



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
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To: The Honorable Winsome Earle-Sears, Lieutenant Governor of Virginia
The Honorable Don Scott, Speaker, Virginia House of Delegates
The Honorable R. Creigh Deeds, Chair, Behavioral Health Commission
Moira Mazzi, Chair, State Board of Behavioral Health and Developmental Services

From: Nelson Smith, Commissioner, Department of Behavioral Health & Developmental Services

RE: Item 295 OO.2, 2024 Special Session I Appropriations Act

Item 295 OO.2 of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services to report on the administrative burden on Community Services Boards (CSBs). The language reads:

OO.2. DBHDS shall (i) identify all current Department requirements related to documentation and reporting of CSB behavioral health services, (ii) identify which of these requirements currently apply to work by CSB direct care staff, (iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements, (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services, and (v) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements that are not essential, duplicative, or are conflicting.

Cc: Janet V. Kelly, Secretary, Health and Human Resources

Executive Summary

Objective 2 of the DBHDS strategic plan includes a reduction of administrative burden for community providers of services. As a result, a team was developed to identify, review, and determine the state regulations related to documentation that have the largest impact on direct care staff across Virginia's 40 local community services boards (CSBs).

For this report, the scope of review was narrowed to only documentation impacting the functioning of behavioral health direct care staff at the CSBs. DBHDS acknowledges there are global system level issues that play a significant role in administrative burden; however, those issues are not what the direct care workforce shared as a concern. These issues will be mentioned in recommendations for the future as part of this report.

To prepare this report, DBHDS used a list of requirements and regulations for the provision of service at the ground level and interviewed CSB direct care staff. The focus of these interviews was to gain an understanding of any issues related to administrative burden and how those issues may affect job performance.

There are several factors complicating a statewide reduction of administrative burden:

- The number of different entities who set and maintain regulations related to direct care include but are not limited to DBHDS, the Department of Medical Assistance Services (DMAS), the Office of Children's Services (OCS), Department of Health Professions (DHP), and the Commission on Accreditation of Rehabilitation Facilities. As regulations are changed, the entities involved must stay in alignment with each other as independent alterations. This may result in a reduction in paperwork, but limits CSBs' ability to bill for services.
- Not all providers use the same electronic health record (EHR); therefore, requirements listed in the regulations are framed differently for staff within the record depending on the capability of their CSB's EHR. As such, some CSBs can cross populate answers to eliminate any duplicitous information, while others cannot. The cost to upgrade networks and infrastructure for the providers may be above what they can afford.
- There is a significant number of referring sources direct service providers must interact with when delivering services. For instance, an individual may be court ordered, have significant legal issues, employment expectations, medical complexity, or family involvement, all of which require additional documentation and follow through from the direct staff. It is possible that this is a result of the rise in acuity of individuals seeking care following the COVID-19 pandemic. CSBs are reporting their populations needs and concerns are rising while their ability to meet those needs is remaining stagnate or decreasing due to ongoing workforce issues, regulatory expectations of level of certification for job tasks, and locality limitations where some recommended services are not sustainable.

Recommendations

DBHDS has several recommendations for reduction of administrative burden at the direct care level. These recommendations are as follows:

1. Statewide Framework for Expectations – The current regulations identify what must be included in the expected documentation. They do not, however, prescribe the format or length of the completing party's response. As such, providers complete required documentation at varying lengths and formats. Clearer expectations, standard formats, and templates of what would be considered appropriate were all mentioned as potentially improving administrative burden.
2. On the Job Training and Technical Assistance – On the job training and technical assistance were also often mentioned in conversations as beneficial. With rising acuity in their populations and workforce issues across the Commonwealth, community partners do not have the ability or time to organize and structure staff training for the specific expectations of regulatory information. Staff new to the field may not understand how the review process works from the state level nor who is involved.
3. Cohesion Amongst Executive, Legislative, and Regulatory Bodies – It is also recommended that the Administration and General Assembly encourage all state level regulatory bodies affecting the CSBs to come together for a cohesive strategy to reduce administrative burden across billing, licensing, reimbursing, and certifying. Reducing burden in one area without addressing the rest creates more division and will result in increased burden.
4. Perform a crosswalk on which regulations and documentation belong to which governing body for providers.
5. Streamline documentation expectations for required paperwork – Required paperwork, like reauthorization forms for insurance billing, should be streamlined to make it easier on providers to complete the forms. This includes consistently structured documentation requirements and expectations from Managed Care Organizations (MCOs) regarding the pre-authorization process and renewals. Change in expected timelines for specific forms such as requirements for the Daily Living Activities (DLA-20) Functional Assessment Guide, quarterly reports, annual reviews, fall risk assessments, etc. For example, the 4th quarter review is done at the same time as the annual review, individualized services plan (ISP) review, DLA-20, American Society of Addiction Medicine (ASAM), Health Insurance Portability and Accountability Act (HIPAA) forms, releases of information, Consent to Treat, and the note indicating all this documentation was complete. A 4th quarter review may not be needed if the information included in it is reflected in the other annual required documentation.
6. Clarification related to the expectations of services such as Same Day Access (SDA) – CSBs are completing significant paperwork during these SDA assessments which take substantial time. DBHDS does not require the Comprehensive Needs Assessment be done in SDA; however, that form remains part of the process be that through CSB choice, other requirements for service for another governing body, or through another part of DBHDS. The clarification related to expectations like these, and cohesive communication related to any changes are critical.

Ongoing Efforts

There are positive efforts already in progress to reduce administrative burden. Changes were recently made to the crisis services regulations with the primary goal of reducing required documentation. It is still too early in the implementation those regulations for conclusions to be drawn about the overall positive or negatives effects. Success with the crisis regulations could encourage further reductions related to other pain points.

DBHDS issued a memorandum on October 21, 2024 related to risk mitigation for serious incidents as it applies to emergencies. This memorandum includes several links for providers to gather information. Providers must subscribe to receive these communications, meaning they may be uninformed of possible supports and updates if they choose not to opt-in.

DBHDS firmly believes it is critical to look for to ways to reduce burden and improve time and effort spent supporting individuals in need of services. Efforts should be made to address the recommendations outlined above. However, in order to successfully implement these recommendations, there will be a need for collaboration and assessment of ongoing needs for all of the departments mentioned above to provide this level of support and technical assistance. Some of these efforts will be one time and others will require ongoing support given the level of turnover within the provider community.