

BEHAVIORAL HEALTH TRANSFORMATION DEMONSTRATION POST-AWARD STAKEHOLDER FORUM

Melisa Byrd, Senior Deputy Director and State Medicaid Director, Department of Health Care Finance (DHCF)

Dr. Barbara Bazron, Director, Department of Behavioral Health (DBH)

Keri Nash, Policy Analyst, Policy, Planning and Evaluation Administration, DBH

Taylor Woods, Special Projects Officer, Health Care Policy and Research Administration, DHCF

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Overview

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- DHCF & DBH Background
- Behavioral Health Transformation Demonstration Background
 - ▣ The Demonstration and the Behavioral Health System in DC
 - ▣ COVID-19 and Demonstration Services
- Demonstration Services and Utilization
- Reporting
- What's Next
 - ▣ Behavioral Health System Changes
 - ▣ Transition of Authority of Some Demonstration Services
- Stakeholder Outreach to Date
- Stakeholder Feedback



DHCF Vision, Mission and Strategic Priorities Over the Next 3 Years

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□ Vision

- All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

□ Mission

- The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

□ Strategic Priorities

- Building a health system that provides whole person care
- Ensuring value and accountability
- Strengthening internal operating infrastructure



The Demonstration is One Portion of a Larger Behavioral Health Redesign at DHCF

Phase 1

Behavioral Health Service Expansion

- 1115 waiver authority approval
- Implement new services into Medicaid continuum of care

Phase 2

Managed Care Integration

- Part 1: Transition of FFS enrollees with complex conditions
- Part 2: Integrate DBH (FFS) behavioral health services into managed care contracts

Phase 3

Integrated Care Payment Models

- Population health focus
- Alternative and value-based payment methodologies to incentivize integrated care

Meaningful Use Health IT Incentives – HIE Connectivity

Integrated Care DC TA

HCBS ARPA Health IT Incentives and TA



The Waiver Provides Unique Opportunity to Expand Behavioral Health Services Through Medicaid

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- ❑ Federal Medicaid policy changes in 2017 and 2018 created new opportunities to expand behavioral health services through Medicaid
- ❑ Increasing Medicaid's service array to improve coverage of a broader continuum of behavioral health treatment for individuals with serious mental illness/emotional disturbance and substance use disorder (SMI/SED/SUD)
- ❑ Advancing the District's goals for reducing opioid use, misuse, and deaths outlined in the District's Opioid Strategic Plan, Live.Long.DC.
- ❑ Supporting the District Medicaid program's movement toward a more integrated health care experience that facilitates coordinated treatment of behavioral and physical health needs.



DBH Vision, Mission, and Values

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□ Our Vision

The District of Columbia is a thriving community where prevention and recovery from substance use disorders and mental health conditions is possible and services and supports optimize a resident's potential ability to function effectively within family and community.

□ Our Mission

Develop, manage, and oversee the District of Columbia's behavioral health system for adults, children, and youth and their families using a population health approach that advances health equity.

□ Our Values

Respect; Accountability; Recovery; Quality; Education; Caring



DBH FY22 Strategic Priorities

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1. Continue the System Redesign process to support the implementation of a full carve-in of behavioral health services into managed care and DBH's State Authority role.
2. Continue progress on the Mayor's School-based Behavioral Health Expansion model, early childhood, crisis services and evidence-based practices.
3. Lead the implementation of Live.Long.DC, the District's strategic plan to reduce opioid misuse, use, and opioid related deaths.
4. Enhance clinical guidance for treatment services.
5. Support the delivery of high-quality services at Saint Elizabeths Hospital.
6. Strengthen the oversight and support for court ordered outpatient consumers.
7. Address behavioral health disparities and social determinants of health to improve service delivery outcomes and advance equity.



DBH FY22 Budget Highlights....

