

MEDICAID SECTION 1115
BEHAVIORAL HEALTH TRANSFORMATION
DEMONSTRATION KICK OFF MEETING

Department of Health Care Finance & Department of
Behavioral Health Presentation

Stakeholder Meeting

November 21, 2019

Overview

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- Welcome
 - ▣ Melisa Byrd, Senior Deputy Director and Medicaid Director, Department of Health Care Finance (DHCF)
 - ▣ Dr. Barbara J. Bazron, Director, Department of Behavioral Health (DBH)
- Waiver Overview
 - ▣ Alice Weiss, Director, Health Care Policy and Research Administration (HCPRA), DHCF
- Waiver Implementation, Implications and Related Initiatives
 - ▣ Dr. Erin Holve, Director, Health Care Reform and Innovation Administration, DHCF
 - ▣ Trina Dutta, Director, Strategic Management and Policy Division, DBH
- Stakeholder Engagement
 - ▣ Taylor Woods, Special Projects Officer, HCPRA, DHCF
- Discussion

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Welcome

Melisa Byrd, Senior Deputy Director and Medicaid Director, DHCF
Dr. Barbara J. Bazron, Director, DBH

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Waiver Overview

Alice Weiss, Director, Health Care Policy and Research
Administration, DHCF

CMS Approved District's 1115 Waiver on November 6, 2019

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- Three primary goals for Behavioral Health Transformation waiver:
 1. Cover a broader continuum of Medicaid behavioral health treatment for individuals with serious mental illness (SMI)/serious emotional disturbance (SED) or a substance use disorder (SUD)
 2. Advance the goals of the District Opioid Strategic Plan by improving outcomes for individuals with Opioid Use Disorder and other SUDs
 3. Support Medicaid's movement towards more integrated medical and behavioral health care to better coordinate prevention and treatment

Federal Goals Promote Focus on Community-Based Treatment, Reduction of Inpatient/ED Utilization

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Key waiver goals include:

- Reduced utilization/lengths of stay in hospital emergency departments and inpatient hospital settings where preventable/unnecessary
- Reduced preventable admissions to acute/specialty/residential settings
- SMI:
 - ▣ Increased availability of crisis stabilization, including short-term residential crisis stabilization
 - ▣ Increased access to community mental health services
 - ▣ Improved care coordination, including continuity after hospital/residential stays
- SUD:
 - ▣ Increased rates of SUD identification, initiation, engagement and treatment adherence/retention
 - ▣ Reductions in overdose deaths, including for opioids
 - ▣ Improved access to treatment for physical health conditions for SUD beneficiaries

Behavioral Health Transformation Waiver Timeline

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- ❑ 4/12/19: Draft application published
 - ❑ 30-day comment period through 5/13/19
 - ❑ 3 public hearings in April, 2019
 - ❑ 20 comments
- ❑ 6/3/19: Final application submitted to Centers for Medicare and Medicaid Services (CMS)
 - ❑ 30 day federal comment period - 6/11/19 – 7/12/19
 - ❑ 7 comments
- ❑ 11/6/19: CMS issued waiver approval
- ❑ 1/1/20: New waiver services implementation begins (pending CMS approval of implementation plan)

Waiver Services Include IMD Services and Community-based Services and Supports

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- **IMD Services**
 - Short-term, acute or stabilization inpatient or residential services provided by IMDs to non-elderly adults (21-65 years old)
- **Community-based Services**
 - Comprehensive Psychiatric Emergency Program Services;
 - Mobile Crisis Intervention and Outreach Services;
 - Psychiatric Crisis Stabilization Services;
 - Transition planning services for individuals leaving a hospital, IMD, or other facility;
 - Recovery support services for individuals with SUDs;
 - Psychologist and other licensed behavioral health provider services for individuals with SMI/SED or SUD (excluding autism);
 - Psychosocial rehabilitative services (also known as “Clubhouse”);
 - Trauma-informed therapy services: TREM (Trauma Recovery and Empowerment Model) & TST (Trauma Systems Therapy);
 - Supported employment services – vocational services for SMI; new services for SUD; and
 - Removal of the \$1 copayment for prescriptions for medication assisted treatment (MAT).

