

# Health and Human Resources

Update: Independent Assessments for  
Children's Mental Health, Department of Justice  
Negotiations, and the Behavioral Health and  
Developmental Services Trust Fund

*Secretary of Health and Human Resources*

*Dr. Bill Hazel*

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# **Independent Clinical Assessments**

Intensive In-Home Services

Therapeutic Day Treatment

Mental Health Support Services

# Independent Clinical Assessment

- Principles of the Program
  - Responsiveness
  - Family-oriented/focused process
  - Least restrictive service(s) appropriate to meet the needs of family/child
  - Beginning to establish a link between behavioral health services in a fee for service environment and behavioral health services provided in managed care
  - Freedom of choice of direct service provider
  - Good practice standards apply

# Community-based Mental Health Rehabilitative Services Affected

- Interagency Agreements were signed with all CSBs
- On July 18, 2011, CSBs began conducting independent clinical assessments for new service requests
- Affected services include--Intensive In-Home, Therapeutic Day Treatment, and Mental Health Support Services for youths up to the age of 21

# The Independent Clinical Assessment Process

- Effective August 1, 2011, independent assessors began begin conducting assessments for re-authorizations
- KePRO (the DMAS service authorization contractor) required the independent clinical assessment for dates of service starting September 1, 2011
- This allowed a month for re-authorizations to be conducted prior to being required

# The Independent Clinical Assessment Process

- Independent assessments are conducted by Licensed Mental Health Professionals or an individual who has registered with the appropriate licensing board and is working toward licensure within the CSB
- Appointments for the independent assessment are offered within five (5) business days for intensive in-home services and within ten (10) business days for other services (Day Tx and MH Supports)

# The Independent Clinical Assessment Process

- Freedom of choice of service providers is documented by the independent assessor
- The independent assessor will review the need for all behavioral health services and may recommend outpatient therapy (individual, family, or group psychotherapy), or other services

# Data Collection By CSBs/DMAS

- Number of Ind. Clinical Assessments paid
- Number of calls received
- Number of appointments offered in time frames
- Number of families unable to accept initial appt
- Number of assessments provided
- Number of “no-shows”
- Number of children referred to target services



# Data Collection (Cont'd)

- Number of children referred to other services- i.e., outpatient therapies
- Number of children who are not recommended to continue services (for re-authorizations)
- Number of children who have difficulty accessing services that comes to the attention of the CSB

# Number of Service Requests

- Prior to the program beginning in July, providers submitted an increased number of requests to KePRO
- In June 2011
  - Requests for Int. In Home Services more than doubled from June 2010
  - Requests for Day Treatment increased 2.5 times from June 2010
  - Requests for Mental Health Supports increased 2.4 times from June 2010

# Highlights of CSB Reporting on Independent Assessments Conducted From July 18 through July 31, 2011

- CSBs had 721 calls and requests relating to Independent Clinical Assessments
- 561 appointments were accepted within the time frame; only 4 appointments were outside the required time frame
- CSBs completed 291 assessments from July 18-July 31st
- There were 81 families who didn't keep their appointment (no-shows)

# Assessment Recommendations

## July 2011

Intensive In-Home	128
Day Treatment	104
Mental Health Supports	20
Outpatient Therapy	113
Psychiatric or Medical Evaluation	89
Case Management	61
Recommended not continuing a service	2

# Revisions and Changes

- Ongoing review and input from CSBs and Service Providers to monitor for changes, including:
  - Weekly calls with CSBs
  - Webinar with private providers to review how process is going
  - Trouble shooting as individual situations occur
- DMAS will work with stakeholders to evaluate the inclusion of Levels A and B Residential Services to VICAP Process by November 2011

# Lessons Learned

- CSBs have been receptive partners and worked hard with stakeholders and the State to set up capacity to conduct independent assessments
- Initially there were some issues regarding assessments being submitted and accepted through KePRO
  - Collaborative efforts resolve issues as they arise
  - Ensures service providers can request timely service authorizations

# Lessons Learned

- While it is still early, a certain number of children have been recommended for lower intensity services
- Service providers have accepted the new process and are working to correctly submit service requests

# Expected Outcomes

- Children will be in recommended for services that are appropriate to their needs
- This initiative is the first step toward the development of a behavioral health care coordination system that will integrate behavioral, acute and primary health services (297.MMMM)



# DOJ Findings

Department of Justice – Civil Rights Division

Investigation of the Central Virginia Training Center and the Commonwealth of Virginia's compliance with Title II of the Americans with Disabilities Act as interpreted by *Olmstead v. L.C.*

