The Maryland Addictions Directors Council

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MADC Consensus Document regarding DHMH Behavioral Health Finance Integration Models

The Maryland Addictions Directors Council *(MADC)* supports a fully integrated, person-centered public behavioral health system that integrates general medical health care and behavioral health care at the point of service, relies on the clinical judgment of substance use disorder professionals and advances measurable improvement in health outcomes. **MADC's ultimate goal is to design a system that supports comprehensive, clinically appropriate, integrated care for every Maryland citizen.**

As such, MADC could support Model 1 provided that adequate protections and accountability were ensured. Contractual requirements and the commitment of oversight and enforcement resources are essential.

The following are key mechanisms for inclusion:

- Clear guidelines regarding how behavioral health dollars will be protected. A formula should be developed with stakeholder input to ensure that a base amount of behavioral health dollars will be protected. The formula should take into account recent utilization data and should be updated annually;

- ASAM criteria, as required by Maryland law, must be followed and the clinical judgment of the treating behavioral health professional must be utilized in determining the necessary level of care for each individual served;

- All employees involved in approval of behavioral health services must receive special training focused on behavioral health services;

- Specific billing and other data collection requirements and specific timeframes for sharing data with the Department of Health and Mental Hygiene (DHMH), providers and the general public;

- A stated commitment to compliance with Mental Health Parity and Addiction Equity Act;

- Written denials of payment for services must provide clear guidance to individual consumers and providers regarding appeal procedures and rights;

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- A requirement that Managed Care Organizations (MCOs) accept any willing provider that is legally qualified to provide behavioral health services in Maryland in order to ensure network adequacy;
- An on-line and regularly up-dated list of providers qualified to provide behavioral health services;
- Maintenance and expansion of the current self-referral protocol for substance use disorder services to ensure consumer choice and encourage community treatment;
- Provisions to ensure adequate provider rates for all behavioral health services;
- A requirement that MCOs use billing and data collection systems that can share data with the State system;
- A requirement that MCOs use standard forms to reduce administrative burdens on providers and consumers; and
- A requirement that MCOs demonstrate the ability to handle customer service concerns for both consumers and providers.

Further, the Benefit Management recommendations included in the MADC position paper entitled, *"MADC Response to Behavioral Health Integration. A Closer Look at Three Models"* should be incorporated into the State contract.

- The State should collaborate with plans, payers, and providers to improve consumer engagement, retention and clinical/quality of life outcomes and monitor results regularly, making performance measures public.
- Medicaid managed care plans should ensure that benefits, providers and utilization management practices support the treatment of co-occurring mental health and substance use disorders, ensuring continuity and coordination of care.
- Plans should cover Screening, Brief Intervention, and Referral to Treatment *(SBIRT)* in emergency rooms and primary care settings.
- The State should ensure that after-hours access to crisis services – both telephonic and facility-based - is appropriate.
- Medication Assisted Treatment must be recognized as highly effective treatment for persons with opiate addictions. Plans should fully and adequately cover medication as well as other necessary therapy to ensure full recovery for these individuals.

- Plan member communications should include language specific to behavioral health benefits *(Mental Health and Substance Use Disorder)* and should clearly explain how Substance Use Disorder emergencies can be handled on weekends and holidays, as well as, after-hours.

- Medicaid managed care plans should allow for an appropriate range of licensed and certified professionals and safety net providers trained or experienced in substance use disorder prevention, assessment, evaluation, and treatment services.

- The State and its managed care partners should enable the design and development of a clinical model for the coordination and collaboration of Substance Use Disorder treatment providers, Mental Health providers and primary care providers. Measure and analysis of outcomes and performance can – in time – inform the integration of funding and reimbursement in an equitable fashion.

- The State and its managed care partners should allow reimbursement of counseling, coordination, and consultation procedure codes to enable the appropriate array of professionals including primary care physicians to provide primary substance abuse treatment services in collaboration with Substance Use Disorder professionals.

- The State and its managed care partners should allow reimbursement for individual and group counseling, risk factor reduction interventions and family counseling for children and adolescents who are at-risk of Substance Use Disorder.

- The State should form a collaborative work group to coordinate a consumer education campaign that is culturally relevant and specific to the needs of Substance Use Disorder.

- The State should measure access, quality, patient satisfaction, and costs associated with substance use disorder. The Healthcare Effectiveness Data and Information Set *(HEDIS)* is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service which can be used to measure the performance of substance use disorder services. The Agency for Health Research and Quality or AHRQ has developed the Experience of Care and Health Outcomes or ECHO Survey for managed behavioral healthcare.

- A Substance Use Disorder Provider Advisory Panel / Member Advisory Panel should be established to review benefit designs, provider panel access and quality, medical necessity guidelines, policies and accreditation standards.

In addition to necessary contractual requirements for the MCOs, DHMH will need to take the following action:

- Specify how the management of non-Medicaid services, including recovery services and residential services, will be managed. If MCOs are charged with managing some or all of these services, clear guidelines should be developed with stakeholder input.
- Apply for the necessary waivers and federal funds to leverage resources and maximize the benefits of a fully integrated program.
- Fully implement the health homes that have been funded and seek additional waivers to expand behavioral health homes statewide.