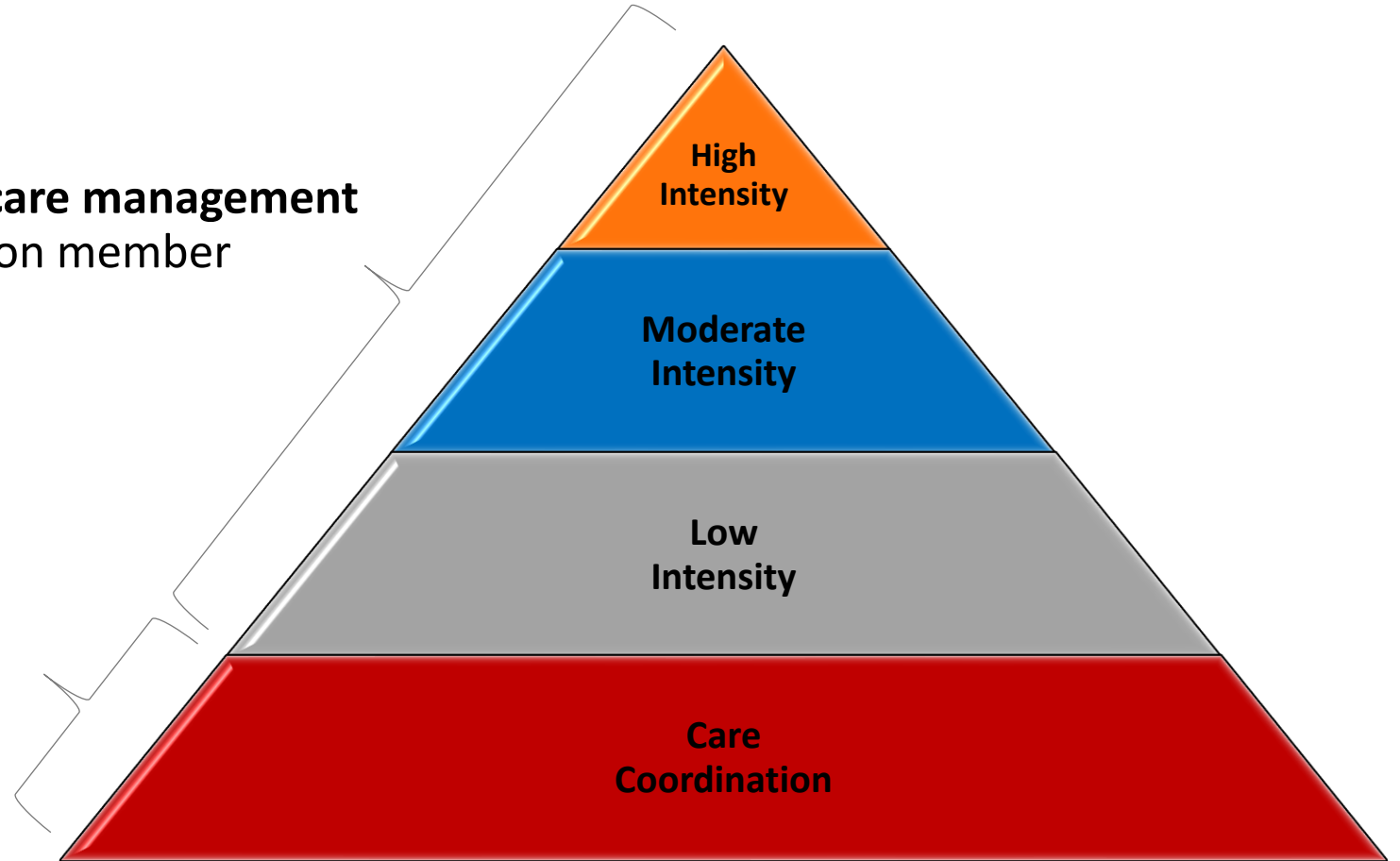
- ✓ Designated Foster Care Liaison contact at each MCO
- ✓ Trauma-informed care managers dedicated specifically to children in foster care
- ✓ Access to full services and available provider network
- ✓ Outreach and education on accessing benefits and services provided by MCO
- ✓ Coordination with DSS staff, families, DMAS, and providers
- ✓ Emphasis on addressing Social Determinants of Health
- ✓ Assistance in transitional services as children age out – coverage to age 26
- ✓ Provides care coordination services for adoption assistance members and former foster care members

