

BEHAVIORAL HEALTH TRANSFORMATION  
DEMONSTRATION POST-AWARD  
STAKEHOLDER FORUM

October 27, 2023

# Overview

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- DBH and DHCF Introductions
- Whole Person Care and Behavioral Health Transformation
- 1115 Demonstration Services and Utilization
- Looking Forward: Demonstration Year 5 and Beyond
  - ▣ New 1115 Waiver Opportunities
- Open Forum





# DBH and DHCF Introductions

# DBH Vision, Mission, and Values

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## □ **Our Vision**

The District of Columbia is a thriving community where prevention and recovery from substance use disorders and mental health conditions is possible and services and supports optimize a resident's potential ability to function effectively within family and community.

## □ **Our Mission**

Develop, manage, and oversee the District of Columbia's behavioral health system for adults, children, and youth and their families using a population health approach that advances health equity.

## □ **Our Values**

Respect; Accountability; Recovery; Quality; Education; Caring



# DBH Strategic Priorities

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1. Continue the systems redesign process to support the implementation of a full carve-in of behavioral health services to managed care.
2. Continue progress on the Mayor's School-Based Behavioral Health expansion model, early childhood, crisis services and evidence-based practices.
3. Lead the implementation of Live.Long.DC., the District's strategic plan to reduce opioid use, misuse and opioid-related deaths.
4. Enhance clinical guidance for treatment services.
5. Support the delivery of high-quality services at St. Elizabeths Hospital.
6. Strengthen the oversight and support for court-ordered outpatient consumers.
7. Address behavioral health disparities and the social determinants of health to improve service delivery outcomes and advance equity.



# DHCF Vision, Mission and Strategic Priorities

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## □ Vision

- All residents in the District of Columbia have the supports and services they need to be actively engaged in their health and to thrive.

## □ Mission

- The Department of Health Care Finance works to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

## □ Strategic Priorities

- Building a health system that provides whole person care
- Ensuring value and accountability
- Strengthening internal operating infrastructure
- Unwinding from the Public Health Emergency (PHE)



The image features a decorative header consisting of two horizontal bars. The left bar is a solid orange color, and the right bar is a solid blue color. The text "Whole Person Care and Behavioral Health Transformation" is centered within the blue bar in a white, sans-serif font.

# Whole Person Care and Behavioral Health Transformation

# Whole Person Care cannot be achieved without Transformation of our Behavioral Health Services and System

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- ❑ **Key gaps in the Medicaid behavioral health service array**
  - ❑ Disparate access to institution for mental diseases (IMD) services between Medicaid managed care and fee-for-service (FFS) programs (in lieu of in managed care but no option in FFS)
- ❑ **Complex and overlapping oversight make it harder to manage services in a holistic way that is integrated with other medical treatment**
  - ❑ In DC, oversight of Medicaid behavioral health services is divided, with overlapping authority, primarily among Medicaid, Medicaid MCOs, and the behavioral health authority (i.e. DBH)
  - ❑ The most intensive behavioral health services - mental health rehabilitative services (MHRS) and substance use disorder (SUD) - are carved out of managed care program and provided through FFS by the network of DBH-certified providers





# The Waiver Provided a Unique Opportunity to Address Key Gaps in Medicaid Behavioral Health Service Array

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- ❑ Federal Medicaid policy changes in 2017 and 2018 created new opportunities to expand behavioral health services through Medicaid
- ❑ Increasing Medicaid's service array to improve coverage of a broader continuum of behavioral health treatment for individuals with serious mental illness/emotional disturbance and substance use disorder (SMI/SED/SUD)
- ❑ Advancing the District's goals for reducing opioid use, misuse, and deaths outlined in the District's Opioid Strategic Plan, Live.Long.DC.
- ❑ Supporting the District Medicaid program's movement toward a more integrated health care experience that facilitates coordinated treatment of behavioral and physical health needs



# The Demonstration is One Portion of a Larger Behavioral Health Redesign at DHCF

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## Phase 1

Behavioral Health Service Expansion

- 1115 waiver authority approval
- Implement new services into Medicaid continuum of care

## Phase 2

Managed Care Integration

- Part 1: Transition of FFS enrollees with complex conditions
- Part 2: Integrate DBH (FFS) behavioral health services into managed care contracts

## Phase 3

Integrated Care Payment Models

- Population health focus
- Alternative and value-based payment methodologies to incentivize integrated care

Meaningful Use Health IT Incentives – HIE Connectivity

Integrated Care DC TA and DBH TA & Training

HCBS ARPA Health IT Incentives and TA



# Phase I expanded services and laid the foundation for Medicaid-Behavioral Health collaboration and stakeholder engagement

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- **Medicaid and Behavioral Health Agency Collaboration**
  - Leadership commitment
  - Jointly led work group for Medicaid waiver development
- **Medicaid Section 1115 Demonstration Waiver**
  - Expanded behavioral health services to support the continuum of care
- **Stakeholder Engagement**
  - Public process requirements for 1115 waiver
  - Request for Information solicit feedback regarding the pathway to integrate behavioral services more fully into Medicaid managed care program
  - SUD Needs Assessment (SUD community need and service capacity)



