Department of Medical Assistance Services

Residential Treatment Services Overview and RTC Regulations Project

CSA Conference

Hotel Roanoke

April 27, 2016

www.dmas.virginia.gov

DMAS Updates

New Projects

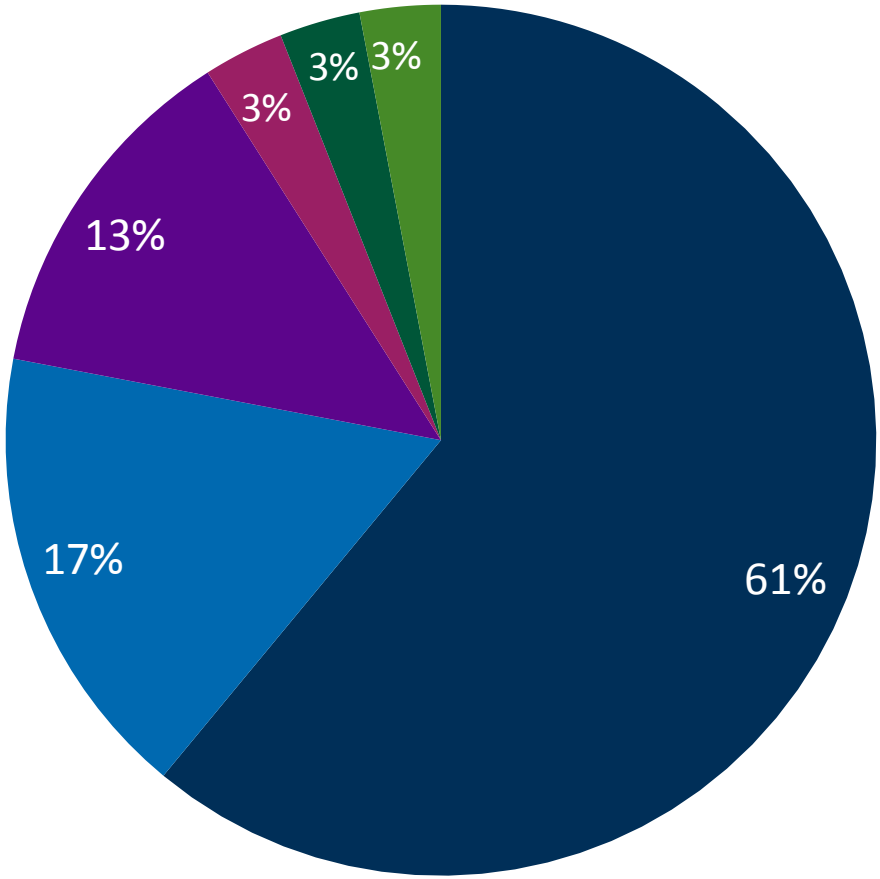
- SUD Waiver application
- http://www.dmas.virginia.gov/Content_pgs/bh-sud.aspx

- MLTSS Waiver and Medallion 3
- http://www.dmas.virginia.gov/Content_atchs/mltss/April%201%202016%20Stakeholder%20Notice%20on%20DMAS%20Managed%20Care%20Initiatives%20final.pdf

Current Residential Program Data

- The following slides are a summary of residential services authorized by Magellan as of August, 2015

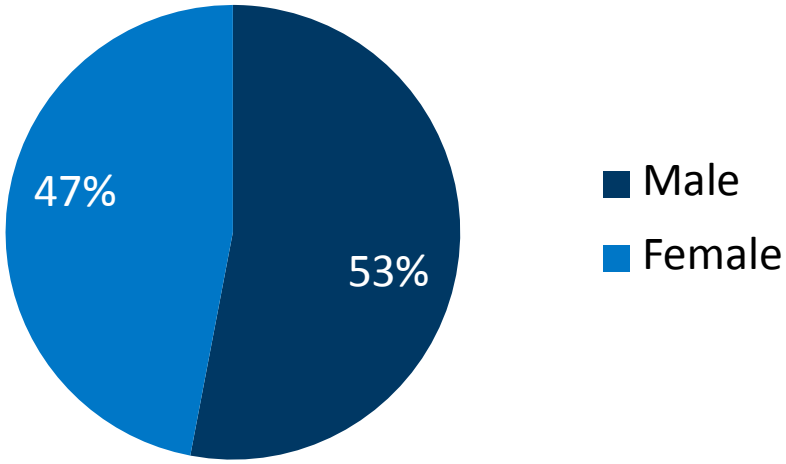
Residential Authorizations by Primary Diagnosis



- Mood Disorders (61%)
- Disorders Diagnosed in Infancy, Childhood, Adolescence (17%)
- Anxiety Disorders (13%)
- Sexual and Gender Identity Disorders (3%)
- Schizophrenia and other Psychotic Disorders (3%)
- Adjustment Disorder (3%)

Data Source: : Auth Primary Diagnostic Classification Summary

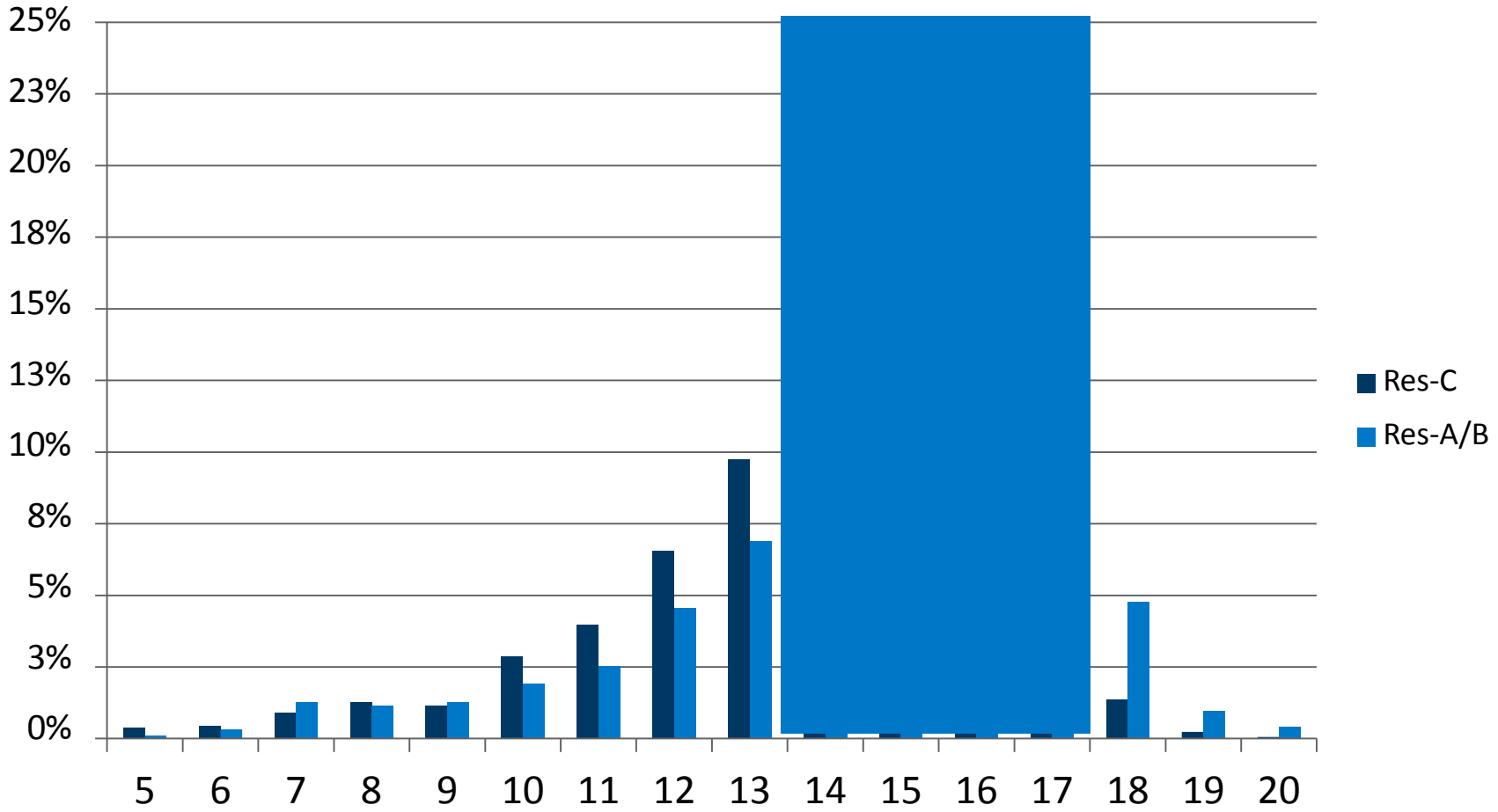
Residential Authorizations by Member Gender



