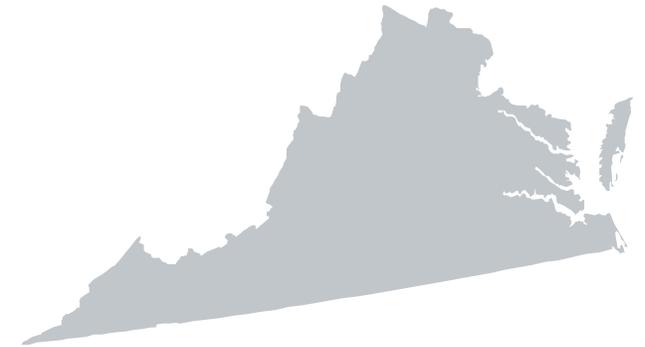




OPEN MINDS

Virginia Health & Human Services Market Profile: 2024



Health & Human Services Market Profile Overview

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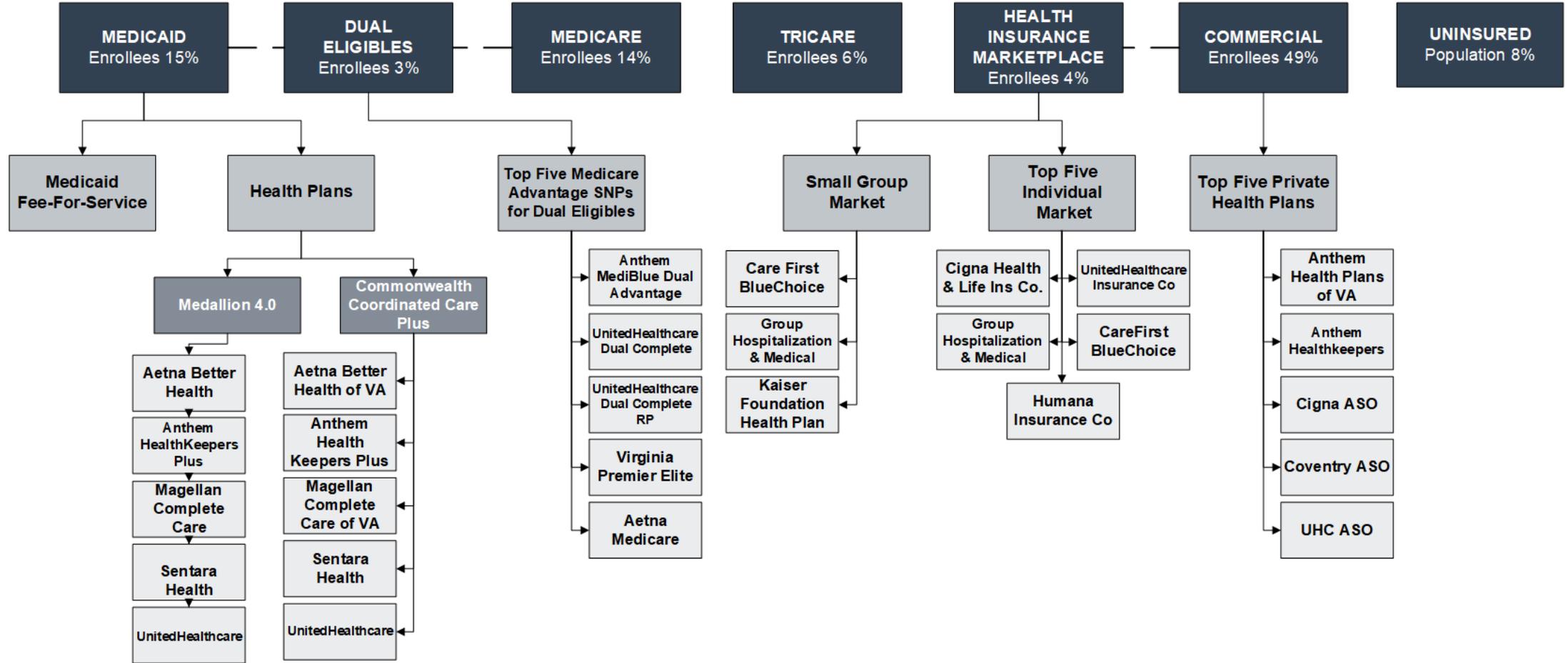
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A. Executive Summary

A.1. Virginia Physical Health Care Coverage by Payer

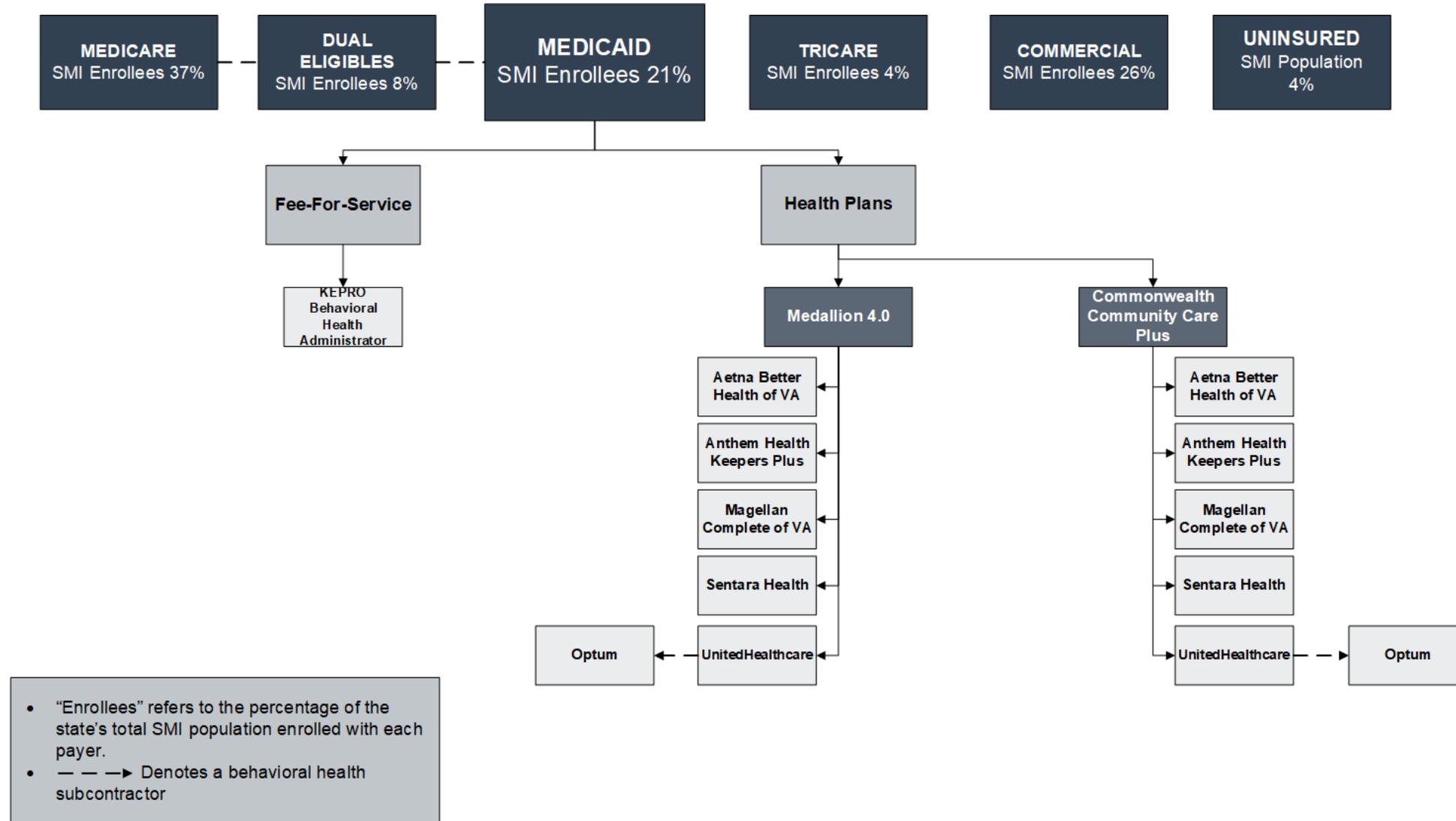
Total Virginia Population – 8,683,619
 Estimated SMI Population – 694,690



Totals may not equal 100% due to rounding.

"Enrollees" refers to the percentage of the state's total population enrolled with each payer.

A.1. Virginia Behavioral Health Care Coverage by Payer



A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Health plans and the behavioral health services administrator are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None. Dual eligibles are required to enroll in the Commonwealth Coordinated Care Plus program.
Managed Long-Term Services and Supports (MLTSS)	✓	The Commonwealth Coordinated Care Plus program integrates non-I/DD LTSS into comprehensive managed care.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Virginia operates three CCBHCs under expansion grant funding.
Other Care Coordination Initiative		None

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

- The Virginia Department of Health provides physical health services to the safety-net population through a network of health districts and local health departments.

Mental Health Services

- The Department of Behavioral Health and Developmental Services funds, contracts with, and regulates 40 locally-established entities, collectively called Community Services Boards (CSBs), for the delivery of mental health services to the safety-net population.

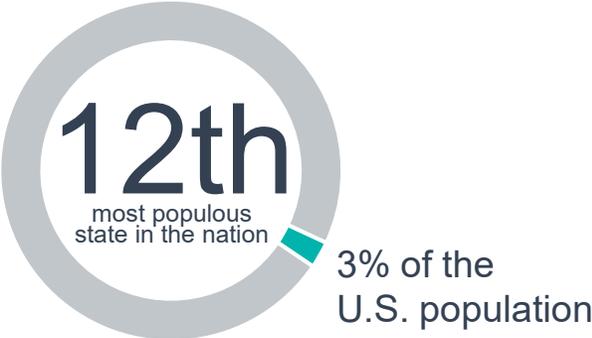
Addiction Treatment Services

- The CSBs also deliver addiction disorder treatment services to the safety-net population.

