BEHAVIORAL HEALTH TRANSFORMATION DEMONSTRATION POST-AWARD STAKEHOLDER FORUM

October 28, 2022

Overview

- DHCF & DBH Background
- Behavioral Health Transformation Demonstration Background
  - The Demonstration and the Behavioral Health System in DC
  - COVID-19 and Demonstration Services
- Demonstration Services and Utilization
- Selected Findings from Waiver Monitoring Reports
- What's Next
  - Behavioral Health System Changes
- Open Forum

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DHCF Vision, Mission and Strategic Priorities Over the Next 3 Years

- 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)

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

Phase 1	Phase 2	Phase 3
Behavioral Health Service Expansion • 1115 waiver authority approval • Implement new services into Medicaid continuum of care	Managed Care Integration • Part 1: Transition of FFS enrollees with complex conditions • Part 2: Integrate DBH (FFS) behavioral health services into managed care contracts	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

HCBS ARPA Health IT Incentives and TA

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The Waiver Provided a Unique Opportunity to Expand Behavioral Health Services Through Medicaid

- 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

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DBH Vision, Mission, and Values

- **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

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DBH FY23 Strategic Priorities

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.

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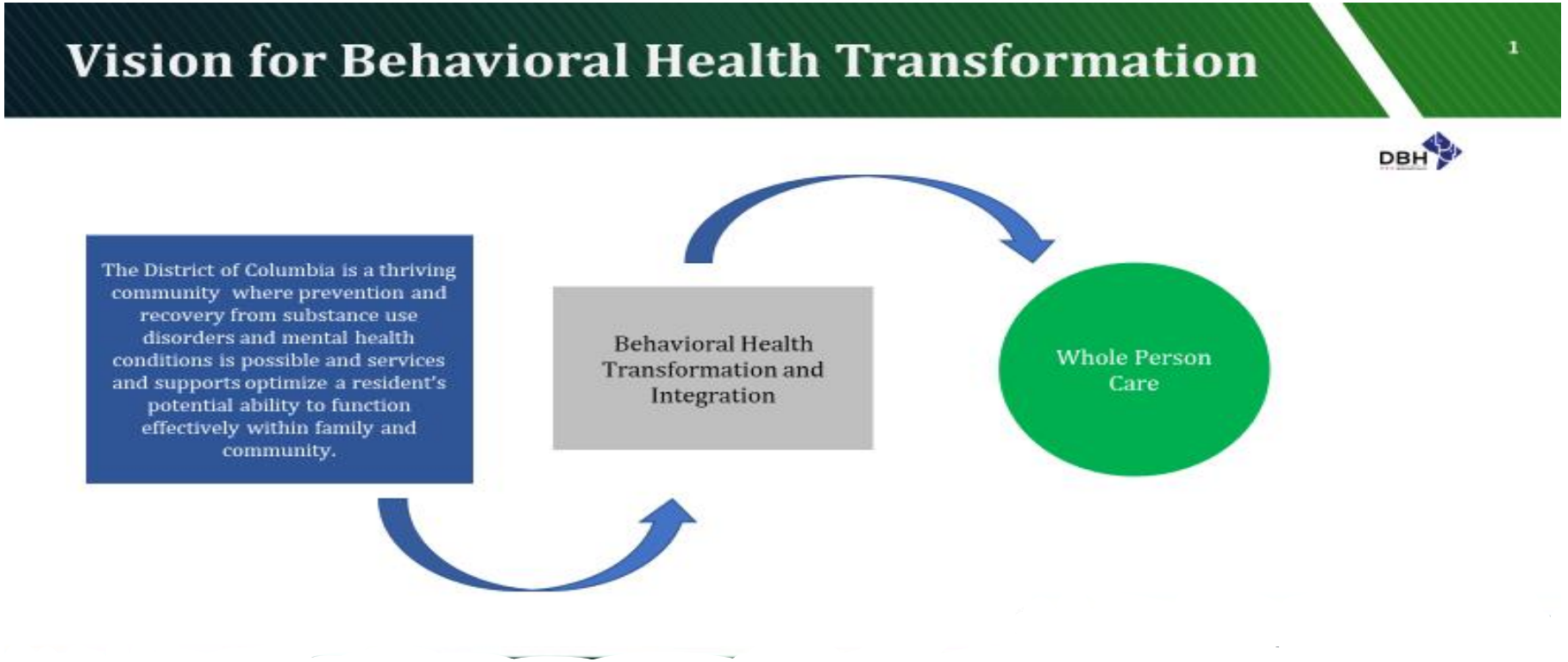
Behavioral Health Transformation



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Behavioral Health Transformation

Principles Guiding the Transformation

- Integrated, whole person care for individuals with behavioral health needs.
- Improved access, coordination, and health outcomes.
- Enhanced stability for behavioral health providers.
- Strong accountability and oversight to ensure high quality behavioral health services in managed care.
- Maximum use of data and technology to support integrated care and address social determinants of health to advance health equity.

