



Virginia Association Of  
Community Services Boards, Inc.  
— Making a Difference Together —

*premier mental health, developmental,  
and substance use disorder services  
in Virginia's*

# Virginia's Coordinated Care Plan

Senate Finance  
Health and Human  
Resources Subcommittee

# Areas of Comment

- Brief Background
- Why Coordinate Care?
- Characteristics of Blueprint Model
- Advantages to Virginia
- Cautions
- In Summary



# Brief Background

- National health reform, good practice and Virginia Administration demand coordinated care
- Using data, quality services, outcomes, and technology can reduce health disparities
- State facility and residential downsizing necessitates additional community services
- Medicaid is an effective use of dollars-50/50



# Brief Background

- March of 2011, Budget Bill passed by the General Assembly contained the authority for DMAS to seek a waiver from CMS to implement coordinated care- blueprint with active stakeholder participation
- Based upon stakeholder input, parameters within budget language, and the Virginia environment, DMAS released a draft RFP in early October for stakeholder comment
- Final RFP expected to be released any day. DMAS has indicated a preference for award in early January



# Why Coordinate Care?

- Vulnerable youth and adults need timely services to avoid default to higher end services, incarceration or state hospitalization
- Existing projects in Virginia for adults demonstrated benefits for CSB clients of coordinating behavioral health with primary care at the behavioral health site and allows a more comfortable health home
- PCPs and psychiatrists share records and treatment planning for best overall outcomes



# Why Coordinate Care?

- TCM and care coordination strategies assist clients to access healthcare benefits and services and support adherence to medical treatment
- Advance care coordination is most efficient use of funds
- For youth with serious behavioral health conditions, care coordination involves families in navigating health system and provides strategies that promote resiliency
- Avoids use of conflicting treatment strategies and promotes coordinated medication regimen



# Why Coordinate Care?

- Promotes health consciousness and overall wellness
- Promotes transitions to lower, less restrictive levels of care as indicated, promoting continuity of care
- Outcomes are continually assessed and health strategies revised with client preferences and wishes



# Features of DRAFT RFP Model

**As of July 1, 2012, first 2 years of contract award is an Administrative Services (ASO or BHSO) model. The ASO/BHSO:**

- Maintains current services and rates structure
- Maintains current provider system and client choice
- Sets access standards
- Sets consumer outcomes to be achieved,
- Assesses adequacy of service array and quality of services delivered
- Pays provider claims



# Features of DRAFT RFP Model

- Assists clients in service access, delivery, problems, and complaints
- Provides technical assistance and information for providers when needed
- Pre-authorizes certain services stipulated by DMAS
- Assures independent assessment for every individual seeking these services (DMAS required)
- Addresses **all** behavioral health services currently in fee-for-service (FFS) reimbursement, regardless of location in state
- Incorporates Targeted Case Management through CSBs as a component of intensive care coordination



# Features of DRAFT RFP Model

- Does not include behavioral services currently in MCO contracts—Outpatient Patient and Inpatient
- Improves data collection and reporting
- Coordinates data on Medicaid behavioral health and primary care through data sharing with DMAS-contracted MCOs or FFS PCPs
- Alerts DMAS to quality, service or access issues and sets up process to resolve
- Through data gathering, assesses gaps in services and service locations, quality, and service needs to inform DMAS and create a plan for risk phase
- Includes all willing providers



# Features of DRAFT RFP Model

**After 2 years as an ASO, contractor moves to full risk for the services and populations not covered by MCOs:**

- Provider rates can be adapted
- Provider network can change
- Services and services mix can be changed
- Greater flexibility is possible
- Audits become the contractor's responsibility
- Contractor may be able to assist in health home development and choices for clients while continuing to coordinate overall care



# Advantages to Virginia

- Accountability, oversight and monitoring to assist DMAS in managing current FFS
- Uses managed care tools to help assure quality, outcomes, service delivery and performance, consumer choice
- Statewide data reporting system for providers reporting on Medicaid-reimbursed services allows quality data to be collected, analyzed, and utilized in determining access, overall costs, outliers, service effectiveness, etc.
- Benchmarks and outcomes will help assure clients are achieving recovery and resiliency goals
- Additional, effective services can be developed/included in service mix at risk level



# Advantages to Virginia

- Data will help “rightsized” provider network
- At full risk ASO model moving to risk forces the contractor to resolve quality and service delivery issues-can minimize profit motive
- Budget language clarifies against cost shifting to other state and local systems
- Demonstrated outcomes with Medicaid services may, into the future, result in care coordination applied with other youth and adult behavioral health services than those funded through Medicaid



# Cautions

- ASO model contains cost and growth but may not achieve significant savings in behavioral health services for vulnerable and ill populations
- Due to coordination, savings achieved may be in primary care, now in MCO payments, not GF\$
- Providers who work only in FFS may have difficulty accommodating management and data/data systems requirements
- Demonstrated outcomes and reporting have not been required in FFS



# Cautions

- Must maintain safety net for those still uninsured or needing services beyond what Medicaid reimburses
- Necessary to assure no cost shift to SGF—state facilities, jails, CSA
- Bumps in the road will occur-speedy and quality resolution will matter



# In Summary

- Coordinated care can help to reduce severe health disparities for adults and youth with serious and persistent behavioral health needs
- The DRAFT RFP describes a fairly careful model that can help recipients transition to overall health and assist providers in improving service delivery
- By full risk, Virginia's Medicaid behavioral health services have potential to be cohesive, more equitable statewide, of high quality, and coordinate with medical services for improved client and family outcomes



# QUESTIONS?

## THANK YOU!

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