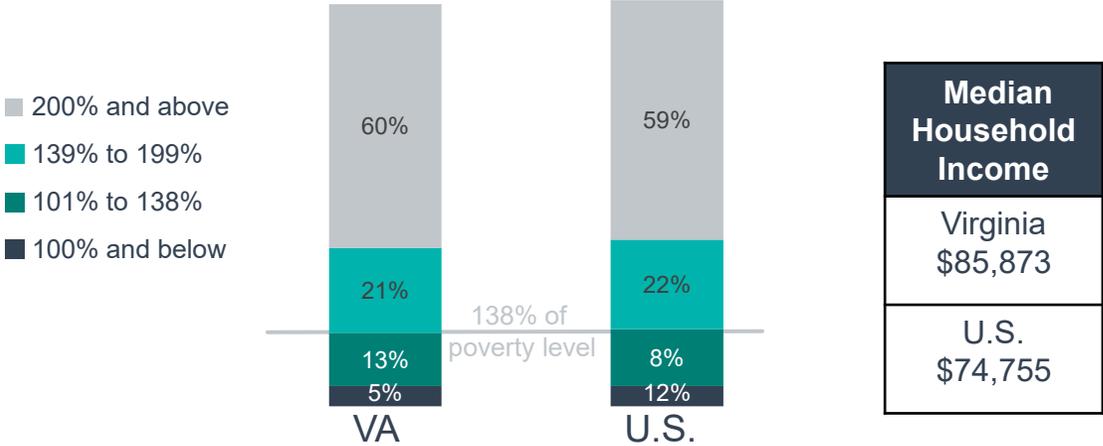
B. Virginia Health Financing System Overview

B.1. Population Demographics

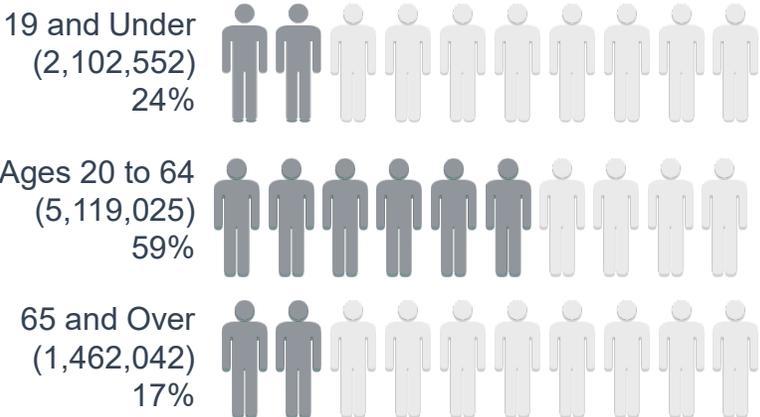
Total Virginia Population – 8,683,619
 Estimated SMI Population – 694,690



Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age



Virginia & U.S. Racial Composition

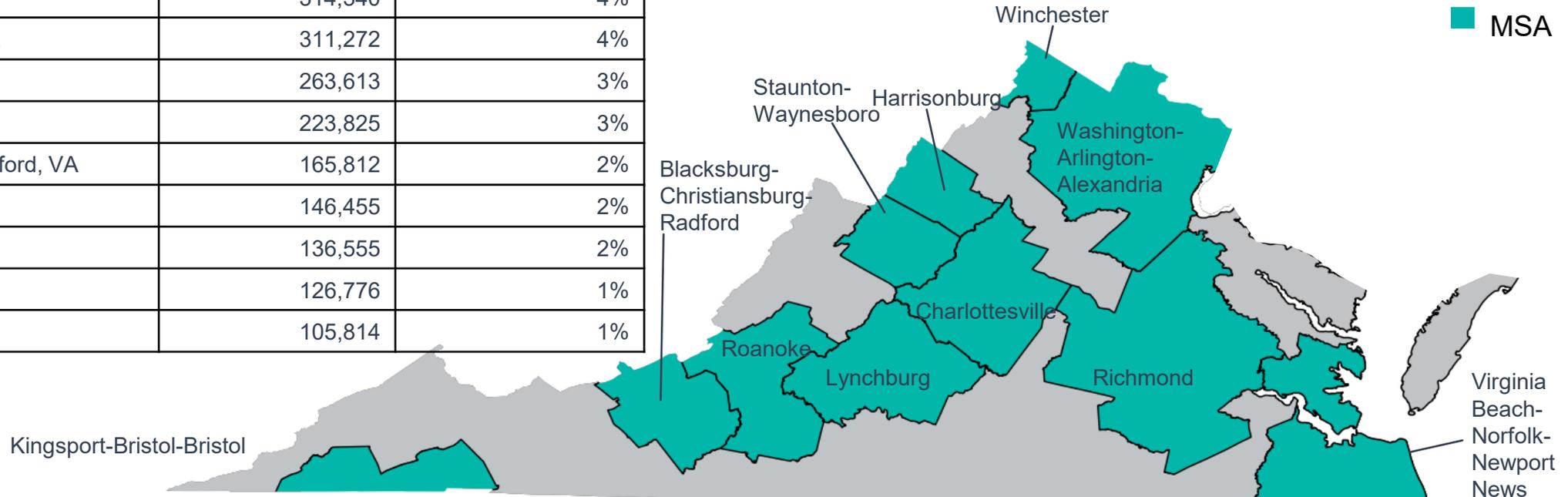


Totals may not equal 100% due to rounding.

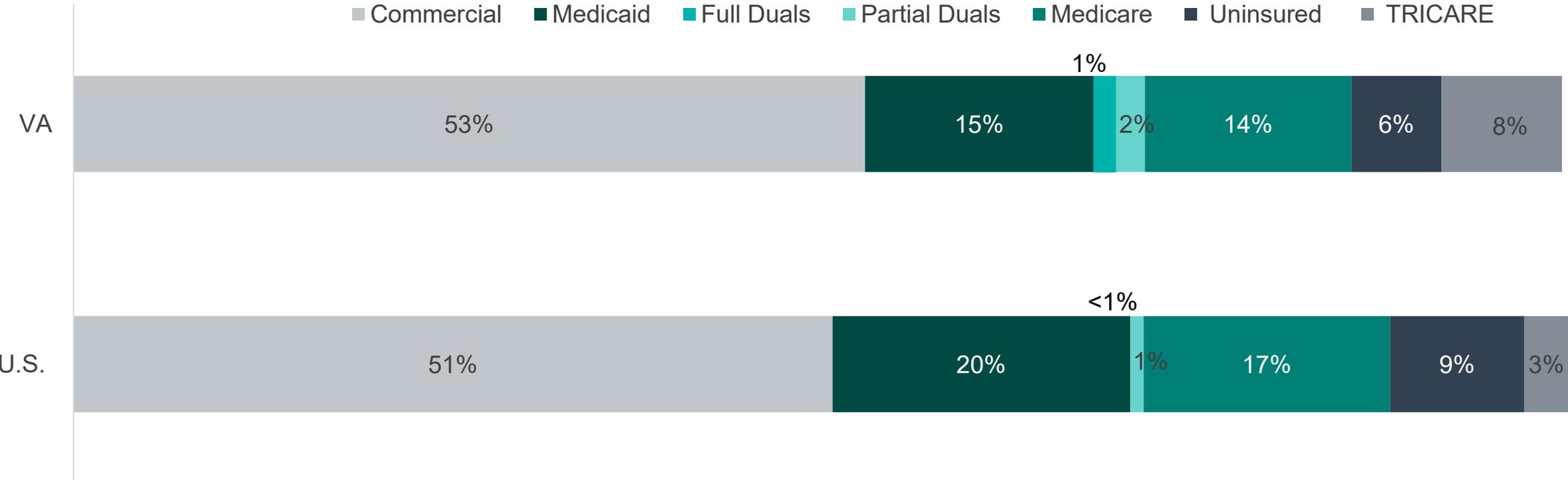
B.2. Population Centers

Metropolitan Statistical Areas (MSAs)*

MSA	MSA Residents	MSA Percentage
Total MSAs	11,314,240	N/A
Washington-Arlington-Alexandria, DC-VA-MD-WV	6,373,756	73%
Virginia Beach-Norfolk-Newport News, VA-NC	1,806,840	21%
Richmond, VA	1,339,182	15%
Roanoke, VA	314,340	4%
Kingsport-Bristol-Bristol, TN-VA	311,272	4%
Lynchburg, VA	263,613	3%
Charlottesville, VA	223,825	3%
Blacksburg-Christiansburg-Radford, VA	165,812	2%
Winchester, VA-WV	146,455	2%
Harrisonburg, VA	136,555	2%
Staunton-Waynesboro, VA	126,776	1%
Danville, VA	105,814	1%

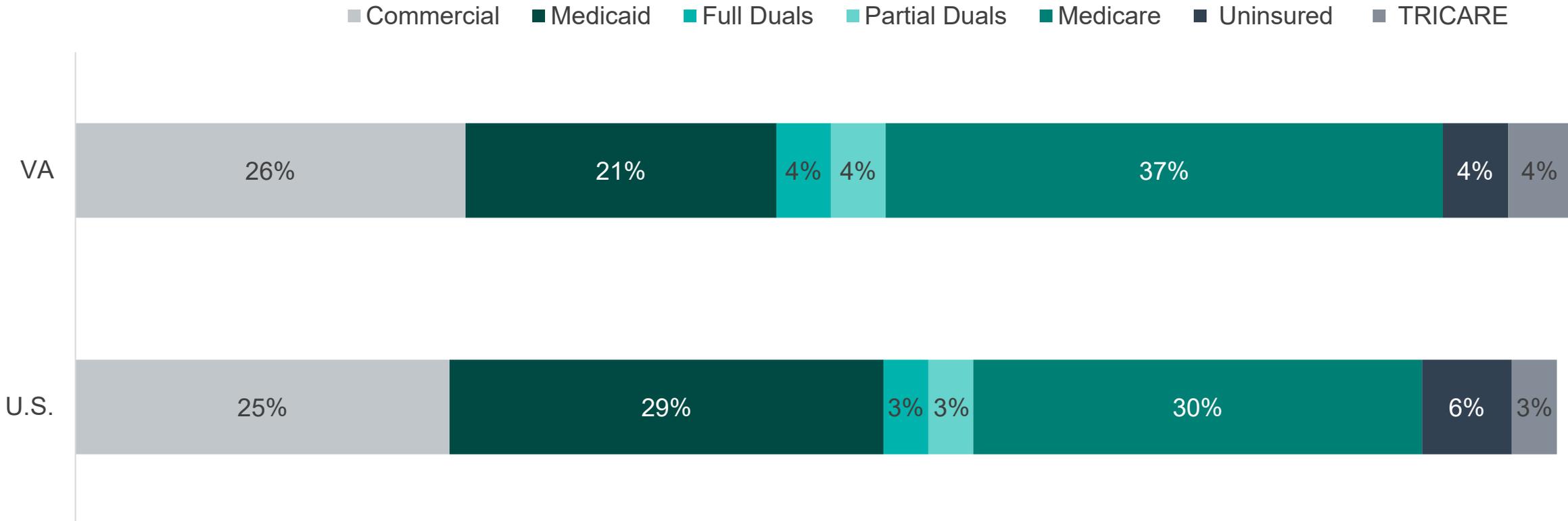


B.3. Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.3. SMI Population Distribution By Payer: National vs. State



Totals may not equal 100% due to rounding.

B.4. Largest Virginia Health Plans By Enrollment

Plan Name	Plan Type	Enrollment
Anthem Health Plans of Virginia	Commercial Administrative Services Organization (ASO)	1,980,166
Medicare Fee-For-Service (FFS)	Medicare	1,032,175
TRICARE	Other public	745,012
Cigna ASO	Commercial ASO	602,422
Anthem HealthKeepers Plus	Medicaid managed care – Medallion 4.0	590,754
Anthem HealthKeepers	Commercial	410,624
Sentara Health	Medicaid managed care – Medallion 4.0	368,225
UnitedHealthcare ASO	Commercial ASO	342,013
Coventry ASO	Commercial ASO	326,223
Group Hospitalization and Medical Services	Commercial	298,512

*Medicare enrollment as of January 2024; Medicaid as of January 2024; TRICARE as of December 2023; Commercial as of January 2024.

