



September 19, 2012

Charles J. Milligan, Jr., Deputy Secretary
Health Care Financing
Department of Health and Mental Hygiene
201 West Preston Street
Baltimore, MD 21201

Dear Deputy Secretary Milligan:

NCADD-Maryland wishes to acknowledge the volume of work invested by you, many other staff members at DHMH, and the large number of stakeholders from around the state who have participated in the efforts that have led to the draft report issued last week on Behavioral Health Integration. We look forward to participating in a continued open, inclusive process as the details of the recommendation are developed. The following are NCADD-Maryland's comments about issues that will need attention in the next phase of development.

To be clear, NCADD-Maryland has not endorsed any one model. Its members continue to express a variety of preferences regarding a "carved in" vs. "carved out" system. But consistent throughout this process, there have been a number of areas of concern that have been raised and we now highlight as important issues that must be addressed in the coming months.

1) Access

NCADD-Maryland's priority concern is consumer access to services. In Phase 3 of this integration process, we will work with the Department to develop the best policies and procedures that make access to services as easy as possible. This may be adapting the self-referral protocol in a BHO, exempting certain providers and/or levels of care from pre-authorization requirements, or considering other mechanisms to ensure that when a person is ready and willing to accept help, there are no administrative barriers that will unnecessarily delay access.

Access to medications is also essential. New medications for use in addiction treatment are being developed rapidly. FDA approved medications should be added to the Medicaid formulary with no greater restrictions than those for other medications.

Another key to access is ensuring an adequate network of providers. This will require specific definitions of qualified providers, a clear process on how contracting will take place between providers and the BHO, and continuous evaluation of the adequacy of the network related to geographic coverage, levels of care, and quality of care.

2) Parity

NCADD-Maryland's understanding is that the federal parity law applies to carved out services as long as the system is managed. NCADD-Maryland will work to ensure that as the state moves toward implementing a new model, the new system meets the requirements necessary to be subject to the federal parity law.

3) Grant Funds

As addressed in your verbal comments at the meeting on September 13th, you clarified that the proposed carve out in the report only applies to Medicaid financed services and would not include ADAA grant funds. We support that action at this time. We believe there is a strong need to maintain and increase grant funds to maintain the safety net for people who remain without insurance and for prevention, treatment and recovery services that are not reimbursable by Medicaid.

4) Somatic Care

NCADD-Maryland believes it is imperative to ensure that behavioral health and somatic health care services are well coordinated. Care coordination mechanisms need to be in place when the system is implemented.

5) Cross-Administration Coordination

There must be a strong relationship between staff of DHMH's Medicaid division and a new Behavioral Health Administration. Coordination of policies is necessary to ensure best clinical decisions are made, redundancy is avoided, and conflicts do not arise. It is our understanding the Medicaid has created a new behavioral health unit with some clinical expertise. We applaud this move and encourage constant communication between the divisions to ensure the systems work well for consumers, their family members and providers.

6) Incremental Approach

NCADD-Maryland supports an incremental approach to implementation of a new system. There are such a large number of changes happening in the health care field at this time and in the next few years that giving consumers and providers the opportunity to change systems gradually should help minimize disruptions in care. We know it will still take some time to work through a number of regulatory issues, the credentialing of programs, the establishment of fair and appropriate payment rates among providers, and other issues that are currently treated differently in the substance abuse and mental health systems. These issues plus the merging of ADAA and MHA call for a well-planned implementation timeline that is realistic. Continual input and feedback from stakeholders will help inform this approach.

7) Other Issues

NCADD-Maryland will continue to work with the Department, consumers, and other advocates to further define various issues, such as the appropriate role for local oversight agencies, ensuring an adequate system of care for adolescents and older adults, and a way to capture the saving in somatic care expenditures to invest in more comprehensive behavioral health and recovery support services.

We once again thank you for your work leading this effort. We look forward to continuing a strong partnership to create a successful, high quality system of care.

Sincerely,

A handwritten signature in cursive script that reads "Nancy Rosen - Cohen".

Nancy Rosen-Cohen, Ph.D.
Executive Director

Cc: Kathleen Rebbert-Franklin, Acting Director, Alcohol and Drug Abuse Administration
Brian M. Hepburn, Executive Director, Mental Hygiene Administration
Patrick D. Dooley, Chief of Staff, Department of Health and Mental Hygiene