MARYLAND
Department of Health

Meeting Notes
Behavioral Health System of Care Full Workgroup Meeting
July 22, 2020

Members In Attendance

Aliya Jones, Co-Chair
Tricia Roddy, Co-Chair
Lori Doyle
Nancy Rosen-Cohen for Ann Ciekot
Eric Wagner
Harsh Trivedi
Arethusa Kirk
Andrea Brown
Gregory Branch
Vickie Walters

I. Welcome

Dr. Aliya Jones, Deputy Secretary of the Behavioral Health Administration (BHA), and Tricia Roddy, Assistant Medicaid Director, welcomed everyone to the meeting and thanked them for the work they have done in ensuring continued access to behavioral health services during the COVID-19 pandemic. Attendees were informed that the August Behavioral Health System of Care meetings will be cancelled.

II. Discussion: Rate-Setting Study Update

Jennifer McIlvaine, Medicaid's Director of Finance, gave a presentation regarding the progress on the behavioral health rate-setting study required in the HOPE Act of 2017.[1] Ms. McIlvaine reported that a request for proposals (RFP) is under development, and she hopes to have a full version done in the next week or so. The RFP will find a third-party vendor/contractor to provide technical assistance related to the development of a cost reporting template that behavioral health providers will submit to MDH. The provider cost data will eventually be used to help determine cost-based reimbursement rates for behavioral health services. Ms. McIlvaine continued that the

[1] See the Heroin and Opioid Prevention Effort and Treatment Act of 2017, available here: http://mgaleg.maryland.gov/2017RS/chapters_noln/Ch_571_hb1329E.pdf.

current focus is on building provider capacity to report costs, with an initial focus on outpatient mental health clinics, substance use disorder (SUD) programs, and opioid treatment programs, with other provider types being included later. Examples of cost reporting templates were provided, including those used in managed care organization rate-setting. Ms. McIlvaine stated that cost reporting will likely vary by provider type, and they are working with stakeholders to address these differences.

Ms. McIlvaine explained that a technical advisory group will be assembled consisting of provider chief operating officers (COOs) or chief financial officers (CFOs). The purpose of this advisory group will be to highlight and assist with technical issues that arise during the reporting, collection, and analysis of provider cost data. Ms. McIlvaine reported that internal discussions are ongoing regarding the specific role of the technical advisory group, and updates will be provided as these discussions continue. Additional detail can be found in Ms. McIlvaine's presentation, which was sent to all attendees following the meeting.

Attendees were given an opportunity to ask questions and provide comments. There were no questions or comments.

III. COVID-19 Behavioral Health Provider Survey

Kathleen Rebbert-Franklin, BHA's Director, Health Promotion and Prevention, presented the results of a survey administered to behavioral health providers in Maryland regarding their perceptions of individuals' ability to access services and supports during the COVID-19 pandemic. This survey was created and distributed through a partnership with the University of Maryland Systems Evaluation Center. The following were some key findings:

- Compared to the time before COVID-19, all providers reported seeing at least some decrease in new admissions during the pandemic. Some reasons for this include fewer people overall seeking services, uncertainty about whether providers are offering services, and reduced provider capacity due to reduced staffing or lack of telehealth capability.
- Compared to the time before COVID-19, more people are seeking non-provider social and support services.
- Compared to the time before COVID-19, individuals have kept their appointments less often. This varies by provider type, but was reported as most common among outpatient SUD providers and psychiatric rehabilitation programs. The top three reasons given for higher numbers of individuals missing appointments were inability to use telehealth, unwillingness to use telehealth, and unwillingness to use public transportation.
- Compared to the time before COVID-19, providers reported that individuals are leaving treatment prematurely more often. This also varied by provider type, but was most commonly reported by residential SUD providers and recovery housing. Some common reasons were reported as relapse/return of symptoms, unwillingness to use telehealth, or inability to use telehealth. It was also mentioned that some individuals preferred to move from residential treatment after receiving their COVID-19 stimulus money and that some were concerned about the risk of contracting COVID-19 if they remained.

- Providers reported that continuation of services, financial issues, and hope were the top three current needs reported to them by people receiving behavioral health services and supports. Providers also reported that individuals receiving services were most concerned about anxiety, depression, isolation and loneliness, lack of financial resources, and experiencing relapse or a return of symptoms.

Ms. Rebbert-Franklin also discussed some of the benefits of and barriers to using telehealth during the COVID-19 pandemic as reported by survey respondents. Responses regarding the benefits were put into the broader categories of safety, clinical, and client satisfaction.

- For the clinical category, respondents reported that it was easier to stay in touch with individuals receiving services; it was easier to include their families in treatment; and it was helpful to observe people in their home environments.
- For the client satisfaction category, providers reported that telehealth eliminated transportation barriers and is generally convenient and flexible.

Ms. Rebbert-Franklin reported that responses regarding the challenges providers faced in using telehealth could be categorized broadly as hardware, interpersonal, or other challenges.

- Hardware challenges reported by providers included difficulties reaching individuals who do not have smartphones or who did not have internet access via mobile data plans or Wi-Fi.
- Interpersonal challenges reported by providers included individuals who lacked privacy at home, had a lot of distractions at home, or who preferred in-person treatment and were generally uncomfortable using telehealth. This last issue was reportedly most common among older individuals receiving services.
- Other challenges reported by providers included a reluctance on the part of individuals with body image issues to use telehealth because they did not like seeing themselves on screen. Providers also reported having difficulties reaching new patients and insurance coverage restrictions around the use of telehealth.

Ms. Rebbert-Franklin reported that several initiatives and trainings designed to improve providers' competency with and uptake of telehealth are either in process or being finalized. Ms. Rebbert-Franklin concluded her presentation by stating that a formal report with the survey results is forthcoming and will include more information about the efforts to address the challenges identified by providers and discussed here. Another survey will also be distributed to providers in the near future.

A Workgroup member asked if the Maryland Department of Health (the Department) has considered how telehealth expansion efforts will continue if the federal government does not extend the state of emergency that is due to expire soon. Ms. Roddy responded that the Department has been thinking about this issue, though they anticipate the state of emergency to be extended.

A Workgroup member asked how the providers who responded that they were unable to provide telehealth were related to the perceived number of individuals who were unable to access

services due to lacking access to telehealth. Ms. Rebbert-Franklin answered that these groups are likely related, but that they have noticed very few providers who have stopped offering services altogether during the pandemic. She noted that while there might be delays in individuals accessing care due to the pandemic, it has seemed uncommon for most individuals to be unable to access care altogether.

IV. Public Comment

Timothy Santoni commented that a possible reason some survey respondents reported not offering telehealth was because they were residential or crisis service providers, which are modalities that may not have as much need for telehealth.

V. Next Meeting

The August discussion group is cancelled.