BEHAVIORAL HEALTH TRANSFORMATION DEMONSTRATION POST-AWARD STAKEHOLDER FORUM

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Overview

- DHCF & DBH Background
- Behavioral Health Transformation Demonstration Background
 - IMD Waiver Opportunity
 - Implementation Experience
- Early Experience
- Next Steps
- Stakeholder Outreach Efforts
- Stakeholder Feedback





DHCF Vision, Mission and Strategic Priorities Over the Next 5 Years

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 Waiver Provides Unique Opportunity to Expand Behavioral Health Services Through Medicaid

- 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 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

Our Vision

The District of Columbia is a thriving community where prevention is possible and recovery from mental health and substance use disorders is the expectation.

Our Mission

The Department of Behavioral Health's mission is to develop, manage and oversee a public behavioral health system for adults, children and youth and their families that is consumer driven, community based, culturally competent and supports prevention, resiliency, recovery and the overall well being of the District of Columbia.

Our Values

Respect; Accountability; Recovery; Quality; Education; Caring





DBH FY21 Strategic Priorities

- 1. Continue System Redesign Process
- 2. Address the emotional and mental dimensions during and post COVID-19 pandemic
- 3. Enhance clinical guidance for treatment services
- 4. Lead the implementation of the District's strategic plan to reduce opioid misuse, use and opioid related deaths
- 5. Strengthen the oversight and support for court ordered outpatient consumers
- 6. Address behavioral health disparities and social determinants of health to improve service delivery outcomes



DBH FY21 Budget Highlights....

- Total budget: \$307,652,000
- Total Number of Staff: 1,390
- With our resource allocation we will:
 - Add 47 new schools to the School-based Behavioral Health Program
 - Expand Healthy Futures to 75 additional child development centers
 - Expand oversight and services for court-ordered individuals in outpatient settings
 - Use additional funding to support treatment and the environment of care at Saint Elizabeths Hospital
 - Conduct a feasibility study for a Sobering Center in the District
 - Continue implementation of the 1115 waiver services
 - Partner with DHCF to evaluate and monitor these services





Medicaid's Historic Adult IMD Exclusion Limited Access

- Medicaid historically limited coverage of adult inpatient and residential services in Institutions for Mental Disease (IMD) under the "IMD Exclusion"
 - □ Non-elderly adults were barred from Medicaid-covered IMD treatment
 - Children and elderly adults over age 65 were only populations permitted
- In 2016, CMS began to allow limited coverage for MCO-enrolled beneficiaries
 - Allowed coverage of adult Medicaid MCO-enrolled beneficiary stays of up to 15 days per calendar month
- Other adult IMD stays not reimbursable by Medicaid
 - Fee-for-service beneficiaries and MCO members with stays longer than 15 days not covered
 had to be reimbursed locally if needed





CMS 1115 IMD Waiver Guidance Created New Opportunities for the District's Medicaid Program

- CMS released guidance allowing states to apply for 1115 Waivers to cover IMD treatment for beneficiaries with substance use disorders (SUD) or serious mental illness/serious emotional disturbance (SMI/SED)
 - □ District was first Medicaid program to receive combined waiver under new guidance
 - Authority started on January 1, 2020 and extends to December 31, 2024
- District received authority for 10 services, but authority limited to 2 years for non-IMD community-based services





Waiver Services Beginning January 1, 2020

Service	Proposed Go-Live Date
IMD Services for individuals aged 21-64	January 2020
Clubhouse	January 2020
Recovery Support Services (RSS)	January 2020
Psychologists/Other Licensed BH Practitioners	January 2020
Eliminate \$1 Co-Pay for MAT	January 2020

Waiver Services Phased In February-October 2020

Service	Proposed Go-Live Date
Supported Employment - SMI	February 2020
Supported Employment - SUD	March 2020
Trauma-Targeted Care (TREM, TST)	March 2020
Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Outreach Services)	June 2020
Transition Planning Services	October 2020

Impact of COVID-19 Public Health Emergency and Medicaid Transition to Managed Care

COVID-19 Public Health Emergency

- DHCF authorized expanded telehealth including using home as originating site in early March
 - □ District seeing substantial increases in telehealth utilization mostly for behavioral health services
- Provider concerns due to reductions in utilization DC has approved increase for non-waiver SUD providers for services during PHE
- Requesting additional time for submission of State Plan Amendment changes until July 1, 2021

Medicaid Transition to Managed Care

- No substantial changes expected for access to Waiver services:
 - Most services were already carved out of MCO contracts
 - Working with new MCOs on care coordination, IMDs, etc.





Upcoming Reporting to CMS – Public Documents

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





What's Next for the District's Behavioral Health Transformation Demonstration?

- Non-IMD Services Transitioning to Medicaid State Plan
 - Creates a more permanent set of community-based services to support behavioral health needs along the continuum
 - Additional rules will set and clarify policy on many Demonstration services
- Focus on Ensuring Access and Utilization of Services
 - Will be monitoring waiver implementation for needs and challenges
 - Federally funded evaluation
- Transition to Integrated Behavioral Health Services in Managed Care
 - □ District Medicaid program will "carve in" some behavioral health services in FY22





Stakeholder Outreach To Date

- Public Forums: Four public forums March-May 2019
- □ Public Website: Published on April 12, 2019
- Stakeholder Implementation Calls: Convened six weekly stakeholder calls in January and February to receive feedback on implementation
- Stakeholder Meetings: Participated in 24 formal stakeholder meetings, both requested and targeted
- Inclusion in Structural Outreach: Included waiver discussion in regular calls with MCOs, behavioral health providers, MCAC, Behavioral Health Council, etc.
- Ongoing: Yearly Post-Award Forums on Demonstration implementation





How to Learn More

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

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

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

Alice Weiss, <u>alice.weiss@dc.gov</u>, Department of Health Care Finance Trina Dutta, <u>trina.dutta@dc.gov</u>, Department of Behavioral Health





Questions and Comments

- Speakers invited to share their experiences with waiver services
 - Only available to those who signed up to deliver comments
 - Limited to 3 minutes each
- Q&A through the Chat function
- Reach out to host during webinar if you'd like to speak and didn't preregister
 - Request that questions and comments be limited to 3 minutes each