Key Changes from Proposed Waiver

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- Structural Changes:
 - ▣ Temporary (18 month) authority for most non-IMD waiver services
 - ▣ IMD service authority is five years, until December 31, 2024
- Service Changes:
 - ▣ **Other licensed behavioral health providers** – Added as a result of stakeholder comments. After draft of the waiver, narrowed to services provided to individuals with SUD/SMI - SED
 - ▣ **Mobile Crisis and Outreach** – Clarified that it includes pre-arrest diversion
 - ▣ **Transition Planning Services** - Added new benefit as a result of stakeholder comments
- Services Not Included:
 - ▣ **Transition Planning Services in an Incarcerated Setting:** Pending federal SUPPORT Act guidance
 - ▣ **Housing/Environmental Supports (part of RSS):** Not approved
 - ▣ **SBIRT & Youth Residential SUD Services:** District withdrew

Waiver Implementation, Implications and Related Initiatives

Trina Dutta, Director, Strategic Management and Policy Division, DBH
Dr. Erin Holve, Director, Health Care Reform and Innovation
Administration, DHCF

Some Services are Expected to Begin on January 1st

Service	Proposed Go-Live Date
<u>IMD Services</u>	<u>January 2020</u>
<u>Clubhouse</u>	<u>January 2020</u>
<u>Recovery Support Services (RSS)</u>	<u>January 2020</u>
<u>Psychologists/Other BH Providers</u>	<u>January 2020</u>
<u>Eliminate \$1 Co-Pay for MAT</u>	<u>January 2020</u>

Other Services are Expected to Begin Between February and June 2020

Service	Proposed Go-Live Date
Supported Employment -SMI	February 2020
Supported Employment – SUD	March 2020
Trauma-Informed Care	March 2020
Crisis Stabilization (CPEP, Psych Crisis Stabilization Beds, Mobile Crisis and Support Services)	June 2020
Transition Planning Services	June 2020

Department of Behavioral Health Has Multiple Priorities Intersecting with Waiver-Related Work

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- ▣ School-Based Mental Health Expansion
- ▣ LIVE.LONG.DC.
- ▣ Community Response Team
- ▣ Provider Engagement and Technical Assistance
- ▣ 1115 Medicaid Behavioral Health Transformation Demonstration

Next Steps to Support Waiver Implementation

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□ CMS:

□ **Implementation Plan Approval**

- Implementation plan outlines how District will meet CMS goals and milestones
- CMS must approve before DHCF can begin drawing down federal funds
- Pending CMS approval

□ **Mental Health Services Assessment Approval**

- Qualifies and quantifies services available to beneficiaries with SMI/SED
- Pending final District review and submission after CMS comments

□ District:

□ **DHCF and DBH Rulemaking:**

- DHCF drafting Behavioral Health Transformation waiver rule and accompanying rate guidance – will be noticed in DC register on 11/29/19 and posted on DHCF website by 12/2/19
- DBH drafting amendments to existing rules to support new services given concurrent local authority

□ **Evaluation:** DHCF must contract with evaluation vendor and submit plan by mid 2020

□ **Monitoring Oversight and Reporting:** DHCF will submit reports to CMS at the end of every quarter

DC Is Among 15 States Selected for a SUD Provider Capacity Grant

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- Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, section 1003 demonstration project to *increase the treatment capacity of Medicaid providers to deliver substance use disorder treatment and recovery services.*
- Collaborative funding from:
 - ▣ Centers for Medicare & Medicaid Services (CMS), in consultation with:
 - ▣ Substance Abuse and Mental Health Services Administration; and
 - ▣ Agency for Healthcare Research and Quality.
- **Two phases of the project:**
 - ▣ Planning grants awarded to 15 states (\$50 million aggregate) for **18 months**; and
 - ▣ 36-month demonstrations will be awarded to up to 5 states that received planning grants.

