

MARYLAND MEDICAID ADVISORY COMMITTEE

DATE: Thursday, October 25, 2018

TIME: 1:00 - 3:00 p.m.

LOCATION: Department of Health and Mental Hygiene
201 W. Preston Street, Lobby Conference Room L-3
Baltimore, Maryland 21201

AGENDA

- I. Departmental Report
- II. Open Enrollment at the Maryland Health Connection – (Michelle Eberle)
- III. Opioid Response – Case Study of Queen Anne’s County - (Sarah Hoyt)
- IV. MDH Annual Lead Report - (Dr. Cliff Mitchell)
- V. Annual Dental - (Dr. Booker)
- VI. Waiver, State Plan and Regulations Changes
- VII. Public Comments
- VIII. Adjournment

Date and Location of Next Meeting:
Thursday, November 29, 2018, 1:00 – 3:00 p.m.
Maryland Department of Health
201 W. Preston Street, Lobby Conference Room L-3
Baltimore, Maryland 21201

Staff Contact: Edward J. Miller - (410) 767-0247
EdwardJ.Miller@maryland.gov

Committee members are asked to contact staff if unable to attend
MARYLAND MEDICAID ADVISORY COMMITTEE

MINUTES

September 27, 2018

MEMBERS PRESENT:

Ms. Susan Phelps
Ms. Shannon Hall
Mr. Floyd Hartley
Ms. Vickie Walters
Ms. Linda Dietsch
Ms. Isabella Firth
Ms. Carmel Roques
Rachel Dodge, M.D.
The Hon. Joseline Peña-Melnyk
Mr. Michael Spurrier
Ms. Karen Williams

MEMBERS ABSENT:

The Hon. Shirley Nathan-Pulliam
Winifred Booker, D.D.S
Adeteju Ogunrinde, M.D
Ms. Donna Fortson
The Hon. Matthew Morgan
Travis Gayles, M.D.
Mr. Norbert Robinson
The Hon. Pat Young
The Hon. Joanne C. Benson
Ms. Kerry Lessard
Ms. Netsanet Kibret
Mr. C. David Ward
Mr. Vincent DeMarco
Mr. Eric Adler
Ms. Joanne Garber

Maryland Medicaid Advisory Committee

September 27, 2018

Call to Order and Approval of Minutes

Ms. Vickie Walters, Chair, called to order the meeting of the Maryland Medicaid Advisory Committee (MMAC) at 1:15 p.m. Committee members approved the minutes from the July 25, 2018 meeting as written. Ms. India Rustin attended the meeting for Winifred Booker, D.D.S., Ms. Katherine Nally attended for Ms. Donna Fortson and Ms. Suzanne Schlattman attended for Mr. Vincent DeMarco. The Committee welcomed new members Ms. Karen Williams, Mr. Michael Spurrier, Ms. Joanne Garber and Mr. Eric Adler.

Departmental Report

Mr. Dennis Schrader, COO and Medicaid Director, informed the Committee that the Department would like to provide more robust presentations on behavioral health and more discussion about our waiver and long term care initiatives.

The Department is in the middle of the annual rate setting process for HealthChoice.

The Department has three reports we are working on: 1) A taskforce (HB 1696) looking at LPN reimbursement 2) Emergency Medical Services (EMS) reimbursement (SB 682) 3) coming out of the Budget and Reconciliation and Financing Act (BRFA) bill is a companion to the Center for Medicare and Medicaid Innovation (CMMI) contract for the all-payer model. We are working on a game plan for total cost of care for Medicaid.

We gave the Committee an overview of MD Think this summer and we went live in August with the Long Term Care model eligibility and enrollment process (E&E). We are making refinements to that. We are working with the nursing homes to do electronic applications. The next phase will be automating our waivers.

The 1115 Waiver amendment is currently being reviewed by the Centers for Medicare and Medicaid Services (CMS). The informal feedback the Department has received from CMS is they don't see any red flags with what the Department requesting under our amendment. It still needs to go through the process but it looks like it will be approved. The major items under the Departments request are 1) adult dental 2) a limited package for the younger duals not over 65 3) add psychiatric institutes for mental diseases (IMDs) for individuals who have co-occurring conditions under our IMD residential program. The Department continues to monitor the federal legislation because there is some IMD language in the proposal that may impact our waiver. We are also expanding our Assistance in Community Integration Program, which is a partnership with locals.

State Opioid Response Grant

Barbara Bazron, PhD, Executive Director, Behavioral Health Administration, gave the Committee an update on the State Opioid Response (SOR) grants. The Department received the award a few days ago. Under the direction of Secretary Neall, all of the departments within state government came together to look at what our unmet needs were with respect to substance use disorder services and supports.

Our total grant award is \$66,443,957, approximately \$33 million per year for two years. Maryland is one of the 10 states with the highest fatality rates in the nation. We looked at what the unmet needs are and many of them fell within the realm of crisis service development. We are using the money to make our existing crisis services more robust across the state. We also were very interested in some unmet populations like youth as well as those involved with the criminal justice system.

We are looking at expansion of the statewide 24/7 crisis treatment service system which includes crisis walk-in services, stabilization centers, expansion of crisis beds, and expansion of the Safe Stations program that is currently being operated at Anne Arundel County.

Naloxone, the lifesaving drug will continue to be distributed to local jurisdictions. The Department has asked each jurisdiction to identify what their needs are and we will be funding those needs with these funds.

Medication Assisted Treatment (MAT) will be provided within detention centers, particularly as people step down for re-entry into the community. We know that this population when they step down, have the highest opportunity for a fatality from a drug overdose. So we have to make sure that, in working with Medicaid, they have their benefits in place when they step out and that they are involved with MAT as they move out and are connected to a community provider to ensure there are no gaps.

