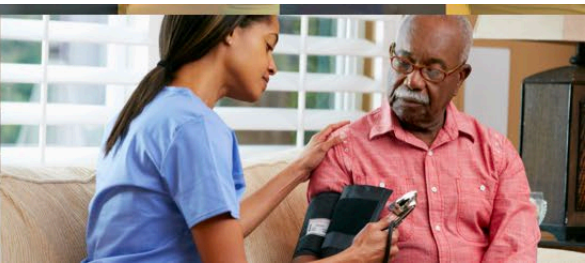
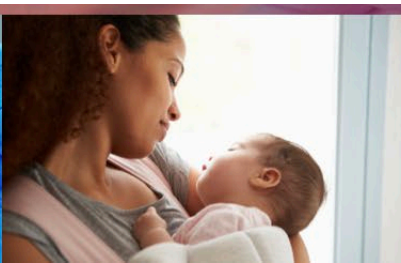




# Behavioral Health System of Care Workgroup

April 28, 2021





# Behavioral Health System of Care Workgroup Meeting – April 28, 2021

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## Agenda:

- Welcome and Call to Order – Dr. Aliya Jones and Tricia Roddy
- Housekeeping and Roll Call – Chris Yeiser
- Review Project Idea Submissions – Laura Spicer
- Collaborative Care Model – Alyssa Brown
- CRISP Consent Tool – Adrienne Ellis
- Public Comment
- Next Steps – Laura Spicer

## Housekeeping:

- Everyone is on Mute – Please don't un-mute yourself.
- Workgroup Members – To ask questions after the presentation:
  - Connected via Internet? Use the “raise your hand” feature on the “Participants” box.
    - Click this button:  to bring up the Participants box then click this button: 
    - Don't forget to un-raise your hand when your question is addressed.

# Review Project Idea Submissions

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# Charge/Goal

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- Formed in 2019 in response to a request from the Chairs of the Senate Finance and Health and Government Operations Committees
  - To review how Maryland should provide, administer, and finance Medicaid behavioral health services
- Workgroup-Established Goal: To better serve Medicaid participants by developing a System of Care that addresses the needs of individuals by aligning the roles of Medicaid/the Behavioral Health Administration, the managed care organizations (MCOs), the administrative service organization (ASO), and local systems management
- Current Focus: Brainstorm some initial projects considering ongoing ASO transition

# Initial Staff List

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Staff reviewed and identified several potential project areas that could be undertaken, considering ongoing ASO transition.

Develop guidance on data sharing between the MCOs and behavioral health providers
Design training/culture initiatives that support diversity and discourage inappropriate denial of service
Develop alternative places of service for people with complex medical and mental health conditions so they do not have to remain hospitalized
Strengthen requirements for warm hand-offs to providers and local systems managers when needed
Improve substance use disorder treatment by examining how to address underlying co-occurring mental health issues. Explore standards for screening for co-occurring disorders across the spectrum of care, including primary care settings
Review credentialing and licensing policies to ensure quality providers in the network
Research examples in other states where MCOs have access to Prescription Drug Monitoring Data and determine if this would be feasible in Maryland
Plans of care should be family-driven and youth-guided

# Workgroup Member Submissions

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- MCO-CRISP data sharing
  - Develop a strategy to increase the number of annually renewed Releases of Information (ROIs)
- Scale implementation of the Collaborative Care Model for the delivery of primary behavioral health services in the Medicaid system (refer to the Maryland Behavioral Health Coalition recommendation document)
- Launch a value-based payment pilot (refer to the Maryland Behavioral Health Coalition recommendation document)
- Improve mental health treatment for those with co-occurring substance use disorders, particularly screening and use of substance use disorder/opioid use disorder medications in mental health settings

# Workgroup Member Submissions

## Continued

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- Develop a comprehensive, integrated care system that encompasses substance use, mental health, co-occurring disorders, and primary health care.
  - Most individuals with co-occurring disorders typically receive parallel or sequential treatment, even though research shows that integrated treatment is more effective.
  - This requires removing financing and regulatory barriers, as well as culture change