B.4. Largest Virginia Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,032,175	234,304
Anthem Health Plans of Virginia	Commercial ASO	1,980,166	83,167
Anthem HealthKeepers Plus	Medicaid managed care – Medallion 4.0	590,754	68,527
Sentara Health	Medicaid managed care – Medallion 4.0	368,225	42,714
TRICARE	Other Public	745,012	33,526
Aetna Better Health of Virginia	Commercial	278,389	32,293
UnitedHealthcare	Medicaid managed care – CCC Plus	228,664	26,525
Cigna ASO	Commercial ASO	602,422	25,302
Medicaid FFS	Medicaid	210,434	24,410
Anthem HealthKeepers	Commercial	410,624	17,246

*Medicare enrollment as of January 2024; Medicaid as of January 2024; TRICARE as of December 2023; Commercial as of January 2024.

B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	3%
Type of Marketplace	State-based
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	https://www.healthcare.gov/small-businesses/
	1-800-706-7893

2024 Individual Market Health Plans	
1. Aetna Life Insurance Co	1. Innovation Health Plan
2. Aetna Health Inc	2. Kaiser Foundation Health Plan of the Mid-Atlantic
3. CareFirst BlueChoice, Inc.	3. Optimum Choice, Inc
4. Cigna Health and Life Insurance Company	4. Sentara Health Plans (Optima)
5. Group Hospitalization and Medical Services, Inc.	5. Oscar Health
6. HealthKeepers, Inc.	

2024 Small Group Market Plans
1. CareFirst BlueChoice, Inc
2. Group Hospitalization and Medical Services, Inc
3. Kaiser Foundation Health Plan of the Mid-Atlantic

B.6. Accountable Care Organizations

Commercial ACOs	
ACO	Commercial Insurer
Aetna Whole Health–Gateway Health	Aetna Whole Health
NexusACO	UnitedHealthcare
Privia Quality Network, LLC	Cigna
Virginia Care Partners, LLC	Cigna, UnitedHealthcare

B.6. Accountable Care Organizations

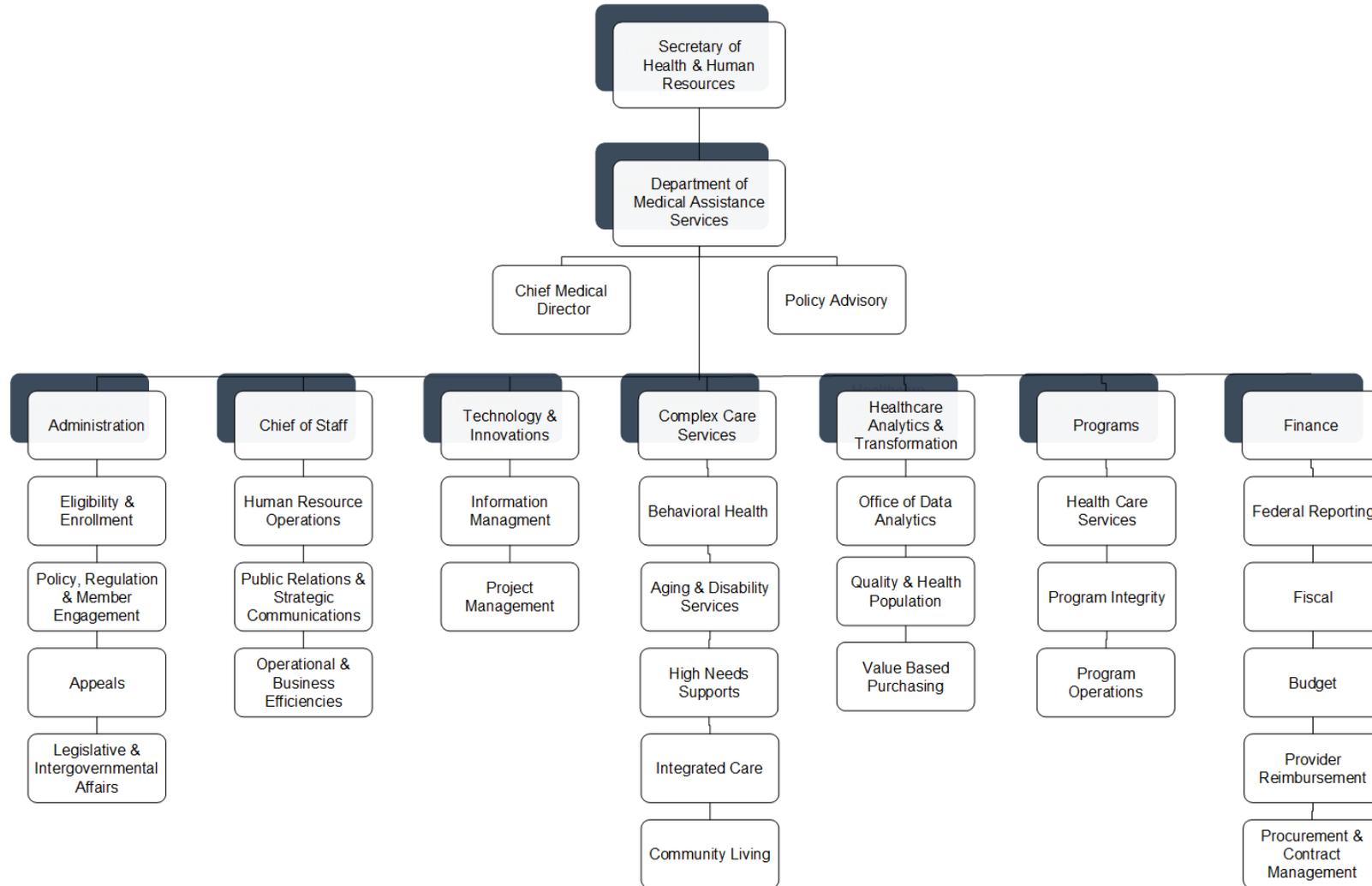
Medicare Shared Savings ACOs		
<ol style="list-style-type: none"> 1. Accountable Care Coalition of Northeast Partners, LLC 2. AdvantagePoint Health Alliance – Blue Ridge 3. Aledade Accountable Care 12, LLC 4. Aledade Accountable Care 37, LLC 5. Aledade Accountable Care 59, LLC 6. AnewCare Collaborative, LLC 7. Augusta Care Partners 8. Bayview Physicians Group PC 9. Central Virginia Accountable Care Collaborative 10. CHESS Value, LLC 	<ol style="list-style-type: none"> 13. Emergent ACO, LLC 14. Fresenius Seamless Care of Maryland* 15. GW Health Network 16. Hampton Roads Good Help ACO 17. Loudoun Medical Group ACO 18. MD Valuecare 19. Mid-Atlantic Collaborative Care 20. Netrin Primary Care ACO 21. Novant Health UVA Health System Accountable Care Organization, LLC 22. Peninsula Regional Clinically Integrated Network, LLC 	<ol style="list-style-type: none"> 29. Privia Quality Network 30. Qualuable Medical Professionals, LLC 31. Richmond Good Help ACO 32. Riverside Health Source 33. Sentara Accountable Care Organization 34. Signature Partners In Health, LLC 35. Southern Kentucky Health Care Alliance 36. Tidewater Accountable Care Organization (TACO) 37. USMM Accountable Care Partners 38. Virginia Care Partners ACO

Next Generation ACOs
<ol style="list-style-type: none"> 1. Doctors Connected 2. Mary Washington Health Alliance ACO

*End-Stage Renal Disease Model

C. Medicaid Administration, Governance & Operations

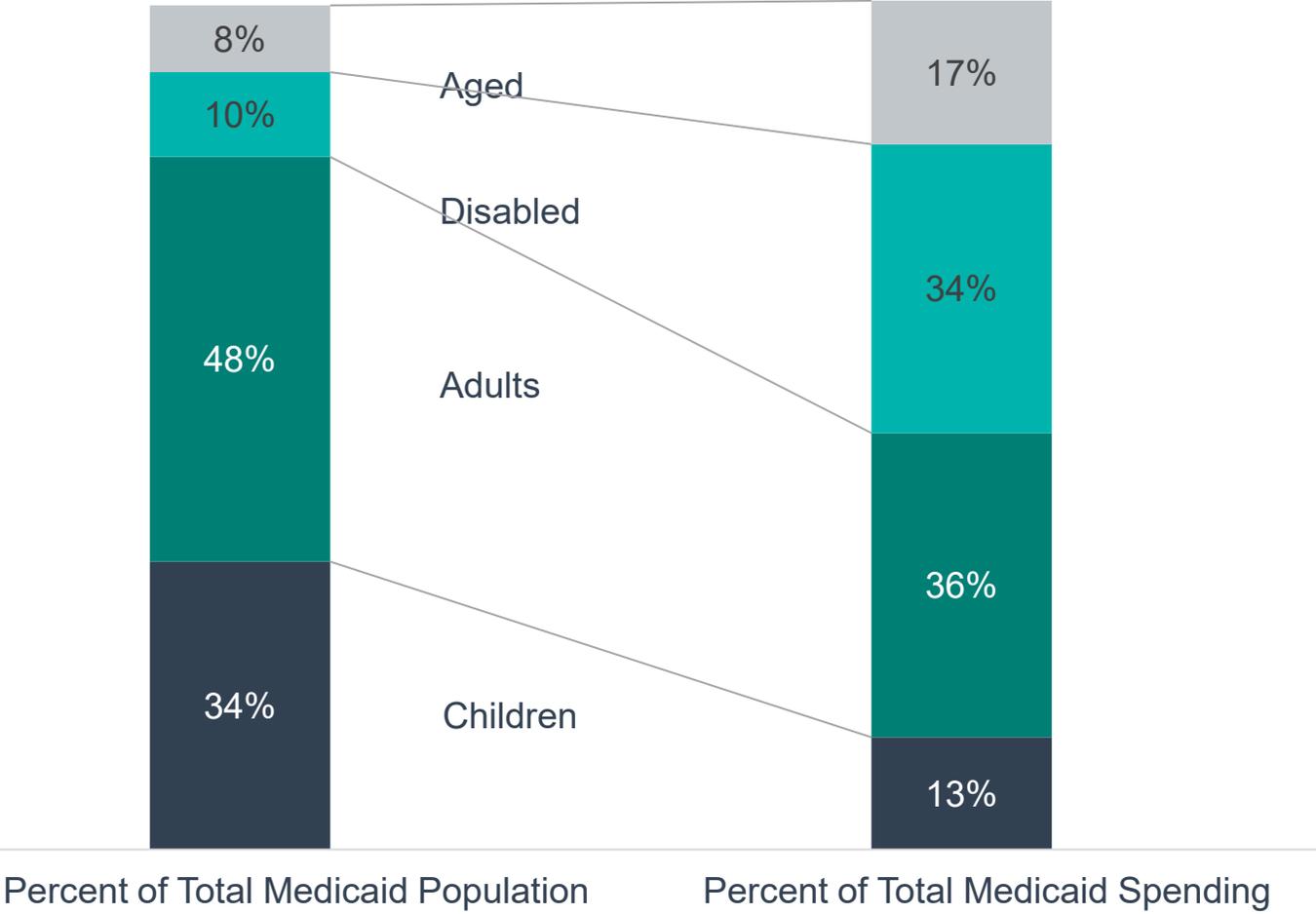
C.1. Medicaid Governance: Organization Chart