# Phase II Focuses on the Integration of Behavioral Health Services into the Medicaid Managed Care Program

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- The District is in Phase II of Behavioral Health Transformation and will integrate behavioral health services into Medicaid managed care, effective April 1, 2024
- Behavioral health system changes are underway to strengthen the system and prepare it for the integration into managed care
  - ▣ Improving quality
  - ▣ Supporting providers
  - ▣ Building infrastructure
- The actual “carve-in” will expand the managed care program to include behavioral health services and align payment and care through the managed care plans



# Phase III will push the District closer to full integration and the health care system to whole person care

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- The District will move into Phase III after April 2024
- How the District defines integration will move beyond the alignment of payment and care oversight...
- ...And move closer to a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable





## 1115 Demonstration Services and Utilization

# Considerations for Reviewing Waiver Utilization Data

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- ❑ The Demonstration is only a fraction of behavioral health services delivered through DC Medicaid
- ❑ The number of beneficiaries using certain Demonstration services decreased when DHCF transitioned approximately 17,000 beneficiaries to managed care in late 2020
- ❑ The COVID-19 PHE broadly affected utilization patterns across DHCF and DBH programs



# 1115 Waiver Service Utilization Data

Service	Number of Unique Medicaid Beneficiaries				
	CY 2020	CY 2021	CY 2022	CY 2023 (to date)	Total
<b>Behavioral Health Stabilization</b>	1,572	2,858	3,336	1,793	6,982
<b>BH Outreach</b>	1,275	1,846	2,393	1,153	5,106
<b>Mobile Crisis</b>	236	1,109	1,231	501	2,721
<b>CPEP</b>	301	1,303	1,395	737	2,933
<b>Crisis Beds</b>	41	187	189	119	436
<b>Clubhouse</b>	3	11	14	11	22
<b>Recovery Support Services (RSS)</b>	1,228	1,193	1,358	1,093	3,210
<b>Psychologists/Other Licensed BH Practitioners</b>	290	314	335	334	770
<b>Eliminate \$1 Co-Pay for MAT</b>	964	191	161	129	1,195
<b>Trauma-Targeted Care (TREM, TST)</b>	10	7	2	0	11



**Source:** DHCF Medicaid Management Information System data as of 10/16/23.

**Note:** The information shown here is limited to waiver services, which are paid on a fee-for-service basis and do not reflect all care used by beneficiaries. In some cases, similar services are paid by managed care organizations and are not considered to be a part of the waiver.





# 1115 Waiver Service Utilization Data, Continued

Service	Number of Unique Medicaid Beneficiaries				
	CY 2020	CY 2021	CY 2022	CY 2023 (to date)	Total
<b>IMD services for individuals aged 21-64</b>	1,758	1,851	992	580	3,994
<b>Hospital</b>	949	633	484	312	2,016
<b>Psychiatric</b>	472	430	359	246	1,275
<b>Detox</b>	535	221	137	77	863
<b>ASARS</b>	1,082	1,336	563	283	2,510
<b>Residential</b>	1,063	1,329	561	282	2,490
<b>Detox</b>	133	399	111	14	589
<b>Supported Employment – SMI</b> (Vocational)	412	462	286	146	999
<b>Supported Employment – SUD</b> (Therapeutic and Vocational)	0	10	4	0	14
<b>Transition Planning Services</b>	NA	0	0	0	0

**Source:** DHCF Medicaid Management Information System data as of 10/16/23.

**Note:** The information shown here is limited to waiver services, which are paid on a fee-for-service basis and do not reflect all care used by beneficiaries. In some cases, similar services are paid by managed care organizations and are not considered to be a part of the waiver.





## Looking Forward: Demonstration Year 5 and Beyond

# Current 1115 Waiver and Preparing for Renewal

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- Current 1115 demonstration period began January 1, 2020 and will end December 31, 2024 (5 years total). In remainder of current demonstration period, DHCF and DBH are focused on:
  - ▣ Ensuring access to and appropriate utilization of continuum of behavioral health services
  - ▣ Fulfilling federal 1115 waiver evaluation and reporting requirements
  
- All services, except MAT co-pay and IMDs, transitioned from 1115 to State Plan Authority (SPA) in 2022. To continue remaining 1115 services beyond calendar year 2024, the District must submit a waiver renewal request to CMS by **July 1, 2024**.
  - ▣ Renewal application is also an opportunity to add new services to the demonstration



# 1115 Renewal: Maintain Remaining Services and Consider New Opportunities

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## Maintain Remaining 1115 Services

- \$1 co-pay elimination for MAT in FFS: DHCF staff exploring moving to SPA authority.
- IMD services: 1115 waiver required to pay for stays longer than 15 days for non-elderly adults. Completing behavioral health “carve-in” could eliminate need to switch between MCO and FFS reimbursement.

