



2020 POLICY PRIORITIES

Improving Virginia's Behavioral Health Delivery System

The Virginia Association of Community-Based Providers (VACBP) is an association of *private-sector* organizations that provide *community-based* behavioral health and substance use disorder treatment to Virginia's most vulnerable populations. The VACBP is *among largest associations* representing the interests of private-sector behavioral health providers in Virginia, with more than 50 agencies that have more than 160 facilities across the Commonwealth. VACBP members range from providers with *less than 10 employees to more than 500*, from agencies with one location to more than 30, serving the behavioral health needs of individuals in *all regions of the Commonwealth*. All VACBP members *provide a wide range of Medicaid services*, supporting *children, adolescents and adults*, in a variety of formats to best meet the needs of those they serve, including in the home and in schools, one-on-one and in group settings.

The VACBP supports the following priorities to improve Virginia's behavioral health delivery system.

Develop a continuum of care that enables access to the most appropriate level of service in a timely manner in a setting that best meets the patient's needs.

The VACBP strongly supports the goals of Behavioral Health Redesign. As we continue to participate in the redesign process, we will maintain a focus on ensuring that the redesign results in a continuum of care for community-based services that includes strong prevention and recovery components, is trauma-informed and evidence-based where possible, and enables individuals to easily move from service to service without gaps in coverage so that the most appropriate care can be accessed.

Redesign provides an opportunity to build early intervention and prevention services, including outpatient supports, into the continuum. Early intervention services can not only help reduce the state's Medicaid costs, but also provide cost avoidance, recognizing the resources that are needed when individuals who don't receive the care become more sick, are often incarcerated, homeless or otherwise unable to care for themselves.

As redesign proceeds, it's also important that the chronic nature of behavioral health challenges be recognized. Serious mental illness is no different than other chronic conditions that require ongoing care, like diabetes or heart disease. Including lower cost/lesser intensity services that can be provided over an extended period of time in the continuum can be critical to helping patients manage their conditions and maintain healthy living. This can lead to better health outcomes and longer-term stability for the patient, decreased need for crisis services, and lower overall healthcare costs.

Redesign also provides an opportunity for greater clarity and consistency in service definitions, diagnostic and clinical necessity criteria, level of care descriptions and service requirements. Regulators, including DMAS, DBHDS and DHP, payers and providers must have a shared and consistent understanding of services throughout the continuum of care. This will increase consistency in authorization decisions within and between the MCOs, improve care coordination by payers and providers, and lead to a more efficient and effective delivery system.

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Ensure reimbursement rates more appropriately reflect the true cost to deliver care.

With the exception of outpatient rates, Virginia’s Medicaid reimbursement rates haven’t increased in more than 20 years. It’s well past time to increase reimbursement rates for community-based services to ensure the true cost to provide each service is included. This should include, but not be limited to:

- Costs associated with use of evidence-based practices;
- Administrative costs to navigate MCO processes;
- Consideration of travel time associated with providing care;
- Increasing staff qualification and supervision requirements;
- Use of technology (i.e., EHR systems, data collection, telehealth);
- Costs associated with national accreditation attainment (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, benefits, rent).

Additional priorities related to reimbursement rates are outlined below.

Elimination of lower rural rates. Providing community-based services is uniquely challenging in rural parts of Virginia where workforce shortages are particularly severe and providers often have to travel much greater distances to provide care. These factors are exacerbated by lower “rural” rates.

Establishment of uniform assessment rates. Today, reimbursement rates for community needs assessments vary significantly across community-based service type. Based on the experiences of our members, assessments typically take approximately five hours, regardless of the type of service to be provided. Assessments typically include:

- 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 information gathered in a thorough, detailed assessment per DMAS and DBHDS regulations; and
- Further summarizing that information in a service authorization request that is provided to the relevant MCO.

For services like Therapeutic Day Treatment (TDT), for which the reimbursement rate for assessments is \$36.53, this breaks down to \$7.30/hour. Even for services with higher assessment rates, like MHSS in urban areas, the rate is \$91, breaking down to \$18/hour. IACCT, on the other hand, requires a comparable amount of time, but has a reimbursement rate of \$250 for an initial assessment and \$120 for follow-up assessments.

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. It is important that the rate for assessments reflect this.

