NEW MEDICAID BEHAVIORAL HEALTH SERVICES: OVERVIEW OF PROJECT BRAVO

September 2021

PROJECT BRAVO

DMAS

PRESENTERS TODAY

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Agenda Today

PROJECT BRAVO

- Project BRAVO: Enhancement of BH Services
- Purpose and Function of Assertive Community Treatment (ACT), Mental Health Partial Hospitalization (MH-PHP) and Mental Health Intensive Outpatient (MH-IOP) in the Medicaid System
- Overview of critical features/service components for each service
- Project BRAVO Next Steps
- Question and Answer Session

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Enhanced Behavioral Health Services for Virginia
Project BRAVO

PROJECT BRAVO

Behavioral Health Redesign for Access, Value and Outcomes

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

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Current Continuum

Current Medicaid-funded Behavioral Health Services

Prevention	Recovery	Outpatient	Community Mental Health Rehabilitation Services	Inpatient / Residential

Early intervention Part C • Screening • EPSDT services

Peer and family support partners

Outpatient psychotherapy • Psychiatric medical services

Therapeutic day treatment
Mental health skill building services
Intensive in-home services
Crisis intervention & stabilization
Behavioral therapy
Psychosocial rehabilitation
Partial hospitalization / Day treatment
Mental health case management
Treatment foster care case management
Intensive community treatment

Inpatient hospitalization
Psychiatric residential treatment
Therapeutic group home

-Lack of evidence-based services
-Reliance on intensive services for acute problems
- Service definition and rate structures do not support best practice

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The North Star
Behavioral Health Services Enhancement

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Continuum of Behavioral Health Services Across the Life Span

Promotion & Prevention	Recovery Services	Outpatient & Integrated Care	Intensive Community Based Support	Intensive Clinic-Facility Based Support	Comprehensive Crisis Services	Group Home & Residential Services	Inpatient Hospitalization

Behavioral Therapy Supports >>>> <<<< Case Management* >>>> <<<< Recovery & Rehabilitation Support Services*

Home visitation • Comprehensive family programs • Early childhood education
Screening & assessment* • Early intervention Part C

Permanent supportive housing • Supported employment • Psychosocial rehabilitation*
Peer and family support services* • Independent living and recovery/resiliency services

Outpatient psychotherapy* • Tiered school-based behavioral health services
Integrated physical & behavioral health* • Psychiatric medical services*

Intermediate/ancillary home-based services • Multisystemic therapy • Functional family therapy
High fidelity wraparound • Intensive community treatment • Assertive community treatment

Intensive outpatient programs • Partial hospitalization programs

Mobile crisis* • Crisis intervention*
Crisis stabilization* • Peer crisis support*

Therapeutic group homes
Psychiatric residential treatment

Psychiatric inpatient hospitalization

INTEGRATED PRINCIPLES/MODALITIES

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

*Key STEP-VA service alignment

This represents the long term vision for the development of a robust continuum

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Enhancement Brings Alignment Across Initiatives

BH Enhancement Leverages Medicaid Dollars to Support Cross-Secretariat Priorities

Enhancement & Family First Prevention Services Act

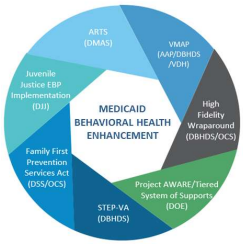
Focused on workforce development, evidence-based programs, prevention-focused investment, improving outcomes, and trauma informed principles

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



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BRAVO Enhancements & STEP-VA

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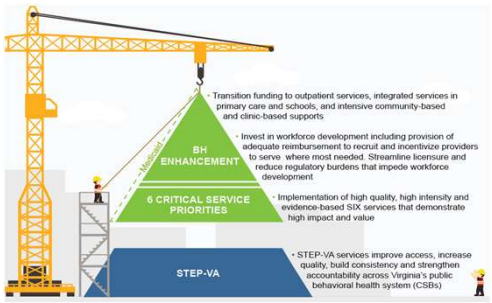

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Project BRAVO went LIVE 7/1/2021

What does this mean?