Service	% Male	% Female
Residential A and B	56.9%	43.1%
Residential C	50.9%	49.1%
Overall	53%	47%

 Data Source: Ad hoc Query: Residential authorization IP data run 9/15/15

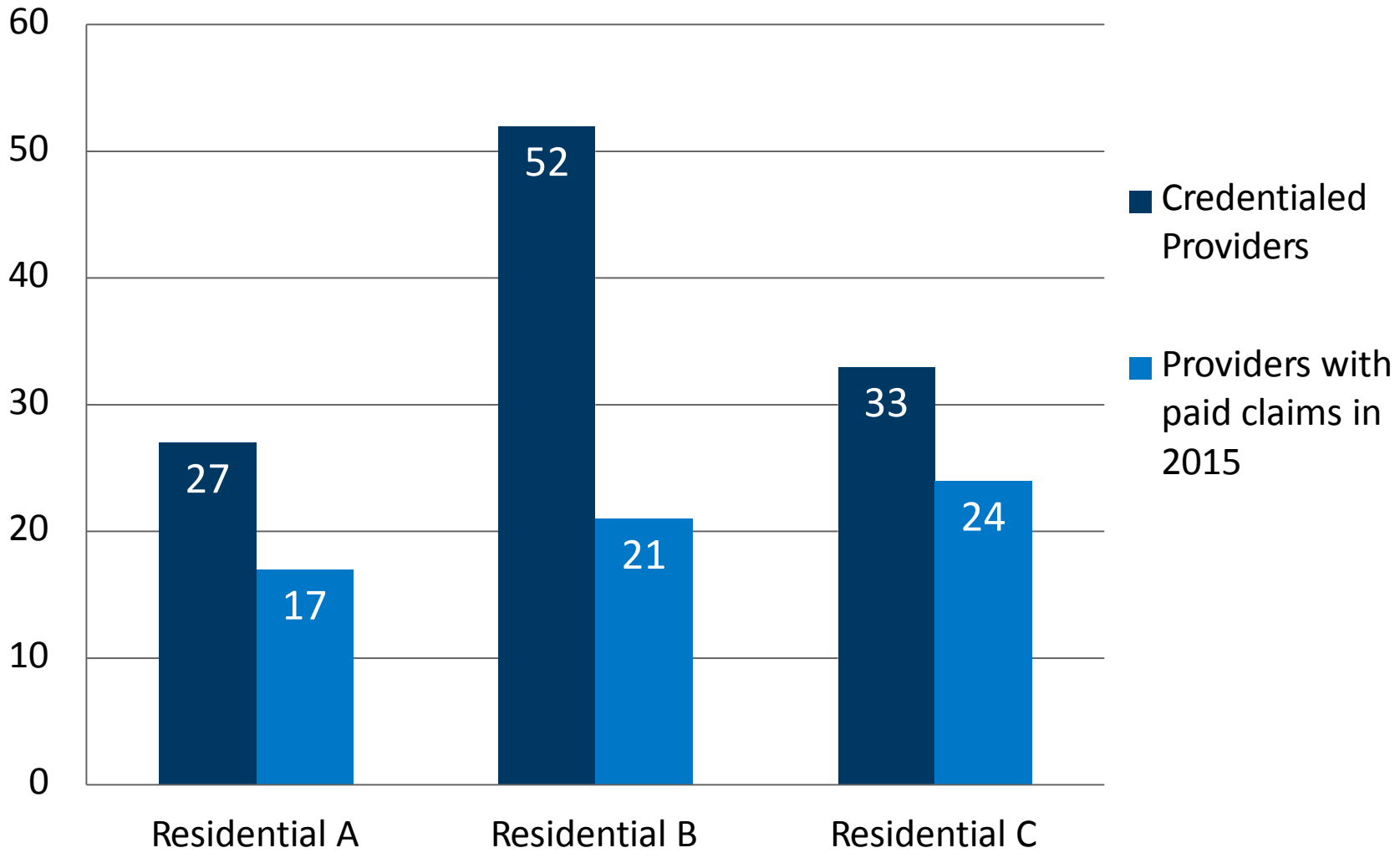
Age of Member at Residential Services Admission by Percent



- *Age 5-9 at admission: 4.2%*
- *Age 10-13 at admission: 20.6%*
- *Age 14-17 at admission: 72%*
- *Age 18-20 at admission: 3.2%*

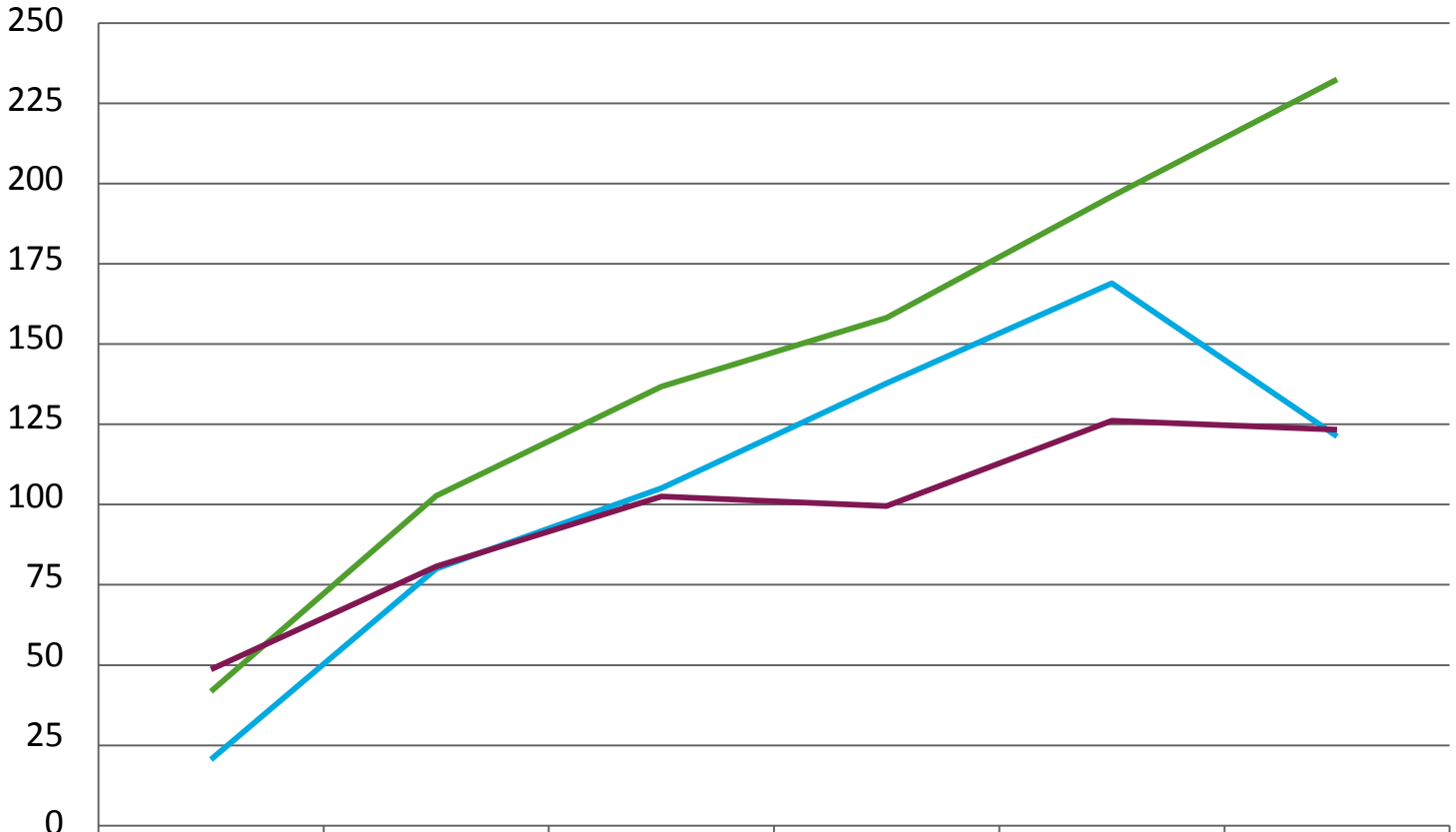
 Data Source: Ad hoc Query: Residential authorization IP data run 9/15/15