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- Total budget: **\$356,134,948**
- Total Full Time Equivalencies: **1,454**
- With our resource allocation we will provide and maintain:
 - ▣ School-based services in every public and public charter school
 - ▣ Onsite treatment services in eight targeted Child Development Centers
 - ▣ Supported housing for 1,700 residents, with 62 new rental subsidies and ten placements in community supported residences
 - ▣ Additional funding to support treatment and enhance the environment of care at Saint Elizabeths Hospital
 - ▣ Additional funding for the new Stabilization and Sobering Center
 - ▣ Continued effort to implement the 1115 waiver services and behavioral health redesign efforts in partnership with DHCF



The Demonstration Represents Just Some of the Behavioral Health Services Available in the District

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- ❑ The Demonstration is only a fraction of behavioral health services delivered through District Medicaid
 - ❑ Does not include non-Medicaid behavioral health services, behavioral health services provided by Medicaid managed care organizations, or behavioral health services available through Medicaid before Jan. 2020
- ❑ The number of beneficiaries using certain Demonstration services dropped when DHCF transitioned approximately 17,000 beneficiaries to managed care in late 2020
 - ❑ For transitioned population, payment of some care shifted from waiver to managed care plans
 - ❑ Expanded access to care coordination
 - ❑ Expanded access to care through universal contracting, ensuring access to all major District hospitals, affiliated physician groups and FQHCs
- ❑ Working with MCOs on care coordination, IMDs, etc.



The COVID-19 Public Health Emergency Affected Behavioral Health Utilization Patterns, including Demonstration Services

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- ❑ The PHE has affected utilization patterns across DHCF and DBH programs
 - ❑ Includes Demonstration services, such as inpatient and clinic services
- ❑ DHCF authorized expanded telehealth including using home as originating site and allowing audio-only visits in March 2020
 - ❑ District saw substantial increases in telehealth utilization – mostly for behavioral health services
- ❑ DC authorized an increase for non-waiver SUD providers for services during PHE because of concerns about lack of utilization



Utilization of Waiver Services Implemented January 1, 2020

Service	Go-Live Date	Number of Medicaid Beneficiaries		
		CY 2020	CY 2021 to Date	Total
IMD services for individuals aged 21-64	January 2020	1,751	1,293	2,635
Hospital	January 2020	940	373	1,227
Psychiatric (SMI – PIW and St. Elizabeths)	January 2020	463	232	651
Detox (SUD – PIW)	January 2020	534	151	650
ASARS	January 2020	1,083	985	1,780
Residential (SUD – Clean & Sober, Federal City, RAP, Safe Haven, Samaritan, SOME, Salvation Army)	January 2020	1,064	980	1,761
Detox (SUD – RAP)	January 2020	133	273	387
Clubhouse	January 2020	3	7	8
Recovery Support Services (RSS)	January 2020	1,228	874	1,767
Psychologists/Other Licensed BH Practitioners	January 2020	289	246	388
Eliminate \$1 Co-Pay for MAT	January 2020	957	166	1,037



Source: DHCF Medicaid Management Information System data as of 10/6/2021.

Note: The information shown here is limited to waiver services, which are paid on a fee-for-service basis and do not reflect all care used by beneficiaries. In some cases, similar services are paid by managed care organizations and are not considered to be a part of the waiver.



Utilization of Waiver Services Phased In February-October 2020

Service	Go-Live Date	Number of Medicaid Beneficiaries		
		CY 2020	CY 2021 to Date	Total
Supported Employment – SMI (Vocational)	February 2020	406	371	660
Supported Employment – SUD (Therapeutic and Vocational)	March 2020	0	10	10
Trauma-Targeted Care (TREM, TST)	March 2020	10	7	11
Behavioral Health Stabilization	June 2020	1,558	2,058	3,112
BH Outreach – DBH	June 2020	1,269	1,352	2,283
Mobile Crisis – DBH, Anchor	June 2020	202	594	768
CPEP – DBH	June 2020	296	934	1,126
Crisis Beds – SOME, Woodley House	June 2020	41	124	148
Transition Planning Services	October 2020	NA	NA	NA



Source: DHCF Medicaid Management Information System data as of 10/6/2021.

Note: The information shown here is limited to waiver services, which are paid on a fee-for-service basis and do not reflect all care used by beneficiaries. In some cases, similar services are paid by managed care organizations and are not considered to be a part of the waiver.



Monitoring and Evaluation Activities are Captured in Reporting to CMS – Public Documents

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- Waiver Monitoring
 - ▣ Quarterly reporting
 - ▣ Annual reporting
- Waiver Evaluation
 - ▣ Evaluation Plan
 - ▣ Mid-Point Assessment and Interim Evaluation
 - ▣ Summative Evaluation (after waiver is complete)

All documents available here: <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81296>



What's Next for the Demonstration and Behavioral Health System?

