November 9, 2012

The Honorable Joshua Sharfstein, M.D.
Secretary, Department of Health and Mental Hygiene
Office of the Secretary
201 West Preston Street, 5th Floor
Baltimore, Maryland 21201-2301

RE: Support for Full Integration for Medicaid-Financed Behavioral Health Services

Secretary Sharfstein:

We represent a broad group of behavioral health stakeholders and advocates who sincerely believe that the Steering Committee's recommendation for carve-outs through an ASO model is the wrong path for behavioral health integration. As providers, we are committed and dedicated to what is truly in the best interest of our patients; we do not believe that the Committee's recommendation to segregate behavioral health is in the best interest of our patients. True integration can be achieved only when behavioral health needs are addressed, financed and delivered in the same manner as somatic health needs. We are concerned that there has been misrepresentation to the Department, legislators and other state leaders that there is stakeholder consensus for the Committee's recommendation. This is not the case.

We urge you to reconsider the Committee's recommendation. Your Department has diligently gathered data and sought input. We believe that a reevaluation of the data, workgroup reports, research and public comment will compel you to reach the same conclusion we have: full integration of somatic and behavioral health services is what is best for patients. In reviewing this body of work it is clear that there have been numerous requests for reform within the MCO market, and behavioral health integration presents a valuable opportunity to improve the provider and patient experience with MCOs, not just for behavioral integration, but for all health care reform initiatives.

True behavioral health integration will undoubtedly be a challenge for the State, the Department, providers and MCOs, and those challenges should be recognized and addressed to the extent possible, but those challenges should not take priority over what is best for patients. The patient should be at the center of the Department's decision. **We recognize the difficult task you have before you with integration; please take this opportunity to do the right thing, to be a leader in health care innovation and develop a fully integrated, person-centered system of care. Please reject the Committee's recommendation, and move Maryland forward as an innovative and progressive model for healthcare delivery in the United States.**

Respectfully,

Baltimore Medical System
Johns Hopkins Medicine
LifeBridge Health
Maryland Addictions Directors Council
MedStar Health
National Council on Alcoholism and Drug Dependence of Maryland

cc: Chuck Milligan, J.D., Deputy Secretary, Department of Health and Mental Hygiene
Members, Behavioral Health Financing and Integration Options Steering Committee:
Patrick Dooley, Chief of Staff & Assistant Secretary for Regulatory Affairs, DHMH
Brian Hepburn, M.D., Executive Director, MHA
Laura Herrera, M.D., M.P.H., Chief Medical Officer, DHMH
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