**OVERVIEW**

**Transformation of Virginia’s Behavioral Health Delivery System**

* Development of a more comprehensive, integrated health system that includes behavioral health.
* **Adoption of measurable, data-driven, outcome-based models by all providers to ensure appropriate, cost-effective care.**
* **Inclusion of private-sector providers in Virginia’s efforts to transform its behavioral health delivery system.**

***The Virginia Association of Community-Based Providers (VACBP) is a non-profit association comprised of private-sector providers of behavioral health and substance abuse treatment services at more than 165 locations throughout Virginia.*** *Our mission is to improve the lives of individuals and families, and the quality of life in local communities through the provision of efficient and effective community-based behavioral health and substance abuse treatment services. We accomplish our mission by providing services and resources that maximize the quality and efficiency of our members, and by advocating for public policies that reward efficient and effective community-based behavioral health services.*

* **Development of a unified assessment rate for community-based services.**
* **Increased investment in early intervention and prevention services.**
* **Reconsideration of eligibility and continuity of care criteria for MHSS.**

**Efficient Management and Coordination of Virginia’s Medicaid System**

* **Continued improvements in the education of those who coordinate care for the payers of Virginia’s Medicaid services.**
* Establishment of operational standards for all payers to improve the efficiency of our behavioral health delivery system and reduce administrative burdens on providers.
* Continued improvements in regulatory processes and communications with regulators.
* Increased coordination among agencies related to behavioral health service delivery and social service programs.

**Implementation of Strategies to Address the Shortage of Qualified Behavioral Health Workers**

* Increased flexibility to allow cross-supervision between counselors and social workers.
* Allowance for appropriate levels of experience and/or supervision that is gained in other states to satisfy requirements within Virginia.
* Improved communications with institutions of higher learning so they better understand the requirements to work in the behavioral health industry in Virginia and can appropriately align curriculum to better prepare their graduates for the workforce.
* A comprehensive 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 behavioral health support.
* 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.
* Development of state-supported low-interest loan and scholarship programs for individuals working to become behavioral health professionals in Virginia.

**ADDITIONAL DETAILS ON PRIORITIES**

**Transformation of Virginia’s Behavioral Health Delivery System**

**Development of a more comprehensive, integrated health system that includes behavioral health**. The VACBP recognizes that social determinants of health are a critical factor in health outcomes for individuals with behavioral health conditions. Individuals with serious mental illness die decades earlier on average from preventable chronic illness. Barriers to primary care and challenges in navigating Virginia’s complex health care system contributes to these statistics. In some cases, primary health care settings can also serve as a gateway to receive behavioral health support for those suffering from behavioral health challenges. The VACBP supports a shift to a delivery system that integrates primary, mental health and substance abuse treatment. Such an integrated model will help improve the effectiveness and efficiency of our system and will lead to better health outcomes.

A close up of a sign

Description automatically generated**Adoption of measurable, data-driven, outcome-based models by all providers to ensure appropriate, cost-effective care.** 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 efforts to increase quality, cost effectiveness and efficiency continue, it is essential to ensure appropriate incentives and metrics are in place to reward increased quality, while simultaneously not overburdening providers with administrative requirements that don’t contribute to improved care. **To this end, the VACBP supports adoption of measurable, data-driven, outcome-based care models, such as the VACBP’s Competitive Credibility Data Program (CCDP). Outcome and data-based models like the CCDP help to ensure the most appropriate and cost-effective services and supports are provided to improve health and reduce cost.**

**Inclusion of private-sector providers in Virginia’s efforts to transform its behavioral health delivery system. As Virginia works to transform its behavioral health delivery system, it is critical that the resources, expertise and availability of private-sector providers be utilized and fully leveraged as part of that transformation. Enabling a significant and increased role for quality-focused, private-sector, community-based providers will help to maximize limited financial resources and reduce unnecessary investment in services 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 to avoid significantly higher costs if that care were not readily available. With this, it is equally important that all properly licensed and qualified providers be able to receive reimbursement for all services and that that licensing, qualifications and supervision requirements be consistent across all providers, public and private.**

**Development of a unified assessment rate for 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 meeting with the client, documenting that meeting, and gathering information from multiple sources to determine the most appropriate diagnosis, and service and treatment track. 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, which on average, half the amount of time as a full assessment. 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.**

**Increased investment in early intervention and prevention services. The VACBP supports increased investment in early intervention and prevention services 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.**

