MARYLAND
Department of Health

Notes
Behavioral Health System of Care Optimization and Integration Workgroup Meeting
November 2, 2021

Members In Attendance

Dr. Aliya Jones, Co-Chair
Deputy Secretary Steve Schuh, Co-Chair
Linda Raines
Lori Doyle
Ann Ciekot
Vickie Walters
Eric Wagner
Dr. Harsh Trivedi
Jocelyn Bratton-Payne
Dr. Marketa Wills
Dr. Jocelyn El-Sayed

Introduction

Co-Chair Dr. Aliya Jones welcomed members and called the Workgroup meeting to order. Dr. Jones remarked that the efforts of this Workgroup were appreciated and continue to be a top priority for Secretary Schrader.

Recap of Previous Workgroup Meeting

Staff met internally to re-visit potential project idea submissions. Staff reviewed all previous submissions and formal letters from the Maryland Hospital Association, the Maryland Medicaid Managed Care Organization (MCO) Association, and the Maryland Behavioral Health Coalition. The purpose of today's meeting and the next meeting on December 10, 2021, is to present data and have in-depth discussions about some potential projects. Staff reported that forthcoming guidance will ask Workgroup members to rank order the potential projects for the staff steering committee to review, including a justification of how top projects align with the Workgroup's goals.

In reviewing submissions, staff identified four key themes that were consistent across all stakeholder groups:

- Quality, including value-based payment, measurement-based care, quality measurement, and provider management

- Case management, care coordination, and clearly defining roles within the system
- Integration of care
- Data sharing

Staff then highlighted existing projects that address these themes and facilitated a discussion of potential new projects. Under the quality theme, the Behavioral Health Administration (BHA) described a survey of community-based providers regarding the types of quality metrics they collect, as well as how often these data are collected and how the data are used to improve service quality. Dr. Jones noted that the provider survey closed with over 300 responses. Staff have been working to compile and review the responses and are aiming to present findings in the new year. Dr. Jones thanked the providers who participated in the survey. Staff also noted the possibility of re-visiting project ideas on provider network and quality standards in a future meeting due to previous concerns about low quality providers.

Under the case management theme, a current staff project was highlighted to document the roles and responsibilities of the local systems managers and updating provider manuals. The potential development of a formal structure for addressing the needs of high utilizers was also mentioned. Under the care integration theme, staff discussed potential new projects, including identifying barriers to billing for co-occurring disorders; reviewing Screening, Brief Intervention, and Referral to Treatment (SBIRT) take-up by the MCOs and identifying barriers and supports needed to increase take-up; and reviewing the results of the upcoming collaborative care evaluation. Billing barriers for co-occurring disorders and SBIRT are the primary topics of today's meeting. Finally, there were multiple project ideas and concerns around data sharing, which will be discussed at a future meeting.

Comments from Workgroup members on these themes/projects included:

- There could be a role for local providers in data sharing. In response to this comment, data sharing will be discussed in more depth during a future meeting.
- There was a request for stakeholder input on the administrative services organization (ASO) request for proposal (RFP) process. In response to this comment, the Department will be soliciting stakeholder feedback. Staff presented on this process later in the meeting.
- There was a request to address shortages in inpatient psychiatric beds and adolescent/child residential treatment beds. In response, staff noted that the Department is focusing comprehensively on the crisis system, thereby seeking to reduce the need for inpatient psychiatric beds. Staff will provide a comprehensive presentation on the crisis services initiative at a later meeting.
- There were several suggestions for projects that would be budget initiatives:
    - Collaborative Care pilot expansion
    - Reimbursement for case management services
    - Reimbursement for peers

Deputy Medicaid Director Tricia Roddy discussed the budget creation and approval process and how the executive administration creates the budget for the following year. Ms. Roddy stated the budget process is currently underway, during which internal budget hearings are held to consider cost containment and the costs of new initiatives. The Department of Budget and Management works closely with the Governor's Office to discuss the new budget. All information is considered executive privilege and is not shared until it is finalized. Ms. Roddy stated this overview was being provided to the Workgroup because staff would not be able to respond directly to questions about whether any new initiatives will be included in the next year's budget until January.

An attendee asked when updates on a pilot program to reduce emergency department (ED) wait times would be shared. Dr. Jones responded that the team hoped to provide an update in January or February of 2022. She stated that it would be a small pilot but would ideally serve as a platform from which to build a wider effort.

Discussion: Project Ideas

Staff led a discussion on SBIRT. Staff provided an overview of SBIRT, including how it can help improve health outcomes for patients and decrease costs. Staff then presented data on SBIRT billing in Medicaid. Ms. Roddy asked for input from Workgroup members on whether the Medicaid policies and guidance issued in 2016 on SBIRT billing seem to be working and if not, what members would like to see improved or changed.

