

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

Improvement Categories:

- Case Management and Care Coordination Improvements
- Data Sharing Improvements
- Cost Management Improvements
- Behavioral Health Provider Network Improvements
- Accountability Improvements
- Quality Improvements
- Parity Improvements

Case Management and Care Coordination Improvements

Goal: To ensure that case management and care coordination are designed to effectively deliver physical and behavioral health services to participants

System Level Improvements (MCO, ASO, Local Systems Management)

- MCO notification of inpatient psychiatric admissions
- ASO case management expansion (benefit expansion)
- Clear, timely pathways to outpatient and ambulatory services enhanced by the use of peer support specialists and community health workers (benefit expansion)
- Primary care integration (benefit expansion)
- Design a crisis services system that provides appropriate access and referrals, including Law Enforcement Assisted Diversion (LEAD). This is currently being developed in the Crisis Services Subcommittee of the Governor’s Commission to Study Mental and Behavioral Health. Benchmark existing crisis services, such as Montgomery County.
- Develop education and resources for non-English speakers
-  Develop education materials for the MCOs on recovery centers and other behavioral health referral resources
- Expand the “hard to place” participant initiative to include other systems, such as education, social services and juvenile services
- BHA should standardize the training of care coordinators for Targeted Case Management across local jurisdictions
-  Identify cohorts to focus case management efforts, such as participants in Corrective Managed Care
- Explore expansion of the chronic health home and collaborative care models (benefit expansion)
- Examine coverage and reimbursement for case management for mental health and substance use disorder services (benefit expansion)

New ASO Contract Enhancements

- Enhanced Care Coordination
 - Requirements for the ASO to collaborate with the Department and the MCOs to review behavioral health education materials to be available to somatic care providers
 - Establish protocols to coordinate referrals with appropriate local systems managers, MCOs, and accountable care organizations to ensure authorization of the appropriate level of care
 - Strengthened requirement for warm hand-offs to providers and local systems managers when needed
- Optional service- ASO would support the Department in efforts to develop and implement a crisis system

Discussion Draft

- New contract adds one full-time liaison to the MCOs and a minimum of three full-time staff to work under the direction of the liaison

Data Sharing Improvements

Goal: Timely access to usable clinical data for providers, MCOs, local systems managers, and case management

Chesapeake Regional Information System for Our Patients (CRISP) Improvements

- Make better use of health information systems to improve data sharing, including CRISP - Point of Care
 - Explore electronic health record funding for behavioral health providers through the Advanced Planning Document (APD) to the Centers for Medicare & Medicaid Services (CMS) more capability for behavioral health data and electronic health record (EHR) capability for providers
 - Ability to search by Medicaid Identification Number
- Research examples in other states where MCOs have access to Prescription Drug Monitoring Program (PDMP) data and determine if this would be feasible in Maryland

ASO Improvements

- Implement a working group to identify use cases for data sharing between the Department, the ASO, and the MCOs and to develop mechanisms and standardized templates for data sharing, including:
 - Claims data (both Medicaid and state only)
 - Prescription data
 - Most recent participant contact information
- Audit the accuracy of provider directories

Other Improvements

- Standardize MCO pharmacy benefit manager (PBM) data cycles
-  Develop guidance on data sharing between the MCOs and behavioral health providers

New ASO Contract Enhancements

- ROI programming that leads to better data sharing of protected health information with the MCOs through management of the ROI process
- Interoperability – The ASO must operate a system that allows for import and download of data from providers' EHR systems for developing necessary reports

Discussion Draft

Cost Management Improvements

Goal: Through effective case management and care coordination, reduce waste and inefficiency while improving treatment effectiveness

- Managing high utilizers: chronic disease
 - Opioid use disorder
 - Diabetes
 - Various mental illnesses
- Managed behavioral health organization (MBHO)/capitated ASO
- Explore case review for behavioral health fee-for-service
- Contracts between ASO, MCOs, and local systems managers
 - Benchmark innovative provider networks
- Develop a public health service initiative for behavioral health, including smoking cessation
- Conduct studies to identify high-risk children and adolescents, high-risk neighborhoods, and populations at risk
- Develop alternative places of service for people with complex medical and mental health conditions so they do not have to remain hospitalized
- Cost management at the provider level, such as through at-risk/capitated contracts
- Benchmark value-based payment models
- Medication monitoring

Behavioral Health Provider Network Improvements

Goal: To ensure that participants have access to high quality providers throughout the State of Maryland