- 3 Enhanced Services LIVE now:

Assertive Community Treatment | MH Partial Hospitalization Program | MH Intensive Outpatient

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BEHAVIORAL HEALTH REDESIGN FOR ACCESS, VALUE & OUTCOMES

- 6 Enhanced Services LIVE **12/1/2021**

Multisystemic Therapy | Functional Family Therapy | Mobile Crisis Teams | Community Stabilization | 23 Hour Crisis Stabilization | Residential Crisis Stabilization

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ASSERTIVE COMMUNITY TREATMENT

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The North Star Behavioral Health Services Enhancement

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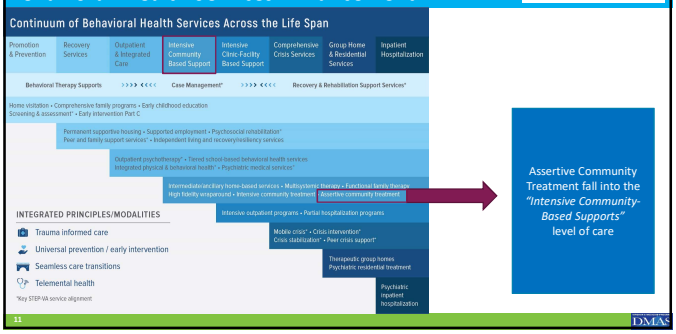

Assertive Community Treatment fall into the *"Intensive Community-Based Supports"* level of care

Rationale for ACT Priority

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Alleviation of the Psychiatric Bed Crisis

- This service has existed for many years in Virginia and has previously been delivered through the "Intensive Community Treatment" or ICT Service in Medicaid. However, the rate for this service was not sufficient to support full fidelity to the Assertive Community Treatment model.
- The services provides both diversion and discharge options for the highest level of care: inpatient psychiatric hospitalization.
- Aligned with values of supporting members in the least restrictive environment (trauma informed) and research supports system utility (evidence-based)
- Program evaluation through DBHDS demonstrated that use of PACT reduced the number of days individuals participating in PACT spent in hospital stays by over half

Assertive Community Treatment

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Service Definition

- *A highly coordinated set of services offered by a group of medical, behavioral health, peer recovery support providers and rehabilitation professionals in the community who work together as a team to meet the complex needs of individuals living with severe and persistent mental illness.*
- *Evidence Base: Adults 21 and above*
- *Individuals outside of this age range can receive this service if medically necessary and there is a willing provider.*

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Assertive Community Treatment

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Staffing Requirements: Team Composition and Roles

- As required by DBHDS Emergency Regulations, a multidisciplinary ACT treatment team is comprised of the following professionals:
- *Team should also have at least one Generalist Clinical Staff Member*

- Team Leader
- Psychiatric Care Provider
- Nurse
- SUD/Co-Occurring Disorder Specialist
- Registered Peer Recovery Specialist
- Vocational Specialist (must be QMHP)
- Dedicated Office-Based Program Assistant

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Assertive Community Treatment

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Service Definition

- Person-centered, oriented to the individual's goals
- First in line and generally sole provider of all services an individual needs
- Low individual to staff ratio
- Service levels are flexible and change over the duration of service

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Assertive Community Treatment

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Critical Features

- Recovery-Based Philosophy of Care
- Anticipates challenges to engagement and carries out thoughtfully planned assertive engagement techniques
- Shared decision making model
- *Promotion of self-determination, respect for the individual, hope that recovery and having meaningful roles and relationships in the community are possible*

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Assertive Community Treatment

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Critical Features

- ACT staff availability either directly or on-call 24-7-365;
- Crisis response and intervention that is available 24-7-365 including telephone and face-to face contact;
- Team is to be the first line (and generally sole provider) of all the services that individuals may need by providing individualized, intensive treatment/rehabilitation and support services in the community;
- Team develops and has access to each individual's individualized crisis plan and the team has the capacity to directly engage with each individual to help directly address emerging crisis incidents and to support stabilization;
- Team provides a higher frequency and intensity of community-based contacts with a staff-to-individual ratio no greater than 1:9; and
- Team provides services that are community based, flexible and appropriately adjusted based on the individuals evolving needs.

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Assertive Community Treatment

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Required Activities / Service Components

- **Medication prescription monitoring** must be provided by a psychiatrist or psychiatric nurse practitioner who completes an initial assessment on the day of admission and has contact with individuals on a quarterly basis.
- For individuals with a co-occurring substance use diagnosis, the ACT team will provide **individual and group modalities for dual disorders treatment based on the principles of Integrated Dual Disorder Treatment** and aligned with the individual's readiness/stage of change. In addition, the ACT team will provide active substance use counseling and relapse prevention, as well as substance use education.
- Registered* **peer recovery support** specialists shall be a part of the ACT team with services to include coaching, consulting, wellness management and recovery strategies to promote recovery and self-direction.
- Registered peer recovery support specialists may also model and provide education on recovery principles and strategies to fellow team members.