Number of Credentialed Residential Providers



Data Sources: IPD data run 9/15/15; Claims report

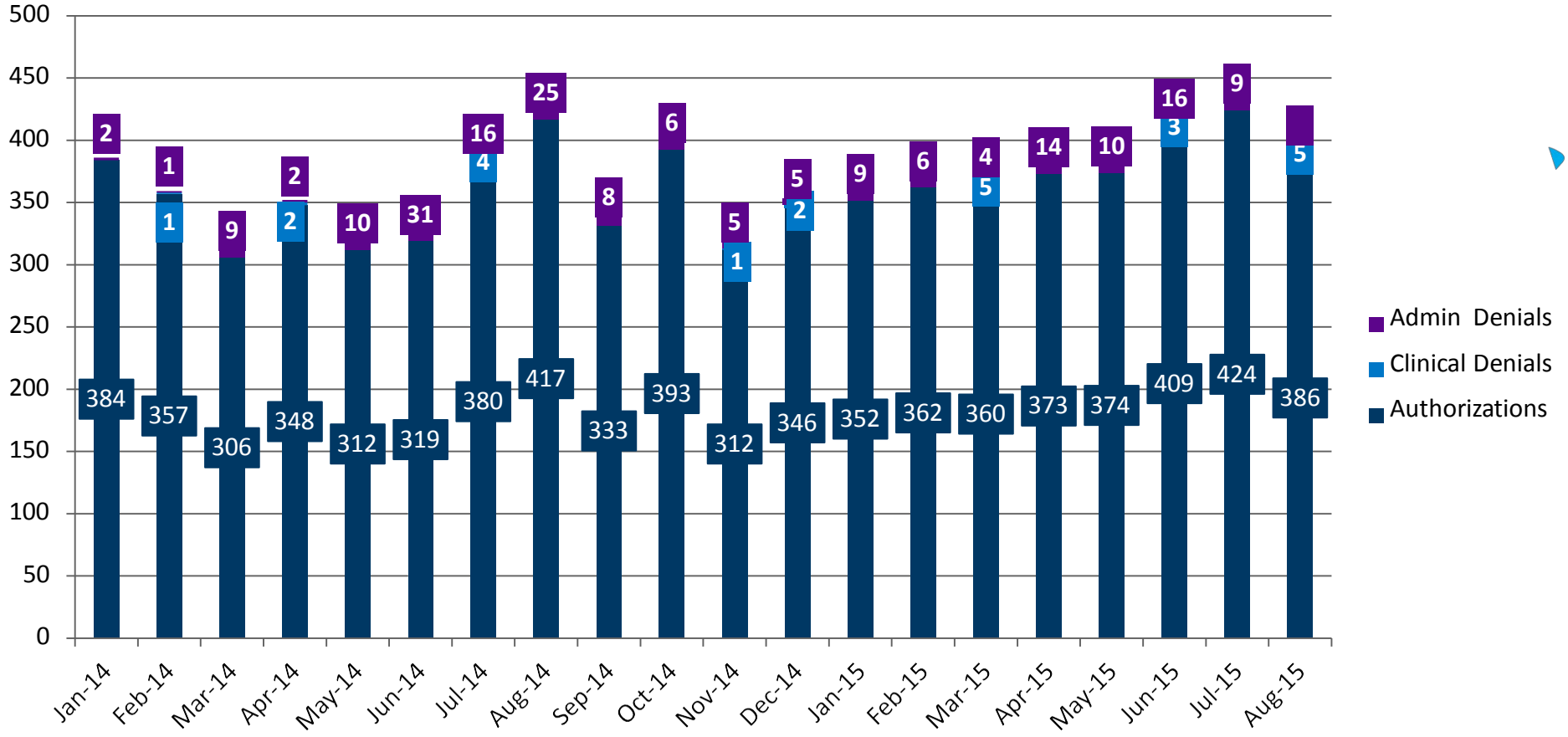
Average Length of Stay for Residential Services by Quarter



	2014 Q1	2014 Q2	2014 Q3	2014 Q4	2015 Q1	2015 Q2
Residential C	41.78	102.68	136.8	158.14	196.05	232.464
Residential A-CSA	20.57	80.05	105.1	137.81	168.92	121.231
Residential B-CSA	48.65	80.68	102.54	99.55	126.08	123.346

Data Source: VA DMAS Custom Utilization Management Report
Non CSA Residential A and Non CSA Residential B data were insubstantial for inclusion in this chart

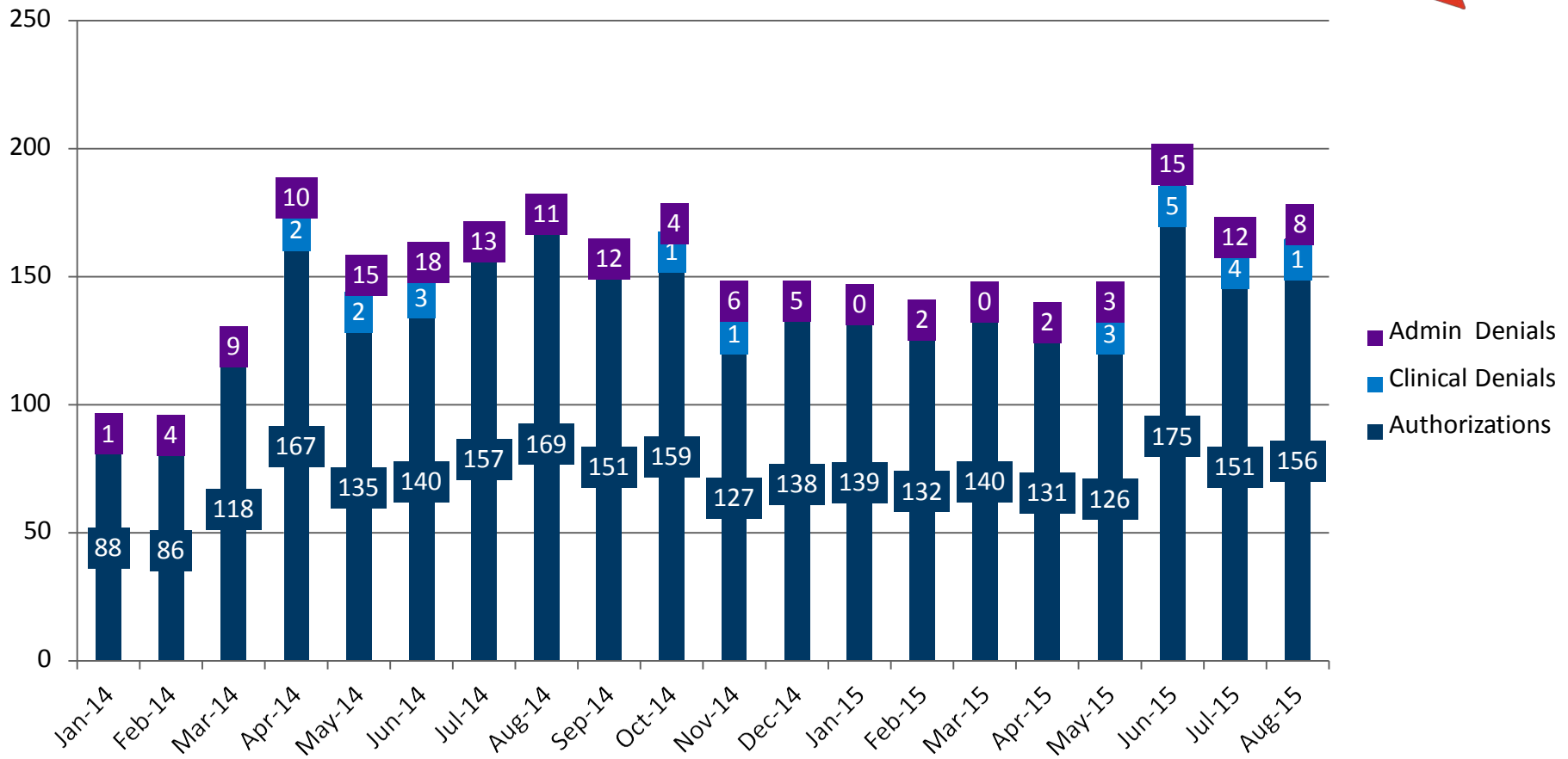
Residential C Authorizations and Denials by Month