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Implementation of standardized operational standards for payers to address increasing administrative burdens.

Behavioral health providers are experiencing ever-increasing administrative burdens and financial challenges due to inconsistent interpretation and application of regulations by Medicaid payers. As increases to reimbursement rates are considered, it's critical that payment issues, licensing requirement discrepancies, unreasonable continuity of care timelines, and antiquated and repetitive authorization processes also be addressed. To this end, the VACBP supports the establishment and enforcement of operational standards and toolsets to simplify provider relationships with multiple payers, including streamlined credentialing processes, consistent licensing and staff qualification requirements, common claims processes, and adoption of consistent outcome measures.

Support greater certainty and stability in the behavioral health delivery system.

The VACBP is an active partner in Virginia's efforts to redesign its behavioral health delivery system and supports the transition to managed care and implementation of value-based payment models that will bring improvements to the overall system. That being said, to ensure the most effective, efficient and timely care can be provided to Virginia's Medicaid population, it's also important to have certainty and stability in the system. Below are some reasons why a stable behavioral health delivery system is important, not just for providers, but for those receiving care:

- A stable market enables development of a shared vision of what we want Virginia's behavioral health delivery system to be and a clear path forward to get there.
- More focus can be placed on development and delivery of services to meet the range of evolving and increasingly complex consumer needs.
- Consumers are able to more consistently know where and how best to access the services they need.
- Providers are more likely to commit time and resources to professional development for their staff.
- Greater certainty in the market promotes innovation, creativity and investment by providers.
- Providers are able to staff their agencies at appropriate levels to best serve the needs of their patients.

To increase stability and reduce uncertainty in the market, the VACBP supports:

- Consistent rules and regulations;
- Streamlined processes;
- More timely, consistent credentialing processes;
- Increased communications and transparency;
- More formal and timely written documentation from payer to providers to communicate decisions regarding patient care;
- Collaboration among provider, payers and regulators;
- Fair and transparent contracting;
- Accountability for payers; and
- Timely payment.

Better leverage the experience, expertise and availability of private-sector behavioral health providers.

As Virginia works to redesign its behavioral health delivery system, it's critical that the resources, expertise and availability of private-sector providers be utilized and fully leveraged as part of that transformation. Considerable financial resources have been invested in the CSBs via STEP-VA. While the VACBP supports efforts to ensure all Virginia's CSBs are performing at a high and consistent level, private providers are also an essential

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part of the service landscape. In fact, according to the *2018 Overview of Community Services in Virginia* report, it was noted that private providers provide more than 80% of the community-based care in Virginia. The services that are delivered by private providers are critical to keeping people out of the state hospitals, as well as ensuring they have the care they need when they are discharged into the community.

Enabling a significant and increased role for quality-focused, private-sector community-based providers will help to maximize constrained Medicaid and General Fund dollars and reduce unnecessary investment in services that are already available today in the private sector. Greater utilization of private-sector providers will also ensure Virginia's Medicaid recipients are able to access an appropriate and cost-effective level of care in a timely manner, avoiding significantly higher costs if that care were not readily available.

In addition, while CSBs in most cases, are restricted by geographic catchment areas, private providers don't have the same limitations. Private providers often have increased flexibility that enables them to offer options to patients that aren't available with a system that is primarily reliant on public-sector providers, such as expanded office hours, different geographic locations and settings for care, choices with respect to practitioners, and access to innovative, collaborative care models.

With this, it is equally important that all properly licensed and qualified providers be able to provide all community-based services across the continuum, receive the same reimbursement for all services and that licensing, qualification and supervision requirements be consistent across all providers, public and private.

Protect and enhance consumer choice in behavioral health treatment.

Maintaining a robust network of high-quality behavioral health providers that includes private-sector providers is critical to ensure there is consumer choice. This is particularly important in rural areas and communities with significant needs and large at-risk populations. In addition, experience shows that when a patient has a choice, there is a greater commitment to his/her treatment and the outcomes improve.

As an example, Targeted Case Management (TCM) is a service that is currently only reimbursed when performed by CSBs. If the goal is to ensure client healthcare needs are met and that they have a choice in where to receive that care, the considerable experience and expertise providing care coordination for patients should be accessible to them. The VACBP urges policymakers to enable all community-based services, including case management, to be offered by those best positioned to provide it, including private-sector providers.

