Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

Premier Mental Health, Developmental, and Substance Use Disorders Services in Virginia's Communities

VICAP in Operation

House Appropriations Health and Human Resources Subcommittee

December 12, 2011

To Be Covered

- Brief background
- Independent Clinical Assessment -what does it accomplish?
- Services for which VICAP is required
- What can families expect?
- What can direct service providers expect?
- What VICAP may tell us
- Operational issues and considerations
- In summary

Brief Background

- VICAP is Legislative Budget-directed and DMAS-authorized (Finalized Budget-April of 2011)
- VICAP developed as a first step in a three-part service assessment and authorization process
- Intention of VICAP: to better assure that youth/families under the age of 21 receive the mental health services they need based upon an independent clinical assessment that has the child and family at the center
- VICAP began “official” operations on July 18, 2011

Brief Background

Prior to implementation:

- Intensive work by CSB Steering Committee with DMAS and PA contractor to plan for anticipated 35,000 needed assessments throughout the year
- PA contractor and CSBs set up new data systems and strategies for entry and data collection
- Intensive/standardized training of VICAP assessors, both CSB employees/contracted assessors
- CSB Capacity Workgroup formed for CSB readiness
- Dedicated phone lines for families to call to schedule appointments-numbers listed on DMAS website

Brief Background

- Contractual arrangements, appointment time frames, data and records, standardized forms and standard protocols developed and implemented
- DMAS established 5 business day time frame for offering appointments for IIH and 10 business days for other services
- Medicaid transportation approved for VICAP appointments
- Meetings with MCOs to address anticipated increase in outpatient demand

Brief Background

- Outreach to private providers/local agencies by DMAS/CSBs
- Requests for 3 services only require a VICAP at this time: Intensive In-Home, Therapeutic Day Treatment, and Mental Health Supports
- VICAP assessment results in a recommendation for service(s) for youth and family-not a referral to provider or authorization for a services
- Since July 18, 2011,12,510 completed assessments

Independent Clinical Assessment (ICA)

What is it and What Does It Accomplish?

ICA

- Families/guardians must request the ICA appointment and be present at the assessment
- ICA accomplished by a licensed or licensed-eligible mental health professional not connected with treatment of the individual being assessed
- ICA uses a standard VICAP clinical tool approved by DMAS and accepts all collateral information from sources such as schools, other professionals, etc.
- Based on information, conversation and observation, ICA assesses a level of need for any Medicaid mental health service(s) and makes recommendation for the services that best address the child/family issues at that time

ICA

- Parent/guardian is given a written summary that includes service recommendation(s) at the end of the VICAP appointment
- Assessor provides parent with DMAS-approved list of service providers for IIH, TDT, MHSS as well as printed information for MCO and other outpatient and medical resources
- ICA assessor makes no recommendation regarding the selection of a direct service provider by the family
- If family states provider preference, legal release of information to that provider is offered to family
- Family completes DMAS provider choice form to insure acknowledgment of choice of direct service provider

ICA

- VICAP assessment is “good” for 30 days- recommended services should be initiated within that time frame
- VICAP assessor may change recommendation within the 30 days if significant event occurs: illness of parent, arrest/death, etc. of immediate family member, notice of school suspension, arrest of youth, and other major occurrences
- All forms are retained by the CSB as legally required and safeguarded as personal health information (PHI)

ICA

- Within 1 business day, assessor enters each recommendation and required data into PA contractor data system
- With HIPAA compliant signed release of information, direct service provider can receive full VICAP assessment to develop the actual service plan to submit to PA contractor
- PA contractor has both independent clinical information and service recommendations as well as the information submitted by providers on which to base its service authorization decisions
- PA contractor reviews all VICAP information and provider-submitted service plan to determine service is to be authorized and informs service provider

ICA

- Parent and/or provider have appeal rights if service is not authorized by PA contractor
- If ICA assessor does not recommend requested service, at family's request, provider can still submit service plan and PA contractor will review and make determination
- DMAS requires each CSB to submit established data elements on a monthly basis
- Level of data at each CSB assures precise knowledge of origin/time of all phone calls on the dedicated VICAP lines, every appointment made, time frames offered and accepted, completed ICAs, recommendations, and date of entry into PA contractor system

Services For Which VICAP Is Required

Intensive In Home (IIH)

IIH is an intensive time-limited MH service provided primarily in the home.

