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

Dear Secretary Sharfstein:

We are writing to communicate our collective support for guiding principles that will ensure a public health care delivery model that is person-centered and produces the best outcomes for the citizens of our great State. We support a system that integrates general medical health care and behavioral health care to provide more fully integrated, comprehensive and clinically appropriate care at the point of service.

General Principles

We believe the public health system must:

- Support the integration of behavioral and general medical health care in all settings.
- Ensure compliance with the letter and spirit of the Mental Health Parity and Addiction Equity Act.
- Provide the full continuum of services including prevention, screening, early intervention, opioid maintenance, outpatient treatment, intensive outpatient, partial hospitalization, residential, hospitalization, medically-managed intensive inpatient, co-occurring treatment, and recovery services.
- Provide for proper training and incentives to ensure that screening, brief intervention and treatment (SBIRT) and other early intervention behavioral health services are provided in primary care and hospital settings.
- Ensure that comprehensive integrated health services (Behavioral Health Homes) are accessible statewide to individuals with serious, chronic mental illnesses, opiate dependence and multiple health needs.
- Ensure the development of criteria and funding for case management to address the continuity of care for people transitioning to and from Medicaid and private insurance or Medicare.
- Ensure maintenance of the uniform self-referral protocol for substance use disorder treatment for assessments and treatment for such services and expansion of this protocol to all behavioral health care.
- Ensure maintenance of the use of the American Society of Addiction Medicine (ASAM) placement criteria as mandated in state regulations or the use of other evidence-based criteria in determining the appropriate level of care for substance use disorder treatment services based upon the professional judgment of the treating clinician.
- Include tele-health services that utilize remote technology including, telephone and electronic communication, video conferencing and avatar technologies to assist providers in collaboration and consumers in establishing greater access to services throughout the state.
- Include seamless coverage for crisis services regardless of setting including mobile treatment services, community health clinics, and hospital emergency services and remove administrative barriers, including regulatory and contractual policies regarding payment for services, to simultaneously addressing behavioral and general medical health care needs in all settings.

Funding Principles and Incentives

We believe the financing system must:

- Support funding for collaboration between primary health care providers, other health care providers and specialists and behavioral health providers.
- Ensure properly aligned and interdependent financial incentives across the entire spectrum of services including pharmacy, somatic, and behavioral health in order to avoid cost shifting.
- Establish a data gathering infrastructure that inherently allows for transparency and accountability.
- Provide financial incentives and payment to primary health care providers to screen for behavioral health needs, provide appropriate interventions and make referrals to behavioral health specialists and to behavioral health providers to provide general medical health screenings and interventions and make referrals to primary health care providers or other specialists as appropriate.

- Provide resources to develop statewide, referral networks that promote a more effective system for referral and communication between primary care and behavioral health specialists.
- Ensure that case management and coordination of care between health providers are covered and compensated services to ensure continuity of care.
- Fund case management and coordination of care between health providers to ensure continuity of services.
- Include incentives to ensure that providers of general medical health care services and behavioral health care services have shared accountability for both the behavioral and general medical health outcomes of all patients.
- Provide incentives for education of general medical health care providers regarding prescription of addictive medications and psychiatric medications and linkages to community resources including counseling and support services.
- Open access and full coverage of psychiatric medication prescribed by a physician or other licensed prescriber and all medications used for the management and treatment of people with substance use disorders, including opioid dependent individuals and alcoholics.
- Payment for tele-health services utilizing remote technology including, telephone and electronic communication, video conferencing and avatar technologies to assist providers in collaboration and consumers in greater access to services throughout the state.

Additional Considerations

In addition, we strongly believe the following items are of paramount importance:

- Coordination and collaboration with local jurisdictional authorities to allow flexibility in service coverage and to ensure that the unique needs of jurisdictions and communities are addressed.
- Ensure data collection for both behavioral health and physical health outcomes are accessible, comparable and able to be utilized by providers, jurisdictional authorities, and state agencies.
- An open provider network for any willing and qualified health care provider. This will ensure network adequacy.
- Coverage of services provided by all levels of certified and licensed substance use disorder professionals, as well as, other behavioral health professionals provided the service is within the professional's scope of practice.
- Parity in compensation between somatic health, mental health, and substance use disorder services.
- A publicly accessible, comprehensive, accurate and regularly updated Medicaid provider listing. Providers would be permitted to make their own updates as to whether or not they accept new referrals.
- A diverse stakeholder and Consumer Advisory Board that is empowered by Maryland law to develop consumer protections and review decisions impacting consumers and providers.
- Resources for training and education of the financial management entity staff to ensure that employees have adequate knowledge and understanding about how to manage heavily regulated services that include the delivery of medications such as methadone, buprenorphine, or naltrexone.

Conclusion:

The implementation of the Affordable Care Act and the State's integration activities present a unique opportunity for Maryland to be a national leader in the integration of behavioral and general medical health care. We believe assuring the principles shared within will support the goals you have established for the State.

Baltimore Substance Abuse Systems, Inc.

Carroll County Detention Center

Gaudenzia, Inc.

LifeBridge Health

Maryland Academy of Family Physicians

Maryland Association for the Treatment of Opioid Dependence

Maryland Psychiatric Society

Maryland Society of Addiction Medicine

Maryland Treatment Centers

NCADD-MD

The Maryland Addictions Directors Council

REACH Health Services