2014	2015 YTD
% Authorizations: 97.0%	% Authorizations: 97.2%
% Admin denials: 2.8%	% Admin denials: 2.4%
% Clinical denials: 0.2%	% Clinical denials: 0.4%

 Data Source: Ad hoc Query: Residential authorization IP data run 9/15/15

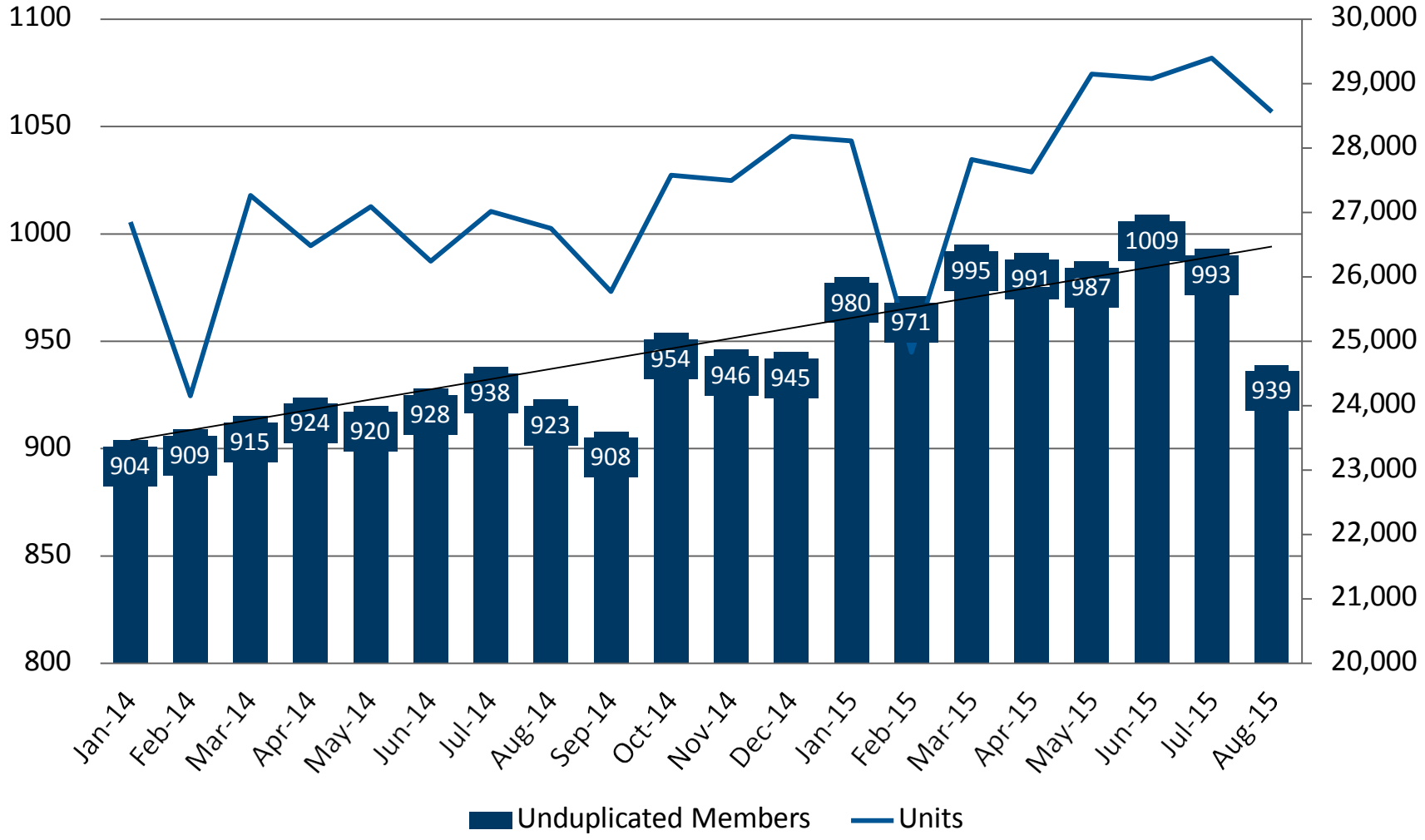
Residential A/B Authorizations and Denials by Month



2014	2015 YTD
% Authorizations: 93.3%	% Authorizations: 95.4%
% Admin denials: 6.2%	% Admin denials: 3.5%
% Clinical denials: 0.5%	% Clinical denials: 1.1%

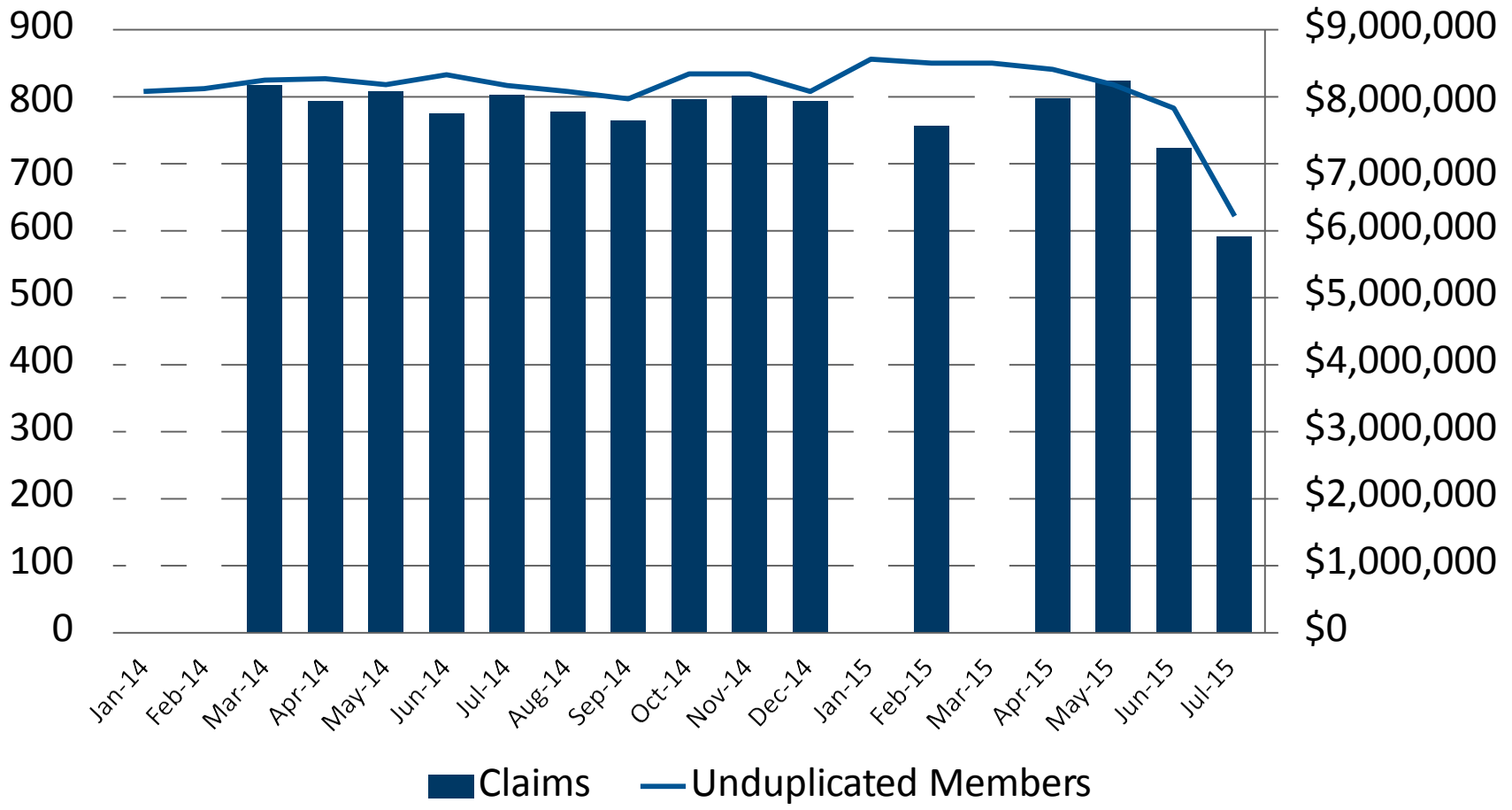
 Data Source: Ad hoc Query: Residential authorization IP data run 9/15/15