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- Transition to Integrated Behavioral Health Services in Managed Care
 - District Medicaid program will expand the behavioral health service array in the managed care program, integrating behavioral health services into MCO contracts that are currently "carved-out"
 - Advised by Behavioral Health Integration Stakeholder Advisory Group
- Demonstration: Focus on Ensuring Access and Utilization of Services
 - Will be monitoring waiver implementation for patterns and changes
 - Federally funded evaluation and regular reporting are ongoing
 - Transition of some demonstration services to SPA authority (as detailed on the following slides)



Authority for Some Demonstration Services Will Shift to State Plan Authority

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Under the Demonstration, DC was granted limited approval of some community-based services January 1, 2020 through December 31, 2021. Those services will be transitioned to State Plan Authority, effective January 1, 2022 through three State Plan Amendments.

- **Behavioral Health Services/Other Licensed Providers** – Approved by CMS on September 24, 2021
 - Allows DHCF to enroll additional licensed providers (psychologists, licensed independent clinical social workers, licensed professional counselors, and licensed marriage and family therapists) to provide behavioral health services
 - Removes service restriction to allow diagnostic, assessment, and treatment services for Autism Spectrum Disorder (ASD)
- **Supported Employment Services** – Under review with CMS
 - Establishes new authority to provide home and community-based services under Section 1915(i) of the Social Security Act, to permit the District Medicaid program to establish therapeutic and vocational support services to assist individuals with either a serious mental illness or SUD to find and sustain employment



Authority for Some Demonstration Services Will Shift to State Plan Authority, continued...

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- **Mental Health Rehabilitation Services (MHRS)/Adult Substance Use Rehabilitative Services (ASURS)** - Under review with CMS
 - Adds Clinical Care Coordination, Clubhouse, Recovery Support Services (RSS), and Trauma Recovery Empowerment Model (TREM) to MHRS State Plan authority, and makes changes to qualified provider requirements and updates requirements to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA)

**Qualified provider provisions in the MHRS/ASURS SPA will be effective September 1, 2021, or the effective date approved by CMS*

- Adds certain ASURS Waiver services to the State Plan, including Clubhouse, RSS, and TREM and makes changes qualified provider requirements, and updates requirements to comply with the MHPAEA
- Outlines behavioral health stabilization services covered by the Comprehensive Psychiatric Emergency Program (CPEP), Adult Mobile Crisis Intervention/Outreach, and Youth Mobile Crisis and Psychiatric Residential Crisis Stabilization, and applicable reimbursement rates
- Adds transition planning services previously covered under the 1115 Waiver. Transition planning services under the SPA will:
 - Provide treatment and support services for beneficiaries being released from certain institutional treatment settings
 - Expand service delivery to include 30 days before *and* 30 days after discharge



Stakeholder Outreach Was Extensive at Start of Demonstration and Will Continue Annually

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- Public Forums: Four public forums held March-May 2019
- Public Website: Published and available at <https://dhcf.dc.gov/1115-waiver-initiative>
- Stakeholder Meetings: Participated in 24 formal stakeholder meetings and 6 implementation calls, both requested and targeted
- Inclusion in Other Meetings: Included Demonstration discussions in regular calls with MCOs, behavioral providers, MCAC, Behavioral Health Council, etc.
- Ongoing: Yearly Post-Award Forums on Demonstration implementation



Questions and Comments

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- Stakeholders invited to share their experiences with waiver services through the Chat and verbally
 - ▣ Type “Stack” in the Chat if you would like to speak via audio
 - ▣ If you do not have Chat access, we will hold time open for you to speak
 - ▣ Enter your Question or Comment directly into the Chat function and a staff member will read it aloud
- We request that verbal questions and comments be limited to 5 minutes each



How to Learn More

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- Behavioral Health Waiver website includes frequently asked questions, guidance, other information:

<https://dhcf.dc.gov/1115-waiver-initiative>

- Email dhcf.waiverinitiative@dc.gov to learn more and join the email list
- Points of Contact:

Jordan Kiszla, jordan.kiszla@dc.gov, Department of Health Care Finance

Keri Nash, keri.nash@dc.gov, Department of Behavioral Health