Attendee Dr. Howard Haft shared that he believed SBIRT has been well-implemented as evidenced by its use in more than 300 primary care offices. However, he stated that work is still needed in linking patients to providers offering medication for opioid use disorder (MOUD) following referral, though this has been limited in some areas by a lack of waivered providers. He mentioned that SBIRT was reimbursed at least to some extent by private insurers. Dr. Jones asked if these primary care providers kept data on the people they refer, and if providers knew they can contact their local behavioral health authority to find MOUD providers. Dr. Haft responded that part of the onboarding process for providers was discussing referrals and how to find providers. He stated that data on the number of screenings are collected, but they are less robust on those referred to treatment.

Workgroup member Eric Wagner commented that following patients after being screened and referred was one of the primary weaknesses of the SBIRT system for hospitals. Dr. Jones noted that it would be helpful to have numbers on total referrals and screenings, as well as counts stratified by which hospitals have Mosaic-based overdose survivor and buprenorphine initiation programs since those facilities were specifically set up to link people to MOUD providers within 24 hours. Dr. Jones noted that the Department has been working to implement buprenorphine initiation programs or some type of robust referral and tracking program in all EDs for people who are treated for overdose. Dr. Haft noted that a primary issue was connecting patients to providers so they could engage in treatment rather than providing medication alone.

Workgroup member Lori Doyle commented that certified community behavioral health clinics (CCBHCs) could be helpful in engaging patients in treatment following referral. She noted that a

recent study on CCBHCs showed that MOUD uptake and treatment engagement were high among program participants.

Workgroup member Ann Ciekot stated that, on the point of medication with and without treatment, they should consider that in some cases it is most important to save someone's life, and this may involve only giving someone medication. She then asked if services provided by peers were only billed to BHA or if there were instances, at least in hospitals, where these services were reimbursed by Medicaid. Ms. Roddy responded that peer services were not explicitly reimbursed by Medicaid and were not included in the facility rates. Mr. Wagner confirmed this but stated that some hospitals were able to reinvest cost savings into peer and other services.

Workgroup member Vicki Walters asked Dr. Jones if funds could be allocated for a treatment service directory that providers could use to find referral locations. Ms. Walters said a similar directory used to exist for Maryland but did not believe it was currently active. Dr. Jones responded that she would have to look into what types of directories currently exist and noted that improving the referral process is the basis of the HB1121 bed registry and referral platform. Staff member Kathleen Rebbert-Franklin commented that efforts were underway to update the resource database for providers and a regularly updated list could be found online or through 211 Press One.

Attendee Pat Miedusiewski stated that the SBIRT screening tools included both mental health and substance use disorder and asked why only substance use was the focus of this discussion. Dr. Jones responded that SBIRT is generally used for substance use, but the principle could be used to screen for any behavioral health conditions. Workgroup member Jocelyn Bratton-Payne commented that Grace Medical Center, Sinai Hospital, and Northwest Hospital used SBIRT and included questions to screen for mental health conditions.

Ms. Doyle commented that screenings and treatment plans should address both the mental health and substance use needs of people receiving services. She stated that issues occur when providers seek authorization for treatment, and they must choose either mental health or substance use as the primary issue. She stated that providers should be allowed more flexibility in seeking authorization for people with co-occurring disorders.

Staff notified attendees that there would not be enough time today for a discussion on issues billing for treatment of co-occurring disorders, but it will be added to the next meeting's agenda.

Other Updates: RFP for New ASO and Reinvestment of ARPA Funds

Linda Rittelmann, Senior Program Manager of the Maryland Department of Health, provided information on the RFP for a new behavioral health ASO. She stated the process began in the summer of 2021 and has been scheduled to coincide with the end of the current ASO's contract on December 31, 2024. Procurement is scheduled to occur in 2022, design/development and implementation in 2023, and testing and acceptance from 2023 to 2024. Ms. Rittelmann provided a link to the previous RFP used for the current ASO as reference. She continued that MDH would like to solicit stakeholder engagement throughout the RFP process, and staff will send out a survey to solicit feedback.

Deputy Secretary Steve Schuh commented that 50% of Medicaid enrollees do not see a primary care provider, representing a lost opportunity, including to improve COVID-19 vaccine uptake. The Department is considering assertive actions the MCOs can take to encourage engagement with PCPs and would like Workgroup member feedback and ideas. Dr. Jones asked if it were possible to find data on PCP service use among participants in the public behavioral health system.

Ms. Roddy provided an update on the American Rescue Plan Act (ARPA) reinvestment fund. She reported that the state will receive an enhanced 10% federal match for home- and community-based services (HCBS), including community behavioral health services. Maryland's spending plan was partially approved by the Centers for Medicare & Medicaid Services. Ms. Roddy shared that the spending plan included allocating 75% of funds for a provider rate increase, which went into effect November 1, 2021, with the remaining 25% to be reinvested in programs to expand HCBS. The state will collect stakeholder feedback through November 15, 2021, on how to reinvest the remaining funds.

Public Comment

There was no time for additional public comments, but comments may be emailed to Laura Spicer at lspicer@hilltop.umbc.edu or shared at the next meeting.

Next Meeting

The next Workgroup meeting will be held virtually and is scheduled for December 10, 2021, from 2:30 PM to 4:00 PM. The Co-Chairs thanked Workgroup members for their participation.