VIRGINIA COALITION OF PRIVATE PROVIDER ASSOCIATIONS (VCOPPA)

Statement Regarding the Implementation of the VICAP Program

House Appropriations Health and Human Resources Subcommittee
December 12, 2011

Mr. Chairman and members of the subcommittee, my name is Stephen Jurentkuff. I am a Licensed Clinical Social Worker and Executive Director of Specialized Youth Services in Petersburg and also the Vice President of VCOPPA. We appreciate the opportunity to share our thoughts and concerns with you today regarding the implementation and the future of the VICAP process in Virginia.

- VCOPPA is very concerned that the VICAP process presents a barrier that denies access to needed services to Virginia's most vulnerable children, youth and families.

    - DMAS reported that from July 18, 2011 to October 31, 2011, 5,277 eligible families called, requested or walked in to make an appointment for a VICAP assessment.

    - Of those initial appointments, only 3,871 VICAP assessments were completed.

    - 5,277 requests for service minus 3,871 completed VICAPs = 1,406 children whose families requested services they did not receive. That's 27% of families who called for service that did not receive requested services in just three and a half months.

    - Annualized conservatively that comes to 4,218 of Virginia's most vulnerable children who would not receive services their families requested. That only considers the families who called for an assessment and did not show up to receive it. There is another whole group of families who find this process such a barrier that they do not even call to set up an appointment.

    - Given reports from private providers across the state, who fairly consistently report a drop in caseload of approximately 50%, we would estimate the percentage of families not even making calls to set up a VICAP assessment at around 23%.

Combining those who call and those who do not call, that would be in the neighborhood of 8,000 of our most vulnerable children and most impoverished and/or most dysfunctional families who are not receiving a service specially designed to meet their needs.

- Denial rates through KePro, the company that DMAS has hired to review and authorize services, have remained fairly constant by private provider reports. I do not have KePro statistics, but I would encourage this body to request this information to see if KePro has maintained a fairly consistent denial rate.

- It would also be good to see if KePro has responded to fewer clients than previous years. That would be another indication that the VICAP process hinders access to services rather than provides better screening. If the number of clients served is the same or increased, then better screening has occurred. If the number of clients has decreased, then access to services has been compromised.

- If that is the case, as we suspect it is, then the significant drop in families receiving community-based services is not due to a better screening process as this body intended, but due to a process which limits access to care.

- Unfortunately it does not pose as much of a barrier to higher functioning families or to families with better support systems who can assist them in getting through this process. It DOES limit access to care to those families who are most dysfunctional, most impoverished, most vulnerable – those who do not have telephones, cars, or families who support them – those who are more concerned with day to day survival; where they will sleep and what they will eat – those previously involved with child protective services or the juvenile or adult criminal justice systems who do not trust "the system". These are children who are in great need of the kind of support these services were designed to provide to exactly this type of population.

- The VICAP process is akin to asking patients with broken legs to walk to a doctor's office and be examined there to receive treatment. Those with less severe injuries and those with support of friends and families will receive treatment and those with more severe injuries and less support will not receive treatment.

- Some might say "So, these families are not able to access community-based services. If they REALLY need them badly enough, they will call, right?" Wrong. If they could access outpatient services they would do so. But they do not access these services and what generally happens is the situation for which they sought services gets worse and a crisis erupts and the child often goes to an acute psychiatric hospital, our highest and most costly level of care.

  Remember, the criteria to qualify for these services is very high and the child must meet two out of three criteria including:

  1. At-risk for out-of-home placement;

  2. Repeated interventions by social services, mental health or juvenile justice, and/or;

  3. Cognitive impairment so severe they cannot recognize danger to self or others.

  These are seriously emotionally disturbed children in need of service.

- At the November Local Human Rights Committee meeting in Harrisonburg Virginia, the Commonwealth Center for Children reported that they had noticed an increase in admissions. It was noted that due to the Center's acute services, both readmissions in 30 days and Temporary Detaining Orders (TDOs) were going up. It was added that the increase in demand for the Center's services could be tied to what services were available in communities and the overall tight economic times.

