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# Behavioral Health Services Administrator (BHSA) Fact Sheet

<b>Background</b>	<p>The Acts of Assembly directed DMAS to implement a coordinated care model for individuals in need of behavioral health services that are not currently provided through a managed care organization. DMAS released a RFP for a Behavioral Health Services Administrator (BHSA) in December 2011. The contract was awarded to Magellan Health Services in May 2013. Implementation will occur on December 1, 2013.</p> <p>The BHSA will act as an Administrative Services Only (ASO) Model for the first three (3) years of the contract, with the option of two one-year renewals.</p>
<b>Utilization and Growth</b>	<ul style="list-style-type: none"><li>• <b>12 percent</b> of the Medicaid/FAMIS population received Behavioral Health Services (109,908 members) in SFY 2012.</li><li>• From 2009 to 2012, DMAS expenditures for these services increased by <b>18%</b>.</li><li>• Expenditures in 2012 reached \$733,749,358; this is <b>9%</b> of the overall expenditures for DMAS.</li></ul>
<b>Purpose</b>	<p>Magellan will work with the Department to improve access to quality behavioral health services and improve the value of behavioral health services purchased by the Commonwealth. Magellan will administer a comprehensive care coordination model which is expected to reduce unnecessary expenditures. Other benefits of the Magellan model include:</p> <ul style="list-style-type: none"><li>• Comprehensive care coordination including coordination with Managed Care;</li><li>• Promotion of more efficient utilization of services;</li><li>• Development and monitoring of progress towards outcomes-based quality measures;</li><li>• Management of a centralized call center to provide eligibility, benefits, referral and appeal information;</li><li>• Provider recruitment, issue resolution, network management, and training;</li><li>• Utilization management of behavioral health services;</li><li>• Service authorization;</li><li>• Member outreach, education and issue resolution; and</li><li>• Claims processing and reimbursement of behavioral health services that are currently carved out of managed care.</li></ul>
<b>Services Included</b>	<p>EPSDT In-Home Behavioral Services, Community Mental Health Rehabilitation Services (CMHRS) e.g. Intensive In-Home, Mental Health Targeted Case Management, Therapeutic Day Treatment, Psychosocial Rehab, Therapeutic Day Treatment, Intensive Community Treatment, Substance Abuse Services, and Mental Health Support Services, Residential Treatment, Treatment Foster Care Case Management, Inpatient and Outpatient Psychiatric Services (individual, group and family therapy).</p> <p>Inpatient and outpatient psychiatric services for members enrolled in a Managed Care Organization are excluded. Individuals enrolled in the Commonwealth Care Coordination program will receive all of their behavioral health services through that program and not through Magellan.</p>
<b>Service Providers</b>	<p>The provider network is the Commonwealth's Medicaid network, managed and maintained by Magellan. Magellan shall be responsible for enrollment and credentialing of <b>fee-for-service</b> behavioral health providers into the network based upon DMAS regulatory requirements and geographical access needs.</p>
<b>Contact Information</b>	<p>Magellan website: <a href="http://www.magellanofvirginia.com">http://www.magellanofvirginia.com</a>.</p> <p>Providers may contact Magellan directly via email at <a href="mailto:VAProviderQuestions@MagellanHealth.com">VAProviderQuestions@MagellanHealth.com</a> or by phone at 1-800-788-4005.</p> <p>Providers may also contact DMAS at <a href="mailto:BHSA@dmas.virginia.gov">BHSA@dmas.virginia.gov</a>.</p>