Residential C: Unduplicated Members and Authorized Units by Month



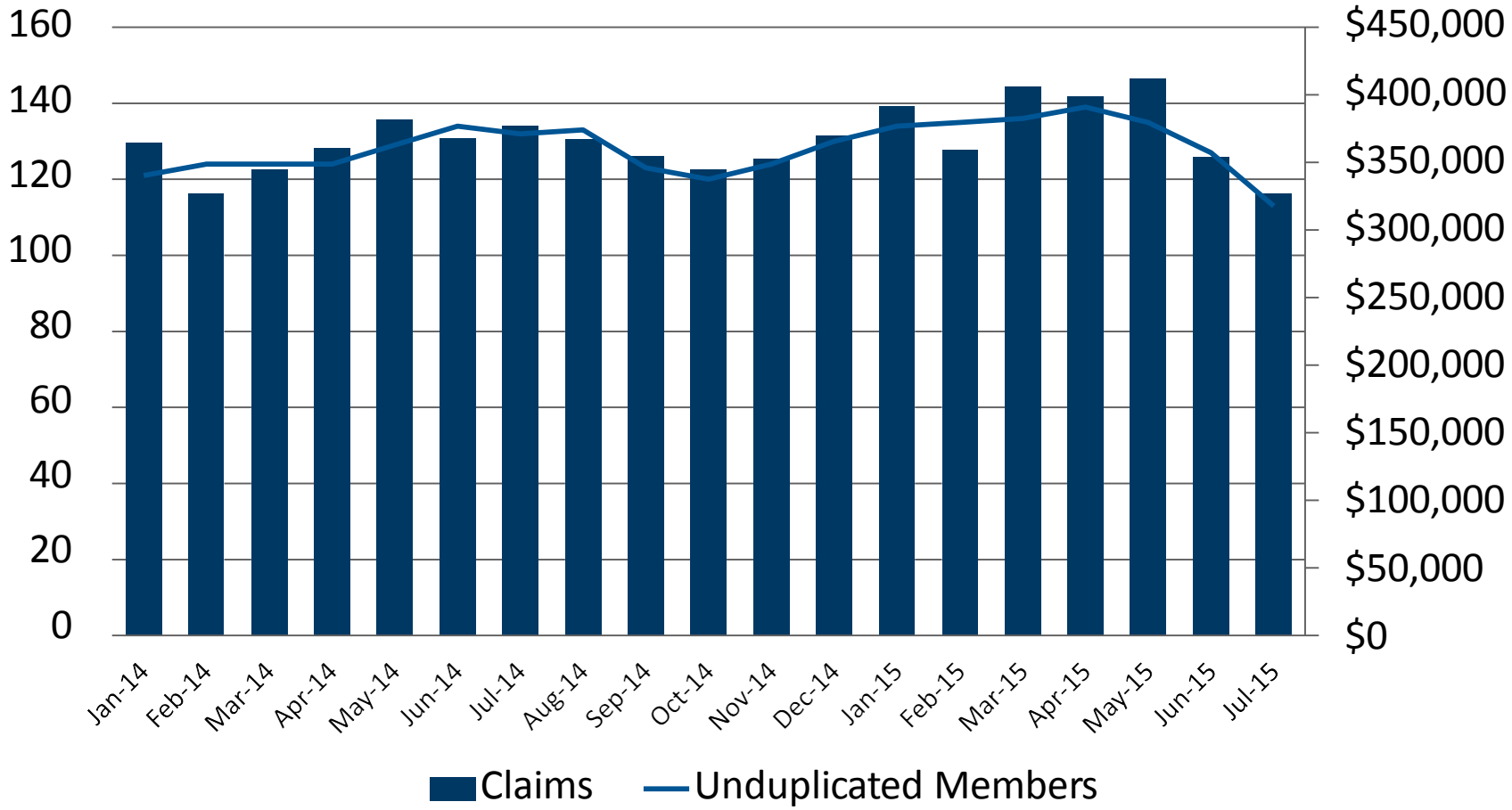
 Data Source: VAD_Auths_ Monthly Summary