# Workgroup Member Submissions

## Continued

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- Develop strategies to include behavioral health providers in COVID-19 vaccination and public health education efforts to ensure that the population served mainly by behavioral health providers receives their vaccinations:
  - Involve behavioral health providers that engage in medication administration in vaccine education, administration, & outreach
  - For those not engaged in medication administration, develop a standard of care to involve them in vaccine education & appointment assistance
- Obtain input from stakeholders (consumers, families, etc.) to determine problems they have encountered and hear ideas on possible solutions



# Discussion

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# Collaborative Care Model Pilot Program

**Alyssa Brown, Director, Office of Innovation, Research & Development**

April 28, 2021

# General Overview

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- CoCM is a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings that includes:
  - care coordination and management;
  - regular, systematic monitoring and treatment using a validated clinical rating scale; and
  - regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement
- Outcomes are tracked by utilizing a combination of patient reported outcome measures and scientifically proven methods.

# Background

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2016 Departmental Report addressed opportunities to implement the Collaborative Care Model (CoCM) in Maryland Medicaid.

- The Department expressed interest in exploring the possibility of a limited pilot program

HB 1682/SB 835—*Maryland Medical Assistance Program – Collaborative Care Pilot Program* (Chapters 683 and 684 of the Acts of 2018) establishes a Collaborative Care Pilot Program. Specifically, the bill requires MDH to:

- Establish and implement CoCM in primary care settings in which health care services are provided to Medical Assistance Program participants;
- Administer the CoCM Pilot Program and to select up to three CoCM Pilot Sites with certain characteristics to participate;
- Report to the Governor and the General Assembly the findings and recommendations from the CoCM Pilot Program by November 1, 2023.

The bill also requires the Governor to include in the annual budget \$550,000 for fiscal years (FY) 2020, 2021, 2022, and 2023 for the CoCM Pilot Program.

The bill stipulates that MDH shall apply to the Centers for Medicare and Medicaid Services (CMS) for an amendment to the State’s §1115 HealthChoice Demonstration Waiver if necessary to implement the CoCM Pilot Program.

