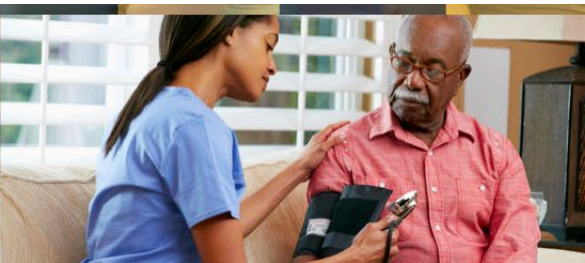
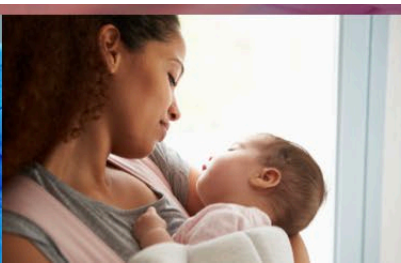




Behavioral Health System of Care Workgroup

February 16, 2021





Behavioral Health System of Care Workgroup Meeting – February 16, 2021

Agenda:

- Welcome and Call to Order – Dr. Aliya Jones and Tricia Roddy
- Housekeeping and Roll Call – Chris Yeiser and Laura Spicer
- Recap of Workgroup Goals and Prior Work – Laura Spicer
- Workgroup Discussion: Potential Projects - Dr. Aliya Jones and Tricia Roddy
- HOPE Act Rate-Setting RFP Update – Jennifer McIlvaine
- Public Comment
- Next Steps – Laura Spicer

Housekeeping:

- Everyone is on Mute – Please don't un-mute yourself.
- Workgroup Members – To ask questions after the presentation:
 - Connected via Internet? Use the “raise your hand” feature on the “Participants” box.
 - Click this button:  to bring up the Participants box then click this button: 
 - Don't forget to un-raise your hand when your question is addressed.

Recap of Workgroup Goals and Prior Work

Charge/Goal

- Formed in 2019 in response to a request from the Chairs of the Senate Finance and Health and Government Operations Committees
 - To review how Maryland should provide, administer, and finance Medicaid behavioral health services
- Workgroup-Established Goal: To better serve Medicaid participants by developing a System of Care that addresses the needs of individuals by aligning the roles of Medicaid/the Behavioral Health Administration, the managed care organizations (MCOs), the administrative service organization (ASO), and local systems management

Progress

- Convened Workgroup and corollary Discussion Group meetings Summer 2019 – Early Winter 2020
 - Paused during pandemic
- Prior meetings established:
 - A set of design principles
 - Began working on an operational framework to implement the principles
- Prior meeting materials/documents may be found here:
<https://mmcp.health.maryland.gov/Pages/BH-System-of-Care.aspx>

Design Principles

- Developed a set of 30 principles around:
 - Quality integrated care management
 - Oversight and accountability
 - Cost management
 - Access to behavioral health services through provider administration and network adequacy
- Should serve as a rubric for developing improvement projects
- Full document provided in the meeting packet and posted on the website

Framework to Operationalize the Design Principles

- Began brainstorming/drafting in early 2020
- Draft document provided in the meeting packet and posted on the website
- Document includes improvement ideas submitted verbally in meetings or in writing to staff
- End of the document – had started framing potential project recommendations
 - Still in draft form
 - This is where we paused for the pandemic

Improvement Categories Included

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

Discussion

Potential Projects for Workgroup Focus

- Goal today: brainstorm some initial projects considering the ongoing ASO transition
- Discussion areas today:
 - Identifying potential projects from the framework document
 - Potential data sharing project with CRISP and the MCOs
 - Other suggestions from Workgroup members
 - Maryland Behavioral Health Coalition
 - Others?

Discussion: Identifying Potential Projects from the Framework Document

Staff reviewed and identified several potential project areas that could be undertaken, considering ongoing ASO transition.

Develop guidance on data sharing between the MCOs and behavioral health providers
Design training/culture initiatives that support diversity and discourage inappropriate denial of service
Develop alternative places of service for people with complex medical and mental health conditions so they do not have to remain hospitalized
Strengthen requirements for warm hand-offs to providers and local systems managers when needed
Improve substance use disorder treatment by examining how to address underlying co-occurring mental health issues. Explore standards for screening for co-occurring disorders across the spectrum of care, including primary care settings
Review credentialing and licensing policies to ensure quality providers in the network
Research examples in other states where MCOs have access to Prescription Drug Monitoring Data and determine if this would be feasible in Maryland
Plans of care should be family-driven and youth-guided

Discussion: Other Potential Projects

- Ideas for a potential data sharing project between the MCOs and CRISP ?
- Other suggestions from Workgroup members
 - Maryland Behavioral Health Coalition
 - Maryland Managed Care Organization Association
 - Others?

Rate-Setting RFP Update

Public Comment

Next Steps

- Staff will review the feedback from today and determine next meeting date
- Discussion groups will remain on hold
- Update on manual development will be provided at a future meeting