Behavioral HealthSystem of Care Workgroup

August 22, 2019

MARYLAND
Department of Health

Purpose: To synthesize principles and build consensus around design components for a system of care.

Meeting Schedule

Meeting 1
Date: Wednesday, July 31
Time: 9:00 a.m. to 12:00 noon
Meeting Room: L3
Orientation

Meeting 2
Date: Thursday, August 22
Time: 9:00 a.m. to 12:00 noon
Meeting Room: L1
Discuss Principles

Meeting 3
Date: Thursday, September 26
Time: 9:00 a.m. to 12:00 noon
Meeting Room: L4
Consensus on Principles

Meeting 4
Date: Wednesday, October 23
Time: 9:00 a.m. to 12:00 noon
Meeting Room: L2
Discuss Options

Meeting 5
Date: Thursday, November 21
Time: 9:00 a.m. to 11:00 a.m.
Meeting Room: L2
Consensus on Options

Meeting 6
Date: Monday, December 16
Time: 1:00 p.m. to 3:30 p.m.
Meeting Room: L4
Report and Next Steps

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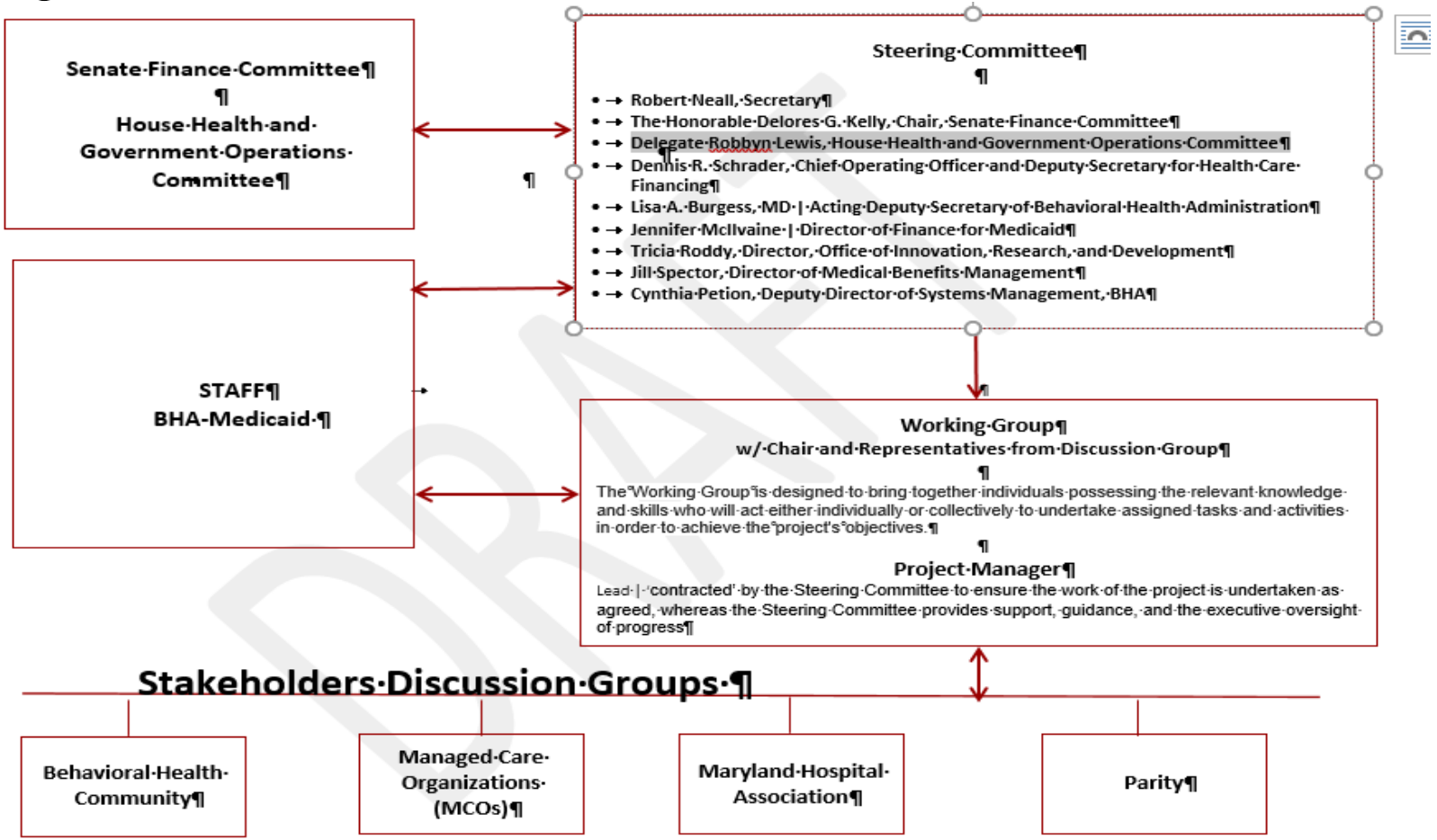
Design Team