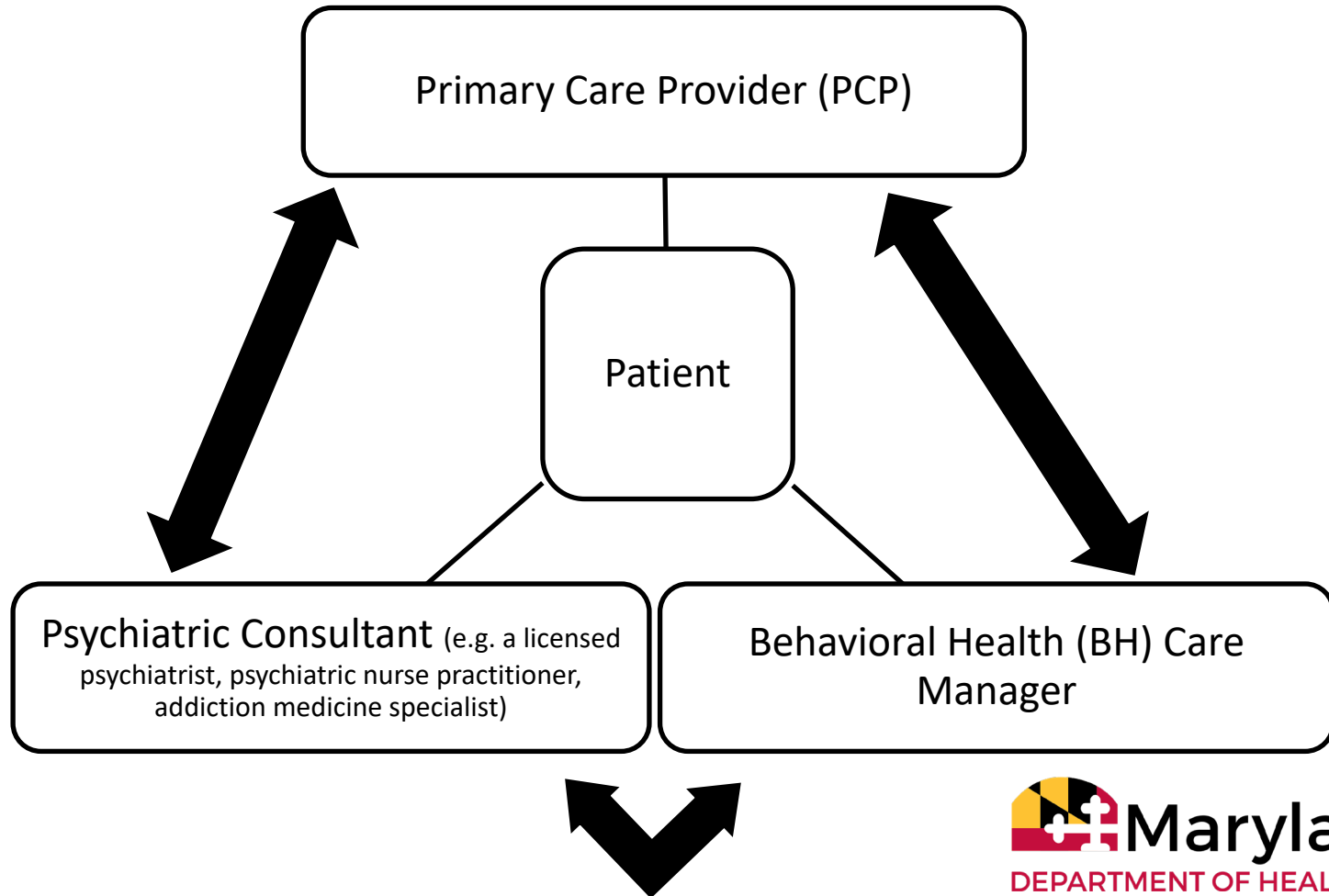
# Pilot Elements and Goals

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- CoCM has four essential elements:
  - Patient-centered and team-driven,
  - Population-focused,
  - Measurement guided, and
  - Evidence-based.
- Joint effort of medical professionals led by a PCP that collaborate to use shared care plans to achieve concrete treatment goals for a defined population of patients.
- CoCM Pilot Program Goals include:
  - Improve health outcomes for Maryland Medicaid participants who have experienced mild to moderate mental illness or a substance use disorder
  - To further the integration of somatic and behavioral health care

# The CoCM Team

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# Service Delivery

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CoCM Pilot Sites are required to submit invoices to MDH for services delivered.

Invoices must use the billing codes referenced below.

Reimbursement will be limited to services delivered to Medicaid participants enrolled in HealthChoice.

<b>Code</b>	<b>Description</b>	<b>Primary Care Setting Rate</b>
99492	First 70 minutes in the first calendar month or behavioral health care manager activities	\$161.28
99493	First 60 minutes in a subsequent month for behavioral health care manager activities	\$128.88
99494	Each additional 30 minutes in a calendar month of behavioral health care manager activities	\$66.60

# CoCM Funding

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CoCM Pilot Program funding award consists of two parts:

**Infrastructure Funding:** Up to \$225,000 across all CoCM Pilot Sites was available during FY 2020 (July 1, 2019-June 30, 2020); and

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**Service Delivery Funding:** Funding available to support delivery of Collaborative Care services from January 1, 2020, through June 30, 2023.

