

Appendix I: Charge from Secretary Sharfstein

To choose a specific financing model and develop a detailed implementation plan consistent with the seven principles, we must further define: (1) the potential mechanisms to align incentives across medical, mental health, and substance abuse treatment; (2) the models of care in Maryland in need of support; (3) the incentives we will deploy to support those models of care; (4) the measures by which we will evaluate the health care and financial outcomes of a new program; and (5) the capacity of various entities in Maryland to play critical roles in a new system.

The Department will establish a planning team led by the Deputy Secretary for Health Care Financing to review the financing and integration options. The team will cut across the Department and include representatives with expertise in behavioral health, public health, and clinical practice. The team will consider, among other topics, the implications of implementing a new approach, and the natural transitions in benefit design and delivery systems that will occur on January 1, 2014.

The team will solicit feedback, in its planning work, from a broad array of consumers, clinicians, provider organizations, advocates, local agencies, and managed care entities.

This team will develop a draft approach to integrate care based on the findings in the consultant's report and as refined through a planning process that involves outside stakeholders, by September 30, 2012. This approach will be presented for public comment and be incorporated into a specific proposal for the 2013 legislative session.

In addition, the Deputy Secretary for Health Care Financing will continue leading the development of a chronic care health home program, which could model some of the approaches to be supported by our new system.