Residential C: Claims paid by Unduplicated Member



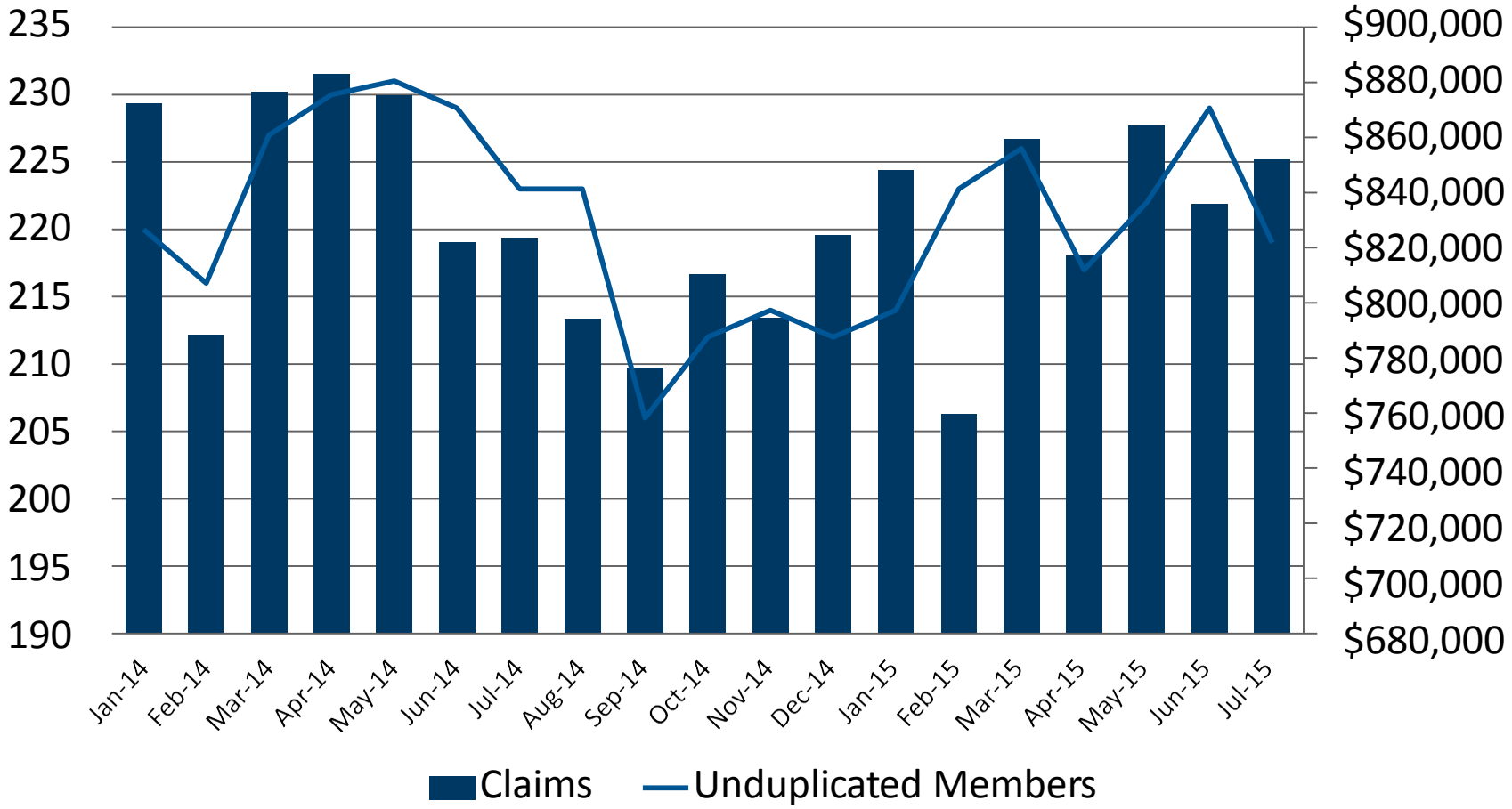
Data Source: Claims based Management report SV601

Residential A: Claims paid by Unduplicated Member



Data Source: Claims-based Management report SV601

Residential B: Claims paid by Unduplicated Member



Data Source: Claims-based Management report SV601

Residential C:

2015 Paid Claims and Unduplicated Members by Top 10 Providers

Provider	Claims Paid	Unduplicated Members
HARBOR POINT	removed	209
NORTH SPRING	removed	119
KEYSTONE NEWPORT NEWS	removed	136
HALLMARK YOUTHCARE	removed	120
GRAFTON SCHOOL	removed	110
POPLAR SPRINGS HOSPITAL	removed	108
JACKSON FEILD HOMES	removed	70
CHILDHELP	removed	83
UNITED METHODIST FAMILY SERVICES	removed	73
HUGHES CENTER	removed	48

Data Source: Claims-based Management Report SV603

Residential A:

2015 Paid Claims and Unduplicated Members by Top 10 Providers

Provider	Claims Paid	Unduplicated Members
ELK HILL FARM	removed	41
VIRGINIA BAPTIST CHILDRENS HOME	removed	42
AMIKIDS VIRGINIA WILDERNESS	removed	25
GLOECKNER WEBER	removed	24
W J COOK & ASSOCIATES	removed	15
NEW HAVEN CHILDREN SERVICES	removed	9
COMMUNITY EMPOWERMENT PROGRAM	removed	11
OUTREACH SERVICES	removed	11
THE GATEWOOD HOUSE	removed	9
SECURE HAVEN YOUTH SERVICES	removed	7

Data Source: Claims-based Management Report SV603

Residential B:

2015 Paid Claims and Unduplicated Members by Top 10 Providers

Provider	Claims Paid	Unduplicated Members
INTERCEPT YOUTH SERVICES	removed	222
COMMUNITY ALTERNATIVES VA	removed	49
RESTORATIVE YOUTH SERVICES	removed	22
DOMINION SERVICES FOR ALL PEOPLE	removed	18
ALC YOUTH & FAMILY SERVICES	removed	12
LIBERTY POINT	removed	7
DIVINELY DIRECTED SERVICES	removed	9
RISEUP LLC	removed	8
PARAMOUNT YOUTH SERVICES	removed	10
MURPHY HOMES INC	removed	7

Data Source: Claims-based Management Report SV603

"High Risk" Residential Cases

- "High Risk" group was defined as having spent greater than 450 days in Residential services or having 4 or more initial authorizations for Residential services.
- 113 Members Were Identified as Meeting that Criteria

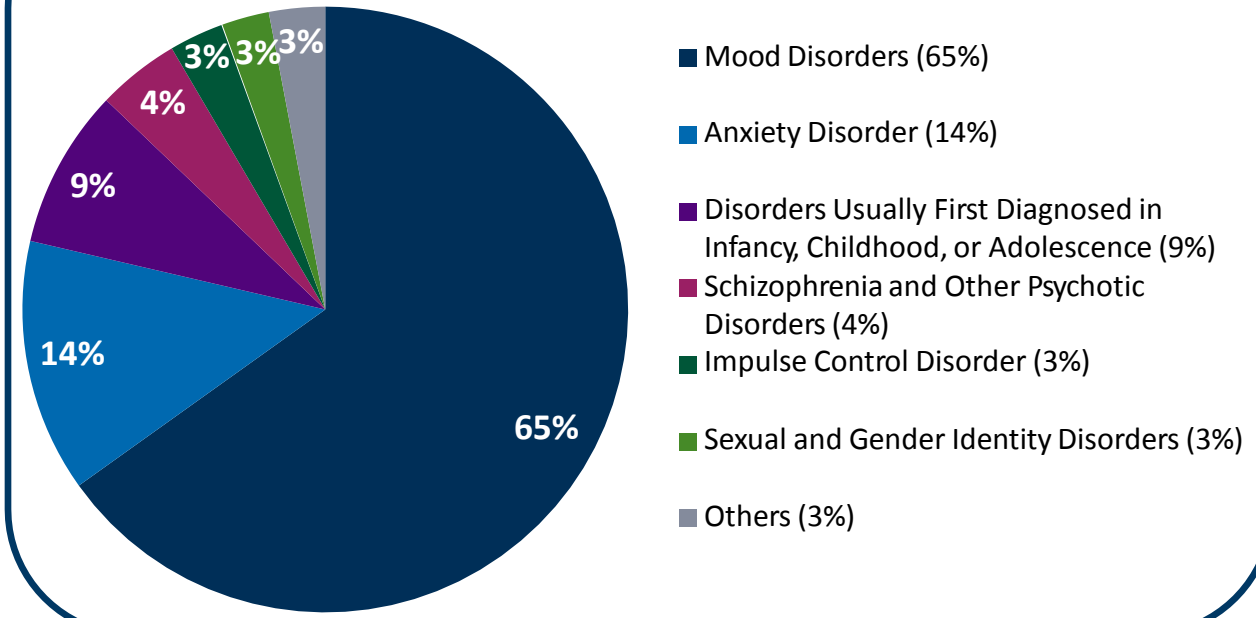
Top Providers by Units Include: A (11%), B (7%), C (7%), D (7%), E (7%), F (5%), G (4%)