- Its goals are to reduce the risk of out-of-home placement and to help the family to develop skills that improve both the functioning of the child and the family system as a whole. By helping the family learn skills, the child and family become less dependent upon assistance and more able to assist the child improve behavior and functioning within the family and outside the family.

Intensive In Home (IIH)

Who Should Receive IIH?

Children and adolescents with a ***severe*** condition due to mental, behavioral, or emotional illness that has resulted in the child being “at-risk” of out-of-home placement or hospitalization and/or have significant functional impairments in major life activities.

Intensive In Home (IIH)

Children must meet at least 2 of the following on a continuing or intermittent basis:

- Difficulty in establishing/maintaining normal relationships to the degree that they are at risk of placement or hospitalization due to conflicts with family or community
- Exhibit such inappropriate behavior that repeated interventions by mental health, social services, or judicial system are needed
- Exhibit difficulty in cognitive ability such that the person is unable to recognize personal danger or inappropriate social behavior: such as acting in such a fashion that can cause harm to themselves or others

Intensive In Home (IIH)

IHH is indicated when:

- The child's residence is more likely to be a successful setting than a clinic
- The child and at least one parent/responsible adult with whom child is living will participate

Services Include:

- 24 hr/day emergency response
- Face to face therapeutic intervention
- Crisis intervention
- Individual & family therapy/counseling
- Case management activities
- Coordination with other services
- Notification or documented attempts to notify primary care physician or pediatrician of receipt of IIH/other services
- Recreational trips are <u>not</u> within scope of allowable services

Intensive In Home (IIH)

When IIH Services Are Not Indicated:

- Parent/Guardian is not willing/able to participate in IIH.
- The behaviors that the child is displaying do not create a risk of out-of-home placement.
- The clinical needs of the child and the family can be more appropriately met through less intensive services.
- The child has received IIH services for an extended period of time and IIH services have not been clinically effective as reflected by a consistent lack of progress (unless the child has experienced recent new stressors that have exacerbated the condition).

Therapeutic Day Treatment (TDT)

TDT is a specialized clinical treatment program for children or adolescents who are exhibiting on-going and serious mental, emotional, behavioral problems in school that put them at risk of requiring more intensive educational services, likely in a more restrictive setting

Goal is to improve the functioning level of the child in the regular school setting

TDT may be provided in:

- Child's school, with permission from the school principal
- Licensed after-school setting
- Clinic that includes educational component

TDT

Who Should Receive TDT

- Children or adolescents who are experiencing a mental, behavioral, or emotional illness resulting in significant impairments in major life activities,
- The impairment has become more disabling over time,
- The child/adolescent has required a significant level of intervention services that have been offered/provided over a period of time.
- Also, the child must be experiencing at least 2 of the following:
    * Difficulty establishing normal interpersonal relationships
    * Exhibiting inappropriate behaviors that have required repeated interventions by the community
    * Are unable to recognize personal danger of significantly inappropriate behavior due to cognitive impairment

TDT

Additionally, the child must:

- Require year-round services in order to sustain emotional/behavioral gains,

or

- Have emotional/behavioral problems so severe they cannot be handled in self-contained or special classrooms without TDT,

or

- Would otherwise be placed on homebound instruction due to severe behavior problems.

All TDT Services Include

- Diagnostic Assessment
- Consultation with teachers, others
- Medication Education/Adherence Strategies
- Cognitive-Behavioral Counseling
- On-Site Crisis Response/Intervention
- Behavior Modification Programs
- Individual/Group/Family Counseling
- Social Skills Training
- Monitoring progress in social/school interactions
- Collaboration with Other Service Providers

TDT

When TDT Is Not Indicated:

- Child does not meet the clinical severity criteria
- The clinical needs of the child can be met more appropriately through less intensive services
- The child has received TDT services for an extended period of time and TDT services have not been clinically effective as reflected by a consistent lack of progress (unless the child has experienced recent new stressors that have exacerbated their condition).

Mental Health Supports (MHSS)

Training and support to enable individuals with significant psychiatric functional limitations to achieve and maintain community stability and independence and typically appropriate for adults and some youth whose families are not able or willing to assist.

Training in or reinforcement of functional skills and appropriate behavior related to the person's:

- Health and safety,
- Activities of Daily Living (ADLs),
- Use of community resources
- Assistance with medication management
- Monitoring health, nutrition, and physical condition.

Services are provided in the home as well as the community.

