

Virginia's Independent Clinical  
Assessment Process for  
Selected "Non-traditional" Medicaid  
Services

Survey of Provider Members  
Conducted in November 2011  
by

Virginia Network of Private Providers, Inc.

House Appropriations Committee  
HHR Sub Committee

December 12, 2011

## Virginia's Independent Clinical Assessment Process for Selected "Non-traditional" Medicaid Services

### Survey Introduction:

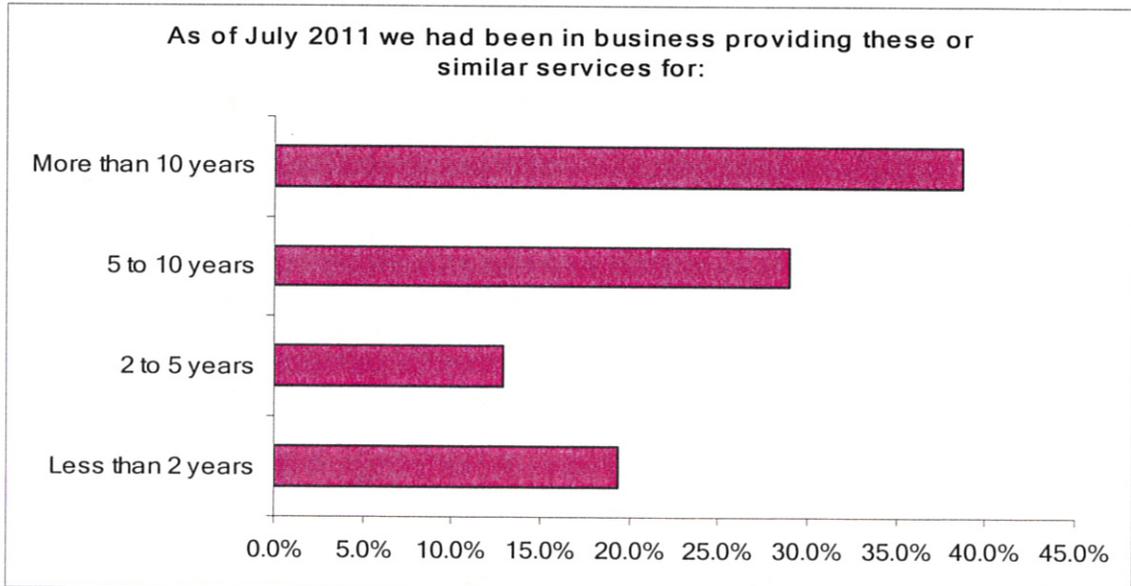
