



MARYLAND Department of Health

Letter of Intent Instructions

Collaborative Care Model (CoCM) Pilot Program Funding Opportunity

Introduction

The Maryland Department of Health (“MDH”) Medical Assistance Program is offering primary care provider sites the opportunity to apply for the Collaborative Care Model (CoCM) Pilot Program. The CoCM Pilot Program is established pursuant to HB 1682/SB 835—*Maryland Medical Assistance Program – Collaborative Care Pilot Program* (Chapters 683 and 684 of the Acts of 2018).

The CoCM Pilot Program will be effective from July 1, 2019, through June 30, 2023. MDH will select up to three sites to participate in the CoCM Pilot Program. Total annual funding across all selected CoCM Pilot Sites will be \$550,000. Funding awards will consist of two parts:

- Year One infrastructure funding available between July 1, 2019 and June 30, 2020 up to \$225,000 across all selected CoCM Pilot Sites; and
- Funding available to support delivery of collaborative care services from January 1, 2020, through June 30, 2023, up to \$225,000 in FY20 and \$550,000 annually in FY21, FY22, and FY23.

Payments are for services not otherwise covered or directly reimbursed by Medicaid. Payment for services will be made only for care delivered to Medicaid participants enrolled in HealthChoice.

CoCM Pilot Sites will be required to report on performance measures and share data for evaluation purposes in order to receive funding. Information and updates about the CoCM Pilot Program opportunity may be found on the MDH website, <https://mmcp.health.maryland.gov/Pages/Collaborative-Care.aspx>. MDH has provided the following template and application timeline for you to help you frame your Letter of Intent (LOI).

Purpose of the Letter of Intent (LOI)

The purpose of this LOI is to assess prospective statewide interest in the CoCM Pilot Program, obtain preliminary pilot design proposals, and provide an opportunity for potential applicants to submit questions. Submission of this LOI is voluntary and non-binding. Thus, failure to submit a LOI will not preclude an applicant from applying to participate in the CoCM Pilot Program, and submission of an LOI does not require an applicant’s future participation in the CoCM Pilot Program. MDH anticipates releasing the Request for Applications (RFA) for the CoCM Pilot on April 10, 2019, with applications being due on May 22, 2019.

Eligibility for Funding

To participate in the CoCM Pilot Sites must deliver primary care services and include individual providers, group practices, or primary care offices within a larger health system. CoCM Pilot Sites must deliver services to Medical Assistance participants enrolled in HealthChoice. Behavioral health providers are not eligible to serve as CoCM Pilot Sites. CoCM Pilot Sites must have the capacity to provide services through the CoCM.

Background on the Collaborative Care Model (CoCM)

The CoCM is an evidence-based approach for integrating physical and behavioral health services in primary care settings that includes: (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement. Proponents of the model suggest that merging behavioral health with primary care normalizes and de-stigmatizes treatment for behavioral health disorders. This in turn encourages patients to seek access to the evidence-based behavioral health services available in their regular primary care clinics.

The CoCM incorporates a team of three providers: (1) a Primary Care Provider (PCP), (2) a behavioral health (BH) care manager, and (3) a psychiatric consultant. The PCP’s main role within the model is to provide primary care services, coordinate care, and help a patient access a range of health care services. Soon thereafter, the individual is introduced to the BH care manager, who works closely with the PCP. The BH care manager is primarily responsible for supporting and implementing treatment initiated by the PCP, such as the monitoring of medication. The primary care team in consultation with the psychiatric consultant determines the course of treatment and sets measurable benchmarks that they expect the individual to reach in the future. Once the treatment plan is implemented, the individual’s progress is tracked at regular intervals using validated clinical rating scales (e.g., Patient Health Questionnaire-9 (PHQ-9)). If a patient is not improving as expected, the treatment plan and goals are systematically adjusted. In addition to working closely with the primary care team, the psychiatric consultant may also meet directly with patients that present significant diagnostic challenges or who are not showing clinical improvements. Interactions with the primary care team and patients may be conducted in-person or via telehealth from the PCP’s office to the psychiatric consultant.

CoCM Pilot Sites must indicate their target population, including how individuals will be identified for participation in the CoCM Pilot. CoCM Pilot Sites may target individuals diagnosed with mild to moderate depression using the PHQ-9 screening tool or may specify a different target population with a behavioral health need (either substance use disorder or mental health). CoCM Pilot sites should specify the validated clinical tool(s) they intend to use. For purposes of the CoCM Pilot, an addiction medicine specialist or any other behavioral health medicine specialist as allowed under federal regulations governing the model may also serve as a consultant.

Letter of Intent Submission Instructions

Provider sites that are interested in applying for funding for the CoCM Pilot are strongly encouraged to submit a LOI to MDH by **April 19, 2019, at 5PM**. The letter should be submitted via e-mail or e-mail attachment to MDH.healthchoicerenewal@maryland.gov. **The Letter of Intent should be no more than three pages long.**

Letter of Intent Template

In order to help you prepare your LOI and aid our assessment, MDH requests that the Letter of Intent from applicants address the following elements:

1. Primary Applicant Contact Information
Provide the primary applicant’s name, mailing address, point of contact name, e-mail address, and telephone number. Please also provide (as applicable): Individual Provider National Provider Identification Number(s) (NPI), Group Practice Name, and Group National Provider Identification Number (NPI).
2. Primary Applicant Eligibility for Funding
Affirm that the primary applicant is a provider site that delivers primary care services to Medicaid participants enrolled in HealthChoice.
3. Project Goal and Synopsis
Provide a brief description of the CoCM Pilot Program’s goals that your organization is

attempting to meet, as well as a high-level synopsis of your proposed plan.
4. Target Population and Geographic Area
Describe the geographic area in which the CoCM Pilot would operate, the target population(s), and the number of Medicaid participants that you expect to serve.
5. Project Plan
Provide a project narrative of your proposal describing your intervention plans, including workflow.
6. Care Coordination
Describe how you coordinate delivery of care with Maryland’s Managed Care Organizations and refer participants for specialty behavioral health services to Beacon Health Options, the Behavioral Health ASO.
7. Budget
Please briefly describe your Year One infrastructure development needs and anticipated related costs. Types of infrastructure costs eligible for funding include: <ul style="list-style-type: none"> • Development of a patient registry and/or integration of a patient registry into an electronic health record (EHR) system that includes the delivery of services; patient responses through routine use of the relevant screening tool; and ongoing performance improvement. • Development of other monitoring, reporting, and billing tools required to implement CoCM; • Training staff in order to implement; and other developments as needed by the CoCM Pilot Site; • Other infrastructure needs as specified by the interested site.
6. Questions (not included in the three page limit)
Please include any questions you may have for MDH about the CoCM Pilot Program. Responses to select questions will be added to the CoCM Pilot Program Frequently Asked Questions (FAQ) document and posted on the MDH website.

CoCM PILOT PROGRAM TIMELINE	DATES
Letter of Intent (LOI) Instructions and Request for Applications (RFA) for CoCM Pilot Program released to public	April 10, 2019
Letters of Intent due to MDH	April 19, 2019
CoCM Pilot Applications due to MDH	May 22, 2019
CoCM Application Review Process	May 23 – June 7, 2019
CoCM Pilot Award Notifications (<i>Infrastructure funding awards will begin July 1; funding for delivery of services expected start date is January 1, 2020</i>)	June 14, 2019
CoCM Pilots Begin (Based upon approved Pilot implementation plans)	July 1, 2019