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Waiver Services and the Behavioral Health Transformation

- All Waiver services but Medication Assisted Treatment Co-Pay and Institution for Mental Disease Services transitioned from Waiver to State Plan Authority.
- In October 2023, District Medicaid program will expand the behavioral health service array, including the waiver services, in the managed care program, integrating behavioral health services into Managed Care Organization contracts that are currently "carved-out."

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DBH FY23 Budget Highlights

DBH's FY23 budget supports whole person care, including funding a projected increase in service utilization, investments that support our most vulnerable residents, resources to advance health equity and funding to support the integration of behavioral health services into the Medicaid managed care program.

- $36.5 million for mental health services
- $41 million for substance use disorder services
- $33.6 million to expand school-based services
- $18.3 million for crisis services
- $2.5 million to support the Sobering and Stabilization Center
- $8.9 million to support increased behavioral health service utilization by Medicaid eligible residents
- $5.8 million in capital funds to develop systems to support transition to population health, whole person care model

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The Demonstration Represents Just Some of the Behavioral Health Services Available in the District

- The Demonstration is only a fraction of behavioral health services delivered through District Medicaid
  - Does not include non-Medicaid behavioral health services, behavioral health services provided by Medicaid managed care organizations, or behavioral health services available through Medicaid before Jan. 2020
- The number of beneficiaries using certain Demonstration services decreased when DHCF transitioned approximately 17,000 beneficiaries to managed care in late 2020
  - For transitioned population, payment of some care shifted from waiver to managed care plans, therefore that care is not reflected in the following service utilization data
  - Expanded access to care coordination
  - Expanded access to care through universal contracting, ensuring access to all major District hospitals, affiliated physician groups and FQHCs

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The COVID-19 Public Health Emergency Affected Behavioral Health Utilization Patterns, including Demonstration Services

- The PHE has affected utilization patterns across DHCF and DBH programs
  - COVID surges (e.g., Omicron in winter 2021-2022) have had a particular impact
- DHCF authorized expanded telehealth including using home as originating site and allowing audio-only visits in March 2020
  - District saw substantial increases in telehealth utilization – mostly for behavioral health services and mental health in particular
- DC authorized a payment increase for certain non-waiver SUD services during the PHE because of increased costs related with service delivery during the PHE

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Utilization of Waiver Services Implemented January 1, 2020

Service	Go-Live Date	Number of Unique Medicaid Beneficiaries			
		CY 2020	CY 2021	CY 2022 to Date	Total
IMD services for individuals aged 21-64	January 2020	1,759	1,842	651	3,411
Hospital	January 2020	949	630	347	1,691
Psychiatric	January 2020	472	426	213	970
Detox	January 2020	535	220	93	777
ASARS	January 2020	1,083	1,330	423	2,262
Residential	January 2020	1,064	1,323	381	2,215
Detox	January 2020	133	391	80	548
Clubhouse	January 2020	3	11	12	17
Recovery Support Services (RSS)	January 2020	1,228	1,191	672	2,316
Psychologists/Other Licensed BH Practitioners	January 2020	290	314	269	556
Eliminate $1 Co-Pay for MAT	January 2020	964	191	135	1,119

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Source: DHCF Medicaid Management Information System data as of 9/8/2022.
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.

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Utilization of Waiver Services Phased In February-October 2020

Service	Go-Live Date	Number of Unique Medicaid Beneficiaries			
		CY 2020	CY 2021	CY 2022 to Date	Total
Supported Employment – SMI (Vocational)	February 2020	412	462	224	870
Supported Employment – SUD (Therapeutic and Vocational)	March 2020	0	10	4	14
Trauma-Targeted Care (TREM, TST)	March 2020	10	7	2	11
Behavioral Health Stabilization	June 2020	1,572	2,846	2,251	5,193
BH Outreach	June 2020	1,275	1,836	1,547	3,756
Mobile Crisis	June 2020	236	1,109	739	1,891
CPEP	June 2020	301	1,296	963	2,128
Crisis Beds	June 2020	41	187	118	294
Transition Planning Services	October 2020	NA	NA	NA	NA

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Source: DHCF Medicaid Management Information System data as of 9/8/2022.
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.

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Monitoring and Evaluation Activities are Captured in Reporting to CMS – Public Documents

- Quarterly Waiver Monitoring
  - Metrics based on Medicaid claims currently cover CY 2020 through the first quarter of CY 2022; see selected findings on slides that follow
- Waiver Evaluation
  - Evaluation Plan (submitted to CMS in 2020)
  - Mid-Point Assessment (submitted in 2022) and Interim Evaluation (due in 2023)
  - Summative Evaluation (due in 2025)

All documents available here: https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/81296

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Waiver Monitoring Background

- DHCF submits quarterly monitoring reports to CMS on the Waiver.
- SUD and SMI/SED reports each have their own set of metrics.
- Reports contain metrics that are measured quarterly or annually.
  - Quarterly metrics to date reflect months in Q1 CY 2020 through Q1 CY 2022.
  - Annual metrics reflect CY 2020 and CY 2021.
- CMS provides detailed technical specifications for coding the metrics using Medicaid claims. There are also metrics that are not claims-based.
- Data in the quarterly reports may differ from other DHCF and DBH data, due in part to the use of CMS specifications.