Senate·Finance·Committee¶
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House·Health·and·Government·Operations·Committee¶
Steering·Committee¶
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Robert·Neall,·Secretary¶
The·Honorable·Delores·G.·Kelly,·Chair,·Senate·Finance·Committee¶
Delegate·Robbyn·Lewis,·House·Health·and·Government·Operations·Committee¶
Dennis·R.·Schrader,·Chief·Operating·Officer·and·Deputy·Secretary·for·Health·Care·Financing¶
Lisa·A.·Burgess,·MD·|·Acting·Deputy·Secretary·of·Behavioral·Health·Administration¶
Jennifer·McIlvaine·|·Director·of·Finance·for·Medicaid¶
Tricia·Roddy,·Director,·Office·of·Innovation,·Research,·and·Development¶
Jill·Spector,·Director·of·Medical·Benefits·Management¶
Cynthia·Petion,·Deputy·Director·of·Systems·Management,·BHA¶
STAFF¶
BHA-Medicaid·¶
Working·Group¶
w/·Chair·and·Representatives·from·Discussion·Group¶
¶
The·'Working·Group'is·designed·to·bring·together·individuals·possessing·the·relevant·knowledge·and·skills·who·will·act·either·individually·or·collectively·to·undertake·assigned·tasks·and·activities·in·order·to·achieve·the'project's'objectives.¶
¶
Project·Manager¶
Lead·|·'contracted'·by·the·Steering·Committee·to·ensure·the·work·of·the·project·is·undertaken·as·agreed,·whereas·the·Steering·Committee·provides·support,·guidance,·and·the·executive·oversight·of·progress¶
Stakeholders·Discussion·Groups·¶
Behavioral·Health·Community¶
Managed·Care·Organizations·(MCOs)¶
Maryland·Hospital·Association¶
Parity¶

Discussion: Principles and Values

Three Design Components

1. Quality Integrated Care Management
2. Cost Management
3. Behavioral Health Provider Management and Network Adequacy

Principles Overview

- Reflect Workgroup discussions and written submissions to date
- Do not necessarily reflect consensus
- Still a work in progress

Quality Integrated Care Management

Person-Centered/ Family-Focused	Oversight & Accountability	Data Sharing & Outcomes Measurement	Continuum of Care	Social Determinants of Health (SDOH)	Parity	Other
Culturally and linguistically appropriate	Clear lines of authority and responsibility	Data sharing, e.g. through CRISP	Seamless care across the age spectrum (children, adolescents, adults)	Focus on SDOH, a key driver of outcomes	Comply with federal and State laws	Harmonize MH and SUD treatment
Promotes equity	Transparent oversight	Use technology to track outcomes		Creative use of funding to address SDOH	Prioritize BH equally w/ physical health care	Evidence-based treatment
Accounts for regional variation	Cross-agency coordination	Embed outcome measurement in the design	Full range of care – prevention, early intervention, treatment, rehabilitation, recovery support to address needs as they fluctuate			BH in primary care setting & PC in BH setting
Involves clients in design, goals, plans	Involves community stakeholders as equal partners	Medication adherence				High utilizer management
Treatment in least restrictive environment possible	Bridges integration barriers and silos	Sobriety relapse	Locations of care – facility-based and outreach services and supports			Combine chronic disease mgmt. w/ early detection/ time-limited intervention
		Devote additional resources to data collection and analysis				

Cost Management

- Incentivize:
  - Positive outcomes
  - Provider-to-provider and provider-to-agency (education, housing, justice, etc.) communication and coordination
- Flexible reimbursement rules – value-based, pay-for-performance, risk-sharing, capitation
- Design for innovation in delivery models (e.g., CCBHC)
- Reinvest savings from health reform into the public BH system

Provider Management & Network Adequacy

Quality	Workforce	Access	Safeguards
Providers proven to be of high quality	Minimize duplicative admin burden	Include mental health & addiction counseling	Grievance and appeals process
Define a “qualified provider”	Design for workforce pipeline (students, trainees, etc.)	Maintain safety net	
	Design for both programs and independent practices		
	Adequate reimbursement		

Parking Lot: Maintain seamless care for individuals churning in and out of Medicaid

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Current System Flow Chart

Public Comment

Next Steps

The next meeting will be:

Date: Thursday, September 26
Time: 9:00-12:00
Meeting Room: MDH L4

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