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## **Maryland Medicaid**

Social Determinants of Health: Portfolio Activities

Medicaid Advisory Committee

May 25, 2017

Shannon M. McMahon, MPA, Deputy Secretary



# Pathways to Address Social Determinants

- §1115 HealthChoice Waiver Renewal
- Creating new funding pathways for community based pilot programs:
  - Home Visiting Services
  - Assistance in Community Integrated Services (ACIS)
- Seeking SPA for Presumptive Eligibility for Transitions for Criminal Justice Involved Individuals
- National Diabetes Prevention Program reimbursement model in Medical Managed Care Organizations
  - An evidence-based model using lay health workers



# Pathways to Address Social Determinants

- Leveraging grant funds –
  - Kids to Coverage Campaign
  - Chronic disease grants to MCOs (Diabetes, Hypertension)
- Strengthening partnerships – Public Health, Community partners
  - Raising Colorectal Cancer Screening rates in Medicaid MCOs
  - Toolkit and adding screening to HealthChoice Evaluation
- Participating in national and regional policy discussions on SDOH
- Supporting data needs of community leaders applying for federal Accountable Health Communities funding
- Tobacco Cessation



# Pathways to Address Social Determinants

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- Tobacco Cessation
- Transportation Grants
- Lead SPA
- Accountable Health Communities
- HealthChoice Evaluation
- Expanding dental coverage for former foster youth



# Kids to Coverage Campaign

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- Collaborated with Office of Population Health Improvement to customize available Kids to Coverage Campaign materials for Maryland Medicaid;
- Gained approval from Maryland State Department of Education (MSDE) to announce to School Superintendents and Administrators
  - Prioritize Title 1 schools; with additional funding also made available to other interested schools; work through School Nurse Coordinators
- Available in English and Spanish;
- Partnered with Maryland Health Benefit Exchange to post the material on their website;
- Making materials available in other related community venues:
  - Early Head Start convening – Dr. Lisa Burgess





# Maryland Medicaid and National Diabetes Prevention Program (DPP) Demonstration



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# Medicaid DPP Enrollment

## Demonstration Implementation:

- Department of Health and Mental Hygiene
  - Maryland Medicaid
  - Center for Chronic Disease Prevention and Control
- Participating MCOs

| MCO                   | ENROLLMENT UPDATES<br>(as of 5.18.2017) |
|-----------------------|---|
| Amerigroup            | 22                                      |
| Jai Medical Systems   | 55                                      |
| MedStar Family Choice | 83                                      |
| Priority Partners     | First class scheduled for June 1st      |



# Maryland Demonstration Partners

## Virtual DPP Suppliers:

- Omada
- Retrofit

## Maryland established Community-based DPP suppliers:

- Charm City Clinic
- John Hopkins Brancati Center for the Advancement of Community Care
- MedStar Harbor Hospital
- MedStar Good Samaritan Hospital
- MedStar Franklin Square Hospital
- Soul So Good Healthy and Collins Wellness Center
- YMCA of Metropolitan Washington
- Y of Central Maryland







# §1115 HealthChoice Waiver Renewal: Community Health Pilots



# §1115 HealthChoice Waiver Renewal

- Effective January 1, 2017, CMS approved and renewed waiver for 5 years through 2021.
- Current Renewal: 2017 renewal period is focused on developing cost effective services that target the significant, complex health needs of individuals enrolled in Medicaid including:
  - Expanding services through Community Health Pilots:
    - Assistance in Community Integration Services (ACIS) (*pending*)
    - **Evidence-Based Home Visiting for High Risk Pregnant Women and Children up to Age Two (HVS)**



# Community Health Pilots - (Eff. Date: 7/1/2017)

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## Key Aspects:

- Developed in response to local jurisdiction requests for a funding path.
- Local health departments or other local government entities, such as a local management board, are eligible to apply and serve as Lead Entities.
- There is no DHMH funding contribution.
- To access federal funds Lead Entities must be able to:
  - fund non-federal share with local dollars; and
  - process an intergovernmental transfer (IGT) of funds.
- Local health officers have been briefed.
- The Community Health Pilots include an evaluation component.