FY 2020: Up to \$325,000

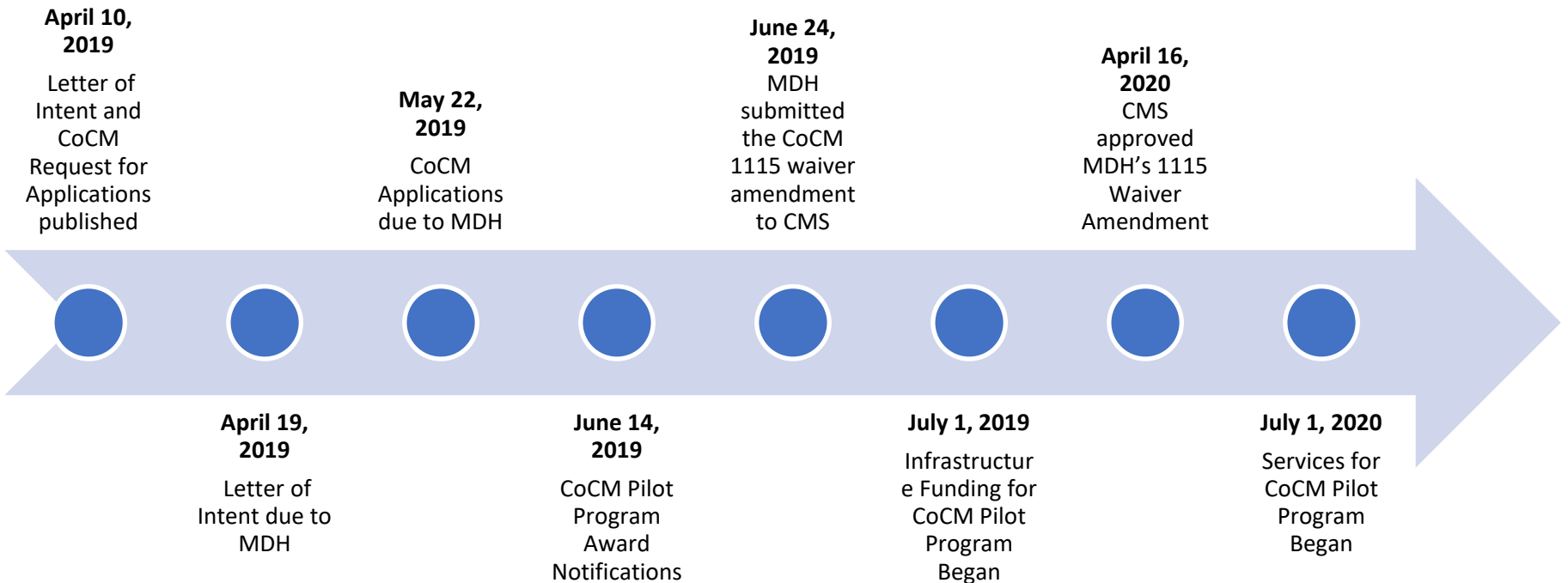
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FY 2021, FY 2022, and FY 2023: \$550,000 annually

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# CoCM Pilot Program Timeline



# Current Pilot Awardee

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- **Privia Medical Services LLC**
  - Provides CoCM Services across three focus areas
    - Urban: Five sites
      - Silver Spring, Frederick
    - Rural: Two sites
      - Salisbury, Waldorf
    - OB/GYN : Five sites
      - Rockville, Towson, Silver Spring

# Enrollment Data

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- The pilot sites anticipated enrolling 255 participants annually, but have seen fewer patients due to COVID-19
- The sites have served the following number of participants per quarter:
  - Quarter 1 - 91 participants
  - Quarter 2 - 95 participants
  - Quarter 3 – 107 participants
- As of the end of the second quarter, 93 participants have completed treatment
- Average enrollment span for those who have completed the program is currently 80 days
- Evaluation of outcomes measures is in preliminary stages

# Contact & Information

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- §1115 Waiver Email Address:
  - [mdh.healthchoicerenewal@maryland.gov](mailto:mdh.healthchoicerenewal@maryland.gov)
- Collaborative Care Website:
  - <https://mmcp.health.maryland.gov/Pages/Collaborative-Care.aspx>
- §1115 Waiver Website
  - <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>

# CRISP Consent Tool

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# Public Comment

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# Next Steps

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- Staff will meet with Steering Committee
- Discussion groups will remain on hold
- Update on manual development will be provided at a future meeting
- Presentation on co-occurring care integration will be provided at a future meeting
- Next meeting date: to be scheduled
- Environmental Scan EHR Survey