Activities in MHSS

- Teaching a person how to pack a medication box and monitoring for accuracy
- Assisting a person with learning basic cooking skills/ healthy foods
- Teaching a person appropriate personal and home hygiene, appropriate dress, laundry
- Assisting a person with maintaining healthy lifestyle and/or addressing health issues
- Assisting a person with learning appropriate social skills to increase community integration and socialization, social interactions, transportation skills, shopping skills, etc.
- Educating a person about mental illness and symptoms and help with self-awareness regarding symptoms

Nature of These Services

DMAS requires assessors to explain to the parents/guardians:

- The nature of the services recommended
- That services are intensive mental health services
- That their child may receive a mental health diagnosis
- That family participation in the service is necessary (except for MHSS)
- That these services will likely be noted on health and school records.

WHAT CAN FAMILIES EXPECT?

Families Expect

- ICA appointment set within required time frames and their family preferences for appointment time
- To bring Medicaid card, related information regarding child/children
- On time, respectful, confidential session with qualified professional, questions/concerns addressed, recommendations fully explained
- Written summary of recommendations
- Printed DMAS-approved list of service providers for full choice
- No PHI provided to anyone w/o parent's signed release of information

WHAT CAN DIRECT SERVICE PROVIDERS EXPECT?

Service Providers Expect

- DMAS-listed VICAP appointment phone numbers for each CSB *(to assist parents in scheduling)*
- Consideration by assessor of information that direct service provider may submit for child/family
- DMAS-approved direct service provider list to families
- Timely entry of VICAP data into PA contractor system
- With legal release of information, VICAP assessment transmitted via secure means
- Operational issues addressed by CSB or CSBs

WHAT VICAP MAY TELL US

What VICAP May Tell US

With over 12,510 assessments completed by November 30:

- Two-thirds to three-fourth of the assessments recommend one or more of the 3 intensive mental health services
- Close to half of all the assessments recommend an outpatient service, therapy or psych/medical evaluation, available through Medallion II/PCP CM
- Close to one-half recommend less intensive outpatient counseling along with other services
- VICAP is also identifying some undiagnosed medical, developmental and/or neurological conditions and making appropriate referrals
- VICAP is doing its job in assessing level of need for one or more Medicaid mental health services as well as identifying those in need of a lower level of service
- Could less intensive service models be needed as part of a continuum of services for children and families?

OPERATIONAL ISSUES

Operational Issues

- Communication issues regarding VICAP process
- Only families call to make appointments-not as well understood as anticipated
- No release of information without legal, signed Release of Information forms
- Volume of calls and appointments scheduled presented issues in a few CSB areas, although data indicate that 96.6% of appointments were offered within time frames

Operational Issues

- No show rate high-but standard for MH services
- Strategies being put in place to address “no-shows”, such as reminder calls. Many families reschedule and are subsequently evaluated.
- Other strategies being considered to avoid waste of time and resources with high no-show rate
- PA Contractor data systems needed edits to fully utilize
- PA contractor began new system at end of October creating contractor backlog in data entries till 11/16

Operational Issues

- High numbers of authorizations requested in May and June resulted in extremely high reauthorization numbers for November-even with advance data, some CSB numbers were extraordinary. December likely to be similar
- Statewide, CSBs are sharing resources to assist in addressing peak times for high reauthorization requests
- All CSBs indicate that they can and/or do offer evening and weekend appointments if needed

Other Considerations

- CSBs and DMAS have done an excellent job of designing and implementing a new program within 3 months
- While better assuring an appropriate level of services, VICAP does not address issues of service quality, data and outcomes
- As Virginia moves toward Coordinated Care, issues of service quality, data and outcomes will be addressed more fully
- VICAP may be considered as “practice” for us all as the Coordinated Care process begins in July, 2012
- VACSB and CSBs are grateful to the local agencies and direct service providers who have worked with us and DMAS to operationalize VICAP

In Summary

- VICAP results in a level of need assessment of services to best serve youth and families
- Serious undiagnosed issues are now being addressed as a result of VICAP
- Families have increased understanding of the service needs, service recommendations, goals and nature of the services, and the need for their participation to achieve the goals
- CSBs and DMAS have been working every month to drill into problems, questions, and any on-going issues
- Where and when specific issues have been raised with CSBs, the problems are fully investigated
- DMAS is monitoring CSB contracts and conducting its own investigations into specific complaints then requesting action plans from CSBs, when appropriate

Questions?

THANK YOU!

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