Implement strategies to address the critical shortage of qualified behavioral health workers in Virginia.

There is a critical shortage of qualified behavioral health and substance abuse treatment professionals in Virginia and this is directly impacting access to care. The VACBP supports initiatives that will produce more qualified behavioral health professionals, including, but not limited to the following:

- Reciprocity policies that allow appropriate levels of experience and/or supervision that is gained in other states to satisfy requirements within Virginia.
- Increased flexibility in supervision requirements to enable LCSWs and LPCs to supervisor both licensed-eligible counselors and social workers.
- Ensuring that through the redesign process and other efforts, there is an evaluation of the qualifications required to perform each community-based Medicaid service to re-assess what specific skills, competencies and education level would best prepare an individual to provide each specific type of

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behavioral health support. This should include the potential to replace current Bachelors- and/or Masters-level degree requirements with intensive, service-specific training.

- Improved communications with institutions of higher learning so they better understand the requirements to work in the behavioral health industry and can appropriately align curriculum to better prepare their graduates for the workforce.
- Exploration of partnership opportunities between industry and the Virginia community college system to develop training and/or certification programs for individuals interested in careers in behavioral health.
- Consideration of where stackable credential programs may enable quicker, more cost-effective, and targeted training for behavioral health workers.
- Consideration of clinician extenders that may be developed to help move individuals into the workforce more quickly and efficiently.
- Flexibility to enable greater use of BCBA's across various service types and diagnoses.
- Expanded investment in and use of state-supported low-interest loan, loan forgiveness and scholarship programs for individuals working to become behavioral health professionals in Virginia.
- Increased promotion of the benefits to working in the behavioral health industry.
- Greater industry engagement earlier in a child's education experience to introduce opportunities for careers in behavioral health.

Support and encourage data- and outcome-informed treatment.

Virginia is taking important steps toward increasing the level of quality and efficiency in its Medicaid program, including through its transition from fee-for-service to managed care, and through efforts to promote value-based care and increased accountability. As these efforts continue, it is essential to ensure appropriate incentives and metrics are in place to reward increased quality. To this end, the VACBP supports adoption of consistent, measurable, data-driven, outcome-based care models, such as the VACBP's Competitive Credibility Data Program (CCDP). Outcome and data-based models can inform treatment plans and help ensure the most appropriate and cost-effective services and supports are provided to improve health and reduce costs.

Increase the integration of medical and behavioral health, leveraging both the public- and private-sector providers.

Providers of community-based services are uniquely positioned to observe general healthcare symptoms and challenges in their patients. They often have frequent face-to-face interaction with their clients and can connect them with services that may be available in the community or through a primary care or specialty healthcare provider. The VACBP supports efforts to implement an approach that treats the whole person, integrating primary, mental health and substance abuse treatment.

True integration of care, however, should be more than a check list. As Virginia continues its efforts to implement an integrated model, we urge consideration of how private-sector providers can also be a valued partner. This will help improve the effectiveness and efficiency of our system and will lead to better health outcomes.

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Increase coordination within and among agencies related to behavioral health service delivery and social service programs.

Oversight of Virginia’s behavioral health delivery system is complex, involving multiple agencies, in many cases, with overlapping roles and responsibilities and inconsistent interpretation of the laws and regulations that apply to community-based providers. The VACBP supports efforts to better define roles and responsibilities, increase communication and collaboration between the agencies, develop a clear and efficient path to resolve discrepancies when differences between the agencies that impact providers arise, and consolidation of efforts to reduce costly and confusing duplication among agencies.

Virginia is not unique in that social services are spread across numerous agencies, each with distinct financing and leadership as well as varying degrees of data infrastructure and capabilities. This fragmentation makes it difficult to coordinate access to the services to address a person’s full needs. These coordination challenges are exacerbated when an individual’s healthcare needs are served by multiple state programs, resulting in considerable fragmentation and unmet needs. To foster integration and coordination across healthcare and social service programs, we encourage Virginia to streamline financing, data, infrastructure, and administration to the extent possible across social service agencies and DMAS, DBHDS, the Department of Health Professions and other relevant agencies.