Gender and Age

54 (48%) – Female
59 (52%) - Male

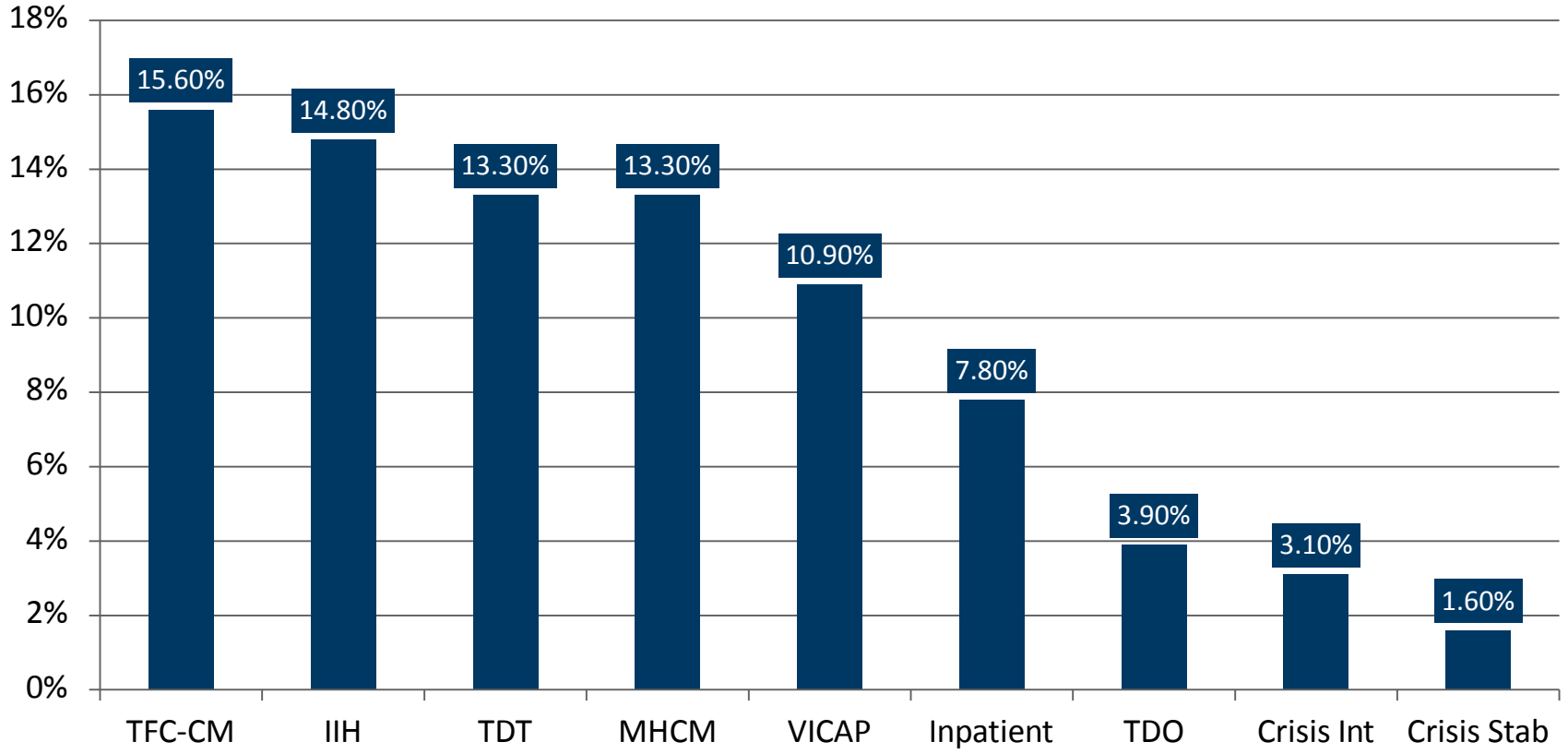
- *Age 7-9 : 7 Members (6%)*
- *Age 10-13: 33 Members (29%)*
- *Age 14-17: 72 Members (64%)*
- *Age 18: 1 Member (1%)*

Primary Diagnosis



Data Source: Ad hoc Query: Residential authorization IP data run 9/21/15

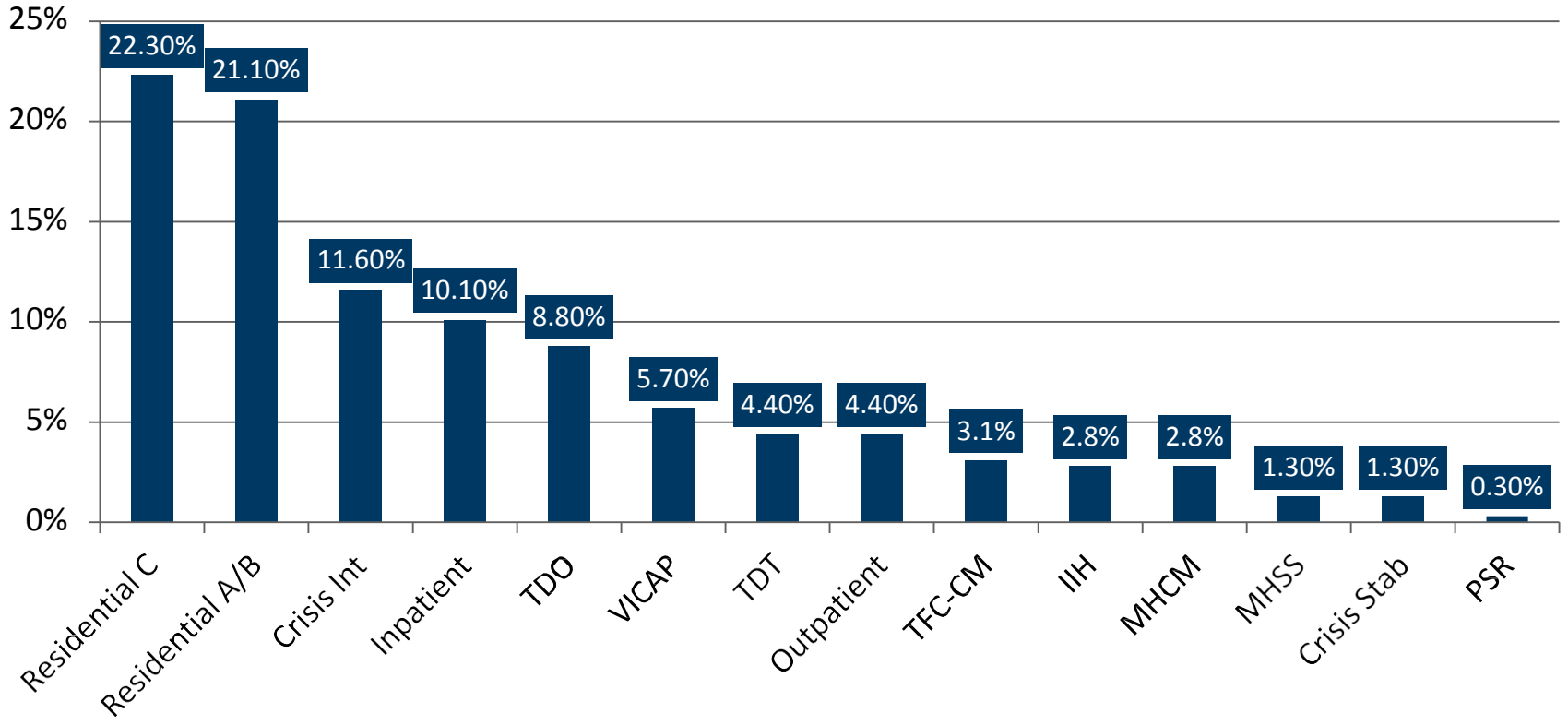
"High Risk" Group: Authorizations prior to Residential Authorization



- *"High Risk" group was defined as having spent greater than 450 days in Residential services or having 4 or more initial authorizations for Residential services.*
- *28.3% of high risk members had no authorizations prior to the Residential authorization, but had authorization(s) following Residential discharge.*
- *6.2% of high risk members had no authorizations prior to the Residential authorization or following Residential discharge.*

Data Source: Ad hoc Query: Residential authorization IP data run 9/21/15

"High Risk" Group: Authorizations following Residential discharge



Data Source: Ad hoc Query: Residential authorization IP data run 9/21/15

RTC Project Update

DMAS Authority

DMAS has budget authority to make changes to residential treatment services.

Budget item 301.PP states:

- "The Department of Medical Assistance Services shall make programmatic changes in the provision of Residential Treatment Facility (Level C) and Levels A and B residential services (group homes) for children with serious emotional disturbances in order ensure appropriate utilization and cost efficiency. The department shall consider all available options including, but not limited to, prior authorization, utilization review and provider qualifications. The department shall have authority to promulgate regulations to implement these changes within 280 days or less from the enactment date of this act."