**Note: Registered means certified and then registered with the Board of Counseling*

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Assertive Community Treatment

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Provider Qualifications

- **Licensed** by DBHDS as a provider of Assertive Community Treatment
  - *To bill ACT a provider must hold an ACT License*
  - *Providers cannot bill Medicaid for ICT services after 6/30/21*
- **Credentialed/Contracted** with the individual's Medicaid MCO for individuals enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for individuals in FFS.

- ACT Team Fidelity Standards
  - ACT Teams are required to undergo the standardized rating process using the Tool for Management of Assertive Community Treatment (TMACT).

Department of Psychiatry UNC Center for Excellence in Community Mental Health

  - https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/assertive-community-treatment-act/tool-for-measurement-of-act-tmact/more-about-the-tmact/

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Assertive Community Treatment

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Medical Necessity Criteria: Admission Criteria

DSM

- Individuals must meet all of the following criteria:
  - 18 years or older (as required by EPSDT, youth below age 18 may receive ACT if medically necessary);
  - Prior to the start of services, the following must occur:
    - Assessment inclusive of the components of the CNA is completed to document the individual's diagnosis(es) and describe how service needs match the level of care criteria;
    - This assessment must support a diagnosis from the current version of the Diagnostic and Statistical Manual (DSM) that is **consistent with a serious and persistent mental illness** (i.e. schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), bipolar disorder).
    - *Individuals with psychiatric illnesses that fall outside the serious mental illness definition may be eligible depending on the level of associated long-term disability; in these cases, a Physician letter justifying this exception should accompany the service authorization request*

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Assertive Community Treatment

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Medical Necessity Criteria: Admission Criteria (continued)

- Individual has significant functional impairment as demonstrated by at least one of the following conditions:
  - Significant difficulty in *consistent performance of the range of routine tasks required for basic adult functioning in the community* (for example, caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; attending to personal hygiene) or persistent or recurrent difficulty *performing daily living tasks* except with significant support or assistance from others such as friends, family, or relatives;
  - Significant difficulty maintaining *consistent employment at a self-sustaining level* or *significant difficulty consistently carrying out the head-of-household responsibilities* (such as meal preparation, household tasks, budgeting, or child-care tasks and responsibilities); or
  - Significant difficulty *maintaining a safe living situation* (for example, repeated evictions or loss of housing or utilities);

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Assertive Community Treatment

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Medical Necessity Criteria: Admission Criteria (continued)

- Individual has *one or more of the following problems*, which are indicators of continuous high-service needs:
  - High use of acute psychiatric hospital (multiple admissions to or at least one recent long-term stay of 30 days or more in an acute psychiatric hospital inpatient setting within the last two years) or psychiatric emergency services (more than four interventions in the last 12 months);
  - Intractable (persistent or recurrent) severe psychiatric symptoms (affective, psychotic, suicidal, etc.);
  - Coexisting mental health and substance use disorders of significant duration (more than 6 months);
  - High risk or recent history of criminal justice involvement (such as arrest, incarceration, probation) as a result of the individual's mental health disorder symptoms;
  - Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of homelessness as a result of the individual's mental health disorder symptoms;
  - Residing in an inpatient setting (e.g. state hospital or other psychiatric hospital) or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided; or requiring a residential or institutional placement if more intensive services are not available; and/or
  - Difficulty in consistent participation in traditional office-based outpatient services;

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Assertive Community Treatment

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Exclusion Criteria

- The individual's functional impairment is solely a result of a substance use disorder, autism spectrum disorder, developmental disability, personality disorder or traumatic brain injury without a co-occurring psychiatric disorder;
- The individual is at imminent risk to harming self or others, or sufficient impairment exists that a more intensive level of service is required;
- The individual's psychiatric disorder can be effectively treated or recovery process safely maintained at a less intensive level of care;
- The individual or their authorized representative does not voluntarily consent to admission or treatment, and/or refuses or is unable to participate in all aspects of treatment;
- The individual requires a level of structure and supervision beyond the scope of the program;
- The individual has medical conditions or impairments that needs immediate attention;
- The individual's primary problem is social, custodial, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric disorder meeting criteria for this level of care, or admission is being used as an alternative to incarceration.