**It’s important to note that Medicaid reimbursement rates haven’t increased in more than 20 years, in some cases, despite recommendations that specific rates increase from the agency that oversees Virginia’s Medicaid program. It’s well past time for an evaluation of reimbursement rates for community-based services with a particularly focus on rates for Intensive In-Home Services (IIH), Mental Health Skill Building Services (MHSS), Outpatient Services (OP), Psychosocial Rehabilitation (PSR) and Applied Behavior Analysis (ABA) therapy. As rates are evaluated, the true costs to provide each service should be considered, including administrative costs to navigate MCO processes, increasing staff qualification and supervision requirements, 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), among other factors. We also welcome a greater emphasis on outcomes as a factor in reimbursement rates as value-based payment models are utilized in Virginia. Without an objective, data-based effort to address Virginia’s stagnant reimbursement rates, it will become increasingly difficult for providers to hire and retain qualified staff to provide the community-based services.**

**Reconsideration of eligibility and continuity of care criteria for MHSS. Following the substantial changes made to MHSS in 2013, including a requirement for a past hospitalization or similar intensive service to receive this support, many adults who could have benefited considerably from these services have been unable to access them. While there has been a corresponding decrease in Medicaid expenditures for this service, it is uncertain if expenditures in other programs have correspondingly increased (such as psychiatric hospitalizations). To address this issue, the VACBP urges reconsideration of the eligibility and continuity of care criteria for MHSS. The VACBP also urges evaluation of the appropriate length of time an individual may receive MHSS. Expectations that a person can learn and apply the skills to successfully live in their community while coping with the symptoms of a mental illness in six months or less is unrealistic for most. As Virginia continues to consider how best to meet the needs of our Medicaid population with the most appropriate, cost-effective level of care, the eligibility and continuity of care criteria for early intervention, community-based services like MHSS should be revisited.**

**Long term, we support a thorough review of the purpose of this service to reduce the dichotomy between the growing expectation that this is a short-term, psychiatric “crisis” service vs. the chronicity of having an SMI and being supported by a QMHP. One possibility for consideration is to have a tiered approach that addresses these disparate client needs.**

**Efficient Management and Coordination of Virginia’s Medicaid System**

**Continued improvements in the education of those who coordinate care for the payers of Virginia’s Medicaid services.  As payers of Virginia’s Medicaid services approve/deny authorizations and/or offer feedback to providers about the level of suggested step-down services that would be appropriate for consumers upon discharge, it is imperative that they have a clear understanding of the scope of services provided in the different programs offered across the state.  Without a clear understanding of services, referrals that are made will be ineffective in assisting the consumer in meeting their continued needs.**

**The VACBP urges payers of Virginia’s Medicaid services to investigate developing continuum of care guidelines for appropriate escalation and step-down services. We fully support DMAS-stated intentions to create such a continuum of care similar to the ASAM model used in ARTS, that would be developed with stakeholder input. As with ARTS, CMH services should be easily and quickly accessible to individuals in need, with reimbursement rates that can adequately sustain the level of professional staff required to competently serve this high-risk population.**

**Establishment of operational standards for all payers to improve the efficiency of our behavioral health delivery system and reduce administrative burdens on providers.** Private-sector behavioral health providers are experiencing significant financial challenges and administrative burdens as a result of inconsistent interpretation and application of regulations by the Medallion 4 MCOs. While we value the important relationship providers have with the MCOs, it is critical that we continue to work together to address provider payment issues, licensing requirement discrepancies, unreasonable continuity of care timelines, and antiquated and repetitive authorization processes. 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.

**Continued improvements in regulatory processes and communications with regulators.** The VACBP supports continued improvements to the regulatory processes that impact behavioral health providers with a focus on streamlining and simplifying regulations and supporting initiatives that enable clear and consistent communications between regulators and providers. The VACBP also supports adequate notification and time to comply with regulatory and guidance document changes, as well as opportunities for providers to offer input on proposed changes that will impact their organizations and the delivery of services.

**Increased coordination 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.

**Implementation of Strategies to Address the Shortage of Qualified Behavioral Health Workers**

There is a critical shortage of **qualified behavioral health and substance abuse treatment professionals in Virginia and this is directly** impacting access to early-intervention and preventative care. **The VACBP** supports initiatives that will produce more qualified behavioral health professionals, including:

* Increased flexibility in supervision requirements to enable LCSWs and LPCs to supervisor both licensed-eligible counselors and social workers.
* Allowance for appropriate levels of experience and/or supervision that is gained in other states to satisfy requirements within Virginia.
* Improved communications with institutions of higher learning so they better understand the requirements to work in the behavioral health industry in Virginia and can appropriately align curriculum to better prepare their graduates for the workforce.
* A comprehensive 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 behavioral health support. This should include the potential to replace current Bachelors- and/or Masters-level degree requirements with intensive, service-specific training.
* 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.
* Development of state-supported low-interest loan and scholarship programs for individuals working to become behavioral health professionals in Virginia.