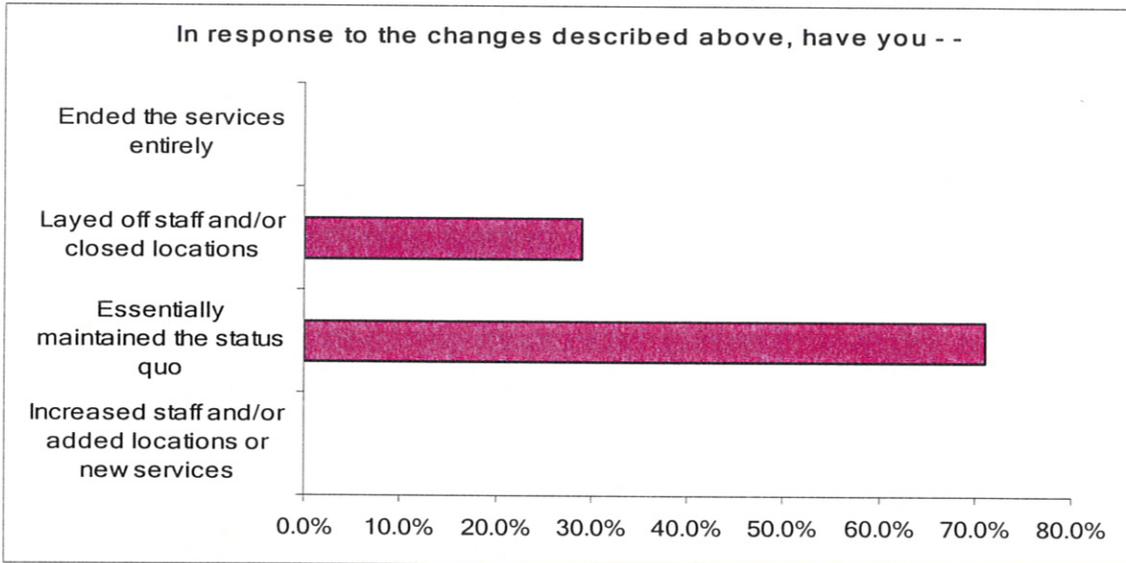
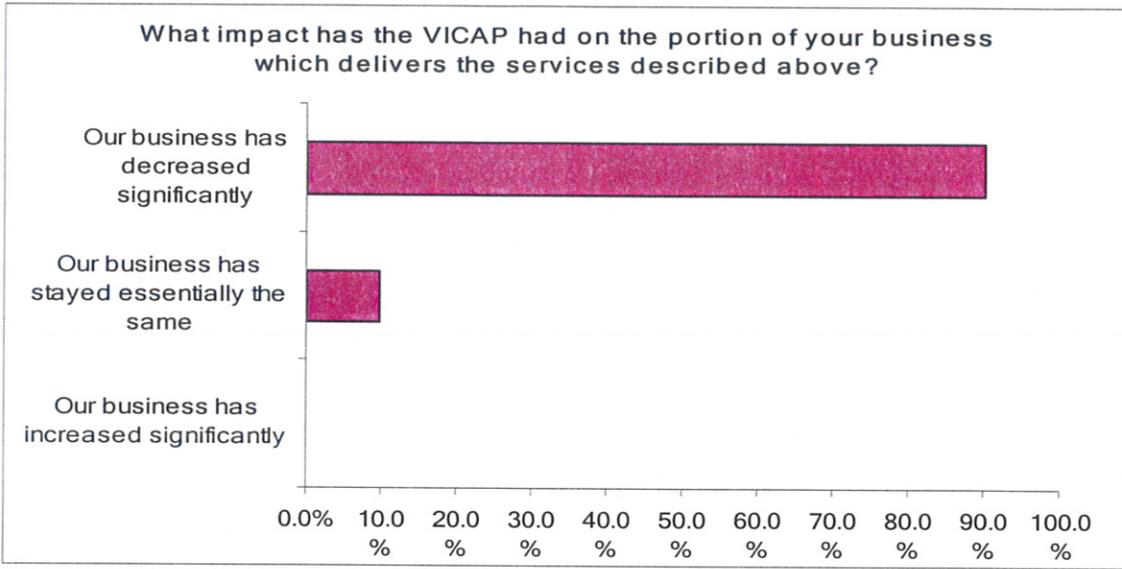
*We will again have the opportunity to give feedback on the requirement for an "Independent Assessment" to be completed prior to the implementation of Intensive In-Home, Therapeutic Day Treatment or Mental Health Support Services for youth up to the age of 21.*