# Community Health Pilots: Assistance in Community Integration Services (ACIS) (Eff. Date: 7/1/2017)

- Housing-related support services\* for high-risk, high utilizers who are either transitioning to the community from institutionalization or at high-risk of institutional placement.
- Must be Medicaid beneficiaries to participate.
- Waiver authority allows for housing support services that are not currently covered by Medicaid: Tenancy-Based Care Management Services & Housing Case Management Services.

*\*Medicaid federal financial assistance cannot be used for room and board in home and community-based services.*



# §1115 Waiver Renewal Initiatives

## Evidence-Based Home Visiting for Pregnant Women and Children Up to Age 2 Pilot

- Home visiting services (HVS) for high-risk pregnant women and children up to age 2.
- Must be Medicaid beneficiaries to participate.
- Programs that may be offered: Nurse Family Partnership and Healthy Families America.
- HVS Pilots are funded separately and distinctly from MIECHV funded programs.



# Pilots By The Numbers

**Assistance in Community  
Integration Services  
(annual funds)**

\$2.4 M Total

\$1.2 M Matching Federal  
Dollars Available

**Home Visiting Pilots  
(annual funds)**

\$5.4 M Total

\$2.7 M Matching Federal  
Available

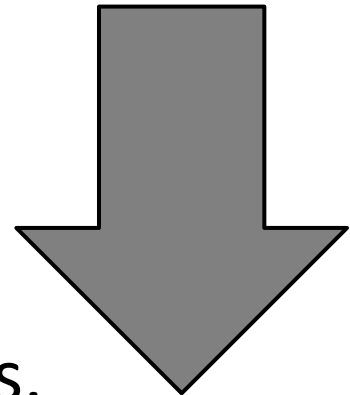
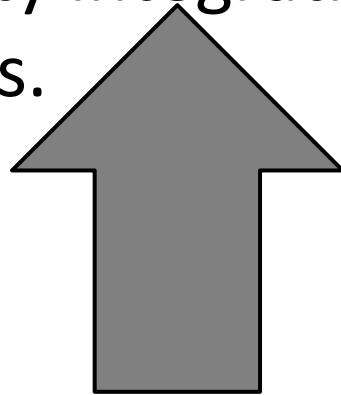
**Timeline of 4.5 Years**



# Pilot Goals

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- To improve health outcomes for targeted populations.
- To improve community integration for at-risk Medicaid beneficiaries.



- To reduce unnecessary/inappropriate utilization of emergency health services.



# Pilot award payments

- Pilot award payments will support:
  - Services not otherwise covered or directly reimbursed by Maryland Medicaid to improve care for the target population;
  - Expanded service delivery opportunities;
  - Direct provisions of services delivery only;
  - Will require Medicaid recipient PII/PHI level reporting to receive funding.





# Lead Entities

## Type Allowed:

- A county or Baltimore City government
- A local health department
- A local management board
- A federally recognized tribe
- A tribal health program under a Public Law 93-638 contract with the federal Indian Health Services

## Responsibilities:

- Submits Letter of Intent and application.
- Serves as the organizing hub and contact point for the pilot.
- Primary link to DHMH.
- Collaborates with participating entities.
- Facilitates financial arrangement and payment with participating entities



# Participating Entities

## Type Allowed:

- Managed Care Organizations
- Health services agency/department
- Specialty mental health agency
- Community based organizations
- Private contractors

## Responsibilities:

- Collaborates with the lead entity to design and implement the pilot
- Provides letters of participation
- Service delivery
- Contributes to data sharing/reporting