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Quarterly SUD Metrics Measured with Medicaid Claims Data (Selected Findings)

- SUD metrics measured with Medicaid claims declined substantially in early 2020 due to the COVID-19 public health emergency (PHE) and have not fully rebounded to pre-PHE levels.
- Significant declines in Medicaid SUD utilization during last winter's Omicron surge.
- Midpoint assessment from the waiver evaluation flagged sufficient provider capacity at critical levels of SUD care, including medication-assisted treatment (MAT) for opioid use disorder, as a risk for the District.

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Annual SUD Metrics with Medicaid Claims from CY 2020 – CY 2021 (Selected Findings)

- SUD annual metrics measured with Medicaid claims show increases in behavioral health spending and "institution for mental disease" (IMD) utilization, due in part to new coverage of Medicaid waiver-based services (e.g., SUD residential care) and associated billing during the time period.
- Rate of follow-up Medicaid service after SUD emergency department visit increased but is still low.
- Improvements in initiation and engagement of Medicaid SUD treatment for alcohol and other drugs, but not for opioid treatment.
  - Findings can differ from overall utilization because this measure only examines subset of individuals with a new episode of alcohol or other drug abuse/dependence.
- Improvements in Medicaid opioid prescribing metrics (e.g., reduction in concurrent use of opioids and benzodiazepines).

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Quarterly SMI/SED Metrics Measured with Medicaid Claims Data (Selected Findings)

- SMI/SED metrics measured with Medicaid claims declined substantially in early 2020 due to the COVID-19 public health emergency (PHE).
- As of Q1 CY2022, most Medicaid SMI/SED utilization is back to pre-PHE levels or above.
- In contrast to SUD utilization, telehealth care for mental health grew substantially during the PHE. In-person outpatient mental health care remains below pre-PHE levels.

Notes: For information on telehealth for SUD compared to mental health, see Figure 24 and Figure 25 in the Mental Health and Substance Use Report on Expenditures and Services from January 2022.

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Annual SMI/SED Metrics with Medicaid Claims from CY 2020 – CY 2021 (Selected Findings)

- SMI/SED annual metrics measured with Medicaid claims show increases in behavioral health spending and "institution for mental disease" IMD utilization, due in part to new coverage of Medicaid waiver-based services and associated billing during the time period.
- Decrease in SMI/SED follow-up Medicaid services after hospitalization or emergency department visit.

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Additional Context and Selected Efforts with Potential Impact on Medicaid Utilization Metrics

- SMI/SED
  - In July 2022, DBH issued a policy requiring providers to have a bi-directional relationship with CRISP DC, and DHCF created a dashboard to track implementation. Actively using CRISP DC bi-directionally allows providers to receive alerts when their consumers go to emergency departments or are admitted to hospitals, which facilitates their ability to follow up in a timely manner after consumers are discharged.
  - DBH held regular work groups to improve performance on its KPI related to timely follow-up after involuntary psychiatric hospitalizations for adult consumers and saw an increase in performance between FY21 and FY22.
- SUD
  - COVID restrictions for SUD residential providers were lifted at the end of CY21 Q2; however, the Omicron surge beginning in late CY21 continued to affect capacity.
  - A new authorization process was piloted beginning in CY22 Q1. While this process did not directly affect providers' ability to obtain Medicaid payment, claims submission delays by SUD residential treatment providers reduced measurable Medicaid utilization for FY2022.
  - DBH is funding an SUD residential providers capacity-building project in FY23.

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What's Next for the Demonstration and Behavioral Health System?

- Transition to Integrated Behavioral Health Services in Managed Care
  - District Medicaid program will expand the behavioral health service array in the managed care program, integrating behavioral health services into MCO contracts that are currently "carved-out"
- Demonstration: Focus on Ensuring Access and Utilization of Services
  - Will be monitoring waiver implementation for patterns and changes
  - Federally funded evaluation and regular reporting are ongoing
  - Waiver renewal request due July 1, 2024, planning will begin in CY2023

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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

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Written Questions and Comments

- Stakeholders have 30 days (until November 26, 2022) to submit written comments and questions to dhcf.waiverinitiative@dc.gov

- If a response is warranted, DHCF and DBH will post responses no later than January 24, 2023 at https://dhcf.dc.gov/1115-waiver-initiative

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How to Learn More

- Behavioral Health Waiver website 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

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