**Develop a Framework to Propose, Organize, and Discuss   
Categories of Improvements and Specific Ideas to   
Operationalize the Design Principles**

***Improvement Categories:***

* Case Management Improvements
* Data Sharing Improvements
* Cost Management Improvements
* Behavioral Health Provider Network Improvements
* Accountability Improvements
* Quality Improvements

**Case Management Improvements**

* MCO Extended Case Management
* Local Systems Management Standardization
* Regional On-Call Staff
* ASO Case Management Expansion
* Overdose Transitions to Treatment Independent of Participant’s Action
* Clear, Timely Pathways to Outpatient and Ambulatory Services
* Improve the Capacity of the Medicaid Managed Care System to Integrate with Non-Medicaid State Systems, Populations, and Services (MD Behavioral Health Coalition)

**Data Sharing Improvements**

* CRISP - Point of Care
  + Ability to Search by Medicaid Identification Number
* Real-Time, Read-Only Access to ASO Data
* Electronic Access to Provider Directories, Particularly for Medication Adherence: Provider Letters
* Prescription Data Visibility
* Use Cases for Data Sharing: Immediate Access to Diagnosis and Treatment Information for Case Management and Access to Claims/Prescription Information for Data Mining
  + Provide Prescription and Claims Files in a Traditional Format, e.g., 837
  + Provide Recent Participant Contact Information
* PBM Data Cycles
* Make Better Use of Health Information Systems to Improve Data Sharing (MD Behavioral Health Coalition)

**Cost Management Improvements**

* Capitated ASO
* Managed Behavioral Health Organization (MBHO)
* High Utilizers: Chronic Disease
  + Opioids
  + Diabetes
* Contracts between ASO, MCOs, and Local Systems Managers

**Behavioral Health Provider Network Improvements**

* Define Network Adequacy
  + Increase Management of the Behavioral Health Provider Network and Ensure Appropriate Enforcement of Current Regulations (MD Behavioral Health Coalition)
* Improve Referral Processes
* Define Local Systems Manager Roles
  + Integrate and Better Define Roles and Responsibilities for Local System Management Agencies (MD Behavioral Health Coalition)
* Obtain Better Understanding of Provider Types and Scopes of Work

**Accountability Improvements**

* Performance-Based Metrics
  + Implement Uniform and System-wide Measurement-based Care Standards for Mental Health and Substance Use Disorders (MD Behavioral Health Coalition)
* Score Cards
* Standards of Practice
* Define Who is Accountable

**Quality Improvements**

* Medication Adherence, e.g., MAT
* Shared Quality Activities, e.g., HEDIS Measures
* Improve the Quality and Cost Predictability of Care by Expanding Value-Based Payments in Behavioral Health. Ensure Care is Patient-Centered by Increasing Provider Flexibility and Expanding Value-Based, Outcome-Focused Service Delivery Across Systems (MD Behavioral Health Coalition)