- VICAP is an impediment to all clients attempting to access services but it poses a special hardship on families in rural areas where access to service is already a problem. Transportation to outpatient visits, the distance from home to the outpatient CSB office, the amount of time all of this takes makes it prohibitive for many rural families to access these services.

- The VICAP process is a duplicative and costly impediment to an already fractured system of care that provides questionable benefit to clients.

- The VICAP process slows down the time for clients to receive services. Theoretically if all goes perfectly the client can get services within 2-3 weeks of calling, compared to generally within one week prior to the VICAP process.

- But in practice the VICAP process generally creates a much longer timeframe for clients to receive services. The client may not be able to come for the appointment time available to them within the established time-frames, then the appointment is pushed further out.

- Clients then need to call the private provider of their choice after they complete the VICAP to have the provider come to their home to do another assessment which the provider then submits to KePro for service authorization. Delays can occur on that end as well. Sometimes families have difficulty deciding on a provider. Sometimes they want to take a break from being assessed. They have just been through a 2 hour VICAP assessment, and now they have to go through another 2 hour assessment in their home. And still they have not received one minute of the actual service they so desperately need.

- For therapeutic day treatment services, private providers are paid $36.53 for an assessment in the home of the client by a licensed or license-eligible professional, which generally takes approximately 2 hours (not counting the travel time and the time it takes to document the assessment) and enter this information into KePro system, which generally takes about another hour. This fee is paid in addition to $252 that the CSB is paid for the VICAP assessment. In addition, private providers are paid $60 for an intensive in-home assessment and $91 (urban) and $83 (rural) for a mental health support assessment, that both generally take about the same amount of time as a day treatment assessment.

- The cost to reimburse the CSBs for VICAP assessments alone through October 2011 (three and a half months) is almost $1 million ($252 X 3,871 = $975,492); x 3 = approximately 3 million dollars annualized.

- The VICAP process is an attempt to correct problems in the Medicaid system that should have already been addressed through the implementation of KePro prior authorization and re-authorization. Changes in licensing overseen by DBHDS, which have increased the credentials of the staff assessing the need for these services to licensed or license-eligible staff under the supervision of licensed professionals, the supervision of these

services and the qualifications of the staff providing these services, and have given clear direction and regulatory oversight of this process. All of which VCOPPA supports. We want to see improvements in quality of service. Most providers offering these services prior to the social services transformation were already adhering to a majority of the changes that were made. However, when group home providers were strongly encouraged by the state social service system to revamp their residentially based services to community-based services, the DBHDS licensing system (which had been downsized by budget cuts) was not able to respond to the onslaught of requests for licenses and the regulations were terribly out of date to direct new programs in developing these services. What ensued was regrettable; an explosion of substandard services which were allowed by the minimum standards of the code, and a system overwhelmed by demand and some private providers took advantage of these gaps. This situation, I am glad to report has been fixed. DBHDS working with DMAS has developed strong and clear regulations closing these loopholes and DBHDS has been given increased manpower to better oversee these services.

- DMAS and the CSBs have done their best to implement this VICAP pilot project, and while there have been some shortcomings with some CSBs, the real problem exists in the concept of the VICAP rather than its implementation. Requiring clients to come into the office for an outpatient visit to access services provided in their homes presents a harmful barrier to accessing services. I think you will agree that the numbers bear this out.

In closing, VCOPPA recommends to this body that the current VICAP process not continue forward in the future care coordination system, but instead allow the new managed care companies to develop creative, more family friendly solutions to address the concerns the VICAP process was intended to solve. This body's original intention with VICAP was to test it - in a pilot project. Somehow, this pilot project became a state-wide mandate.

What is clear to us is that the VICAP is not fulfilling its intended purpose of creating a better screening process to more accurately align the appropriate level of service to the client's needs, but rather it has erected a serious barrier, denying clients access to needed services. Short-term, this will create savings but long-term this will force children into higher levels of care that will cost the Commonwealth many more dollars than will be saved by denying service to Virginia's most vulnerable children and families.

Thank you for this opportunity to present our concerns on behalf of the private provider community and I will now turn it over to other colleagues who can give you more specific case histories.