



## **VACBP Comment on DMAS Rate Study**

**August 29, 2019**

The VACBP supports increased investment in early intervention and prevention services, including outpatient supports, to allow individuals to receive the care they need when they need it, reducing the need for higher cost services. Community-based care provides a way to support individuals within their homes, schools and communities, as opposed to in far more expensive in-patient settings or emergency rooms. Increased investment in early intervention services can also reduce state costs beyond behavioral health supports, including costs that come when an individual is incarcerated, homeless or otherwise unable to care for themselves.

As the DMAS rate study is conducted to evaluate reimbursement rates for phase 1 redesign services, the VACBP strongly believes that the true costs to provide each service should be considered. This should include, but not be limited to:

- Costs associated with use of evidence-based practices;
- Administrative costs to navigate MCO processes;
- Increasing staff qualification and supervision requirements;
- Use of technology (i.e., EHR systems, data collection, telehealth);
- Costs associated with national accreditation (i.e., CARF or COA);
- Professional liability insurance costs;
- Ongoing training and professional development for staff; and
- Increases in the overall cost to do business (i.e., wages and benefits, rent).

In addition, we hope DMAS will consider elimination of separate “rural” rates for services. Providing community-based services is uniquely challenging in rural parts of Virginia where workforce shortages are severe and providers often have to travel much greater distances to provide care. With this high level of competition to hire qualified staff, costs increase as providers must invest more in wages and benefits to gain can keep these staff. The unit cap per day is also an issue in rural areas. With severe shortages of counselors, doctors, psychiatrists, specialists, etc., clinicians often travel long distances to assist clients in attending necessary appointments. Frequently, this leads to clinicians spending more than the maximum hours to bill. While providers must pay their staff, they are currently not able to bill the units due to the cap.

The VACBP also urges uniform assessment rates across community-based services. Today, reimbursement rates vary significantly across community-based services provided in Virginia. Based on the experiences of our members, assessments typically take approximately five hours, regardless of the type of service, broken down into the following:

- Meeting with the client and family;
- Gathering information from numerous associated professionals who have been involved with the individual;
- Determining the most appropriate diagnosis;
- Recommending a treatment track and relevant services;
- Documenting all of that comprehensive information in a thorough, detailed assessment according to DMAS and DBHDS regulations; and
- Further summarizing that information in a service authorization request from the relevant MCO.

As we work to improve care coordination and ensure that the appropriate diagnosis, type of service and level of care is provided to individuals with behavioral health needs, the role of the assessment is absolutely critical across all service types. The VACBP supports a unified assessment rate across all community-based services that truly takes into account all the costs associated with providing that assessment.

And finally, while long-term service delivery is not the goal, we urge consideration of those cases where lower costs services may be beneficial on a “maintenance” basis, leading to better health outcomes for certain patients and decreased overall costs that may otherwise come without some minimal level of support.

Thank you for your consideration of the VACBP’s perspectives on these important issues.