C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
John Littel	Secretary	Secretary of Health and Human Resources	john.littel@governor.virginia.gov
Cheryl Roberts	Agency Director	Department of Medical Assistance Services (DMAS)	cheryl.roberts@dmas.virginia.gov
Lisa Price Stevens	Chief Medical Officer	DMAS	lisa.stevens@dmas.virginia.gov
Sarah Hatton	Deputy Director for Administration	DMAS	sarah.hatton@dmas.virginia.gov
Christopher Gordon	Deputy Director for Finance	DMAS	chris.gordon@dmas.virginia.gov
Adrienne Fegans	Deputy Director for Programs	DMAS	Adrienne.Fegans@dmas.virginia.gov
Tammy Whitlock	Deputy Director for Complex Care Services	DMAS	tammy.whitlock@dmas.virginia.gov
Richard Rosendahl	Chief of Healthcare Analytics & Transformation	DMAS	Not available
John Kissel	Deputy of Technology & Innovation	DMAS	John.kissel@dmas.virginia.gov

C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2021		
	U.S.	VA
All populations	\$8,651	\$9,603
Children	\$3,584	\$3,789
Adults	\$5,462	\$4,689
Expansion adults	\$7,486	\$8,410
Blind and disabled	\$23,935	\$30,747
Aged	\$18,514	\$20,085

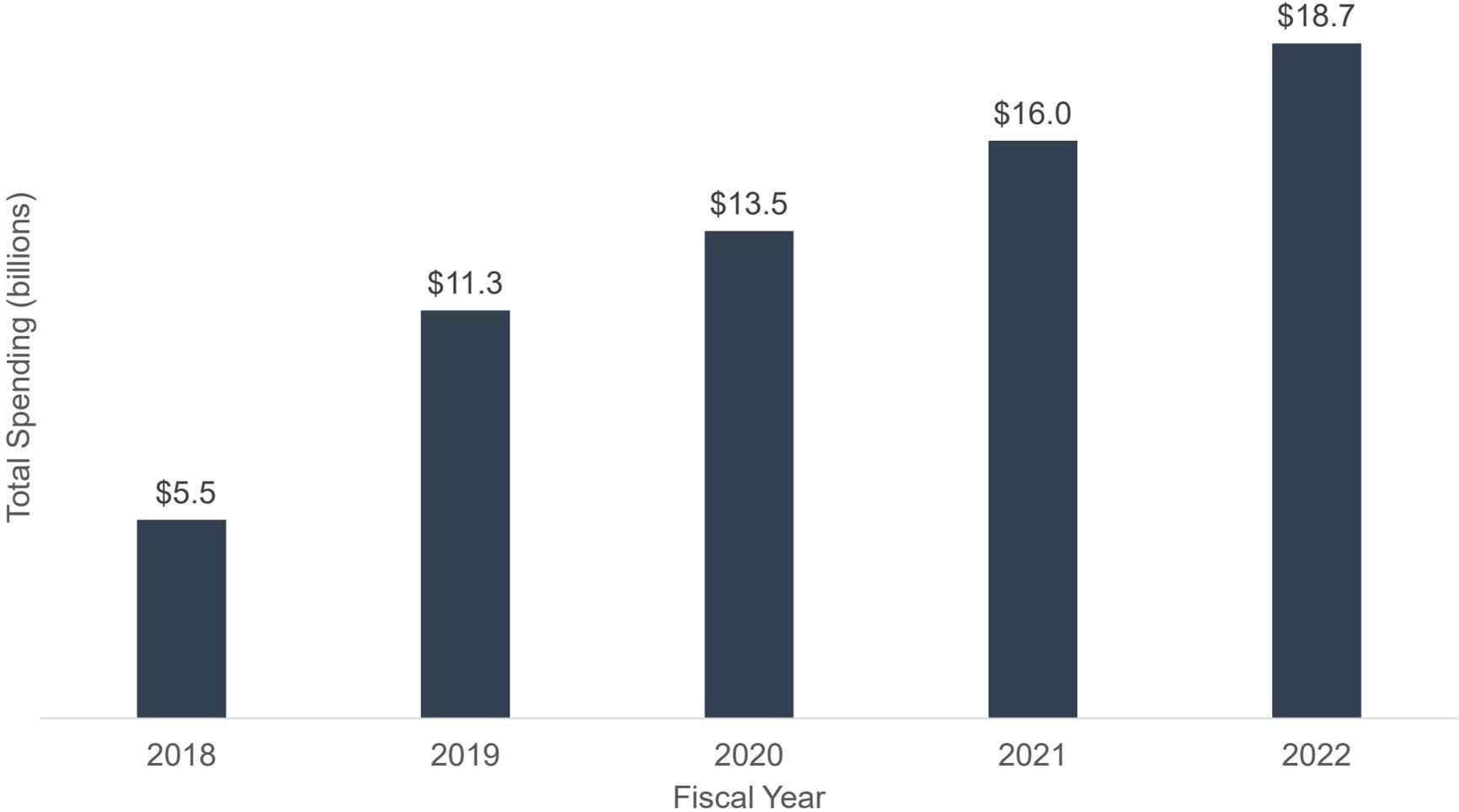
Based on FY 2021 data

C.2. Medicaid Program Spending: Budget

Budget Item	SFY22 Spending	Percent Of Budget
Managed care and premium assistance	\$10,946,000,000	59%
Hospital	\$3,044,000,000	16%
Home- and community-based LTSS	\$2,892,000,000	15%
Medicare premiums and coinsurance	\$432,000,000	2%
Institutional LTSS	\$383,000,000	2%
Other acute	\$366,000,000	2%
Dental	\$279,000,000	1%
Physician	\$241,000,000	1%
Clinic and health center	\$90,000,000	<1%
Other practitioner	\$6,000,000	<1%
Budget Total: \$18,679,000,000		

Federal & County Financial Participation	
FY 2024 Federal Medical Assistance Percentage (FMAP)	51.2%
CY 2024 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

C.2. Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 1, 2019
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility
Legislation Used To Expand Medicaid	Budget Bill - HB5002 (Chapter 2)
Number Of Individuals Enrolled In The Expansion Group (October 2023)	739,154
Number Of Enrollees Newly Eligible Due To Expansion	739,154
Benefits Plan For Expansion Population	The alternative benefit plan for the Medicaid expansion population is aligned with the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

Virginia's Optional Services

1. Podiatry
2. Optometry
3. Services of other practitioners
4. Clinic services
5. Dental services
6. Physical and occupational therapy
7. Services for individuals with speech, hearing, and language disorders
8. Prescribed drugs
9. Prosthetic devices and eyeglasses
10. Screening services
11. Preventive services
12. Rehabilitative services
13. Services for individuals age 65 and over in IMDs
14. Intermediate care facility services for individuals with intellectual or developmental disabilities (ICF/IDD)
15. Hospice care
16. Case management
17. Nursing facility services for patients under 21 years old

D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics			
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care Medallion 4.0	Medicaid Managed Care Commonwealth Coordinated Care Plus (CCC Plus)
Enrollment (January 2024)	210,434	2,108,913	299,196
Estimated SMI Enrollment	Virginia does not specifically preclude individuals with SMI from enrolling in managed care. Because CCC Plus is the mandatory delivery system for the aged, blind, and disabled populations, most individuals with SMI are enrolled in CCC Plus. <i>OPEN MINDS</i> estimates that 75% of the SMI population is enrolled in managed care; 25% in FFS.		
Management	<ul style="list-style-type: none"> Physical health: Department of Medical Assistance Services (DMAS) Behavioral health: Magellan acts as administrative services organization 	Six health plans	Six health plans
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: FFS and administrative fee 	Capitated rate	Capitated rate
Geographic Service Area	Statewide	Statewide	Statewide

Total Medicaid: 2,618,543 | Total Medicaid With SMI: 303,750

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of January 2024: 8% in fee-for-service (FFS), 92% in managed care
SMI population inclusion in managed care	<ul style="list-style-type: none"> • Virginia does not specifically preclude individuals with SMI from enrolling in managed care. • Estimated 25% of SMI population in FFS, 75% in managed care
Dual Eligible population inclusion in managed care	<ul style="list-style-type: none"> • Full benefit dual eligibles are required to enroll in managed care • Estimated 5% of population in FFS, 95% in managed care

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional Behavioral Health	Covered FFS by the state	CCC Plus and Medallion 4.0: Included in the health plan's capitation rate
Specialty Behavioral Health	Covered FFS by the state	CCC Plus and Medallion 4.0: Included in the health plan's capitation rate
Pharmaceuticals	Covered FFS by the state	CCC Plus and Medallion 4.0: Included in the health plan's capitation rate
Long-Term Services and Supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> • CCC Plus: Included in the health plan's capitation rate, except for I/DD services, which are delivered FFS • Medallion 4.0: Not covered, individuals must be enrolled in CCC Plus to receive LTSS

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Plan	✓	Health plans and the behavioral health services administrator are responsible for care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program		None
Affordable Care Act Model Health Home		None
Patient-Centered Medical Home (PCMH)		None
Dual Eligible Demonstration		None. Dual Eligibles are required to enroll in the CCC Plus program.
Managed Long-Term Services and Supports (MLTSS)	✓	The CCC Plus program integrates non-I/DD LTSS into comprehensive managed care.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	Virginia operates three CCBHCs under expansion grant funding.
Other Care Coordination Initiative		None

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles	X (partial benefit)		X (full benefit)
Medicaid expansion			X
Nursing home residents			X
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ul style="list-style-type: none"> Limited coverage groups (Refugee Medical Assistance, family planning, etc.) Residents of Psychiatric Residential Treatment Facility (formerly called Level C) Individuals on Tangier Island 		Members with third party liability insurance

D.2. Medicaid FFS Program: Overview

- FFS enrollment was 210,434 as of January 2024.
- As of January 1, 2023, Virginia rebranded its Medicaid program to Cardinal Care.
- All managed care and FFS Medicaid members will automatically be part of Cardinal Care. Cardinal Care will continue to offer members the same health care services and will not reduce or change any existing coverage.

D.2. Medicaid FFS Program: Behavioral Health Overview

- Keystone Peer Review Organization (KEPRO) serves as the Behavioral Health Services Administrator (BHSA) for the Medicaid FFS program.
- KEPRO is responsible for:
 - Service authorizations
 - Claims processing and adjudication
 - Clinical reviews
 - Member eligibility
 - Referrals
 - Provider network enrollment and maintenance
 - Utilization data
 - Quality assessment and improvement activities
 - Care Coordination
 - Training opportunities for providers

D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Crisis intervention
2. Crisis stabilization
3. Day treatment/partial hospitalization services for adults
4. EPSDT Behavioral Therapy (ABA)
5. Independent initial and follow-up assessment
6. Inpatient psychiatric hospital services
7. Intensive community treatment
8. Intensive in-home services
9. Mental health case management
10. Mental health skill-building services
11. Outpatient psychiatric services
12. Peer support services
13. Psychosocial rehabilitation
14. Psychiatric residential treatment facility
15. Therapeutic day treatment for children and adolescents
16. Therapeutic group home
17. Treatment foster care case management

FFS Addiction Treatment Benefits

1. Drug screenings
2. Medication assisted treatment (MAT)
3. Opioid Treatment Program
4. Outpatient substance use disorder treatment services
5. Case management
6. Care coordination (OTP/OBOT setting only)
7. Intensive outpatient
8. Partial hospitalization
9. Residential services
10. Medically managed intensive inpatient services
11. Peer support services

D.2. Medicaid FFS Program: SMI Population

- Virginia does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- As of January 2024, *OPEN MINDS* estimates that 25% of the SMI population was enrolled in FFS.