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MENTAL HEALTH-INTENSIVE OUTPATIENT SERVICES

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The North Star Behavioral Health Services Enhancement

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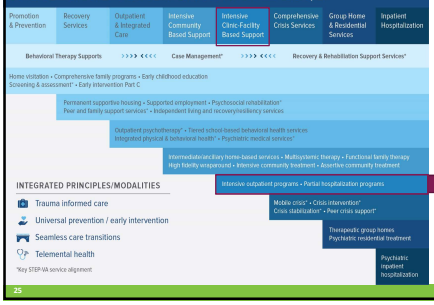
Continuum of Behavioral Health Services Across the Life Span



Intensive Outpatient Services and Partial Hospitalization Programs fall into the *"Intensive Clinic-Facility Based Support"* level of care

Intensive Outpatient Services

PROJECT BRAVO

Service Definition

- Highly structured clinical programs designed to provide a combination of interventions

- Focused, time-limited
- Integrate evidence-based practices
- For youth (ages 6-17 years) and adults (18 years +)
- Youth under 6 eligible under EPSDT based on medical necessity
- Focuses on maintaining and improving functional abilities through an interdisciplinary approach to treatment.

- Based on a comprehensive, coordinated and individualized service plan that involves the use of multiple, concurrent interventions and treatment modalities.
- Treatment focuses on
  - symptom and functional impairment improvement
  - crisis and safety planning
  - promoting stability and developmentally appropriate living in the community
  - recovery/relapse prevention and reducing the need for a more acute level of care.

Intensive Outpatient Services

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Provider Qualifications & Staffing Requirements

- A multidisciplinary treatment team is comprised, *at a minimum*, of the following:
  - Qualified Mental Health Professional (QMHP);
  - Licensed Mental Health Professional (LMHP), LMHP-R, LMHP-RP, or LMHP-S;
  - Registered Peer Recovery Specialist;
  - Clinical/Medical Director/Supervisor – Licensed Clinical Psychologist, Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist
  - Physician/Nurse Practitioner/Physician Assistant (To provide assessments and medication management)
  - Occupational Therapists (For specialty programs, provided at least 2 days per month)

Intensive Outpatient Services

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When is this the most appropriate service?

- For youth (ages 6-17)
  - The individual would benefit from focused, clinical intervention that takes place **6-19** hours a week across several days. *For example*:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	3 hours	4 hours	4 hours	4 hours	4 hours	

  - The individual would benefit from weekly medication management
  - Treatment plan would focus on tapering down intensity over time, so if the above schedule represented where an individual started in "dosage" they might taper over the course of several weeks to:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	2 hours		2 hours		2 hours	

- For adults (ages 18 and up)
  - The individual would benefit from focused, clinical intervention that takes place **9-19** hours a week across several days. *For example*:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	3 hours	4 hours	4 hours	4 hours	4 hours	

  - The individual would benefit from weekly medication management
  - Treatment plan would focus on tapering down intensity over time, so if the above schedule represented where an individual started in "dosage" they might taper over the course of several weeks to:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	3 hours		3 hours		3 hours	

28 *These are just examples for illustration of program hours over time.* DMAS

Intensive Outpatient Services

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Required Activities / Service Components

- Individualized treatment planning
- Individual, group and family therapies involving natural supports (family as defined by the individual, guardians or significant others) in the assessment, treatment, and continuing care of the individual (**2 hours required per week**)
- Skill restoration / development
- Health literacy counseling / psychoeducational activities
- Care coordination & referral for consultation, adjunctive, or step-down service providers
- Peer Support and/or Family Support Partner Services

- ***Flexible*** inclusion of:
  - Medication management (see billing guidance; 0.75 hours a month are covered in per diem)
  - Occupational therapy, when it is directly related to the behavioral health goals (if necessary)
  - Psychological assessment / testing (as necessary)

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MENTAL HEALTH PARTIAL HOSPITALIZATION PROGRAMS

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Partial Hospitalization Programs

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Service Definition

- Highly structured clinical programs designed to provide a combination of interventions

- Focused, time-limited
- For youth (ages 6-17 years) and adults (18 years +)
- Youth under 6 eligible under EPSDT based on medical necessity
- Physician Directed, like an inpatient program in many ways but available on less than 24 hour basis.
- Focuses on maintaining and improving functional abilities through an interdisciplinary approach to treatment.