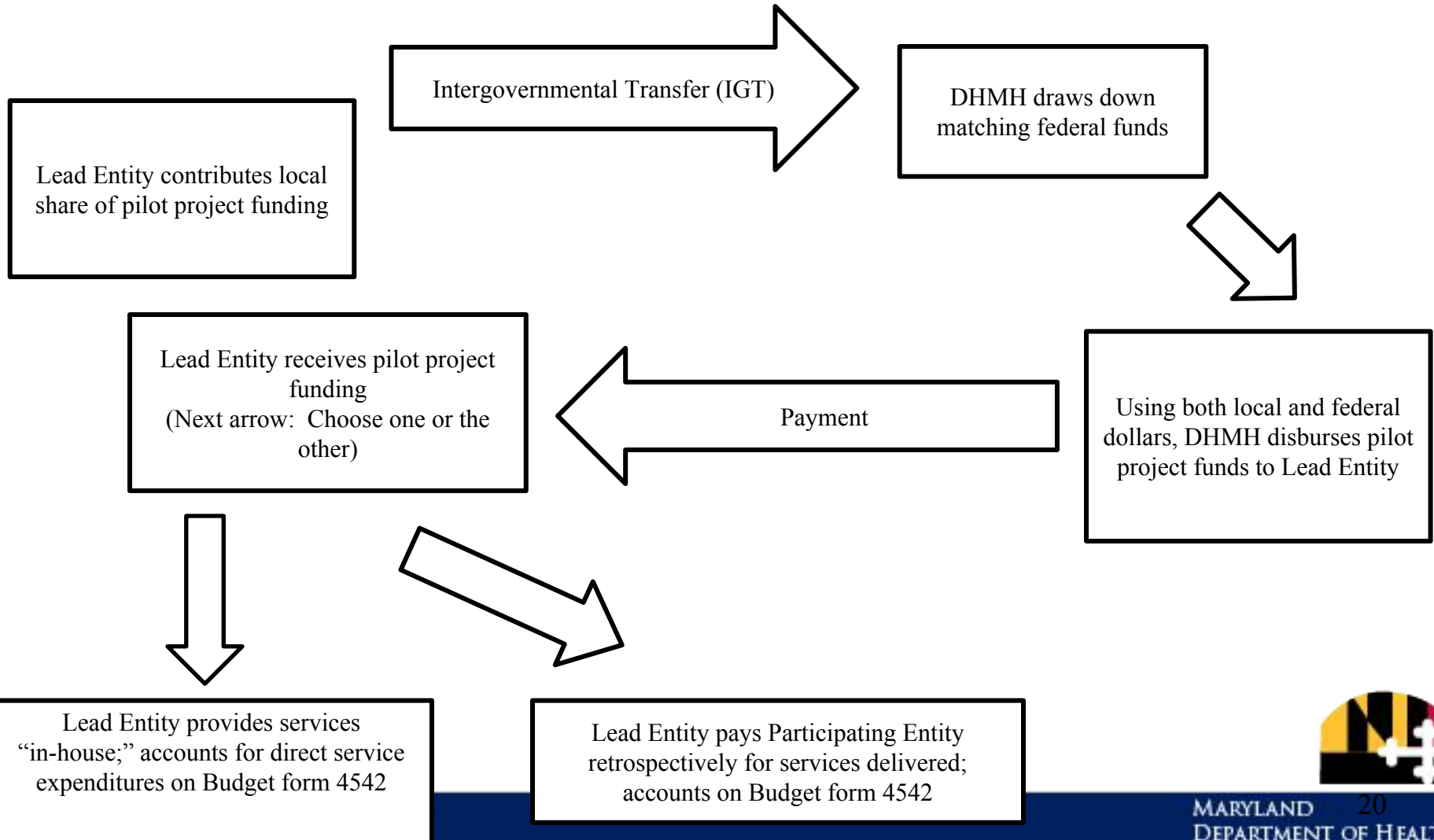
# Key Pilot Project Activities

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- Pilot must identify and define its target population.
- Pilot should prioritize its highest risk population to engage.
- Pilot must coordinate with beneficiaries' MCOs.
- Beneficiary participation in pilot is voluntary.
- Pilot must report performance and outcome measures.
- Requires local oversight and funding commitment.



# Funding Flow for Federal Match



# Funding Mechanism

- The Lead Entity is required to provide the full financial share of non-federal payment.
  - Lead Entity share cannot be from a federal funding source (for example, MIECHV).
- There is no DHMH funding contribution.
- Local funds cannot be supplanted or offset.