*The following sections of the survey will allow feedback for each service; please complete those sections which pertain to your organization.*

*As we move forward into a more "managed" model of care -- it is extremely important that we have clear and concise data to share with both staff at DMAS and also with members of the General Assembly. We have been asked to present our findings in mid December; it is important that we have solid data upon which to base those findings!*

The survey was sent to the members of the Virginia Network of Private Providers who provide the affected services in November 2011. The results, which represent data from all forty CSB areas, are presented on the following pages.

The more generic comments and concerns about the VICAP process have been shared with DMAS staff for their information and follow-up.

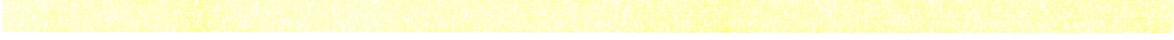


The data on the following pages is organized to compare the results for:

Intensive In-Home Services:

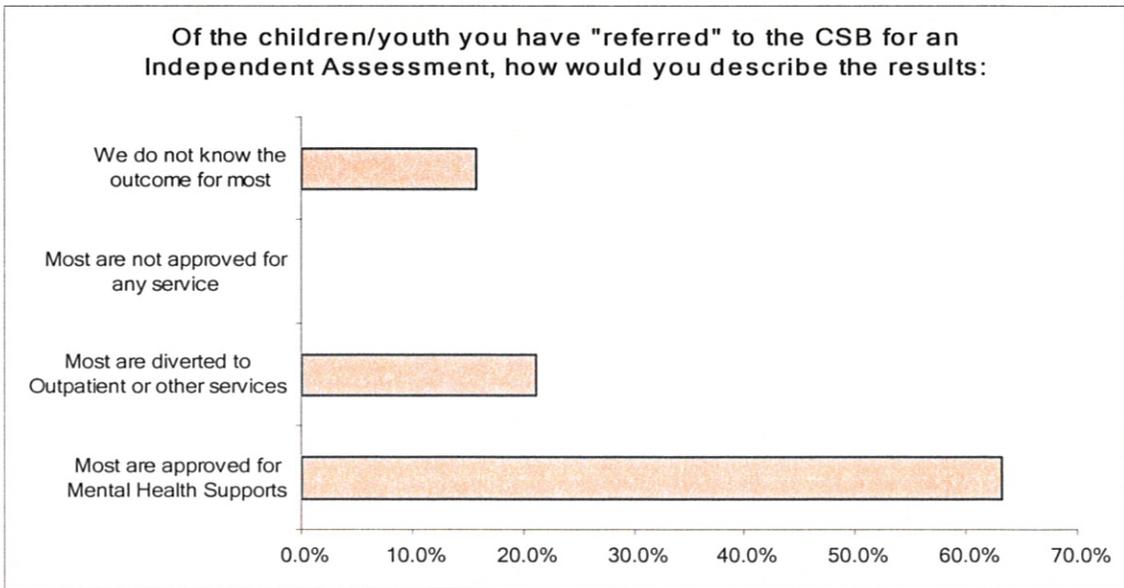
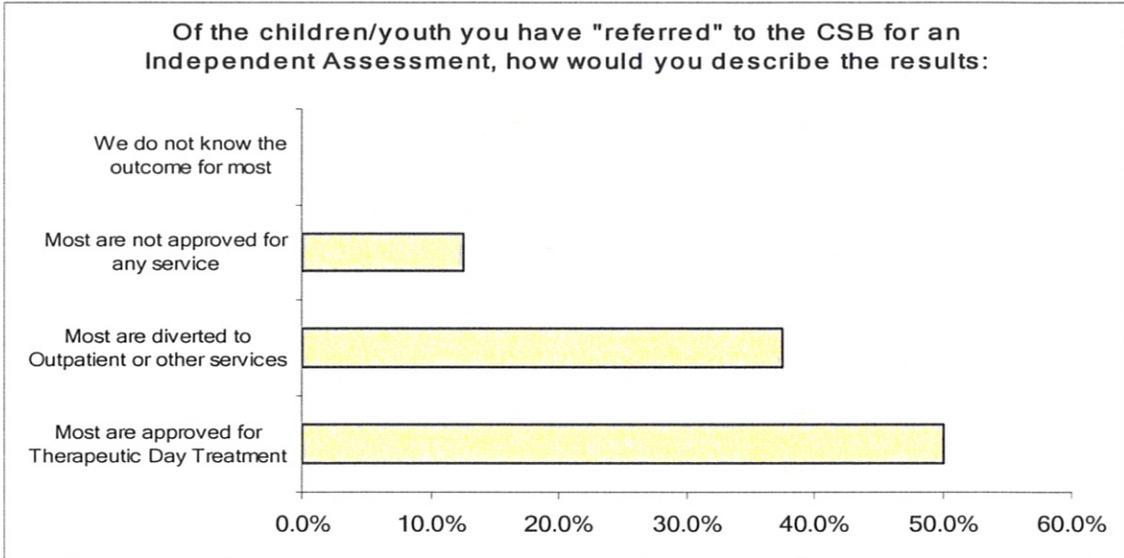
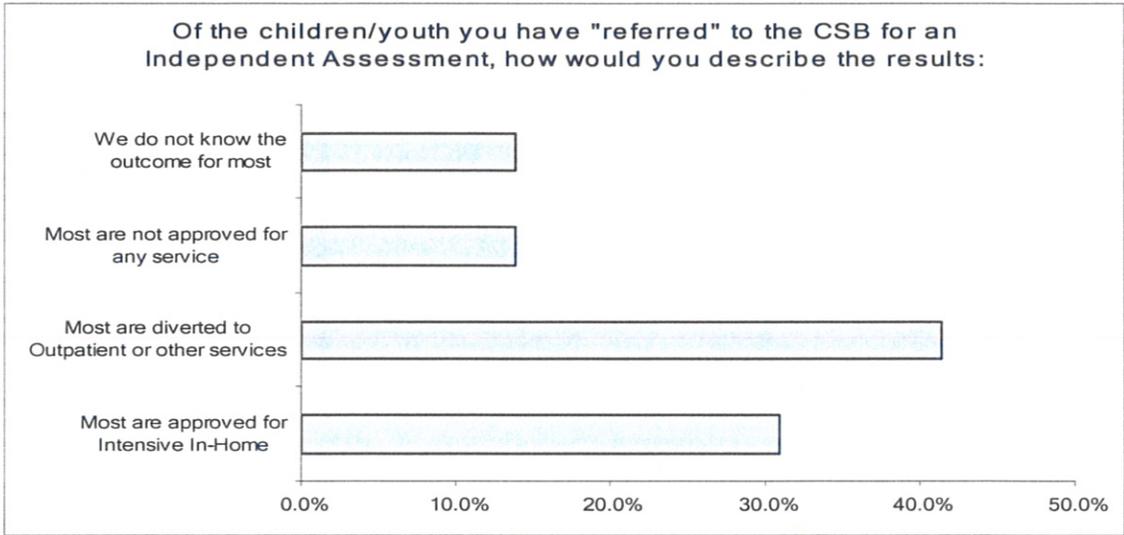


