WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

West Virginia
"Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders"
1115 Waiver Demonstration

Project #11-W-00307/3

Amendment Request –

July 24, 2019

Table of Contents

2 Introduction

On September 19, 2016, the State of West Virginia (the State) submitted a Section 1115 waiver application titled "Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders" to the Centers for Medicare and Medicaid Services (CMS). This waiver application was approved by CMS on October 6, 2017.

The State of West Virginia Bureau for Medical Services (BMS) is requesting federal authorization to amend the Section 1115 Waiver Demonstration, "Creating a Continuum of Care for Medicaid Enrollees with Substance Use Disorders" (Project #11-W-00307/3). The State proposes to amend the waiver to allow the Children with Serious Emotional Disorder Section 1915(c) Waiver (CSEDW) members to have a lock-in period which will require continuous enrollment with a single Managed Care Organization (MCO) in the Specialized Managed Care Plan for Children and Youth. The State will automatically enroll beneficiaries on a mandatory basis into a single MCO in order to provide specialized and coordinated care to CSEDW members in the most seamless and cost-effective way possible.

If for any reason the member's guardian chooses to disenroll the child from the MCO, the member would need to be informed that disenrolling from the MCO means they will be disenrolling from the CSEDW waiver.

Members affected by the "lock-in" period are children between the ages of 3 and 21 who are State residents and deemed medically and financially eligible for CSEDW services through the application process described in the CSEDW 1915(c) waiver application (WV.1646.R00.00). This includes a population size of approximately 500 members in year one, 1000 members in year two, and 2000 members in year three. Each of these members will be enrolled in a single MCO plan that provides specialized care for children and youth.

The State is currently conducting a competitive procurement to select the single MCO that will serve these children and youth. Vendor proposals are due to the State on August 13, 2019, with an anticipated award date around October 2019. The State plans to implement the inclusion of this population under the waiver by January 1, 2020.

The State is not requesting any additional changes to the waiver or the Special Terms and Conditions (STCs). This inclusion will not have any impact, negative or positive, to current SUD members or services in place.

3 Purpose, Goals, and Objectives

The State will implement an enrollment "lock-in" period, meaning that members will be limited and/or restricted to access services under the single MCO that is selected to serve the Specialized Managed Care for Children and Youth program.

3.1 Goals and Objectives

Goals

The Specialized Managed Care for Children and Youth program, which the State is developing to meet W.Va. Code §9-5-27 requirements, seeks to reduce fragmentation and offer a seamless approach to participants' needs, deliver needed supports and services in the most integrated and cost-effective way possible, provide a continuum of acute care services, and implement a comprehensive quality approach across the continuum of care services. In addition to CSEDW members, this program will include all children and youth in the foster care system and individuals receiving adoption assistance. The State anticipates overlap between this population and members receiving CSEDW services.

The State's goals in requiring CSEDW members to participate with this single MCO include:

- Providing specialized, integrated, and enhanced care coordination for every member
- Increasing the State's ability to implement CSEDW services on time and help ensure MCO operational readiness
- Reducing burden on the CSEDW provider community to coordinate with a single MCO rather than multiple MCOs
- Increasing cost-effectiveness and reducing duplication of services due to simplification of utilization management, claims payment, and member and provider services specific to CSEDW, particularly given the relatively small size of this managed care program[1]

Objective 1

Keep service costs low, and limit overutilization of services as a result of locking CSEDW participants into a single MCO. Participants will have freedom of choice of providers within the single MCO, and can change providers as often as desired with the effective date being the first day of the month following the date requested.

If a new member becomes eligible for CSEDW and is already established with a therapist who is not a member of the MCO network, the MCO is required to make every effort to arrange for the member to continue with the same provider if the member so desires, according to MCO guidelines that will be approved by the State to determine that continuing the provider relationship is in the best medical interest of the member. If a member needs specialized service that is not available through the MCO network, the MCO will arrange for the service to be provided outside the network, if a qualified provider is available. Members will receive outreach from their assigned care coordinator soon after enrollment, as well as a copy of the MCO handbook that will provide additional information.

[1] The State anticipates approximately 18,000 children and youth in the foster care system and individuals receiving adoption assistance will be included in the Specialized Managed Care for Children and Youth program, combined with approximately 500 – 2000 CSEDW members (if approved), many of which may overlap with the larger foster care population.