- Treatment focuses on
  - symptom and functional impairment improvement
  - weekly medication management
  - crisis and safety planning
  - promoting stability and developmentally appropriate living in the community
  - recovery/relapse prevention and reducing the need for a more acute level of care.

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Partial Hospitalization Programs

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Staff Requirements

- A multidisciplinary treatment team is comprised, *at a minimum*, of the following:
  - Board certified/board eligible psychiatrist. For children under age 14, the psychiatrist must be a board certified/board eligible child and adolescent psychiatrist; and/or
  - Licensed Nurse Practitioner; and
  - Licensed Mental Health Professional (LMHP)
  - Registered Peer Recovery Specialist

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Partial Hospitalization Programs

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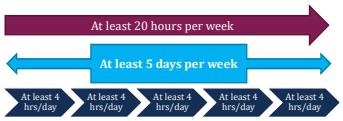
Required Service Components Per Session

- The minimum number of service hours per week in 20, and the minimum number of days per week is 5. There should be a minimum of 4 hours per daily session.



- **<u>At least 3</u>** of the following service components shall be provided per day per individual needs:
  - Daily therapeutic interventions with a planned format including individual, group or family therapy;
  - medication management (as clinically indicated; minimum of weekly);
  - Skill restoration/development
  - Health literacy counseling/psychoeducation interventions; and/or
  - Occupational and/or other therapies performed by a professional acting within the scope of their practice.
- *If the session involves a Comprehensive Needs Assessment as a service component, only one of the above listed components shall be required in order to bill the per diem that day.*

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Partial Hospitalization Programs

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Required Activities / Service Components

- Initial medication evaluation must be conducted by Psychiatrist, Nurse Practitioner or Physician Assistant within 48 hours of admission.
- Care Coordination should be conducted with prior and existing, external providers

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Partial Hospitalization Programs

PROJECT BRAVO

Required Service Components

- Individualized treatment planning;
- Daily individual, group and family therapies involving natural supports (family as defined by the individual, guardians or significant others);
- Skill restoration/development
- Health literacy counseling/psychoeducational interventions;
- Medication management as well as additional clinically indicated psychiatric and medical consultation services must be available. Referrals for consultation to external prescribing providers are allowable and must be made via formal agreement. The provider must coordinate medication management with existing medical and psychiatric providers.;
- Medical, psychological, psychiatric, laboratory, and toxicology services available by consult or referral;
- Crisis intervention/treatment and safety planning support available 24/7;
- Peer recovery support services, offered as an optional supplement for individuals;
- Care coordination through referrals to higher and lower levels of care, as well as community and social supports, to include the following:
  - The provider shall collaborate in the transfer, referral, and/or discharge planning process to ensure continuity of care;
  - The provider shall establish and maintain referral relationships with step-down programs appropriate to the population served;
  - The provider shall, with individual's consent, collaborate with the individual's primary care physician and other treatment providers such as psychiatrists, psychologists, and substance use disorder providers;

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Intensive Outpatient Services vs. Partial Hospitalization Programs

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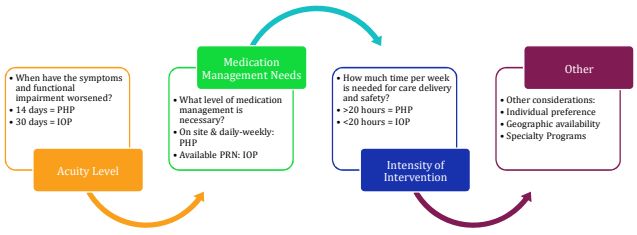
Care Coordination Considerations



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Project BRAVO Next Steps

Continued Close Collaboration with DBHDS

- Phase 2 BRAVO 12/1/21:
  - Crisis Services Implementation
  - Multisystemic Therapy
  - Functional Family Therapy
- Any future enhancements are subject to availability of resources and priorities of the Commonwealth
- DMAS does not hold any authority to enhance any additional services at this time*
- DMAS-DBHDS continue to plan for priorities if resources become available, needs may shift due to pandemic impacts on behavioral health of Virginians, service landscape shifts and mental health workforce

** Exception is Behavioral Therapy and 2021 budget language mandates implementation of new ABA Codes*

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Thank you for your partnership, support and participation.

Additional Questions?

Please contact EnhancedBH@dmas.Virginia.gov

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