# Funding Process

- Funds transactions will be governed by the Local Health Department Funding System Manual.
- Requires Lead Entity submission of line item DHMH budget.
- Requires submission of services and cost breakdown invoice provided at the Medicaid beneficiary level including at the minimum:
  - Beneficiary's Medicaid number,
  - First and last name,
  - Date of birth, and
  - Social security number.
- Requires submission of data to support performance metrics.



# HVS Timeline

|  |                  |
|--|------------------|
| Release Letter of Intent request for Community Health Pilots                   | May 10, 2017     |
| Letters of Intent due from Lead Entities to DHMH                               | May 24, 2017     |
| HVS Pilot Application Published by DHMH, FAQs released                         | June 5, 2017     |
| HVS Pilot Application Process Webinar and Review of FAQs                       | June 21, 2017    |
| HVS Pilot Applications due to DHMH   | July 19, 2017    |
| Calls with applicants (clarification & modification discussions)               | July 24-27, 2017 |
| HVS Pilot Award notifications<br><i>(expected, pending final CMS approval)</i> | August 28, 2017  |
| HVS Pilots Begin (Based upon approved Pilot implementation plans)              | Sept/Oct. 2017   |



# Next Steps: Submission of Letter of Intent (LOI)

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- Assess prospective statewide interest in HVS Pilot program
- Obtain preliminary Pilot design proposals
- Opportunity for interested parties to submit questions
- Voluntary, non-binding LOI due **May 24, 2017, at 5 PM**





# Letter of Intent Template

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1. Lead Entity Contact Information
2. Lead Entity Eligibility for Funding
3. Project Goal and Synopsis
4. Target Population and Geographic Area
5. Project Plan
6. Participating Entities
7. Budget
8. Questions



# Opportunities for Technical Assistance

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- Special Terms and Conditions
  - Post Approval Protocols for Community Health Pilots
- Webinars:
  - May 23<sup>rd</sup> from 1:30-3:00pm
  - June 21<sup>st</sup> from 1:30-3:00pm
- FAQs
- Dedicated mailbox
- DHMH Pilot Leads



# General Information

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The 1115 HealthChoice Waiver Renewal resources are available here:

- <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>

Hard copies may be obtained by calling: (410) 767-1439.

For additional information or questions, you may email [dhmh.healthchoicerenewal@maryland.gov](mailto:dhmh.healthchoicerenewal@maryland.gov)



# Substance Use Disorder (SUD) Service Expansion



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# Reimbursement Changes for OTPs

- Maryland Medicaid is rebundling weekly rates for methadone maintenance services to allow Opioid Treatment Programs (OTP) to bill for methadone and outpatient counseling separately.
- Research indicates that methadone and counseling together result in better patient outcomes than treating patients with methadone alone.
- Reimbursement rates were changed to align with clinical best practices.
- New policy also allows for guest dosing in the instance an individual needs medication assisted treatment from an OTP other than the one they normally attend.
- Rates were finalized after about a year of stakeholder feedback and engagement.
- Effective May 15, 2017.