Objective 2

Members included in the single MCO will receive specialized care coordination that incorporates trauma-informed practice and adverse childhood experiences (ACEs) guidelines. The MCO will be responsible for coordinating continuity of care and developing an integrated care plan with healthcare providers, child welfare providers, behavioral health providers, and the member and their family or caregiver(s). The MCO will also provide specialized support when a member leaves a residential facility or changes levels of care. The services utilized by a member can be readily available for review of the assigned care coordinator. The care coordinator can monitor quality and quantity of services, which will decrease duplication of services and/or prescription medications. Care coordinators will also conduct outreach to their assigned members in order to establish relationships and respond to changes in members' needs over time.

4 Project Waiver Impact

Per the STCs, as part of the waiver amendment process, the State is required to provide an estimate of the expected increase or decrease in annual enrollment and annual aggregate expenditures, including historic enrollment or budgetary data, if applicable. This includes a financial analysis of any changes to the demonstration requested by the State in its amendment request.

The State is not requesting changes to the 1115 SUD waiver outside those specified in this amendment request (i.e., an SED Enrollment lock-in), which are not anticipated to impact budget neutrality. Therefore, the SUD waiver is expected to continue to be budget neutral for the life of the extension. The State anticipates the enrollment lock-in for members on the 1915(c) CSEDW will operate in accordance with the existing CMS-approved STCs to the extent that they are applicable.

Members receiving SED services will do so under a separate 1915(c) waiver for that population. As a result, there is no expected increase or decrease in enrollment or SUD treatment cost per beneficiary for this 1115 waiver, demonstrating budget neutrality under the SUD waiver. In addition, the State has no expectation of an impact to annual aggregate expenditures under the SUD waiver, and the number of members who will receive SUD treatment is not expected to be affected.

Table 1. Projected Impact by Demonstration Year

	DY 0	DY 1	DY2	DY3	DY 4	DY 5	Total Projected Impact from Proposed Amendment
Beneficiaries Receiving SUD Treatment	13,200	15,000	18,000	20,000	21,000	22,000	No additional beneficiaries
Annual SUD Treatment Cost per beneficiary	$8,917	$8,725	$7,591	$6,605	$5,747	$5,000	No change in in total program expenditures

**Not including residential treatment.*

***Note: This table provides the preliminary estimates of the potential impact of the proposed waiver over a five-year period as calculated during the initial waiver design process. The estimates are subject to change as additional data and other information become available and the calculations for establishing budget neutrality are refined.*

5 Evaluation

Per the STCs, the amendment process may provide, if applicable, a description of how the evaluation design will be modified to incorporate the amendment process. The changes proposed under this amendment are not anticipated to create any changes to the waiver's evaluation design. This amendment only proposes to amend the waiver to allow the Section 1915(c) waiver CSEDW members to have a lock-in period which will require continuous enrollment with a single MCO in the Specialized Managed Care Plan for Children and Youth. This change should not have an effect on the originally approved Section 1115 SUD waiver demonstration.

6 Public Notice Period

6.1 Process

As stated under 59 FR 59249, the State has met the transparency requirements when conducting the public notice process for the 1915(c) CSEDW application period. During this CSEDW application period the State met with relevant WV government agencies, as the State stakeholder group, to discuss the current system for CSED. BMS also engaged with numerous external stakeholders from different disciplines in the regions of the State. External stakeholders attended public forums held from November 27 – 30, 2018, strategically located throughout the State. Over the course of five stakeholder meetings, over 100 participants provided information, shared insights, and prioritized services to assist with waiver development. The participants represented a wide range of service agencies, providers, schools, and MCOs. BMS solicited feedback using these facilitated forums to identify priority services for the CSEDW. Notifications for these events were issued via BMS's email listserv and Fall Provider Workshops. During these public forums, BMS provided an overview presentation regarding the potential CSEDW and followed it with a facilitated discussion with participants. At the conclusion of each public forum, participants were asked to compete a brief survey, comprising questions that would garner additional insight and feedback for the BMS.

The State also posted the CSEDW online for a 30-day public comment period beginning on April 23, 2019. The public comment period was inclusive of a press announcement which was made available on the WV Department of Health and Human Resources (DHHR) website. A notice of the comment period was placed in the State's largest newspaper, the Charleston Gazette Mail, appearing on April 23, 2019, as well as on the BMS and the Children with SED websites. A flyer was sent to the licensed behavior health centers (LBHCs), the multi-agency State stakeholder group, and all participants from the public forums who requested notification.