*DHCF was awarded \$4.6 million – the full amount requested.
See this work and the opportunity for a 36 month
demonstration as a strong complement to DCOR and 1115.*

SUD Provider Capacity Grant Components focus on Building Core Infrastructure and Competencies

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- Comprehensive needs assessment of Medicaid provider capacity to diagnose and treat SUD, (*a required component of the grant)
 - This builds on the Opioid Strategic Plan, Pew assessment, etc.
- Education and technical assistance among Medicaid providers to build provider capacity to treat individuals with SUD in community settings. **Prioritized providers include:**
 - My DC Health Homes
 - My Health GPS
 - Buprenorphine waived providers
- Build critical infrastructure to support appropriate, privacy-preserving information exchange, including:
 - Structured communication and referrals with District behavioral health providers;
 - Development of consent management tools to facilitate appropriate exchange of 42 CFR part 2 data; and
 - Pilot e-consult and telemedicine tools to provide access to addiction specialists on-demand who can support Medicaid providers.

District Behavioral Health System Waiver Timeline

Transition DBH Medicaid Billing to DHCF

Live.Long.DC.: Opioid Strategic Plan Implementation through Sept 2020

SOR Grant Pilots: May 2019 – Sept 2020

DBH System and Provider Re-Design Efforts

Key:

- Related DHCF initiatives
- Related DBH initiatives

IMD

<u>Pre-Implementation</u>		<u>Waiver Year 1</u>		<u>Waiver Year 2</u>		<u>Waiver Year 3</u>		<u>Waiver Year 4</u>		<u>Waiver Year 5</u>	
May '19	Dec '19	Jan '20	Dec '20	Jan '21	Dec '21	Jan '22	Dec '22	Jan '23	Dec '23	Jan '24	Dec '24

