Leveraging Key Relationships in Improving Behavioral Health Follow-up Care

Improving Behavioral Health Follow-up Care Learning Collaborative: Webinar #2

June 29, 2021

Deirdra Stockmann, Centers for Medicare & Medicaid Services (CMS)
Michaela Vine and Mira Wang, Mathematica
Laura Boutwell, Virginia Department of Medical Assistance Services
Gwen Carrick and Shenal Pugh, New Jersey Division of Medical Assistance & Health Services
How to Submit a Question

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  – Type your question in the text box and click “Send”
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• For technical questions, select “Host” in the “Ask” menu
## Agenda

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Welcome and Overview of the Improving Behavioral Health Follow-up Care Learning Collaborative

Deirdra Stockmann, CMS
Improving Behavioral Health Follow-up Care Learning Collaborative

• The Centers for Medicare & Medicaid Services (CMS) launched the Improving Behavioral Health Follow-up Care Learning Collaborative in May 2021

• State Medicaid and behavioral health agencies and their partners will have an opportunity to:
  – Expand their knowledge of evidence-based interventions to improve access to behavioral health follow-up care
  – Develop, implement, and assess a data-driven quality improvement project
  – Network with peers
  – Advance their knowledge of and skills in quality improvement
Improving Behavioral Health Follow-up Care Learning Collaborative (continued)

- **Webinar series**
  - Previous webinars:
    - Webinar 1: Expanding and Ensuring Access to Behavioral Health Follow-up Care (held on May 17, 2021)
    - Information Session: Improving Behavioral Health Follow-up Care: Affinity Group Q&A (held on June 15, 2021)
  - Webinar 3: Using Data to Improve Access to Behavioral Health Follow-up Care (July 15, 2021 at 3:00 PM ET)
  - Register for upcoming webinar and access video recordings, transcripts, and slides available on the Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage

- **Affinity Group**
  - Action-oriented support to state Medicaid, behavioral health agencies, and their partners
  - Opportunity for states to increase access to timely behavioral health follow-up care among Medicaid and CHIP beneficiaries
  - Will hold a workshop for state team leads in August 2021 followed by a full affinity group meeting in September 2021 (more information provided in the Improving Behavioral Health Follow-up Care Affinity Group Fact Sheet)
Value Based Purchasing Arrangements in Virginia

Laura Boutwell
Virginia Department of Medical Assistance Services
Background on Virginia Medicaid

As of June 1, 2021:

- 1.8 million members enrolled
- >90% of the member population is enrolled in a managed care program
- Two programs: Commonwealth Coordinated Care Plus (CCC Plus) and Medallion 4.0

Additional dashboards available on the Open Data section of the DMAS website: https://www.dmas.virginia.gov/open-data/
Catalyst for Intervention

• **Historical Behavioral Health Quality Work**
  • Performance Improvement Projects (2015)
  • 2017-2019 Quality Strategy

• **Navigating Population Changes, 2018-2019**
  • CCC Plus Implementation
  • Medallion 4.0 Procurement
  • Medicaid Expansion
## Intervention: Value Based Purchasing Arrangements

### 2020-2022 Virginia Quality Strategy Framework

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<th><strong>Aim</strong></th>
<th>Improved Population Health</th>
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<td><strong>Goal</strong></td>
<td>Improve behavioral health and developmental services of members</td>
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<td><strong>Objective</strong></td>
<td>Increase Follow-Up Visits After Emergency Department Visit for Mental Illness</td>
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<td><strong>Intervention</strong></td>
<td>Utilization of value based purchasing arrangements (<em>details on next slide</em>)</td>
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<td><strong>Measures</strong></td>
<td>Follow-Up Visits After Emergency Department Visit for Mental Illness (both 30 Day and 7 Day Total measures)</td>
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**Intervention: Value Based Purchasing Arrangements (continued)**

- **Performance Withhold Program (PWP)**
  - 1% capitation withhold
  - Separate PWP arrangements by managed care program
  - Measures cover a variety of health care domains

- **Behavioral Health Specific Measures Across Both Programs:**
  - Follow-Up Visits After Emergency Department Visit for Mental Illness (30 Day- Total)
  - Follow-Up Visits After Emergency Department Visit for Mental Illness (7 Day- Total)
    - Additional measures selected based on program population and alignment with CMS Core Set measures
Intended Outcomes: Improving Access to Behavioral Health Follow-up Care

• Further Virginia’s mission of providing high quality, cost effective care for our members

• MCO Performance Evaluation
  – Minimum threshold: MCO meets a minimum performance standard to qualify to earn back withhold
  – Improvement Bonus: MCO demonstrates improved performance trends year over year
  – High Performance Bonus: MCO demonstrates strong and sustained performance, such as year over year performance over a national percentile performance benchmark

• COVID-19 Impacts and Adjustments
  – Initial performance data year (2021) and baseline data year (2019)

Example: CCC Plus MCO X PWP Performance

80%
70%
60%
50%

Follow Up after ED Visit for Mental Illness, 30 Day Total

Additional information on the Virginia PWP Methodologies are available here: https://www.dmas.virginia.gov/about-us/value-based-purchasing/
Ongoing Lessons Learned

- **Continue focus on a “North Star”**
  - Navigating changes
  - Ongoing communication and engagement
  - Adaptability and problem-solving as core values

Future Plans

• **Performance Withhold Program**
  – Initial performance year

• **Re-evaluating behavioral health PIPs**
  – Assessment of telehealth utilization and access

• **Project Bravo/Behavioral Health Enhancement**
  – Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members in the Commonwealth

• **Enhancing data analytic and visualization capabilities**

Additional information on Project Bravo is available here: [https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/](https://www.dmas.virginia.gov/for-providers/behavioral-health/enhancements/)
Thank you!

