

# ENHANCED BEHAVIORAL HEALTH SERVICES FOR VIRGINIA MEDICAID

The Virginia Dept. Of  
Medical Assistance Services  
(DMAS)

## PROJECT BRAVO

Behavioral  
Health  
Redesign  
for Access,  
Value &  
Outcomes

+

## ARTS

Addiction &  
Recovery  
Treatment  
Services

Implementing fully-integrated behavioral health services that provide a full continuum of care to Medicaid members.

# Virginia Offers New Behavioral Health Services for Adults and Youth Medicaid Members

The vision for the Enhancement of Behavioral Health is to keep Virginians well and thriving in their communities, shift our system's current need to focus on crisis by investing in prevention and early intervention for mental health & substance use disorder (SUD) comorbidities, and support comprehensive alignment of services across the systems that serve Medicaid members.



*Research shows that 96% of individuals who receive a direct referral to crisis services do not require an emergency room visit.*

*We are committed to providing our Medicaid members with high quality, evidence-based care in their communities and in their homes, giving them the choices they deserve for stabilization and healing.*

Karen Kimsey, DMAS Director

Virginia Medicaid plays an essential role in the Commonwealth's health care system by offering lifesaving coverage to **one in five** Virginians, including more than **600,000** newly eligible adults through Medicaid expansion.

More than **one in four** out of almost 2 million Virginia Medicaid members have a mental health diagnosis. **47%** of members with a substance use disorder have a mental health comorbidity.

Project BRAVO is a multifaceted collaborative approach to enhancing the behavioral healthcare continuum across the lifespan for Medicaid members.

**Nine** new behavioral health services launched in 2021 that strengthen crisis response, prevention and early intervention to help members avoid inpatient admissions and find support in the community after a hospital stay.

## Services for Youth Ages 11-18

- **Multisystemic Therapy (MST):** Intensive family and community-based treatment for youth with significant disruptive mental health and substance use disorders.
- **Functional Family Therapy (FFT):** Short-term family-based treatment for youth, with significant disruptive behaviors, who have received referrals from juvenile justice, behavioral health, school or child welfare systems.

## Services for Youth and Adults

- **Mental Health Partial Hospitalization Program (MH-PHP):** Highly structured clinical programs designed to provide services which are similar to an inpatient program, but on a less than 24-hour basis while individuals continue to live in their communities.
- **Mental Health Intensive Outpatient (MH-IOP):** Highly structured clinical programs designed to provide a combination of interventions that are less intensive than partial hospitalization programs, though more intensive than traditional outpatient psychiatric services.
- **Mobile Crisis Response:** A 24/7 rapid response team that provides assessment and early intervention for individuals experiencing a mental health crisis or SUD crisis.
- **Community Stabilization:** Short-term support for individuals who recently required mental health or SUD crisis services or who need assistance to avoid escalation to more intensive mental health or SUD treatment models.
- **23-Hour Crisis Stabilization:** Up to 23 hours of crisis stabilization services in a DBHDS approved community-based crisis stabilization clinic setting for members experiencing an acute mental health or SUD emergency.
- **Residential Crisis Stabilization Unit:** Short-term, 24/7 residential evaluation and intervention for mental health and substance use crises. This new service enables some individuals to avoid inpatient admission and offers stepdown support for others who require hospitalization.

## Services for Adults

- **Assertive Community Treatment (ACT):** Individuals with serious mental illness receive care through a single team that works closely together to support the individual and is available 24/7.

# Medicaid's Substance Use Disorder Treatment Benefit

## As Drug Overdoses Continue to Rise, Medicaid Programs Have a Critical & Lifesaving Role to Play.

### Faces of ARTS/BRAVO: Meet Darcy

Darcy is a 17 year old youth who identifies as part of the LGBTQI community and has been using Xanax and Cannabis to cope with behavioral health challenges. In the summer of 2020, Darcy started experiencing symptoms of psychosis. Darcy's parent were terrified, and not sure if these symptoms were associated with drug use, mental illness or both. Darcy's parents called 9-8-8 and received mobile crisis services in lieu of police, who transported Darcy to a crisis unit to be assessed. Darcy was diagnosed with symptoms associated with Bipolar Disorder and was prescribed medication. Darcy also engaged in Peer Recovery Support Services (PRSS). For the first time in Darcy's life, they were able to talk with someone who could relate and share their own recovery story and struggles with mental health challenges and substance use disorder (SUD) symptom management. Darcy was discharged from the crisis unit and is thriving, engaged in at home-family counseling, psychiatry, and PRSS services to help establish recovery skills.

In 2019, 96,000 Virginia Medicaid members reported a SUD diagnosis which includes 42,000 members enrolled via Medicaid expansion.



In Virginia, the percent of low-income working-age adults without health insurance dropped from 28% in 2018 to 23% in 2019 due to Medicaid expansion. Virginia was the only state to experience such a decrease.

**In the face of a worsening opioid epidemic, Virginia Medicaid introduced a number of interventions including coverage of new addiction treatment services, increased reimbursement rates, Medicaid Expansion, and removal of prior authorization for FDA-approved medications for opioid use disorder (MOUD). These services are based on the American Society of Addiction Medicine (ASAM) criteria and treat members with primary SUD as well mental health comorbidities.**

#### **Inpatient Detox (ASAM 4):**

- 24-hour nursing care and daily physician care for severe, unstable problems in an acute care hospital or psychiatric setting.

#### **Residential Treatment (ASAM 3):**

- 24-hour care with trained counselors to stabilize multi-dimensional imminent danger and prepare for outpatient treatment; able to tolerate and use a full active milieu or therapeutic community.

#### **Partial Hospitalization (ASAM 2.5):**

- 20 hours of service or more per week in a structured program for multidimensional instability not requiring 24-hour care.

#### **Intensive Outpatient Program (ASAM 2.1):**

- Average of 9-19 hours of service per week (adults); 6-19 hours per week (adolescents) in a structured program to treat multi-dimensional instability.

#### **Outpatient Treatment Services (ASAM 1.0):**

- Less than 9 hours of service per week (adults); 6 hours per week (adolescents) for recovery or motivational enhancement therapies/strategies.

#### **Opioid Treatment Programs (OTPs):**

- Programs certified by (SAMHSA) that engage in supervised assessment and treatment, using methadone, buprenorphine, or naltrexone, for members who have opioid use disorder (OUD).

#### **Office-Based Opioid Treatment (OBOT):**

- The preferred OBOT model is a type of outpatient treatment designed for people living with OUD that integrates medical services, addiction treatment and recovery services for individuals in one primary care location.

#### **Case Management:**

- Care planning among the treatment team to develop and monitor individualized and personalized treatment plans.

#### **Peer Recovery Support Services (PRSS):**

- Nonclinical, peer-to-peer activities that engage, educate, and support an individual's, and as applicable the caregiver's, self-help efforts to improve health recovery, resiliency, and wellness. PRSS is available to individuals with either SUD or mental health comorbidities.