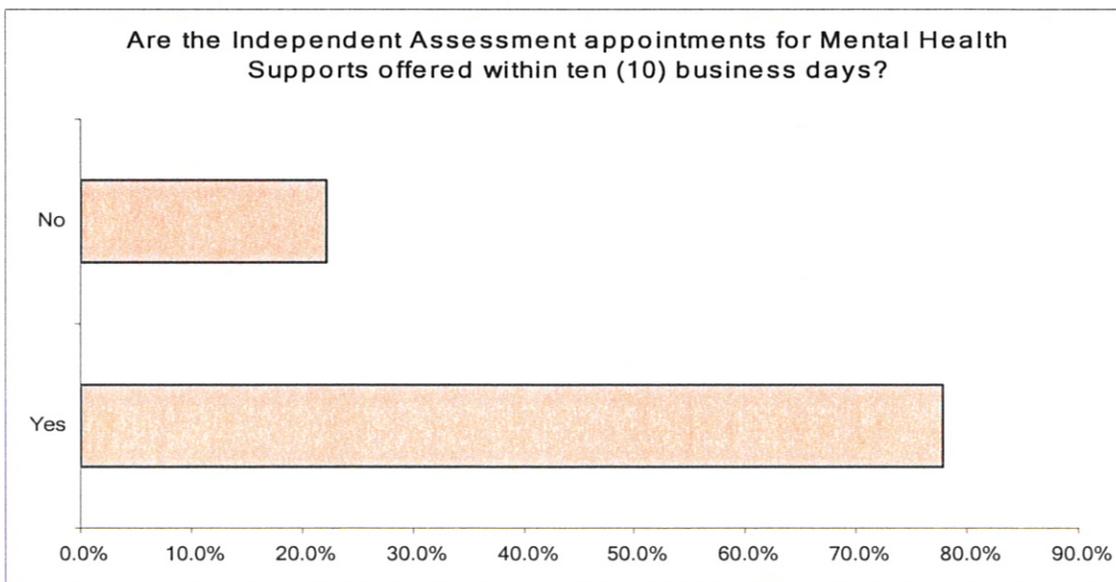
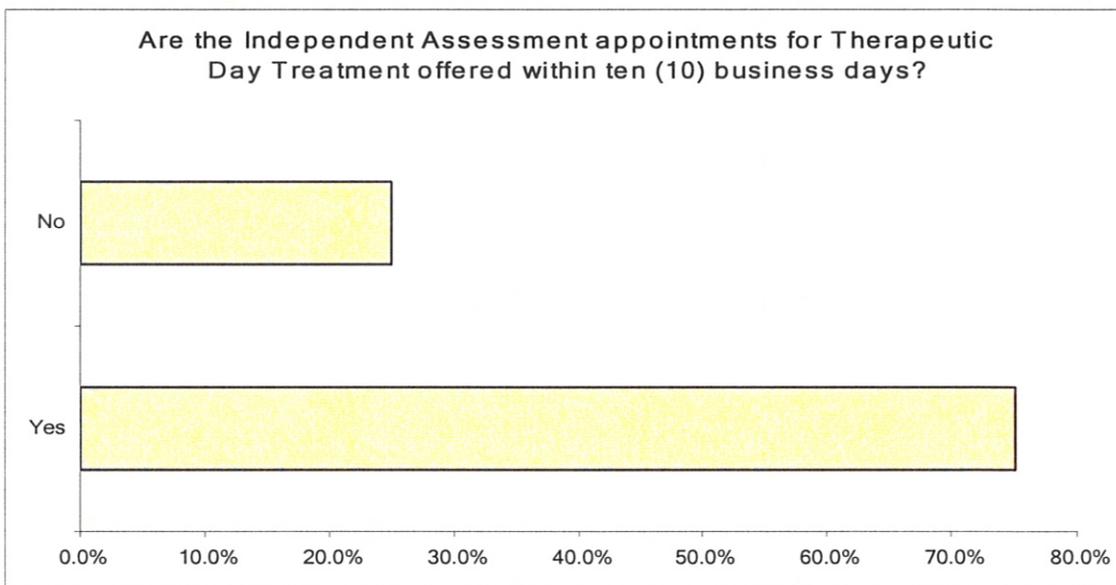
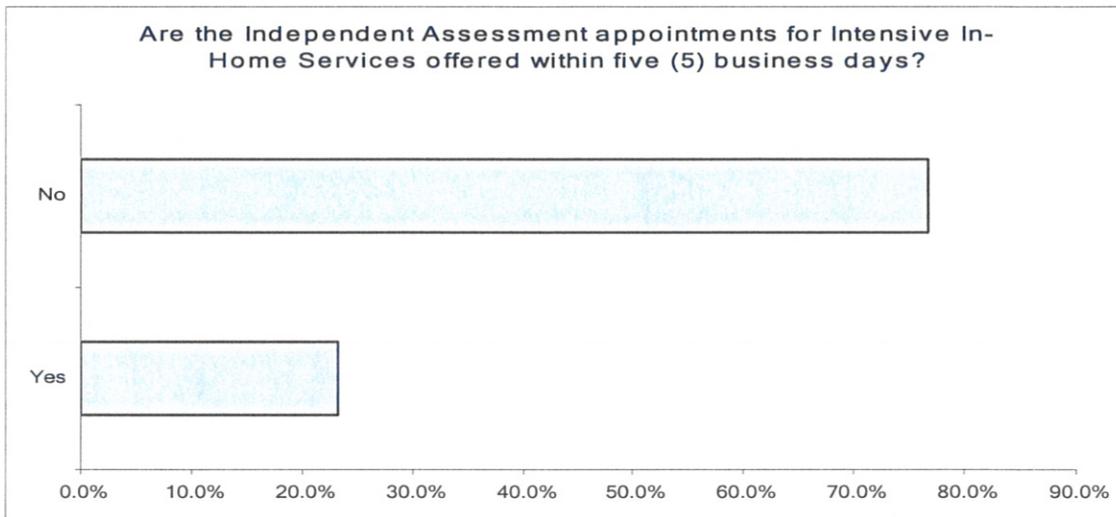
Therapeutic Day Treatment:

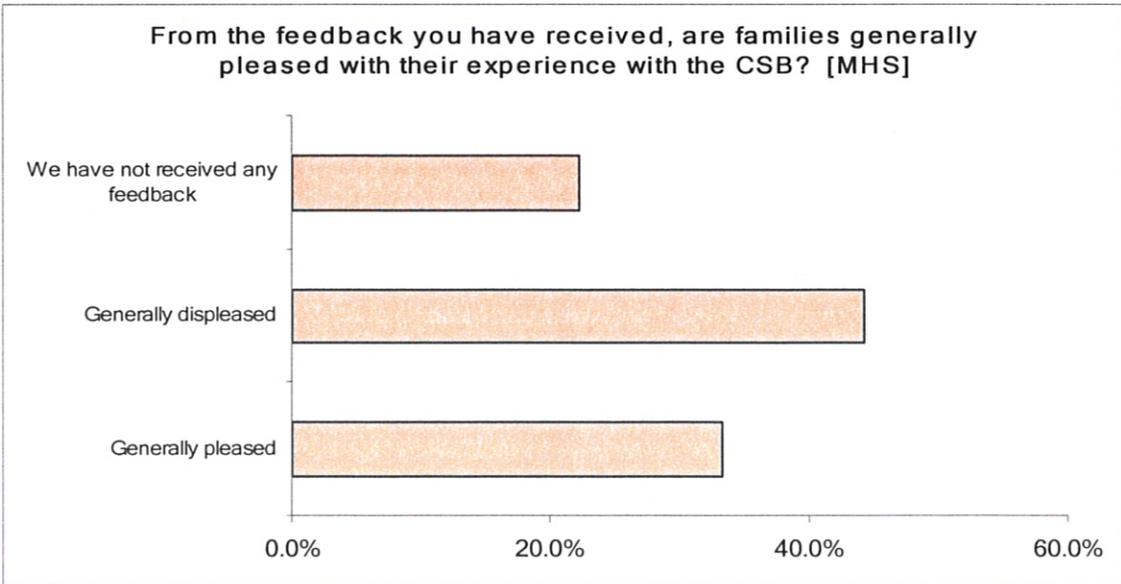
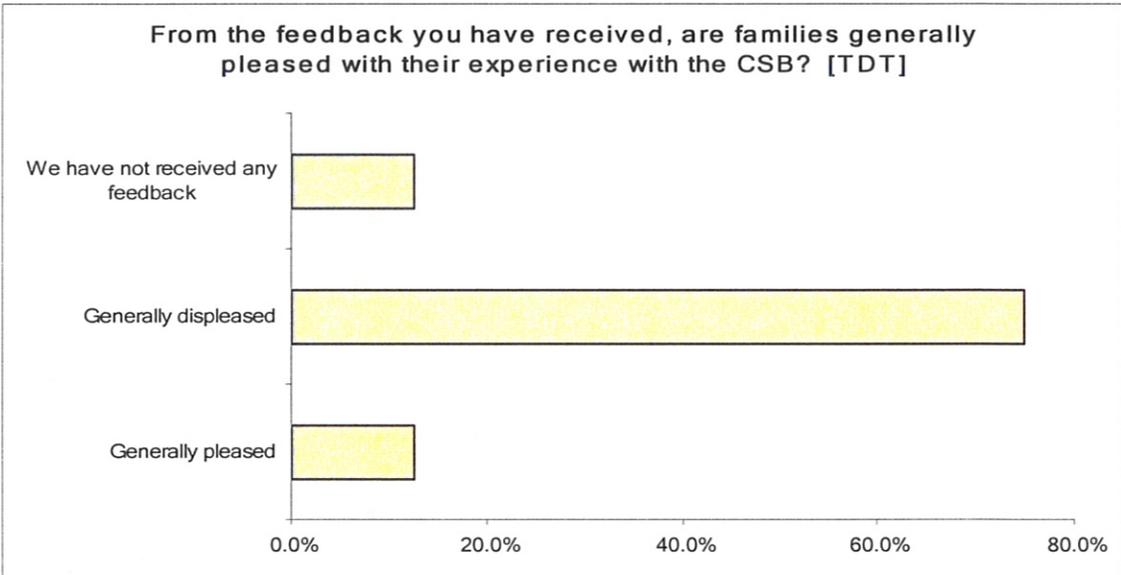
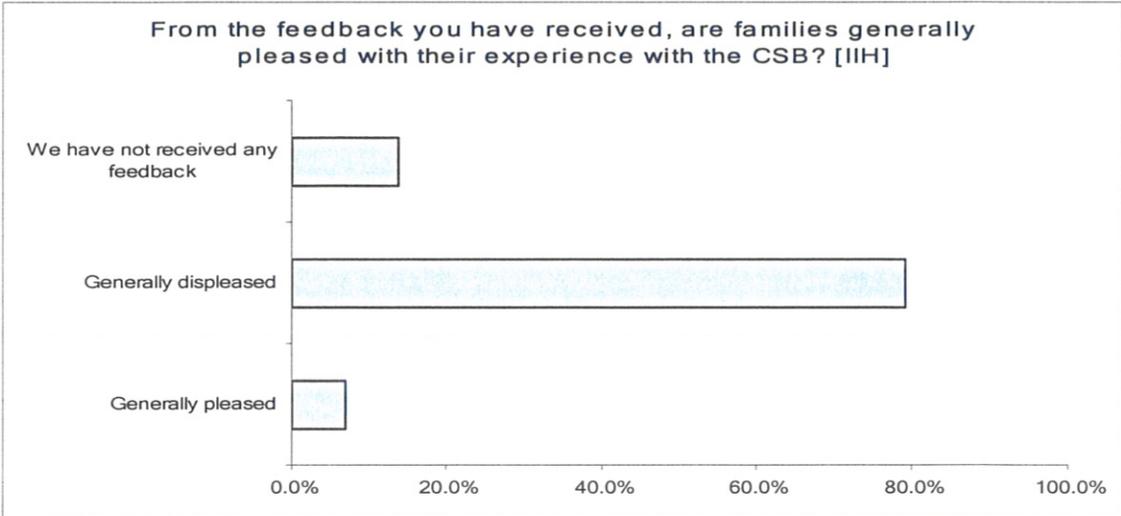