D.2. Medicaid FFS Program: Pharmacy Benefit

Virginia FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan Medicaid Administration
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes; antidepressants, antipsychotics, anticonvulsants, and ADHD medications are included on the PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, smoking cessation drugs are included on the general pharmacy PDL.
Coverage Of Antipsychotic Injectable Medications	Yes; antipsychotic injectable medications are included on the general pharmacy PDL
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	Non-preferred drugs require service authorization. Preferred drugs may be subject to clinical and safety edits.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, called the Client Medical Management (CMM) program. Individuals who have unusually high, non-medically necessary needs are placed with one clinical professional and/or on pharmacy.

D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment was 2,408,109 as of January 2024.
- As of January 1, 2023, Virginia rebranded its Medicaid program to Cardinal Care.
- All managed care and FFS Medicaid members will automatically be part of Cardinal Care. Cardinal Care will continue to offer members the same health care services and will not reduce or change any existing coverage.
- Over time, DMAS will discontinue use of the CCC Plus and Medallion 4.0 managed care program names. The Department's CCC Plus HCBS Waiver program will continue to operate as usual.

D.3. Medicaid Managed Care Program: Medallion 4.0

- As of January 2024, 2,108,913 individuals were enrolled in Medallion 4.0, representing 80% of the total Medicaid population.
- Five full risk health plans provide physical health, behavioral health, and pharmacy to the Medallion 4.0 population, which includes:
 - Children, parent/caretaker relatives, and non-medically complex Medicaid expansion population (individuals self-attest to being non-medically complex, and health plans can confirm via the MCO Member Health Screening).
- The health plans are required to develop specialized care management programs for individuals with complex chronic conditions such as respiratory conditions, heart disease, diabetes, cancer, children with special health care needs, and behavioral health conditions.
- The health plans must develop programs or partnerships to address the social determinants of health in the following domains – economic stability, education, social and community, nutrition, health, and health care.
- The health plans are required to submit a value-based payment plan to DMAS. The plan must include alternative payment models (APM) currently in place and the percentage of total and Medicaid-specific expenses that the APMs represent, specific strategies to put APMs in place, and an assessment of provider readiness for APMs.
 - DMAS does not specify that a certain percentage of enrollees or expenditures must be in APM arrangements.

D.3. Medicaid Managed Care Program: CCC Plus

- As of January 2024, 299,196 individuals were enrolled in CCC Plus, representing 11% of the total Medicaid population.
- Five full risk health plans provide physical health, behavioral health, pharmacy, and LTSS to the CCC Plus population, which includes: individuals receiving LTSS, dual eligibles, the aged, blind, and disabled population, and the medically complex Medicaid expansion population (individuals self-attest to being medically complex, and health plans can confirm via the MCO Member Health Screening).
 - Individuals enrolled in intellectual and developmental disability (I/DD) waivers are enrolled in CCC Plus for their acute care services, but HCBS is financed FFS.
 - Enrollment in community-based LTSS is capped and contingent upon available waiver slots.
- All CCC Plus health plans operate an aligned dual eligible special needs plan (D-SNP).
- The health plans must implement person-centered individualized care plans (ICPs) for each member except those that are stratified as “minimal risk”. Additional care coordination, including face-to-face interactions, is required for high-risk members.
- The health plans must submit a plan to address, identify, and track social determinants of health related to economic stability (employment, food security, and housing stability).
- Like Medallion 4.0, health plans are required to submit a value-based payment plan to DMAS detailing their progress and plans for APMs.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Aetna Better Health of Virginia	
1.	Profit status: For-profit
2.	Parent company: CVS Health
3.	Behavioral health subcontractor: None
4.	Pharmacy benefit manager: CVS Caremark
5.	Managed care programs: CCC Plus, Medallion 4.0
6.	Enrollment share: 15%

Anthem HealthKeepers Plus	
1.	Profit status: For-profit
2.	Parent company: Anthem, Inc.
3.	Behavioral health subcontractor: None
4.	Pharmacy benefit manager: CarelonRx
5.	Managed care programs: CCC Plus, Medallion 4.0
6.	Enrollment share: 30%

Magellan Complete Care of Virginia	
1.	Profit status: For-profit
2.	Parent company: Molina Healthcare, Inc
3.	Behavioral health subcontractor: None
4.	Pharmacy benefit manager: Magellan Rx
5.	Managed care programs: Medallion 4.0 & CCC Plus
6.	Enrollment share: 7%

Sentara Health	
1.	Profit status: Non-profit
2.	Parent company: Sentara Health
3.	Behavioral health subcontractor: None
4.	Pharmacy benefit manager: Optum RX
5.	Managed care programs: CCC Plus, Medallion 4.0
6.	Enrollment share: 36%

UnitedHealthcare	
1.	Profit status: For-profit
2.	Parent company: UnitedHealthcare
3.	Behavioral health subcontractor: Optum
4.	Pharmacy benefit manager: OptumRx
5.	Managed care programs: CCC Plus, Medallion 4.0
6.	Enrollment share: 12%

D.3. Medicaid Managed Care Program: Behavioral Health Overview

- The Medallion 4.0 and CCC Plus health plans are at-risk for all behavioral health benefits, including pharmacy.
 - Currently, therapeutic group homes for children are not included in the health plan's contracts. These services are reimbursed FFS.
- The health plans may provide institutions of mental diseases (IMD) services to individuals between the ages of 19-64 as “in lieu of services” if it is more cost-effective. Enrollees may refuse these services with no consequences.
- The health plans are required to contract with the Community Service Boards (CSBs), which also provide safety-net services to the uninsured population. See [section G.4](#) for more information.
- The CCC Plus health plans are required to collect clinical assessment, treatment planning, and outcomes data from behavioral health provider organizations. This data will be used for utilization and network management purposes.

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Mental Health Benefits Provided By The Health Plans

1. Inpatient hospitalization
2. Temporary detention order and emergency custody orders
3. Electroconvulsive therapy
4. Pharmacological management
5. Psychiatric diagnostic evaluation and testing
6. Individual, group, and family psychotherapy
7. Crisis intervention services
8. Crisis stabilization services
9. Day treatment/partial hospitalization
10. Intensive community assessment and treatment services
11. Intensive in-home assessment and treatment services
12. Mental health case management
13. Mental health skill-building assessment and treatment services
14. Psychosocial rehabilitation
15. Therapeutic day treatment for children and adolescents
16. Peer supports
17. Treatment foster care case management

Addiction Treatment Benefits Provided By The Health Plans

1. Inpatient services
2. Residential services
3. Partial hospitalization
4. Intensive outpatient
5. Withdrawal management
6. Medication assisted treatment
7. Case management
8. Individual, group, and family counseling
9. Peer recovery support services
10. Screening, brief intervention and referral to treatment (SBIRT)

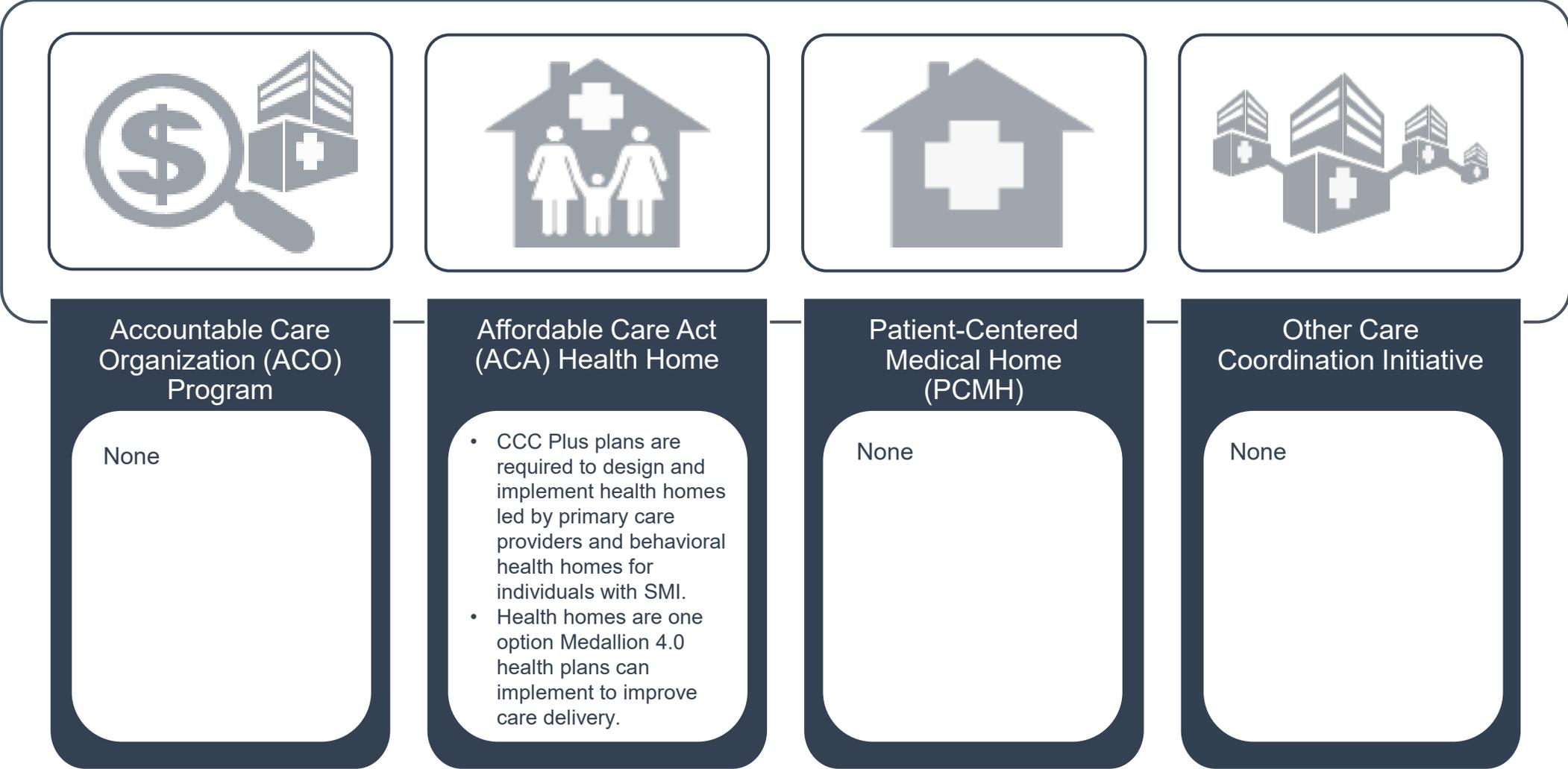
D.3. Medicaid Managed Care Program: SMI Population

- Virginia does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI. Individuals with SMI are enrolled in managed care unless they meet FFS criteria for exemption.
- As of January 2024, *OPEN MINDS* estimates that 75% of the SMI population was enrolled in managed care.

