



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

**Behavioral Health Administration**

Aliya Jones, M.D., MBA  
Deputy Secretary/Executive Director  
55 Wade Ave., Dix Bldg., SGHC  
Catonsville, MD 21228

July 2, 2020

Dear Behavioral Health Partners:

There are many challenges that the behavioral health community in Maryland and across the globe continue to confront, including COVID-19 transmission, reopening efforts, maintaining safety, months of protest and occasional civil unrest, isolation, anxiety and stress, as well as our ASO transition. In the midst of all of these challenges named and unnamed, one thing continues to be consistent and that is the need for the services and care that each of you and your organizations continue to provide to the community. For that I would like to extend a heartfelt "Thank you."

Capitalizing on the will of the people to address long overlooked inequities in our society and our health system, the Behavioral Health Administration (BHA) in collaboration with our local and state partners continue to work toward identifying steps that will help us to achieve behavioral health equity. We applaud any and all efforts dedicated to improving access to services and improving the health outcomes of all Marylanders across the board. In addition to offering support to our professional community, BHA is sponsoring a training on July 10 from 11:00 a.m. to 1:00 p.m. entitled, "Supporting Behavioral Health Professionals Following Highly Circulated Racial Incidents." [Read details and register.](#)

On June 10, 2020, I wrote a letter to the behavioral health community stating, "Unless the Secretary of the federal Department of Health and Human Services [(HHS)] takes action to either extend the waivers or make the flexibilities permanent, these flexibilities are currently slated to end on July 25, 2020." Let me assure you that your concerns about the end of these flexibilities and waivers were communicated and shared and this issue was thoroughly discussed throughout the Department. Fortunately, on June 29, a spokesperson for the HHS [tweeted](#) that HHS "expects to renew the Public Health Emergency due to COVID-19 before it expires." This extension would renew the current telehealth flexibilities for another 90 days. While the Department waits for an official renewal, this tweet is reassurance. I appreciate your feedback, your advocacy and your ongoing support as we attempt to continue to provide support to all of you. We will keep you up to date on this important issue. We will continue to

explore the question about what the future of telehealth will look like post-COVID-19, and we thank you for your input.

With the official system reactivation of our Administrative Service Organization (ASO) Optum Maryland on July 1, please be aware that estimated payments will end as of July 16, 2020. We recognize that the ASO transition has not been as smooth as we would have liked, but your partnership, patience and feedback has been valued and appreciated. Please be assured that we will continue to work closely with Medicaid to monitor the ASO performance and offer you ongoing support.

Over the course of the last four months, we have continued our efforts to provide you essential information and resources, shared daily guidance documents from CDC, SAMHSA, NASADAD, NASMHPD, ASAM, and other partners, and provided over **64 FAQs**. We also created a new resource guide on [Intimate Partner Violence, Traumatic Brain Injury and Child Maltreatment](#). To help community members manage the significant amount of grief and loss that we have collectively experienced, BHA has curated information about [grief and loss](#) and compiled a list of resources. This is a resource that will be maintained past this current pandemic. Our team also designed a new [Crisis Services Locator map](#), so that community members would know local resources to call in a crisis, in addition to 211 press 1.

Our series of weekly webinars for Behavioral Health Providers with MDH Public Health partners will continue for the foreseeable future as scheduled every Friday morning. We encourage your participation and submission of questions in advance to [sydney.rossetti@maryland.gov](mailto:sydney.rossetti@maryland.gov).

BHA has continued to facilitate **webinars** as part of our COVID-19 response for primary care providers, presentation in June included:

- The Changing Landscape of Substance Use Disorder Treatment During the Pandemic by Dr. Denis Antoine
- IPV Screening During COVID-19: Best Practices in Telehealth for PCPs by Dr. K. Tony Korol-Evans
- Prescribing Buprenorphine Through Telemedicine: Practical and Regulatory Issues. by Dr. Eric Weintraub

We would like to thank our community of behavioral health providers for volunteering to deliver these very well received presentations. These webinars, in partnership with Maryland's Primary Care Program will continue but will move to bi-weekly as requested starting July 8. If you would be interested in delivering a future presentation, please reach out to Dr. Steve Whitefield, BHA Medical Director for more information and scheduling at [steve.whitefield@maryland.gov](mailto:steve.whitefield@maryland.gov).

All of the resource guides and archived webinars can be found posted on [our BHA COVID-19 webpage](#).