SUD Provider Capacity Grant

Possible SUD Provider Capacity Demonstration

Non-IMD Services Transition to State Plan Amendment Authority

Waiver Renewal Development

Quality Measurement & Evaluation

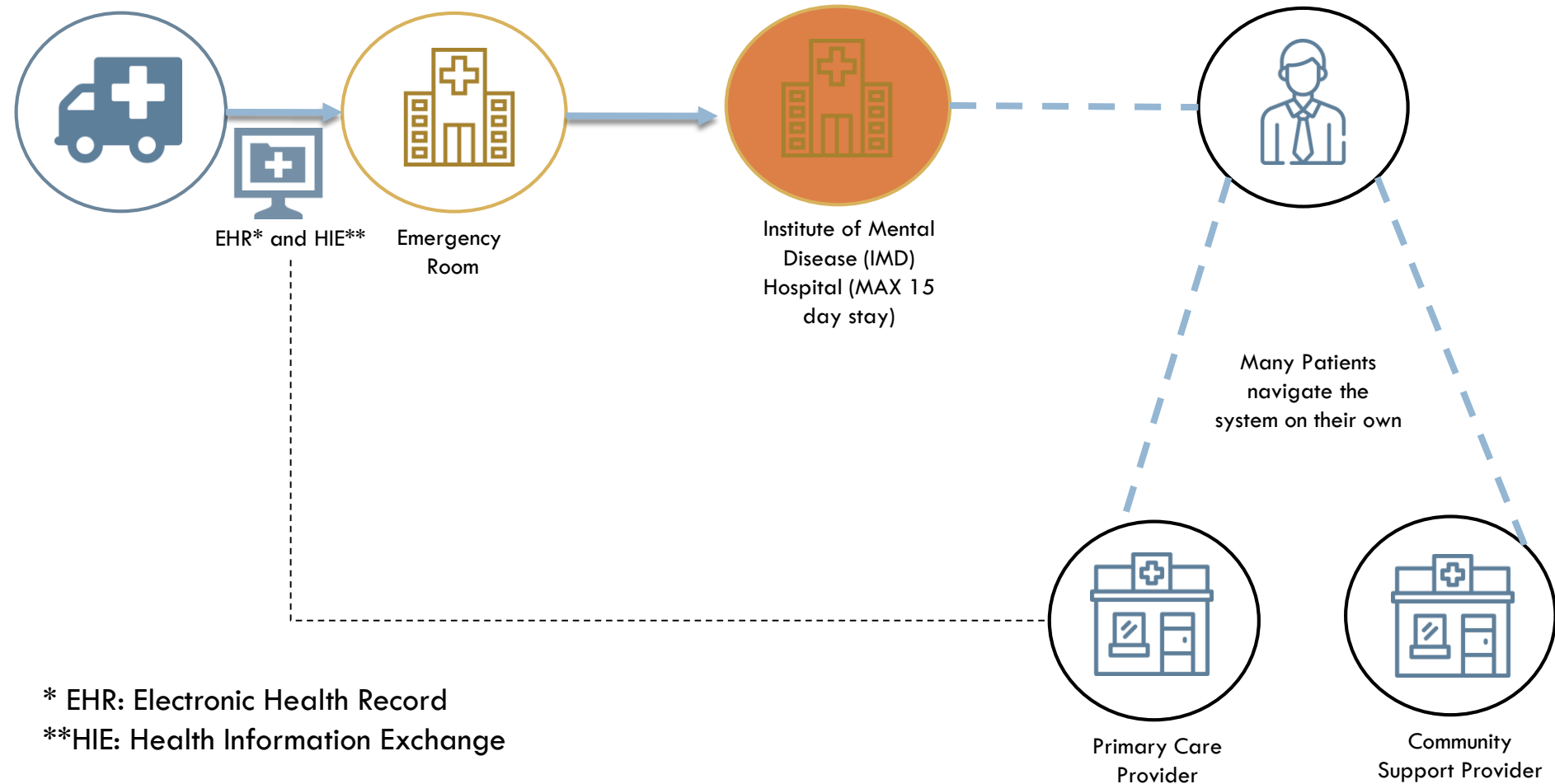
Data Infrastructure

Stakeholder Engagement

Mr. Smith's Beneficiary Experience in 2019

Name: John Smith
Age: 59

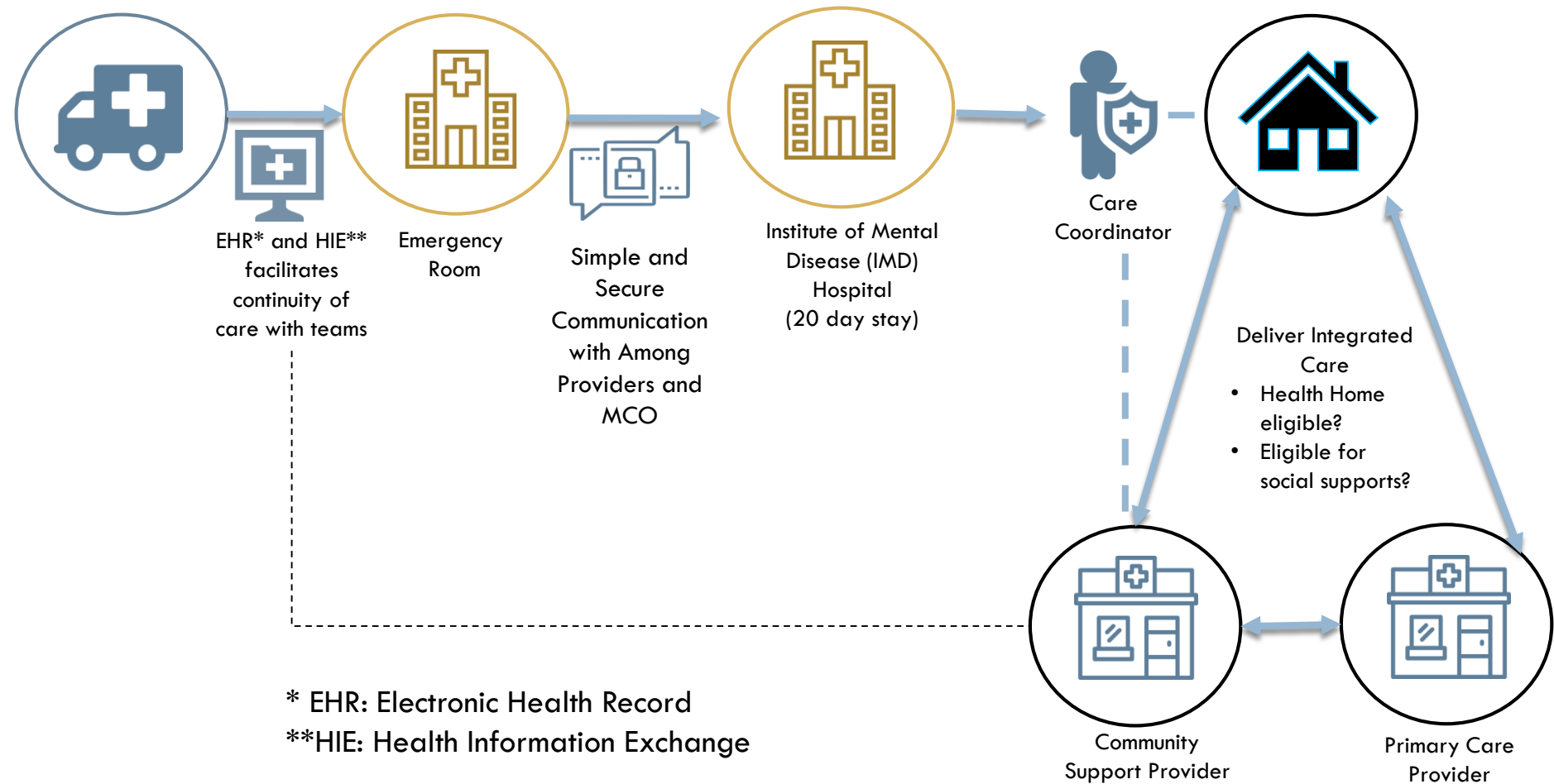
- Current Medicaid MCO member
- Primary diagnosis of serious mental illness (SMI)
- Multiple chronic conditions
- Housing insecurity