D.3. Medicaid Managed Care Program: Pharmacy Benefit

Virginia Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	<ul style="list-style-type: none"> • Yes; the state requires the use of the common core formulary (CCF). Under the CCF, health plans must cover all preferred drugs on the FFS drug list; and cannot place additional restrictions on these drugs. The health plan can choose to cover additional brand or generic drugs not included on the FFS PDL. • The state specifies several closed drug classes that must be identical to the FFS PDL, including: <ul style="list-style-type: none"> • Atypical antipsychotics, long-acting injectables • Opioid dependency
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Substance Abuse Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Substance Abuse Drugs	The health plans must cover all preferred behavioral health drugs and cannot place additional restrictions on these drugs. The health plans may set their own utilization restrictions for non-preferred behavioral health drugs.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, the CCC Plus health plans are required to operate a Patient Utilization Management and Safety Program (PUMS). Members are referred to PUMS for excessive use of health care services, including inappropriate use of opioids and other pharmaceuticals. Individuals are locked-in to a single clinical professional, pharmacy, controlled substance prescriber, or hospital for 12 months, at which time service utilization is re-evaluated.

D.4. Medicaid Program: Care Coordination Initiatives



D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Caps	Effective Date	Expiration Date
Medallion 4.0 (VA-03)	Authorizes Virginia's statewide managed care program for children and families (formerly called Medallion 3.0)	1915 (b)	None	07/01/2021	06/30/2023*
Virginia CCC Plus (VA-06)	Authorizes Virginia's statewide managed care program for aged, blind, and disabled individuals, as well as those requiring LTSS	1915 (b)	None	10/01/2023	09/30/2028
Building and Transforming Coverage, Services, and Supports for a Healthier Virginia	<ul style="list-style-type: none"> • Authorizes additional addiction treatment benefits for all Medicaid enrollees; Allows Medicaid enrollment of former foster care children who aged out of the system in another state. • Prior to the Medicaid expansion in January 2019, the waiver provided a limited set of benefits for individuals ages 21 to 64 who are otherwise ineligible for Medicaid, have a diagnosis of SMI, and earn income below 100% of the FPL 	1115	None	1/12/2015	12/31/2024
Virginia FAMIS MOMS and FAMIS Select	Authorizes Medicaid coverage for low-income pregnant women; Authorizes premium assistance for the purchase of health insurance coverage for CHIP eligible children	1115	None	08/01/2005	06/30/2029

*Virginia is bringing all Medicaid managed care under the Cardinal Care name and phasing out Medallion 4.0. This waiver has not been updated.

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2024 Enrollment Cap	Operating Unit	Concurrent Management Authority
VA Commonwealth Coordinated Care Plus (0321.R05.00)	Individuals ages 65 and over; disabled individuals ages 0 to 64; technology dependent individuals of all ages	50,645	Division of Long-Term Care	1915 (b) waiver
VA Community Living (CL) Waiver (0372.R04.00)	Individuals of all ages with autism, developmental disabilities, and intellectual disabilities	12,176	Department of Behavioral Health and Developmental Services (DBHDS)	None
VA Family and Individual Support Waiver (0358.R03.00)	Individuals of all ages with autism, developmental disabilities, and intellectual disabilities	5,463	DBHDS	None
VA Building Independence Waiver (0430.R04.00)	Individuals ages 18 and above with autism, developmental disabilities, and intellectual disabilities	420	DBHDS	None

D.6. Medicaid Program New Initiatives: STEP-VA

- Virginia is working to implement System Transformation Excellence and Performance (STEP-VA), which is loosely based on the federal Certified Community Behavioral Health Clinic (CCBHC) model.
- Under the STEP-VA initiative, Virginia requires community service boards to implement a specific set of services according to a timeline (see chart).
- STEP-VA has undergone a phased implementation, which now included initial implementation for all nine STEPs, and a full implementation for the first six STEPs.
- The implementation of STEP-VA services was expected to improve access, increase quality, build consistency and strengthen accountability across Virginia’s public behavioral health system.
- STEP-VA services are intended to foster wellness among individuals with behavioral health disorders in everyday life to prevent crises before they arise.
- Additional outcomes would include fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders in the criminal justice system.

STEP-VA Service Timelines	
Services	Deadline
Same day access	July 1, 2020
Primary care screening	July 1, 2021
Behavioral health crisis services	July 1, 2022
Outpatient behavioral health	July 1, 2022
Military Services	July 1, 2023
Peer & Family Services	July 1, 2023
Case Management	July 1, 2024
Psychiatric rehabilitation	July 1, 2024
Care coordination	July 1, 2024

D.6. Medicaid Program: New Initiatives - Behavioral Health Reform

- Virginia's Right Help, Right Now behavioral health system reform plan began in 2022
 - The goal is to support Virginians before, during, and after a behavioral health crisis occurs.
- In December 2023, Governor Glenn Youngkin announced \$500 million in new funding for continued behavioral health system transformation, including the expansion of school-based mental health services.
 - The new funding includes \$307 million to provide 3,440 Medicaid Home and Community-Based Developmental Disability waiver slots – one slot per person on the Priority 1 Waitlist.
- For more information on the Right Help, Right Now reform see [slide 77](#).

E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (March 2023)	1,032,175	884,655
SMI Enrollment	•OPEN MINDS estimates 46% of the population in Medicare Advantage, 54% in Traditional Medicare.	
Management	<ul style="list-style-type: none"> •Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care •Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs 	•Medicare Advantage Plans provide all Part A and Part B benefits, plus additional benefits based on plan chosen
Payment Model	•Part A & B cover up to 80%, remaining costs can be paid out of pocket	•Fixed amounts paid based on health plan chosen
Geographic Service Area	Statewide	Statewide

Total Medicare: 1,916,830 | Total Medicare With SMI: 435,120

E.1. Medicare Financing & Service Delivery System

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of March 2023: 46% Medicare Advantage, 54% in traditional Medicare.
SMI population inclusion in managed care	Estimated 46% of population in Medicare Advantage, 54% in traditional Medicare.
Medicare population inclusion in Chronic special needs plan or (C-SNP).	Estimated that around 9% of population is enrolled in C-SNP plans.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP).	Estimated that less than 1% of population is enrolled in I-SNP plans.

E.2. Medicare System: Overview

- Medicare enrollment as of March 2023 was 1,916,830.
- In 2023, more than 1.6 million residents were covered by Medicare in Virginia.
 - As of mid-2023, more than 185,000 Medicare beneficiaries in Virginia were under the age of 65, accounting for more than 11% of the state's Medicare population.
- There are 24 stand-alone Medicare Part D prescription drug plans in Virginia for 2023.
 - As of April 2023, there were 592,804 Virginia beneficiaries with stand-alone Medicare Part D prescription drug coverage, and another 533,508 with Medicare Advantage plans that included integrated Medicare Part D prescription drug coverage.
- There were 34 insurers that offer Medigap plans in Virginia as of 2022.
- Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

E.3. Medicare ACOs

Medicare Shared Savings ACOs		
<ul style="list-style-type: none"> 1. Accountable Care Coalition of Northeast Partners, LLC 2. AdvantagePoint Health Alliance – Blue Ridge 3. Aledade Accountable Care 12, LLC 4. Aledade Accountable Care 37, LLC 5. Aledade Accountable Care 59, LLC 6. AnewCare Collaborative, LLC 7. Augusta Care Partners 8. Bayview Physicians Group PC 9. Central Virginia Accountable Care Collaborative 10. CHESS Value, LLC 	<ul style="list-style-type: none"> 13. Emergent ACO, LLC 14. Fresenius Seamless Care of Maryland* 15. GW Health Network 16. Hampton Roads Good Help ACO 17. Loudoun Medical Group ACO 18. MD Valuecare 19. Mid-Atlantic Collaborative Care 20. Netrin Primary Care ACO 21. Novant Health UVA Health System Accountable Care Organization, LLC 22. Peninsula Regional Clinically Integrated Network, LLC 	<ul style="list-style-type: none"> 29. Privia Quality Network 30. Qualuable Medical Professionals, LLC 31. Richmond Good Help ACO 32. Riverside Health Source 33. Sentara Accountable Care Organization 34. Signature Partners In Health, LLC 35. Southern Kentucky Health Care Alliance 36. Tidewater Accountable Care Organization (TACO) 37. USMM Accountable Care Partners 38. Virginia Care Partners ACO

E.4. Medicare System: New Initiatives

- There are no new Medicare initiatives in Virginia.

F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics			
Characteristics	Fee-For-Service (FFS)	Managed Care- Commonwealth Coordinated Care Plus	PACE
Enrollment (January 2024)	4,407	215,899	1,917
Estimated SMI Enrollment	2,301	38,834	393
Management	<ul style="list-style-type: none"> Physical health: Department of Medical Assistance Services (DMAS) Behavioral health: Magellan acts as administrative services organization 	Six health plans	Four non-profit organizations
Payment Model	<ul style="list-style-type: none"> Physical health: FFS Behavioral health: FFS and administrative fee 	Capitated rate	Blended capitated rate
Geographic Service Area	Statewide	Statewide	Certain ZIP codes

Total Dual Eligible Enrollment: 222,223 | Total Dual Eligible Enrollment With SMI: 46,666

*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	January 2024 Enrollment	Estimated SMI Enrollment
Anthem MediBlue Dual Advantage	Anthem, Inc	Medicare Advantage D-SNP	29,094	6,604
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	19,312	4,384
UnitedHealthcare Dual Complete RP	UnitedHealthcare	Medicare Advantage D-SNP	11,022	2,502
Virginia Premier Elite	Virginia Premier Health Plans, Inc	Medicare Advantage D-SNP	6,759	1,534
Aetna Medicare	Coventry Health Care of Virginia, Inc	Medicare Advantage D-SNP	6,342	1,440
Optima Community Complete	Optima Health Plan	Medicare Advantage D-SNP	4,191	951
UnitedHealthcare Dual Complete Plan 2	UnitedHealthcare	Medicare Advantage D-SNP	2,950	670
Aetna Medicare Assure Premier	Aetna Life Insurance Company	Medicare Advantage D-SNP	1,231	279
InnovAge Virginia PACE – Roanoke Valley, LLC	N/A	PACE	916	192
Magellan Complete Care of Virginia	Magellan of Virginia	Medicare Advantage D-SNP	451	102

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of January 2024 was 222,223.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.
- Dual eligibles are enrolled in Commonwealth Coordinated Care for their Medicaid-covered services whether they need LTSS. A small portion of dual eligibles are enrolled in FFS because they meet other FFS requirements.
- D-SNP enrollment as of January 2024 was 81,419, SMI enrollment for D-SNP was 18,482.

F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new, current, or pending initiatives for Dual Eligibles.

G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

The state includes most individuals in need of Long-term Services and Supports (LTSS) and dual eligible beneficiaries in managed care. Therefore, most beneficiaries are enrolled in managed care. Beneficiaries are included in a separate managed care program, Commonwealth Coordinated Care Plus (CCC Plus).