A log of the comments received and BMS's responses is available on the BMS website for public review. https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Pages/SED.aspx

Finally, DHHR kicked off a monthly Child Welfare Collaborative meeting series in November 2018 that is open to the public and serves as a common forum for sharing information and ideas. A listserv has been established for sharing news and coordinating efforts. During these meetings, DHHR representatives have provided updates on both the CSEDW and specialized MCO transition (among other topics), and responded to questions from the community.

Specialized Managed Care Plan for Children and Youth

Additionally, the State provided several opportunities for public input on the initiative that is now called the Specialized Managed Care Plan for Children and Youth.

In September 2018, BMS contracted with the Center for Excellence in Disabilities (CED) at West Virginia University (WVU) to facilitate and report on a series of seven 90-minute public forums across the state to solicit comments on the state's child welfare reform efforts and care management coordination, including the draft Request for Proposal (RFP). Participants in the forums included employees from Court Appointed Special Advocates (CASA), Aetna Better Health of WV, Braley & Thompson, Chestnut Mountain Ranch, Children's Home Society, Healthy Kids and Families Coalition, Family Resource Networks, FMRS Health Systems, West Virginians for Affordable Health Care, KEPRO, KVC West Virginia, WV Department of Education, DHHR, State Supreme Court, Team for WV Children, and WVU, as well as community advocates, consultants, retirees, and those who did not specify an agency affiliation.

On January 8, 2019, DHHR opened a public comment period on the draft RFP and MCO contract materials. This period was originally targeted to end on February 7, 2019. DHHR then extended this public comment period to end on March 7, 2019.

6.2 Public Notice Materials

The State posted the CSEDW public forum notice with the dates, times, and locations for five public forums to the BMS SED website:

https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Pages/SED.aspx

The State posted the Child Welfare and Foster Youth public forums notice with dates, times, and locations to the BMS news website:

https://dhhr.wv.gov/bms/News/Pages/The-West-Virginia-Department-of-Health-and-Human-Resources-announces-Child-Welfare-and-Foster-Youth-Public-Forums.aspx

6.3 Public Forum Meetings

The State conducted five CSEDW public forum meetings strategically located throughout the State. During each public forum the State provided an overview presentation regarding the potential CSEDW and followed it with a facilitated discussion with participants. At the conclusion of each public forum, participants were asked to compete a brief survey, and had the opportunity to provide their contact information to stay abreast of updates.

Additionally, during seven 90-minute forums in September 2018, DHHR representatives provided an overview of care management models (among other child welfare-related topics), then CED meeting facilitators led forums for general comments.

6.4 Summary of Public Hearings and Comments

A list of the CSEDW public comments can be located on the BMS website: https://dhhr.wv.gov/bms/Programs/WaiverPrograms/CSEDW/Documents/CSEDW_1915cWaiverApplication%20Public_Comment_Responses_FINAL_.pdf

During the external stakeholder public forums held throughout the State in November 2018 participants covered a broad range of topics, including the expansion of the number of evidence-based therapy-trained clinicians, the addition of trauma-informed care training, and current workforce challenges for psychiatric services throughout the State. Participants suggested that provider incentives may help with recruitment and retention and that DHHR should consider increasing reimbursement rates. Participants also raised multiple questions regarding the judiciary due to a large percentage of potential CSEDW participants having court involvement; participants suggested communication, education, and training for judges regarding trauma-informed best practices and local resources.

During the external stakeholder public forums held throughout the State in September 2018 related to child welfare, including (but not limited to) care management models, participants requested additional opportunities for frequent and varied stakeholder input and raised questions about implementing an MCO versus an administrative services organization (ASO) model. Participants suggested that an MCO should consider more components in case management than traditional medical care and noted the importance of decisions that are data-driven and evidence-based. Participants expressed the importance of network adequacy—particularly related to community-based and wraparound services—trauma-informed services, and clear information-sharing pathways with other systems that impact children in foster care.

DHHR received 325 questions during the specialized MCO public comment period that ended in March 2019. Line-by-line responses to all comments related to the initiative (322 total) were emailed to all participants in the Child Welfare Collaborative listserv. Common themes in these comments included defining how the MCO will interact with other child welfare system stakeholders, defining the continued role and authority of DHHR, suggesting changes to draft network adequacy standards, elaborating on the inclusion of socially necessary services (SNS) in the contract, emphasizing timely and integrated care coordination, emphasizing the need for continuity of care, and clarifying the procurement process.

7 Demonstration Administration

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