Goal is to Improve Mr. Smith's Experience of Care, Integrate his Services, and Improve Outcomes

Name: John Smith
Age: 59

- Current Medicaid MCO member
- Primary diagnosis of serious mental illness (SMI)
- Multiple chronic conditions
- Housing insecurity



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Stakeholder Engagement

Taylor Woods, HCPRA Special Projects Officer, DHCF

DHCF/DBH Will Leverage Standing Meetings to Engage Stakeholders on Waiver

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- DHCF and DBH staff will leverage existing meetings held by District government and stakeholders to discuss waiver implementation
 - Opportunity to answer questions and hear comments in more detail
- Key standing meetings include: MCAC (Access and Delivery System Reform), DBH BH Council, DBH Provider Meetings, Ward 8 Health Council
- Seeking additional venue ideas for outreach
 - *If you are interested in outreach to your organization or know of a meeting you think should hear about the waiver, please sign the sheet going around or contact: taylor.woods2@dc.gov*
- District will convene waiver-specific meetings as needed within first six months to check on implementation experience

Over the Course of the Waiver, the District Will Hold Behavioral Health System Performance Meetings, Send Quarterly Emails, and More

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- Continued planned engagement on Waiver and BH services
 - ▣ Quarterly emails from DHCF/DBH –starting ~April 2020
 - ▣ SUD provider capacity work –starting early 2020
 - ▣ Twice-yearly behavioral health system performance meetings –starting ~early summer 2020
 - Share DC’s progress on waiver-related metrics
 - Go through successes and challenges -and discuss solutions

Primary Points of Contact for Waiver Questions/Information

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- Waiver email mailbox:
 - ▣ Dhcf.waiverinitiative@dc.gov
- DHCF POC:
 - ▣ Alice Weiss, Director, Health Care Policy and Research Administration, DHCF
 - Alice.Weiss@dc.gov
- Waiver-related contact at DBH:
 - ▣ Trina Dutta, Director, Strategic Management & Policy Division, DBH
 - Trina.dutta@dc.gov

Waiver Materials are available at

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