July 2, 2020 Dr. Aliya Jones Letter to BH Providers

Since my last correspondence, BHA has been engaged in a number of initiatives to support our provider network and improve community wellness. These include:

- **MD Mind Health**, which is a new text program through Maryland 211 wherein by texting “**mdmindhealth**” to **898211**, individuals can opt-in to receive caring messages to promote social connectedness and mental wellness. Weekly text messages of support, encouragement, and resources are sent out to anyone who wants to enroll in the program for extra support during this stressful time period. This program was modeled after Caring Contacts an evidenced-based practice for suicide prevention. We encourage and invite you to sign-up and to also share this resource widely.
- Maryland is participating in the 2020 cohort of the U.S. Department of Veterans Affairs (VA) and Substance Abuse and Mental Health Service Administration’s (SAMHSA) ***Governor’s Challenge to Prevent Suicide Among Service Members, Veterans, and their Families***. This Governor’s Challenge workgroup, led by Maryland’s Commitment to Veterans (MCV) and Maryland Department of Veterans Affairs (MDVA), will develop a comprehensive statewide plan that addresses barriers to mental and behavioral health service delivery, implementation of best practices, as well as infrastructure and funding needs. This plan will provide the Maryland General Assembly with findings and recommendations on issues related to increasing access to and availability of professional military and veteran health services to prevent suicides, how to expand public-private partnerships to ensure access to quality and timely mental health services, and how to effectively provide peer-to-peer service coordination.
- BHA has applied for a **new SOR II grant**. The new grant is targeted to individuals who have an Opioid Use Disorder and/or Stimulant Use Disorders. BHA solicited proposals from local behavioral health authorities, the Opioid Operational Command Center, Public Health, and state partners. BHA requested \$50 million in funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) to continue to support existing SOR activities and develop several new prevention, treatment and recovery services. If awarded, BHA will receive \$50 million in funding beginning September 1, 2020. This funding will be renewable for one additional year.
- We have been involved in a **partnership with NAMI** to develop peer support groups and shared mental health supports and resources through **CovidCONNECT**, the State’s new website for Marylanders who have recovered from COVID-19. To date, there are 1,700 total enrollees, and the virtual support groups will be available in the coming weeks.
- To **mitigate against increases in opioid overdoses and suicides**, we are tracking these occurrences closely and are working within our current partnerships and creating new partnerships to respond more quickly and to coordinate responses to increases in these events across agencies and jurisdictions as appropriate.

In collaboration with **Maryland's Behavioral Health Authorities**, a **provider survey** was conducted to determine how each LBHA/LAA/CSA is supporting the provider network during the COVID 19 pandemic. We would like to thank those agencies that responded to this important survey. We also conducted a provider survey to understand service access and client well-being during the COVID pandemic. We had over 800 responses to this survey! We would like to thank our providers and supporters for your engagement. A report with the findings for both of these surveys will be posted to the BHA website within the next few weeks.

At long last, the **Medical Necessity Criteria (MNC) and forms for Psychiatric Rehabilitation Program (PRP)** have been **revised** and updated. The decision to implement the new MNC was done after careful consideration of the current landscape of PRP implementation. The Maryland Department of Health is accountable to the State Legislature for the management, quality and cost of PRP programming. A thorough review of the program revealed an increase in expenditures on PRP services by ~36% since 2016, and an increase in growth of enrollment that greatly exceeded the rate of growth of the Medicaid program (~36% versus 4.4%). This growth in expenditures is not sustainable, particularly in light of the challenges posed by the COVID-19 pandemic and it is imperative that only those services justified by medical necessity are authorized. Therefore, with the reactivation of Optum Maryland's Incedo Provider Portal (IPP) as of July 1, 2020, PRP providers are subject to revised MNC for this requested level of service. This requirement will extend to future services from the reactivation date.

BHA recognizes the key importance that timely and effective data has on the public behavioral health system's ability to function, plan, and evolve in an ever changing environment. To this end, BHA will conduct and release a series of data centric projects in order to aid the larger treatment community throughout this process.

In conclusion, since [my June 4 letter](#) to you, we provided the following guidance:

#### **Behavioral Health Partners**

- [Frequently Asked Questions \(June 23\)](#)

#### **Community**

- Resource Guide on [Intimate Partner Violence, Traumatic Brain Injury, and Child Maltreatment \(June 18\)](#)
- [Maintaining Mental Health: Frequently Asked Questions \(June 18\)](#)
- [Grief and Loss Resources](#)

#### **Providers**

- [Crisis Support Program for Frontline Workers \(June 17\)](#)
- [Nursing Home Staff Support: Poster \(June 16\)](#)
- [Opioid Treatment Programs \(OTP\): Frequently Asked Questions \(June 4\)](#)

#### **Telehealth**

- [Frequently Asked Questions \(June 23\)](#)

- [Telehealth Coverage \(June 10\)](#)

As we move forward in the various stages of reopening Maryland, we will continue to provide essential information to help keep you operational and safe. I appreciate your continued support in all of our efforts as we continue to build a more efficient and effective behavioral health system. While we continue to address community needs, let us remember that self-care continues to be equally important if we are to be effective caregivers. I encourage you to find time to decompress, relax and connect with family and friends while remaining socially distant during these pivotal times. Thank you for your commitment and your ongoing flexibility and vigilance in the provision of essential behavioral health services.

Sincerely,

A handwritten signature in black ink, appearing to read "Aliya Jones". The signature is fluid and cursive, with a large initial "A" and "J".

Aliya Jones, M.D., MBA  
Deputy Secretary Behavioral Health