- Review and consider changing the any willing provider standard
 - Behavioral health networks contract with MCOs
 - Document MCO requirements and processes for building networks
 - Define network adequacy:
 - Consider qualitative and quantitative standards, as well as the number and types of providers
 - Set access standards like the MCOs have for emergency, urgency, and routine care and audit for adherence
 - Review credentialing and licensing policies to ensure quality providers in the network
 - Credentialing of individual providers, as opposed to organization credentialing
 - Plans of care should be family-driven and youth-guided
 - Increase management of the behavioral health provider network and ensure appropriate enforcement of current regulations
- BHA should continue/expand upon existing data reports and publish them, including provider types and scopes of work
- Develop searchable provider directories with indicators of provider quality and improve accuracy
- Allow for single case agreements with non-participating providers when the provider network does not include a practitioner with the professional training or expertise to provide medically necessary mental health or substance use disorder services

New ASO Contract Enhancements

- Enhanced recruiting role
 - Requirements that the ASO identify gaps in provider accessibility throughout the State
 - Provide and implement plans to increase provider enrollment with the public behavioral health system collaboratively with the local systems managers. This includes geo-mapping activities to note service availability and gaps in services and presenting findings.
- Added the ability to identify providers at-risk for committing fraud, waste, and abuse so that audits can be targeted to areas of greatest concern

Discussion Draft

Accountability Improvements

Goal: System-level accountability for major program elements, including the state, the MCOs, the ASO, behavioral health providers, and local systems managers

- Define roles and responsibilities for the ASO, the MCOs, and local systems managers and call out who is accountable
 - Develop operating manuals for the ASO and local systems management
 - Map out process flows for practice transformation related to CMS scorecard and other shared accountability measures
 - Examine how and who licenses providers
- Performance-based metrics
 - Implement uniform and system-wide measurement-based care standards for mental health and substance use disorders
 - Consider HEDIS-like measures
 - Align financial incentives to drive higher utilization of preventive and community-based care
- Implement score cards v. academic detailing
- Measure adherence to standards of practice and outcomes
-  Develop education materials on grievance processes for consumers and providers

New ASO Contract Enhancements

- New contract includes additional audits and requires the ASO to publish common audit findings on a semi-annual basis

Discussion Draft

Quality Improvements

Goal: To ensure that participants have positive outcomes, a quality treatment experience, and alignment with state health improvement goals and CMS measures

- Improve substance use disorder treatment by examining how to address underlying co-occurring mental health issues in 40 to 80 percent of cases. Explore standards for screening for co-occurring disorders across the spectrum of care, including primary care settings
- Measure recidivism outcomes
- Develop ASO and MCO shared quality measures for individual participants, e.g., HEDIS measures
- Review and pick three to five quality measures and improve them over a five-year period
- Discuss utilization management as a quality improvement tool
- Promote MAT
- 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
- Examine the evolution and availability of evidence-based, neuroscience-informed technological innovations in care and incorporate these practices into the system as warranted (benefit expansion)

Participant Treatment and Experience Improvements

- Conduct participant and provider satisfaction surveys and publish results
 - Secret Shopper to validate provider services
 - Explore options for funding family surveys
 - Consumer quality treatment interviews
- Design training/culture initiatives that support diversity and discourage inappropriate denial of service
- Identify pathways for participants who experience discrimination

New ASO Contract Enhancements

- Daily Living Assessment that enhances, supports, and tracks quality in psychiatric rehabilitation programs
- Evaluations
 - Call center satisfaction survey of providers and participants, offered either randomly or routinely to customers
 - Develop and administer biennially a behavioral health provider survey that includes both mental health and substance use disorder providers
- Optional Service - The ASO proposes a methodology for consideration to implement quality metrics by which providers may be measured and case-adjusted benchmarks for each of the identified performance measures

Discussion Draft

Parity Improvements

Goal: To ensure that all plan design features, including non-quantitative treatment limitations, for mental health and substance use disorder benefits comply with the Parity Act.

- Adopt a reporting and data collection system that enables the Department to conduct ongoing parity compliance reviews of MCO and ASO policies and implementation practice
- Post a complete parity analysis on the Department's website

Potential Outcome Recommendations

Implement with Existing Resources and Authorities

- Connect mental health services to substance use disorder services statewide
- Behavioral health networks contract with MCOs
- Value-based purchasing initiatives
- Document and assign responsibilities for local systems management

Requires New Statutory or CMS/State Regulatory Authority

- Standards-based network design
 - Facilities
 - Individual practices

Major Projects

- Create 24/7 crisis services within existing framework
- High utilizers
- Advocate for funding for EHRs for behavioral health providers

Important Topics that are Out of the System of Care Workgroup's Scope

Social Determinants of Health

- Improve the capacity of the Medicaid managed care system to integrate with non-Medicaid state systems, populations, and services
- Use of CRISP

Workforce Shortage

- Build out specialty care, e.g., geriatric and pediatric psychiatry and immigrants with trauma from where they came from
- Offer scholarships or other incentives to build workforce capacity throughout the state and for geographic coverage in underserved areas, such as tuition support, loan forgiveness, and capital investments in equipment for telehealth

Other

- To increase the probability of success, design overdose transitions that encourage a public health approach rather than a criminal approach
- Put resources into schools with a concentration of high risk students