It is going to take the entire community to address the Fentanyl problem. Fentanyl deaths are increasing rapidly and we are not really making a dent in those numbers even though prescription opioids and the number of prescriptions being prescribed has decreased by 50%. We have to get the message out that Fentanyl is dangerous and we have got to make people seek the help they need without shame.

We have expanded our student assistance program and we are working in the public schools to get the Botnin LifeSkills Program, which is an evidence-based practice, infused within the school curriculum. This program focuses on decision making skills and how to make healthy life decisions. We are also looking at how to best use telepsychiatry within the schools. If there aren't the requisite number of psychiatrists, let's look at how we can use telepsychiatry.

We are utilizing the Adolescent Community Reinforcement Approach (ACRA) which is a co-occurring program, evidence-based practice that provides co-occurring treatment to our youth with both mental health and substance use disorder. We are expanding our Screening Brief Intervention and Referral to Treatment (SBIRT) Program everywhere, not only in emergency

departments, but in OB/GYN offices, schools and university centers. The university age group is a place where we need to do more.

We are expanding the overdose survivor outreach program. This program is currently being implemented in 15 of Maryland's hospitals where if someone comes in to the emergency department with a near fatal overdose they are paired with a person with experience and the peer partner will talk to them about engagement and services and if they are willing, the peer will actually help them get to where the services are and if not, will follow up and keep the connection active. This has been extremely successful and we have a very high engagement rate among our peer partners.

We are expanding medication assisted treatment throughout the state and are looking at workforce development and training. This includes our consultation program where we are providing ongoing consultation and support to prescribers of buprenorphine. One of the reasons a lot of our providers literally won't prescribe is because they are uncomfortable with some of the very complicated cases that they have to deal with. We have recovery support services in the plan particularly expanding the availability of recovery residence and housing for young adults, veterans, homeless individuals and people leaving incarceration. This includes peer run oxford houses for the first time.

We are also continuing to fund the Baltimore Stabilization Center which was put up this past year. It is a state pilot program that provides safe short-term sobering services and links to people with substance use disorder treatment and recovery supports. The advisory council that is responsible for working with the stabilization center had its first meeting this month. This group is responsible for looking at things like long-term funding and sustainability. We must do that with all of these SOR grant funded activities. What we don't want is to provide great services to people that they really need then the money dries up and the service goes away. The other thing is to identify best practices and lessons learned so it can be exported to other parts of the state and to manage and look at how the resources are being spent to ensure they are being used in the manner they were intended.

Maryland Primary Care Program

Howard Haft, PhD gave the Committee an overview of Maryland Primary Care Program which is a part of the total cost of care model, a decade long program that will enable the Department to improve the quality of health in the state and lower the cost of care (see attached presentation).

Waiver, State Plan and Regulation Changes

Mr. Mark Leeds, Director, Long Term Services and Support Administration, informed the Committee that most of our activity is involved in technical changes, clarifications, and updating to accommodate rate increases that have been approved and in some cases have already been implemented effective July 1, 2018

Regulations – We had several regulations in the September 14, 2018 Maryland Register all of which are in comment period right now. We have four new regulations that will appear in the

next two issues of the Register: eligibility, nursing facility services, dental services, and fair hearings.

State Plan Amendments (SPAs) – Three new SPAs have been submitted: family planning, targeted case management for DDA and state psychiatric hospitals. The latter two have already been approved and the family planning SPA is still pending. This is the end of the fiscal quarter and under federal law, SPAs have to be submitted by the end of the quarter during which the changes were implemented. We are just now submitting SPAs on health homes, podiatry, community-based services and nursing facilities.

Waivers – Waiver renewals for the Model Waiver for Fragile Children and the Community Pathways were both effective July 1, 2018 and both have been approved. There are no Home and Community-based services waivers pending before CMS at this time.

Medicaid Behavioral Health Update

Ms. Rebecca Frechard, Office of Health Services, Medicaid Behavioral Health Division, informed the Committee of the following:

- 1) The Medicaid BHU updated 10.09.59 regulations to allow for billing for BH services by an LC-PAT – licensed art therapist since it became an approved form of communications per the Health Occupations Article (§17–304.1.) The regulation posted 9/14/18 with a comment period ending on 10/15/2018. The Department has received lots of interest in this change specifically and we are pleased to be able to make this update to the types of licenses who may be reimbursed for services under the Public Behavioral Health System.
- 2) Also in 10.09.59, Medicaid acknowledges some wording that was included in the Mobile Treatment/ ACT portion of the regulation was added in error and will be corrected. We recognize that the proposed language diluted the original intent of the legislation and have received approval to correct that error in the final action.
- 3) The Department is on track for implementing level 3.1 Adult Residential Substance Use Programs with a go-live date of Jan 1, 2019. Beacon is reaching out directly to 3.1 providers with information about the implementation. The following trainings are scheduled: Oct 30th training on billing and claims (Spring Grove: Dix Basement), December 7th pre-launch meeting with providers (Spring Grove: Dix Basement). Beacon will send out information about webinar trainings. We expect our proposed regulations to post in the Maryland Register on Sept 28th and there will be a 30 day comment period.
- 4) The Department's rate analysis process is underway. Myers & Stauffer is the selected vendor who will be reaching out to a sample of OMHCs at the end of this week and there will be a webinar for selected providers on Oct 3rd. We appreciate the support we've received from the Community Behavioral Health Association of Maryland (CBH) with

engaging providers in the cost analysis process. We will be rolling in additional behavioral health providers into the rate analysis within the next year. A workplan will be published as part of the JCR due to the legislature towards the end of this year.

Public Comments

There were no public comments.

Adjournment

Ms. Walters adjourned the meeting at 3:00 p.m.