LTSS* Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (January 2024)	220,306
Estimated SMI Enrollment	25,555
Management	<ul style="list-style-type: none"> • Physical health: Six health plans • Behavioral health: Six health plans
Payment Model	<ul style="list-style-type: none"> • Physical health: Capitated rate • Behavioral health: Capitated rate
Geographic Service Area	Statewide

Total LTSS Enrollment: 220,306 | Total LTSS Enrollment With SMI: 25,555

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

The state includes most individuals in need of Long-term Services and Supports (LTSS) and dual eligible beneficiaries in managed care. Therefore, most beneficiaries are enrolled in managed care. Beneficiaries are included in a separate managed care program, Commonwealth Coordinated Care Plus (CCC Plus).

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X*
Disabled children			X*
Blind individuals			X
Aged individuals			X
Dual eligibles	X (Limited Benefits)		X (full benefit)
Individuals with I/DD			X
Individuals residing in nursing homes			X
Individuals residing in ICF/IDD	X		
Other HCBS Recipients			X
Other populations			

G.2. LTSS Medicaid Financing & Delivery System: Overview

- In Virginia, LTSS beneficiaries are included in a separate managed care program, Commonwealth Coordinated Care Plus (CCC Plus).
- CCC Plus consists of full-risk, capitated health plans that provide physical health, behavioral health, and long-term services and supports (LTSS) to the ABD and dual eligible population which provide physical health, behavioral health, pharmacy, and LTSS to the Medallion 4.0 population, which includes:
 - Individuals receiving LTSS, dual eligibles, the aged, blind, and disabled population, and the medically complex Medicaid expansion population (individuals self-attest to being medically complex, and health plans can confirm via the MCO Member Health Screening).
- Individuals enrolled in intellectual and developmental disability (I/DD) waivers are enrolled in CCC Plus for their acute care services, but HCBS is financed FFS. Enrollment in community-based LTSS is capped and contingent upon available waiver slots.
- The health plans must implement person-centered individualized care plans (ICPs) for each member except those that are stratified as “minimal risk.” Additional care coordination, including face-to-face interactions, is required for high-risk members.
- The health plans are required to submit a value-based payment plan to DMAS detailing their progress and plans for APMs.

G.3. Medicaid LTSS Program: Health Plan Characteristics

Aetna Better Health of Virginia
<ol style="list-style-type: none"> 1. Profit status: For-profit 2. Parent company: CVS Health 3. Behavioral health subcontractor: None 4. Pharmacy benefit manager: CVS Caremark 5. Managed care programs: CCC Plus, Medallion 4.0

Anthem HealthKeepers Plus
<ol style="list-style-type: none"> 1. Profit status: For-profit 2. Parent company: Anthem, Inc. 3. Behavioral health subcontractor: None 4. Pharmacy benefit manager: CarelonRx 5. Managed care programs: CCC Plus, Medallion 4.0

Magellan Complete Care of Virginia
<ol style="list-style-type: none"> 1. Profit status: For-profit 2. Parent company: Molina Healthcare, Inc 3. Behavioral health subcontractor: None 4. Pharmacy benefit manager: Magellan Rx 5. Managed care programs: Medallion 4.0 & CCC Plus

Optima Health
<ol style="list-style-type: none"> 1. Profit status: Non-profit 2. Parent company: Sentara Health 3. Behavioral health subcontractor: None 4. Pharmacy benefit manager: Optum RX 5. Managed care programs: CCC Plus, Medallion 4.0

UnitedHealthcare
<ol style="list-style-type: none"> 1. Profit status: For-profit 2. Parent company: UnitedHealthcare 3. Behavioral health subcontractor: Optum 4. Pharmacy benefit manager: OptumRx 5. Managed care programs: CCC Plus, Medallion 4.0

G.4. Medicaid LTSS Program: Health Benefits

- Physical health, behavioral health, and addiction treatment services for the LTSS population are financed through the six health plans. The following benefits are universal through the plans, with each plan having the option to offer additional services.

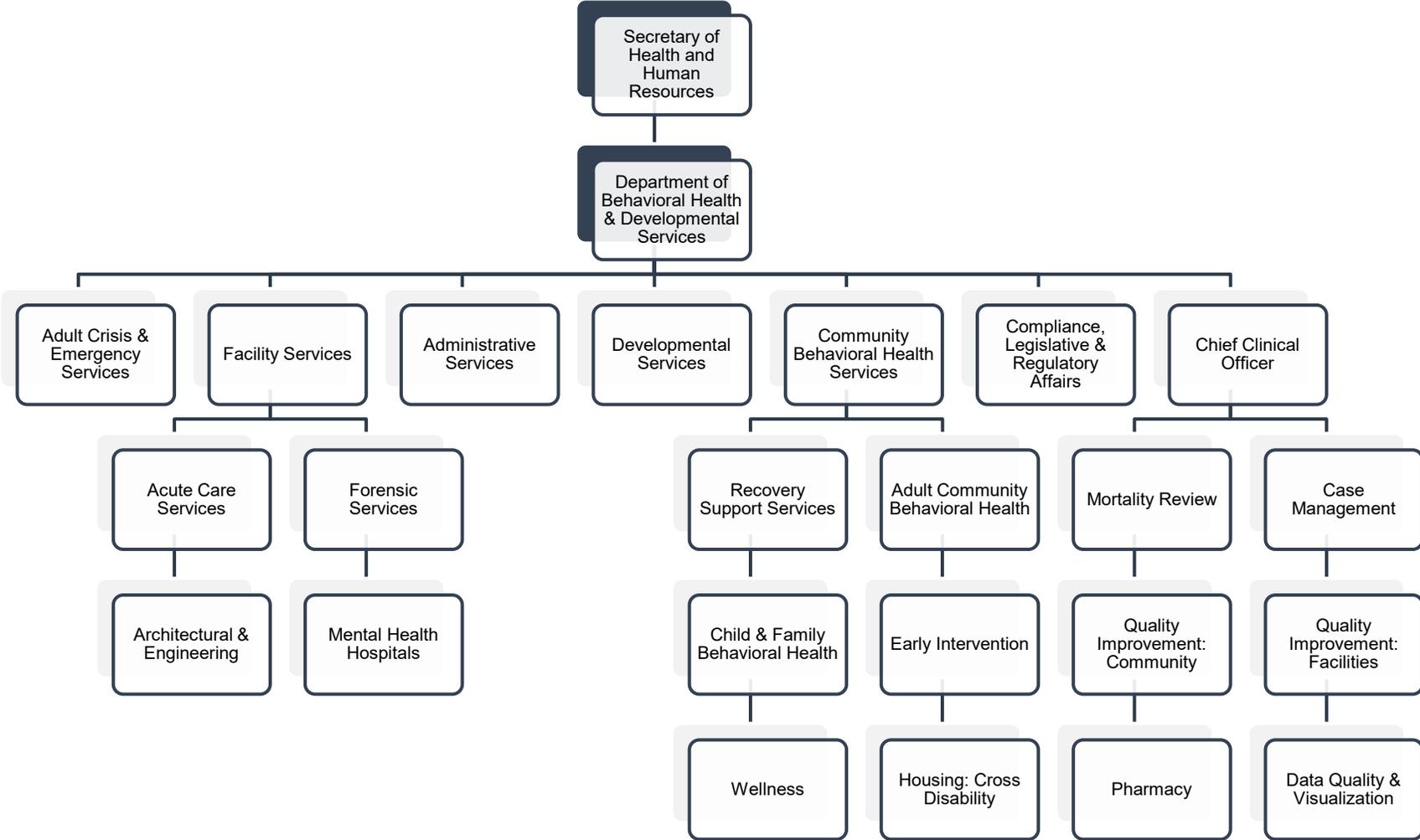
LTSS Physical, Behavioral Health & Addiction Treatment Benefits	
1. Addiction and recovery treatment services	12. Medical transportation services
2. Behavioral (mental) health services, counseling and 24/7 crisis line	13. No co-pays except your patient pays towards long term services and supports and any Medicare Part D drug co-pays
3. Care Coordination services	14. Physical, occupational and speech therapies and audiology services
4. Diagnostic services including x-ray, lab and imaging	15. Prescription drugs and over-the-counter medications (when prescribed by doctors)
5. Durable medical equipment (DME) and supplies	16. Preventive and regular medical care
6. Emergency and urgent care	17. Routine eye exams and glasses for children and routine eye exams for adults
7. Family planning services	18. Team approach (interdisciplinary care)
8. Health care for children including checkups, immunizations (shots) and screenings	19. 24 / 7 nurse advice line
9. Hospital and home health services	20. Women's health services
10. Interpreter and translation services	
11. Maternity and high-risk pregnancy care	

G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- Virginia has no pending initiatives that will influence the finance or delivery systems of the LTSS population.

H. State Behavioral Health Administration & Finance System

H.1. Department Of Behavioral Health & Developmental Services Governance: Organization Chart



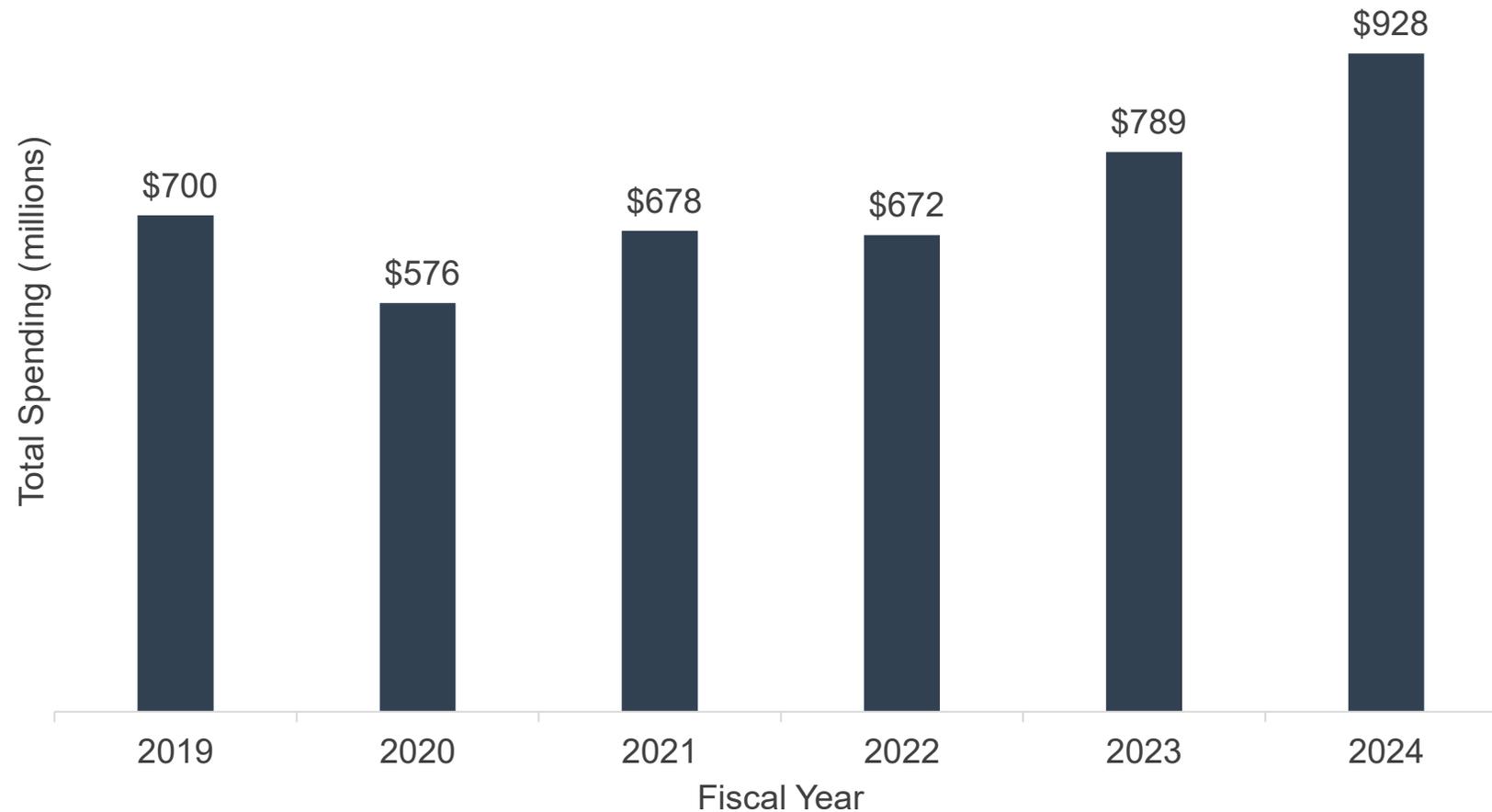
H.1. Department Of Behavioral Health & Developmental Services Governance: Key Leadership