- Failure in providing services in the most integrated and appropriate setting
- Failure to develop a sufficient quantity of community-based alternatives, particularly for individuals with complex needs
- Flawed discharge planning process at training centers
- Places individuals in the community at-risk of unnecessary institutionalization

# DOJ Negotiation Process

## Virginia Team

Lead Counsel-Office of the Attorney General

Deputy Secretaries-OSHHR

Deputy Commissioner/Director-DMAS, DBHDS

Deputy Director-Department of Planning and Budget

## Technical Support

Counselor and Senior Advisor to the Governor

Staff/Leadership – OSHHR, DPB, DMAS, DBHDS,

## Consult

Governor McDonnell

Chief of Staff

Secretary of Health and Human Resources

Secretary of Finance

Counselor and Senior Advisor to the Governor

# DOJ Negotiation Process

- **Divided settlement negotiation into topics**
- **Meeting frequently**
  - Phone or Face to Face
- **Lead Attorneys in frequent communication**
  - Sharing draft negotiation documents
  - Providing data/feedback
  - Working to provide follow-up information requested via meetings

# Behavioral Health and Developmental Services Trust Fund (§37.2-319)

- Funds to be used to provide services for: individuals with mental illness, substance use, intellectual disabilities and to facilitate transition of individuals with intellectual disabilities from state training centers to community-based services
- Secretary of Health and Human Resources must develop a plan to transition individuals from training centers to community-based settings:
  - Offer a broad array of community-based services
  - Address the availability of appropriate community housing
  - Include facility specific objectives and timeframes to implement changes
  - Include input from individuals receiving training center services, their families, CSBs, private providers, and DMAS
  - Plan submitted to the Governor and General Assembly before November 1, 2011

# Behavioral Health and Developmental Services Trust Fund (§37.2-319)

- Virginia expects DOJ resolution prior to the expenditure of most funds
- Public Hearings in each Training Center Region (Summer 2011)
  - CVTC (Region 1) – one hearing
  - NVTC (Region 2) – one hearing
  - SWVTC (Region 3) – one hearing
  - SVTC (Region 4) – one hearing
  - SEVTC (Region 5) – one hearing
- Solicit input regarding training centers and community-based services from:
  - Individuals living at training centers
  - Family members
  - CSBs
  - Private providers
  - Other interested parties

# Trust Fund Expenditures – to date

Trust Fund Coordinator – salary and expenses (manages the Trust Fund; coordinates discussions re: DOJ; works with agencies in their efforts to transition individuals to the community)	\$80,000
Community Integration Managers (will be located at facilities to provide management of the transitional/discharge process)	\$100,000
START Coordinator (provides oversight of START/crisis response teams) (START is a national initiative that strengthens efficiencies and service outcomes for individuals with intellectual/developmental disability needs in the community)	\$100,000
Training Center Operations Manager (works with the facilities to ensure survey readiness and that facilities maintain certification)	\$50,000

# Medicaid Home and Community Based Services: ID/DD/Day Support Waiver Research – Budget- Item 297, BBBBB

- The 2011 General Assembly mandated the Departments of Medical Assistance Services (DMAS) and Behavioral Health and Developmental Services (DBHDS) to report on recommended enhancements and costs to the Intellectual Disabilities (ID), Day Support and Individual and Family Developmental Disability Support (IFDDS) Waivers;
- The report is due by October 1, 2011 to the Governor and Chairmen of the Senate Finance and House Appropriations Committees.

# Budget- Item 297, BBBBB

- DMAS and DBHDS built upon recent studies to identify gaps in services and identify methods to assist individuals to reside in viable community settings rather than institutions.
- Accompanying recommendations for service enhancements and potential changes to state and local administration of the waivers are included.
- Completion of the “BBBBB” Report will enable Virginia to respond to the changing needs and preferences of individuals with DD/ID.



# Budget- Item 297, BBBBB

The report will include options for consideration and financing by the General Assembly. Additionally, any HCBS waiver change requires approval from CMS.

Short Term Options	Long Term Options
<ul style="list-style-type: none"><li>•Adjust Medicaid provider rates to increase availability of smaller residential settings</li><li>•Create an exceptional rate for individuals receiving residential support services (high medical and/or behavioral needs)</li><li>•Increase number of services available in the Day Support Waiver</li></ul>	<ul style="list-style-type: none"><li>•Modification of target population</li><li>•Modification of the case management structure</li><li>•Adjustment to the waiting list process</li></ul>

# Moving Forward

Regardless of a settlement with the Department of Justice, the Administration is committed to moving forward to ensure that individuals with disabilities, who want the opportunity to live in the community, have the supports and services to do so.