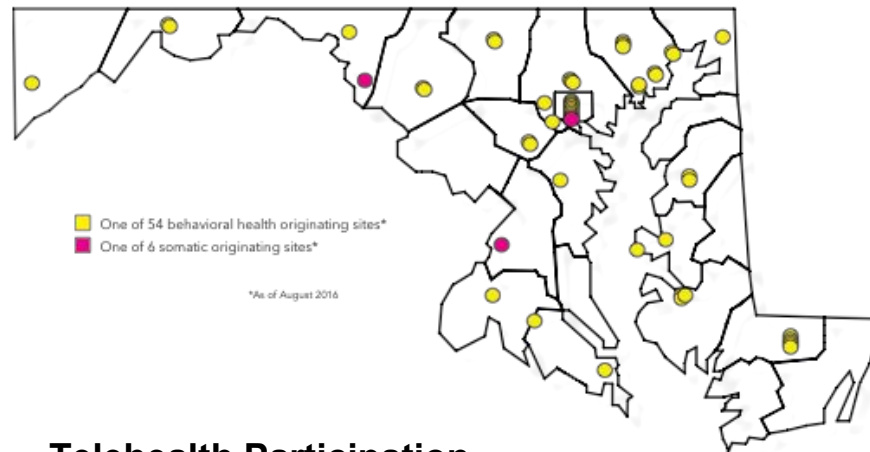
# Overdose Response Program - Naloxone

- Overdose Response Program
  - *State Statute: Health-General §§13-3101-3111, effective Oct. 1, 2013*
  - *State Regulations: COMAR 10.47.08.01-.12, effective March 3, 2014*
- Expands access to naloxone
  - All MD-certified pharmacists may dispense naloxone without a prescription to any certified individual
  - DHMH BHA oversees the certification of any individual to recognize and respond to opioid-related overdoses and safely administer naloxone
  - 55 entities authorized to conduct trainings
  - Over 39,000 people trained



# Medicaid Telehealth Program

- Model: “Hub-and-Spoke” Model
- 2015: Streamlined telemedicine and telemental health programs into one “telehealth program”
- 2016: Incorporated methadone clinics and community-based substance use providers into the program
- 54 behavioral health and 6 somatic originating sites



**Telehealth Participation**



# DUR Opioid Workgroup

- DUR Opioid Workgroup consists of DHMH policy and clinical team and all 8 Medicaid MCOs.
- The Workgroup met in the last year to build consensus around a set of prescribing policies to be implemented July 1, 2017.
- Policies take into consideration the 12 recommendations in the CDC Guideline for Prescribing Opioids for Chronic Pain.
- DHMH prescribing policies aim to:
  - Prevent non-medical opioid use, opioid abuse and dependence, over prescribing of opioids;
  - Identify and treat opioid dependence early in the course of the disease;
  - Prevent medical situations that arise from dependence and overdose;
  - Identify and outreach to providers who have patients on high risk opioid prescriptions





# Maryland Medicaid Prescribing Policies

- **Policy 1:** Improve coverage for first line treatment like non-opioid medication and non-pharmacologic treatment
- **Policy 2:** Obtain Prior Authorization for Opioids every 6 months
  - Above 90 MME
  - All Long Acting Opioids, Fentanyl, and Methadone for Pain
  - High Quantity (anything above the 30-day quantity limit)
- **Policy 3:** Screen for SUD before prescribing opioids and controlled substances
  - (i.e.) SBIRT = Screening, Brief Intervention and Referral to Treatment
- **Policy 4:** Refer patients with SUD to treatment
  - Maryland Medicaid offers BH services via Beacon Health Options
- **Policy 5:** Prescribe naloxone to high risk patients
- **Policy 6:** Check PDMP prior to prescribing
  - Highly recommended for Medicaid providers July 1, 2017. Required for all Maryland CDS prescribers on July 1, 2018.



# Residential SUD Treatment

- December 2016, CMS approved Maryland Medicaid 1115 waiver renewal, which included its request to provide IMD services for substance use disorder treatment
  - Waives Medicaid IMD exclusion and allows Maryland Medicaid to offer SUD services in IMDs with more than 16 beds
- With this addition, the program covers ASAM's full continuum of care for SUD treatment
- Effective July 1, 2017, Maryland Medicaid will provide reimbursement for up to two nonconsecutive 30-day stays in a rolling year for ASAM levels 3.7 WM, 3.7, 3.5, and 3.3.
- The Department intends to phase in coverage of ASAM level 3.1 beginning on January 1, 2019.



# Residential SUD Treatment Reimbursement

- Authorization and reimbursement will be performed by the ASO, Beacon Health Options, with a single claim consisting of 2 codes, one for clinical services (Medicaid-supported) and one for room and board (BHA-supported).

| <b>ASAM Level of Care</b> | <b>Rate (per diem)</b> | <b>Average Pre-Medicaid Rate (per Myers and Stauffer Audit)</b> |
|---------------------------|------------------------|---|
| Level 3.7 WM              | \$ 354.67              | \$270.12  |
| Level 3.7                 | \$ 291.65              | \$160.20  |
| Level 3.5                 | \$ 189.44              | \$74.67   |
| Level 3.3                 | \$ 189.44              | \$85.19   |

- Providers are not permitted to balance bill either Medicaid or uninsured individuals services covered by Medicaid or the State.