Care Management Intensity

All members in Foster Care, Adoption Assistance, and Former Foster Care receive one of three mandatory levels of Care Management (Low, Moderate, or High).

Three levels of care management intensity based on member needs/risks

Care coordination for members with minimal needs



Care Management Components

MCO care managers partner with providers on behalf of members with significant health needs to:

- Foster interdisciplinary care team collaboration, participation and communication
- Engage the provider's expertise/ability to promote quality, etc.
- Collaborate with involved parties to ensure the member's health, safety and welfare
- Establish wrap-around community support services, addressing social determinants of health
- Support the member's choice to reside in the least restrictive environment
- Facilitate successful transitions between levels of care and settings
- Provide comprehensive health risk assessments
- Develop comprehensive member-centered care plans

MCO Foster Care Liaison Contacts

HEALTH PLAN	CONTACT
Aetna Better Health	<ul style="list-style-type: none">• Nora Pavlik, LCSW; Manager, Clinical Health Services, 959-230-3819, pavlikn@aetna.com• Angie Moore, LPC; Sr. Manager, Clinical Health Services, 959-230-6019, moorea14@aetna.com
Anthem Healthkeepers Plus	<ul style="list-style-type: none">• Melissa McGinn, MSW, LCSW; Foster Care Manager, 804-647-4541, melissa.mcginn@carelon.com• <i>Please CC:</i> Compliance Mailbox to track issues needing attention: anthemmedallion@anthem.com
Molina Complete Care	<ul style="list-style-type: none">• Pam Aldridge; Director of Health Services, 804-664-2589, pamela.aldridge@molinahealthcare.com• Gloria Stevens; Foster Care Community Connector, 804-661-8004, gloria.stevens@molinahealthcare.com
Sentara Health	<ul style="list-style-type: none">• <i>Administrative issues:</i> Program Administration Mailbox, SentaraMedicaid@sentara.com• <i>Clinical issues:</i> CeCe Cowans; Supervisor, Integrated Care Management, 804-819-5151x55318, chcowans@sentara.com
United Healthcare	<ul style="list-style-type: none">• Monica Cundiff; Manager of Clinical Case Management, monica_cundiff@uhc.com• Shane Ashby, MS, LPC; Associate Director of Clinical Medical Management, 952-202-2249, shane_ashby@uhc.com



Questions?

fostercare@dmas.virginia.gov

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RHRN Medicaid Behavioral Health Services Redesign Project Overview

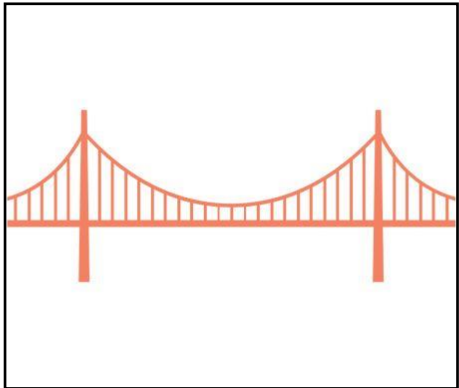
Project Overview

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

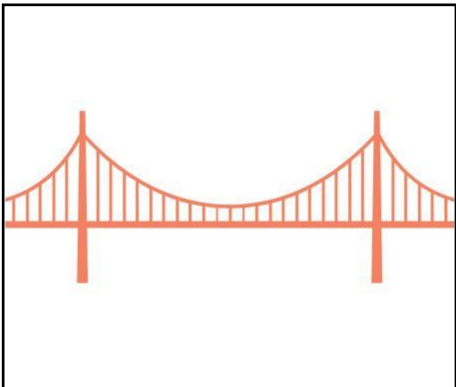


Integrate workforce priorities and workforce supports into service design and implementation