RTC Project Overview

- Goal:

  Promulgate Emergency Regulations that govern the Level A, B and C Residential Treatment Services and address the individualized service needs of the EPSDT program

RTC Project Overview

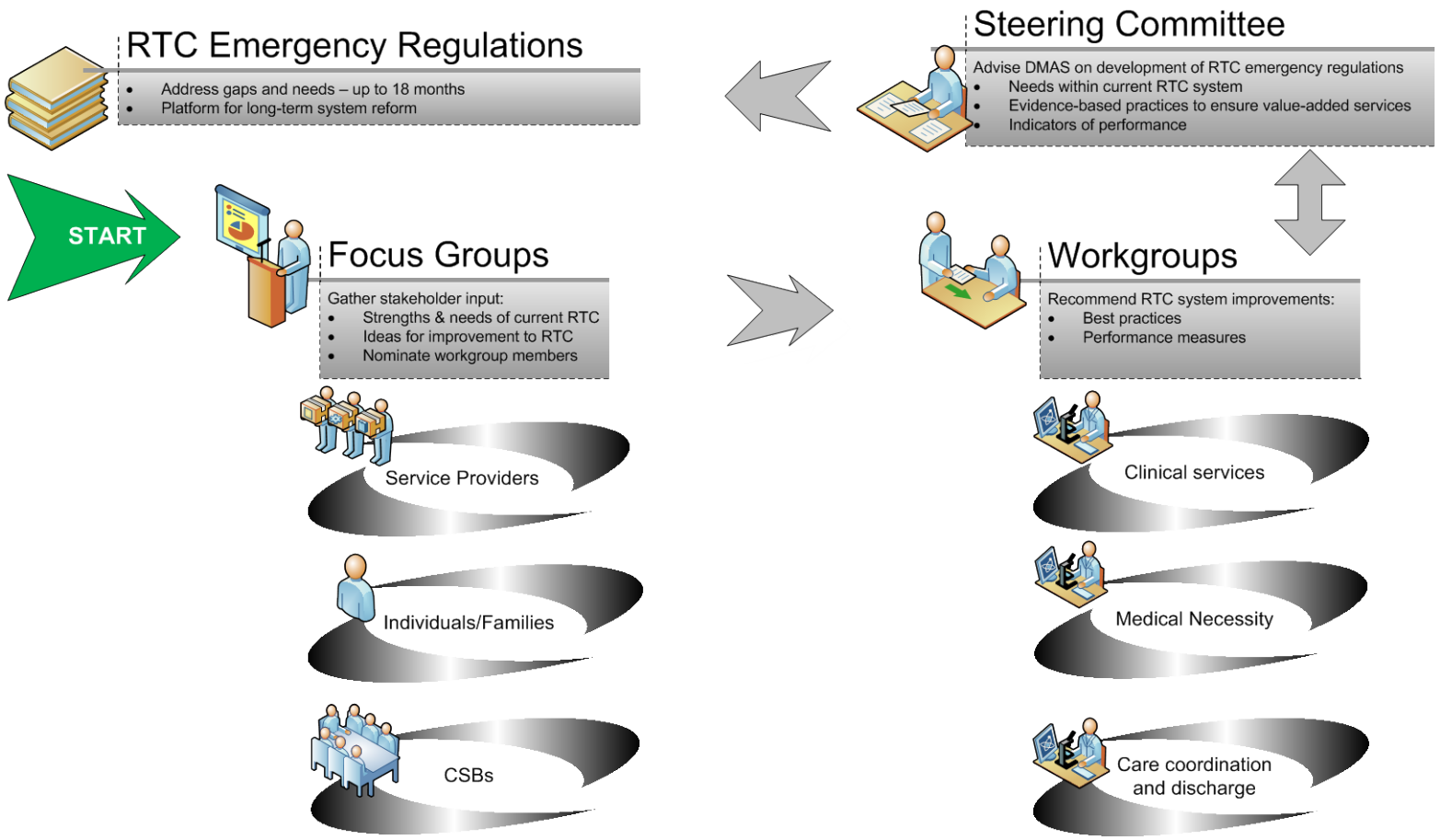
- Mission:

  Transition three of our most complex programs into models with evidence based treatment approaches, standardized medical necessity criteria, and rigorous program requirements.

RTC Project Overview

- The objectives of the program changes will be:
  - To achieve a more efficient service model that yields better outcomes to the individual served using shorter duration and high intensity services.
  - To embed care coordination that ensures effective programming and a successful return to the community and home settings.

PROJECT PLAN



FOCUS GROUPS

Common themes:

- "System" varies widely across the state.
- Effective care coordination is essential but currently lacking, i.e., providers, parents, local agencies/CSA, community-based providers.
- Care must be outcomes driven and decisions based on measurable evidence.
- Overly prescriptive program requirements hinder individualized and effective care.

STATUS: Medical Necessity Criteria

VA stopped the use of InterQual 12/1/2015

- Level C-Magellan's national medical necessity criteria was implemented and will remain when emergency regulations are in place.
- Level A/B-Magellan's 12/1 MNC will serve the program until the implementation of the Emergency Regulations and the new rules.
- EPSDT will continue on a case by case basis until implementation of the emergency regulations which will address the PRTF level and less intensive settings according to the needs of the individual.

MNC Changes

- New Magellan criteria requires clinical evaluation prior to admission-(no change to current requirements)
- Most cases are covered by an MCO prior to the RTC admission, MCO networks are able to handle this demand.
- Refer to Managed Care Plans to help assess individuals who have not yet been diagnosed to ensure immediate access to services.

STATUS: PROGRAM REQUIREMENTS

- Workgroup has reviewed current requirements. Recommendation highlights:
  - Reduce prescriptive requirements; examine implementation of individualized service plan; allow justified deviations.
  - Require evidence-based/informed, trauma-informed practices.
  - Align DMAS, DBHDS, DHP requirements.
  - Recognize non-therapy parent activities as “parent involvement,” e.g., psychoeducation.
  - Require evidence of discharge planning beginning at admission.
  - Consider daily v. weekly requirements (utilization review).

STATUS: CARE COORD/DISCHARGE

- Recommendations of Care Coordination Workgroup are reflected in program requirements documents, and include:
  - Establish provider as responsible for care coordination and discharge planning, in collaboration with treatment team.
  - Establish specific activities to facilitate discharge: identify and link to community-based services/providers prior to d/c.
  - Require BHSA review of discharge plan.

ISSUES IDENTIFIED

1. Level A care
   - Issue: Treatment services require a DBHDS license.
   - Level A and Level B use the same medical necessity criteria, the individual must require treatment to be authorized for services

Independent Team Issues

Issue:

- Timely access, inconsistencies, limits to member choice options, appeal rights concerns, team members may not meet CMS standards in all teams
- There are documented instances when the physician signing the CON has had no contact with the child.

  Current process does not consistently include the individual's MCO or medical home in assessment of need, e.g., for collection of historical information.

Status: DMAS continuing research

ISSUES IDENTIFIED

Care Coordination

- Ongoing assessment is needed to evaluate progress
- Providers and local systems do not have a standard way of assessing treatment needs
- Discharge planning is impacted by local provider engagement and provider knowledge of service availability in each locality
- Admission and discharge practices are inconsistent. Information is not standardized from treatment providers prior to admission

Next Steps

- DMAS drafted and submitted regulatory language to use in the Emergency Regulations
- The regulatory text will be reviewed by workgroup members once OAG comments are addressed.
- DMAS is considering approaches that will ensure consistent care coordination approaches
- DMAS is evaluating the Certificate of Need Process

Next Steps

- DMAS will convene stakeholders to review proposed solutions to the Certificate of Need and Care Coordination processes
- Options are still being considered to decrease wait times for the certification teams and to manage and ensure individual freedom of choice in service providers is consistent with CMS requirements.

Thank You

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