# Residential SUD Timeline

- In 2015, CMS offered guidance to states that indicated they could seek approval to offer residential substance use treatment to adults as a Medicaid covered benefit.
- During the Department's 1115 waiver renewal (CY2016), DHMH initiated a public comment period, including multiple open hearings.
- In addition, the Department regularly engaged with the provider community through the Behavioral Health Provider Council, and the Medicaid Advisory Committee. Local Health Departments have also served a critical role in the development of the Department's regulations.
- Through informal and formal comment periods, providers will have the opportunity to enhance the quality of existing services and to build opportunities to increase lines of service and fully encompass multiple levels of care.
  - Informal comments will be accepted starting May 22<sup>nd</sup> and proposed regulations will be printed in the June 23<sup>rd</sup> edition of the Maryland Register.
  - A 30 day formal comment period will end on July 24<sup>th</sup>.
  - During the informal and formal comment periods, the Department will respond to all comments submitted in writing, including whether we are adopting any comments received.



# Content of the Residential SUD Regulations

- The regulation implements terms and conditions outlined in the Department's 1115 Waiver Renewal with CMS, specifically implementing a residential substance use benefit on July 1, 2017 for adults participating in the Medicaid program.

- The regulation outlines requirements for participating providers, including staffing requirements and authorization and payment procedures.

- Staffing levels are required by CMS and are based on ASAM criteria.

- The Department will offer a grace period after July 1 to ramp up staffing levels.

- The regulation does not apply to 8-507 court-ordered placements. That service will not move to Beacon Health Options until January 1, 2018.



# Provider Enrollment Process

- In order to complete the Medicaid application you will need:
  - An OHCQ license for each ASAM level of care you provide.
  - A copy of your facility's NPI printout.
- Complete the Medicaid provider application for provider type 54 and return to Provider Enrollment
  - Successfully complete a site visit (this is required for Medicaid enrollment).
  - Once you have received your provider type 54 Medicaid number, then you will be able to use that number to register with Beacon Health Options.
  - All services require prior authorization from Beacon.



# Resources

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## **DHMH Opioid Website**

[dhmh.maryland.gov/medicaid-opioid-dur](https://dhmh.maryland.gov/medicaid-opioid-dur)

## **DHMH Opioid Email**

[dhmh.opioiddur@maryland.gov](mailto:dhmh.opioiddur@maryland.gov)

## **Beacon Health Options Provider Alerts**

[http://maryland.beaconhealthoptions.com/provider/prv\\_alerts.html](http://maryland.beaconhealthoptions.com/provider/prv_alerts.html)





# Medicaid-Corrections Connections



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# Health and Corrections

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- Individuals within the justice system often have higher rates of physical and behavioral health issues than the general population.
- Many studies have shown a correlation between better health coverage/outcomes and lower rates of recidivism.
- In the last year, DHMH has been building partnerships and identifying resources to increase Medicaid enrollment activities for inmates.



# Medicaid and MCO Enrollment for Justice Involved Individuals

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- DHMH is working with DPSCS as well as local health departments and local detention centers to boost enrollment workforce, identify IT and space, and build Medicaid enrollment processes.
- Once MCO Shopping launches in September, DHMH will also be working with enrollment assisters to aid individuals in correctional facilities with direct MCO enrollment assistance as well.



# Presumptive Eligibility for Correctional Facilities (CPE)

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- Maryland is the first state to pursue PE in correctional settings statewide
- CPE allows incarcerated individuals to enroll into temporary Medicaid coverage
- CPE is a safety net for incarcerated individuals that may not be able to enroll into full Medicaid coverage for various reasons





**Thank you!**



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