RHRN Medicaid Behavioral Health Services Redesign Continuum



Medicaid Behavioral Health Services Redesign Priorities



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Youth Services Examples:

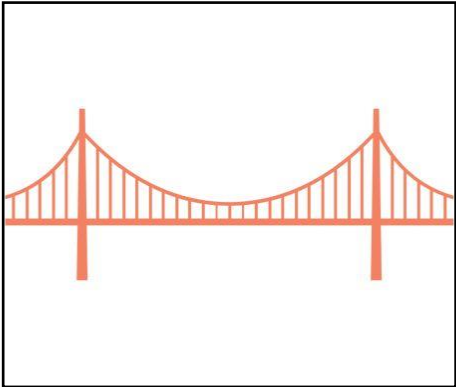
Embed multiple/flexible evidence-based practices within home, school and clinic-based services (TF-CBT, PCIT, BSFT, MAP)

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:

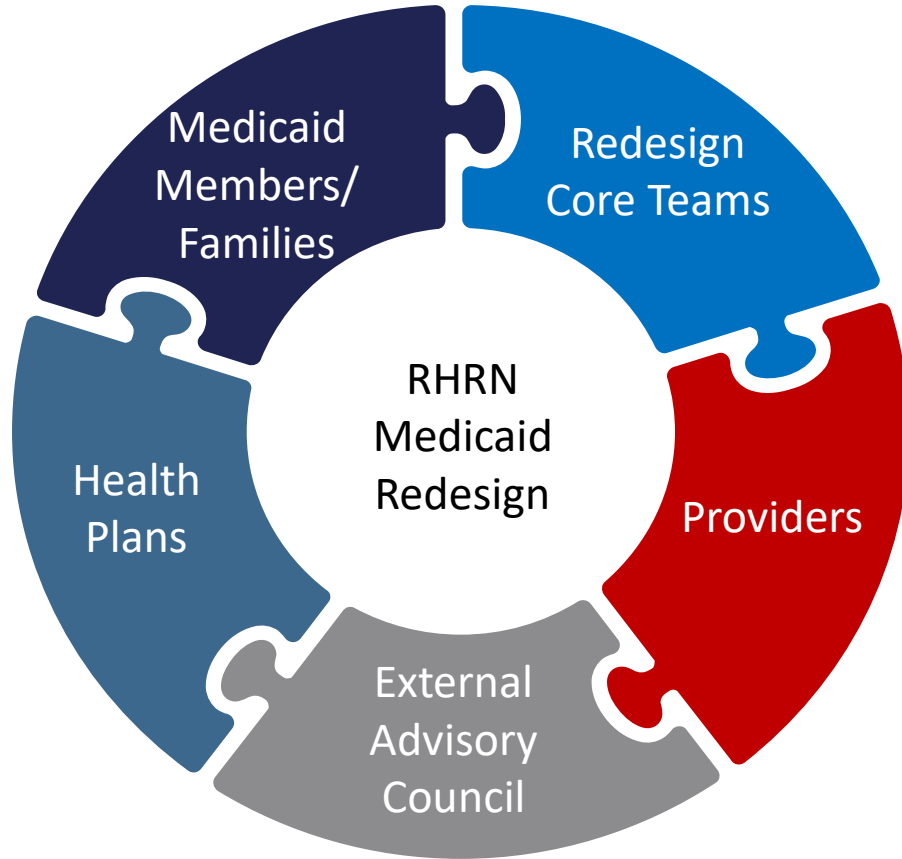
Replace components of mental health skill building with specific evidence-based models; Coordinated Specialty Care

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

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:
enhancedbh@dmas.virginia.gov