Name	Position	Department	Email
John Littel	Secretary	Secretary of Health and Human Resources	Not available
Nelson Smith	Commissioner	Virginia Department of Behavioral Health and Developmental Services (DBHDS)	nelson.smith@dbhds.virginia.gov
Heather Norton	Assistant Commissioner, Developmental Services	DBHDS	heather.norton@dbhds.virginia.gov
Nicole Gore	Assistant Commissioner, Behavioral Health Services	DBHDS	nicole.gore@dbhds.virginia.gov
Curt Gleeson	Assistant Commissioner, Crisis Services	DBHDS	curt.gleeson@dbhds.virginia.gov
Alexis Ablasca	Chief Clinical Officer	DBHDS	alexis.aplasca@dbhds.virginia.gov
Angela Harvell	Deputy Commissioner, Facility Services	DBHDS	angela.harvell@dbhds.virginia.gov

H.2. Department Of Behavioral Health & Developmental Services: Spending

Budget Item	SFY 2024 Budget Request	Percent Of Budget
Mental Health Treatment Centers	\$527,300,677	57%
Control Office Community and Individual Health Services	\$167,062,449	18%
Administrative & Support Services	\$163,049,824	18%
Virginia Center for Behavioral Rehabilitation	\$59,069,313	6%
Regulations of Public Facilities and Services	\$11,501,803	1%
Budget Total: \$927,984,066		

H.2. Department Of Behavioral Health & Developmental Services : Spending Over Time



H.3. State Psychiatric Institutions

State Psychiatric Institutions		
Institution	Location	Beds
Catawba Hospital	Catawba	110
Central State Hospital*	Petersburg	277
Eastern State Hospital	Williamsburg	293
Northern Virginia Mental Health Institute	Falls Church	123
Piedmont Geriatric Hospital	Burkeville	123
Southern Virginia Mental Health Institute	Danville	72
Southwestern Virginia Mental Health Institute	Marion	179
Western State Hospital	Staunton	246
Total		1,413

*The state has announced plans to build a new facility, replacing Central State Hospital.

H.4. Behavioral Health Safety-Net Delivery System

- Virginia state law requires local governments to establish entities for the provision of mental health, addiction disorder, and developmental treatment services to the safety-net population.
- Virginia’s 133 cities and counties have organized into 39 community services boards (CSBs) and one behavioral health agency. These 40 local entities are collectively referred to as CSBs.
- CSBs serve as the single point of entry for publicly-funded services, including access to state hospitals. They can provide services directly or contract with other provider organizations.
- CSBs provide 10 core services.
 - a. Emergency services
 - b. Ancillary services
 - c. Consumer-run services
 - d. Local inpatient services
 - e. Outpatient services
 - f. Case management services
 - g. Day support services
 - h. Employment services
 - i. Residential services
 - j. Prevention services
- DBHDS contracts with, funds, and regulates the CSBs. The CSBs are financed by a combination of federal, state, and local funds.
- The CSBs serve both the uninsured and Medicaid populations.
- The CSBs are required to report on performance measures and develop a corrective plan with the Department if the benchmarks are not met.
 - Examples of quality measures include continuity of care for state and local psychiatric inpatient discharges, residential crisis stabilization unit utilization, program of assertive community treatment case load, etc.

H.4. Behavioral Health Safety-Net Delivery System: CSB Service Areas

CSB	Counties & Cities Served
Alexandria CSB	Alexandria City
Alleghany Highlands CSB	Alleghany, Covington City, Clifton Forge, Iron Gate
Arlington County CSB	Arlington
Blue Ridge Behavioral Healthcare	Botetourt, Craig, Roanoke, Roanoke City, Salem City
Chesapeake Integrated Behavioral Healthcare	Chesapeake City
Chesterfield County CSB	Chesterfield
Colonial Behavioral Health	James City, Poquoson City, Williamsburg City, York
Crossroads CSB	Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, Prince Edward
Cumberland Mountain CSB	Buchanan, Russell, Tazewell
Danville-Pittsylvania Community Services	Danville City, Pittsylvania
Dickenson County Behavioral Health Services	Dickenson

CSB	Counties & Cities Served
District 19 CSB	Dinwiddie, Emporia City, Greensville, Hopewell City, Petersburg City, Prince George, Surry, Sussex
Eastern Shore CSB	Accomack, Northampton
Fairfax-Falls Church CSB	Fairfax, Fairfax City, Falls Church City
Goochland-Powhatan CSB	Goochland, Powhatan
Hampton-Newport News CSB	Hampton City, Newport News City
Hanover County CSB	Hanover
Harrisonburg-Rockingham CSB	Harrisonburg City, Rockingham
Henrico Area Mental Health and Developmental Services	Charles City, Henrico, New Kent
Highlands CSB	Bristol City, Washington
Horizon Behavioral Health	Amherst, Appomattox, Bedford, Bedford City, Campbell, Lynchburg City

H.4. Behavioral Health Safety-Net Delivery System: CSB Service Areas

CSB	Counties & Cities Served	CSB	Counties & Cities Served
Loudoun County CSB	Loudoun	Prince William County CSB	Manassas City, Manassas Park City, Prince William
Middle Peninsula-Northern Neck CSB	Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, Westmoreland	Rappahannock Area CSB	Caroline, Fredericksburg City, King George, Spotsylvania, Stafford
Mount Rogers CSB	Bland, Carroll, Galax City, Grayson, Smyth, Wythe	Rappahannock-Rapidan CSB	Culpeper, Fauquier, Madison, Orange, Rappahannock
New River Valley Community Services	Floyd, Giles, Montgomery, Pulaski, Radford City	Region 10 CSB	Albemarle, Charlottesville City, Fluvanna, Greene, Louisa, Nelson
Norfolk CSB	Norfolk City	Richmond Behavioral Authority	Richmond City
Northwestern CSB	Clarke, Frederick, Page, Shenandoah, Warren, Winchester City	Rockbridge Area CSB	Bath, Buena Vista City, Lexington City, Rockbridge
Piedmont CSB	Franklin, Henry, Martinsville City, Patrick	Southside CSB	Brunswick, Halifax, Mecklenburg
Planning District 1 Behavioral Health Services	Lee, Norton City, Scott, Wise	Valley CSB	Augusta, Highland, Staunton City, Waynesboro City
Portsmouth Department of Behavioral Healthcare Services	Portsmouth City	Virginia Beach CSB	Virginia Beach City
		West Tidewater CSB	Franklin City, Isle of Wight, Southampton, Suffolk City

H.5. Behavioral Health System: New Initiative - Behavioral Health Reform

- Virginia's Right Help, Right Now behavioral health system reform plan began in 2022
 - The goal is to support Virginians before, during, and after a behavioral health crisis occurs.
- The program is built on six pillars:
 - Offer same-day care for behavioral health crises
 - Relieve law enforcement burdens & reduce criminalization of mental health
 - Expand capacity to serve people
 - Target support for substance use disorders & overdose
 - Strengthen behavioral health workforce
 - Identify innovations to close capacity gaps
- The state is currently working to enhance the behavioral health system. Elements include:
 - Outpatient behavioral health services will become integrated into schools and primary care.
 - Community Mental Health and Rehabilitation Services will become Intensive Community-Based Supports tiered based on the intensity of an individual's needs.
 - Full funding of comprehensive crisis services
 - A focus on trauma-informed care
 - Promote telemental health (online therapy) across levels of care.
 - Therapeutic day treatment will become Tiered School-Based Behavioral Health Services.
 - Mental Health Skill building will be redesigned into targeted independent living and recovery services.
 - Community Based Services will include intermediate level of support and Assertive Community Treatment teams to provide support.
 - New Partial Hospitalization and Intensive Outpatient Programs will provide alternatives to hospitalization.

H.5. Behavioral Health System: New Initiative - Behavioral Health Reform (cont'd)

- In December 2023, Governor Glenn Youngkin announced \$500 million in new funding for continued behavioral health system transformation, including the expansion of school-based mental health services.
 - The new funding includes:
 - \$307 million to provide 3,440 Medicaid Home and Community-Based Developmental Disability waiver slots – one slot per person on the Priority 1 Waitlist.
 - \$23 million to expand access to school-based mental health services for children, including telehealth.
 - \$46 million to meet the three-year target of emergency room alternatives, such as crisis receiving centers and crisis stabilization units, and publicly funded mobile crisis response teams to ensure that people have someone to respond and somewhere to go in a crisis.
 - \$10 million for partnerships with hospitals to build specialized emergency rooms for psychiatric patients called comprehensive psychiatric emergency programs.
 - \$23 million to ease law enforcement burden, including expanding alternative transportation.
 - \$58 million for building a best-in-class behavioral health workforce through salary increases in state hospitals, behavioral health loan repayment, and more clinical training sites and residency slots.
 - \$28 million in opioid abatement and response initiatives including a campaign to reduce youth fentanyl poisoning, wastewater monitoring, naloxone availability, and services for those with substance use disorder.
- At the same time, a new Youth Mental Health Strategy and legislative package was announced, with the goal of limiting the addictive elements of social media platforms to protect children and empower parents with information and resources.

I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.2% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	11.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	22.7% of persons in the Medicare population, not dually eligible for Medicaid	Figuroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20of%20a%20358%20975,had%20no%20known%20mental%20illness

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for partial Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
	16% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.2% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetailedTabsSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2024, the FPL is \$14,580 for an individual and \$30,000 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals age 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination; and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment; and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants; but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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