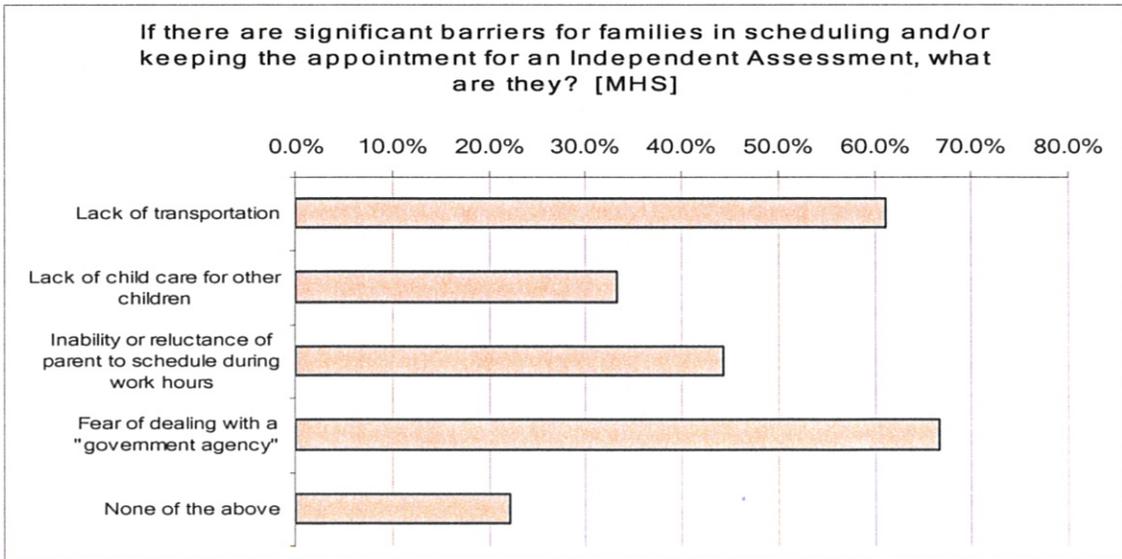
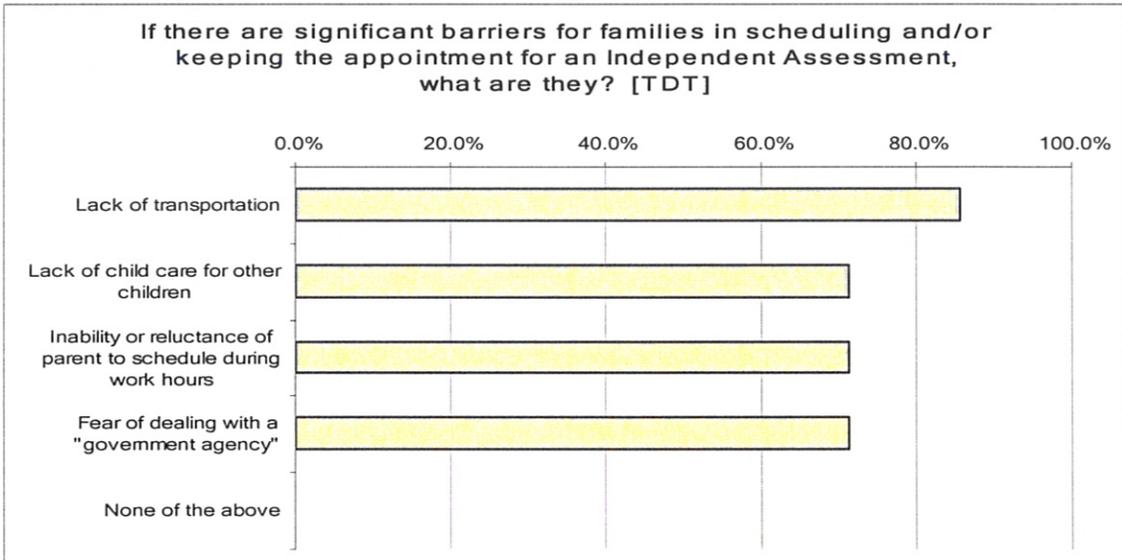
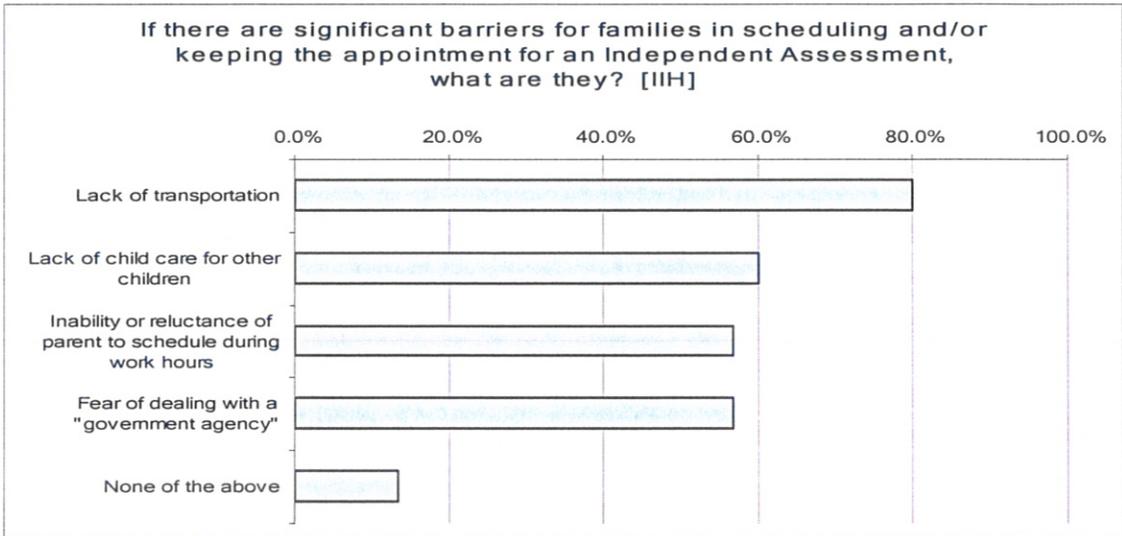
Mental Health Supports:











#### Other Barriers: Intensive In-Home

- Confusion about the process
- Not worth the trouble just to get recommended for outpatient; they are in crisis now and may not be interested in a month; too complicated and unable/unwilling to do on their own (without assistance or complete explanation of what to expect)
- Client's reluctance
- Emphasis on reluctance to deal with a government agency
- Return phone calls to schedule appointments
- Dislike this process of CSB assessments
- Not getting a live person and having to leave a message, then not getting a return call.
- Lack of having a clear understanding of the process (i.e. obtaining the correct number, what assessment to ask for...etc)
- CSB's cancel appointments and do not reschedule within required time frame, kids are placed out of the home while waiting for an appointment, families feel the process is redundant and are frustrated
- Confusion about the process
- Many have been treated negatively during previous appointments for other children.
- In some instances the families have to leave a message for CSB and they get back with them to make an appointment, thus phone tag is often reported before appointment even occurs.
- Most CSBs make the clients leave a voicemail and do not return their call.
- Waiting over 30 to 1 hour for service after having a scheduled appointment (3 cases of this )
- Lack of follow through by CSB in returning calls in appropriate timeline
- CSB want call you back to schedule especially Norfolk
- Lack of understanding of the process
- Concern of talking with the youth in the room. Inability to get through to the CSB to schedule an appointment to begin with.
- CSB's are not scheduling within time frames and then it is taking too long to get info back

#### Other Barriers: Therapeutic Day Treatment

- First couple months assessment were not within timeline
- Most CSBs have accommodated families. Except Blue Ridge and Northwestern
- Previous negative experiences have made them reluctant.
- CSB not answering phone, or returning phone calls, waiting to be seen when they have a scheduled appointment.

#### Other Barriers: Mental Health Supports

- Too much trouble to get denied anyway; too difficult or confusing; already have trust and other issues and are unlikely to "seek out" help and go through bureaucratic tape.
- Client's reluctance
- Have to leave a voicemail and await a call back from the CSB
- Needing to bring several documents for the appointment - these clients often lose items. One client was a participant within that local CSB in the past, but his Medicaid information could not be pulled up and accessed so another appointment had to be set.
- Redundant process and length between referral and opening is too long