## New Opportunities for Consideration

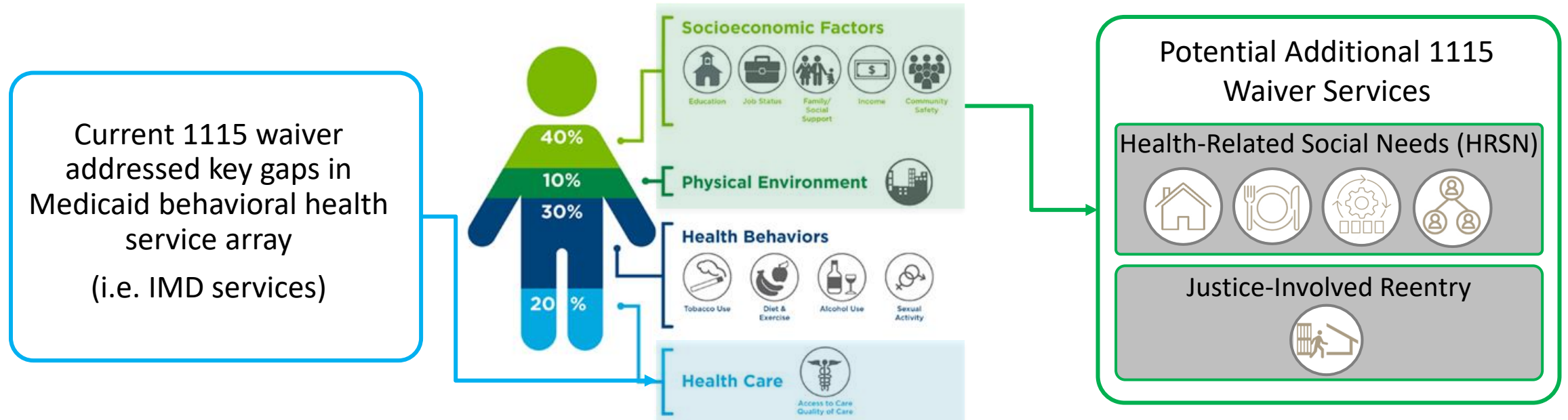
- Health-Related Social Need (HRSN) services
- Justice-Involved Reentry



# Opportunity to Build on 1115 Services to Provide Whole Person Care to Medicaid Beneficiaries

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**Extensive research has indicated that social determinants of health (SDOH) can account for as much as 50% of health outcomes.** [Source: ASPE](#)



**Adding HRSN and Justice-Involved services to the 1115 waiver would allow DHCF and DBH to address the other determinants of health and provide whole person care and improve outcomes for our most vulnerable populations (e.g. behavioral health, and others).**

# Recent CMS Guidance and State Approvals Provide New Opportunities for 1115 Waiver Renewal

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## Health-Related Social Needs (HRSN) Opportunities



### Housing:

- Rent/temporary housing for up to 6 months, specifically for:
  - Individuals transitioning out of institutional care or congregate settings
  - Individuals who are homeless, at risk of homelessness, or transitioning out of an emergency shelter
  - Youth transitioning out of the child welfare system including foster care
- Utility costs, including activation expenses and back payments to secure utilities, limited to individuals receiving rent/temporary housing benefits
- Pre-tenancy and tenancy sustaining services
- Housing transition navigation services
- One-time transition and moving costs
- Housing deposits to secure housing
- Medically necessary air conditioners, heaters, humidifiers, air filtration devices, generators, and refrigeration units as needed for medical treatment and prevention
- Medically necessary home accessibility modifications and remediation services



### Nutrition:

- Nutrition counseling and education
- Medically tailored meals, up to 3 meals a day, for up to 6 months
- Meals or pantry stocking, up to 3 meals a day, for up to 6 months
- Food prescriptions, for up to 6 months
- Cooking supplies



### Case Management, Outreach, and Education:

Including linkages to other state and federal benefit programs, benefit program application assistance, and benefit program application fees



### HRSN Infrastructure:

- Technology
- Development of business or operational practices
- Workforce development
- Outreach, education, and stakeholder convening



### Justice-Involved Reentry:

Allows states to waive the “inmate exclusion” to provide a limited set of Medicaid services for up to a 90-day period prior to an individual’s release from a state and/or local jail, prison, and/or youth correctional facility

# Open Forum

Stakeholders invited to share their experiences with the waiver through the Chat and verbally

Type “Stack” in the Chat if you would like to speak via audio

If you do not have Chat access, we will hold time open for you to speak

Enter your Question or Comment directly into the Chat function and a staff member will read it aloud

We request that verbal questions and comments be limited to 5 minutes each

# How to Learn More

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- DHCF 1115 Waiver webpage includes frequently asked questions, guidance, and other information:

<https://dhcf.dc.gov/1115-waiver-initiative>

- Points of Contact:

- DHCF Waiver Initiative, [dhcf.waiverinitiative@dc.gov](mailto:dhcf.waiverinitiative@dc.gov)
- Jordan Kiszla, [jordan.kiszla@dc.gov](mailto:jordan.kiszla@dc.gov), Department of Health Care Finance
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