Laura Boutwell, DVM, MPH
Director, Office of Quality and Population Health
Virginia Department of Medical Assistance Services
Laura.boutwell@dmas.virginia.gov
Peer Support and Care Management Services in New Jersey

Gwen Carrick and Shenal Pugh
New Jersey Division of Medical Assistance & Health Services
Background on New Jersey Medicaid

- **SUD treatment Services**
- Medicaid Fee For Service (FFS)
- Managed Care Organizations (MCO)
  - Managed Long Term Services and Supports (MLTSS)
  - Fully Integrated Dual Eligible Special Needs Plans (FIDE SNP)
  - Division of Developmentally Disabled (DDD)

![Diagram showing Medicaid Population]

Data from NJFC SUD Monitoring Report DY3, Q2-Q4, CMS Metric 3
Catalyst for Intervention

1115 Waiver and State Plan Amendment

• Peers
  – Access to care
  – Care Coordination and Transitions between LOC and into community
  – Reduction of overdose deaths (opioid)
  – Long term recovery

• Care Management
  – Access to care
  – Care Coordination and Transitions between LOC and into the community
  – Improve access to care for physical health conditions among individuals with OUD or SUD
Intervention: Certified Peer Recovery and Care Management Services

- **Certified Peer Recovery Services** are non-clinical, strength-based services that help individuals to initiate and stay engaged in the recovery process and reduce the likelihood of a return to substance use.

- **Certified Peer Recovery Specialists** are individuals with lived experience who have been successful in the recovery process who can support others experiencing similar situations.

- **Care Management** is a behavioral health service intended to support individuals who have a Substance Use Disorder (SUD) with complex physical or psychosocial needs.

- **Care Managers** may assist members as they transition throughout the continuum of care by matching their identified needs to available resources and assist individuals to access care and services intended to meet those needs.
Intended Outcomes

• Implement strategies to address opioid use disorder.
• Implement a comprehensive treatment and prevention strategy to reduce overdose deaths.
• Improve care coordination and transitions between levels of care.
• Support NJ FamilyCare beneficiaries with a SUD throughout the continuum of care and into the community.
Lessons Learned: Peers

• **Stakeholder Process**
  – Peer specialists, family members, treatment providers, NJ Prevention Network (NJPN), Medicaid and the Div. of Mental Health & Addiction Services stakeholder group.
  – All stakeholders participated in SAMHSA BRSS-TCS policy academy.
  – Stakeholder group conducted survey of peer service providers and peer specialists.

• **Successes**
  – Long term workforce development for peer specialists.
  – Living wages for peer specialists
  – Sustainability of services
  – Support for individuals with an SUD for sustained recovery

• **Challenges**
  – Peer Certification Board
  – Provider enrollment, Peer NPI and billing
Lessons learned: Care Management

Stakeholders

Care Management

• Contracted providers
• Department of Mental Health Addiction Services (DMHAS)

Challenges

• Fiscal approval
• COVID-19
• Services are currently being rolled out.
Plans to Sustain and/or Expand Intervention

- FFS
- MLTSS, DDD & FIDE-SNP
- Managed Care Organizations (Horizon, United, WellCare, Amerigroup, Aetna)
- Certification for Peer Specialist
Contact Information

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References

• Medicaid Section 1115 Substance Use Disorder Demonstrations: Technical Specifications Manual for Monitoring Metrics, Version 3.0, August 2020, Metric #3 (Medicaid Beneficiaries with SUD Diagnosis [monthly])

• NJ State Plan Amendment, NJ-19-0015

• NJ State Plan Amendment, NJ-20-0005

• www.SAMHSA.gov
Questions & Answers

Michaela Vine, Mathematica
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Announcements and Next Steps

Mira Wang, Mathematica
Announcements and Next Steps

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• Upcoming webinar
  – Webinar #3: Using Data to Improve Access to Behavioral Health Follow-up Care: Thursday, July 15, 2021, 3:00 PM ET

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Announcements and Next Steps (continued)

- Affinity Group Fact Sheet and EOI form are available at the Medicaid.gov Improving Behavioral Health Follow-up Care Learning Collaborative Homepage
- Affinity Group EOI forms are due Thursday, July 15, 2021, 8:00 PM ET
Thank you for participating!

- Please **complete the evaluation** as you exit the webinar

- If you have any **questions**, or we didn’t have time to get to your question, **please email**
  
  MACQualityImprovement@mathematica-mpr.com