Behavioral Health System of Care Workgroup

October 23, 2019
Purpose: To synthesize principles and build consensus around design components for a system of care.
Behavioral Health Administrative
Service Organization Overview
Discussion: Principles
Revisions to Principles

• Incorporated feedback from Workgroup and Discussion Group meetings, as well as written comments
• Definitions in progress
• Preamble in progress
• Revised to include 5 categories:
  1. Quality Integrated Care Management
  2. Oversight and Accountability
  3. Cost Management
  4. Access to Behavioral Health Services through Provider Administration & Network Adequacy
  5. Parity
# Quality Integrated Care Management

<table>
<thead>
<tr>
<th>Person- / Community Centered / Family Focused</th>
<th>Quality / Effectiveness of Care</th>
<th>Data Sharing Clinical Outcomes Process Measurement</th>
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<tbody>
<tr>
<td>Engage Participants in Treatment &amp; Recovery Process in Most Appropriate Environment</td>
<td>Chronic Disease Management Foundation; Recovery Model</td>
<td>Optimize Data Flows to Promote Care Coordination</td>
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<td>Measure Outcomes: Person-Centered, Evidence-Based</td>
<td>Maintain Participant Confidentiality</td>
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<tr>
<td>Case Management and Discharge Planning – ASO, MCO, Providers, and Locals</td>
<td>Provider Access to ASO Data - Read-only, Real-time, Easily Interpreted, Actionable</td>
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<td>Interrelationship between Physical and Behavioral Health Plans of Care</td>
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<td>Integrate SUD and Mental Health Services</td>
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<td>Seamless Integration with non-Medicaid BH Services for Medicaid Participants</td>
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<td>Minimize Disruptions in Care</td>
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Oversight and Accountability

• Responsibility for transfers independent of insurance status
• Navigation assistance throughout the system – Medicaid, Medicare, Uninsured, etc.
• Clearly defined responsibilities among regulatory and accrediting authorities, incl. fraud/abuse prevention
• Facilitate cross-agency coordination – State agencies, ASO, MCOs, Local Systems Managers
Cost Management

• Shared deliverables and accountability for health outcomes – ASO, MCOs, Locals
• Reduce total cost of care by reducing waste & inefficiency and by coordinating behavioral and physical health
• Manage high utilizers
• Incentivize positive clinical outcomes
• Incentivize communication – providers & payers
• Prevent cost-shifting to other agencies
Access to Behavioral Health Services through Provider Management & Network Adequacy

• Minimize duplicative overhead on providers
• Timely authorization decisions
• Ensure providers are measured by clinical outcomes
• Right mix of provider types & geography
• Accommodate both facilities and independent practices
• Fair and timely grievance and appeals process
Parity

• Abide by federal & state parity law and track compliance
• Prioritize behavioral health care equally with physical health care
Discussion: Current System Flow Chart
Public Comment
Next Meeting

• Meeting 6
  November 21, 2019
  9:00 AM through 11:00 AM
  Maryland Department of Health, L3