MARYLAND
Department of Health

Notes
Behavioral Health System of Care Workgroup Meeting
February 12, 2020

Maryland Department of Health
Conference Room, L1
201 W. Preston St.
Baltimore, MD 21201

Members In Attendance

Dennis Schrader, Co-Chair
Aliya Jones, Co-Chair
Linda Raines
Lori Doyle
Crista Taylor
Vickie Walters
Harsh Trivedi (by phone)
Arethusa Kirk

Introduction

The Co-Chairs welcomed members.

Review 2020 Meeting Calendar

Mr. Schrader announced that there will be no meeting in March.

Discussion: Framework for Improvements to Operationalize the Design Principles

Mr. Schrader updated the Workgroup on progress with the framework for improvements to operationalize the design principles, explaining that the goal is to build consensus on a list of outcome recommendations by late summer. He identified three categories 0f recommendations:

- Ideas that can be implemented using existing resources and authorities
- Ideas that would require new authority, whether statutory or regulatory at the federal or state levels
- Major projects requiring a significant new resources

Mr. Schrader charged the Workgroup with identifying six to eight actionable items that can be accomplished within three to four years.

Next, Mr. Schrader explained that a number of example potential recommendations have already been added to the framework and are meant to serve as a topic of discussion. One is to connect mental health services to substance use disorder (SUD) services statewide. Another is to have behavioral health networks contract with Medicaid managed care organizations (MCOs). Noting that the makeup and structure of the behavioral health network is the State's responsibility, he announced that the Workgroup would receive a briefing on how the MCOs develop their networks.

Mr. Schrader discussed value-based purchasing (VBP) initiatives. He noted that Medicaid is involved in a National Governors' Association initiative in managed care contracting that, while not directly related to the Workgroup's area of responsibility, can potentially be a source of ideas.

Next, Dr. Jones described the fourth example recommendation—to document and assign responsibilities for local systems management. She explained that the effort is to clarify and standardize the roles of the local behavioral health authorities (LBHAs) such that there is a baseline expectation across all jurisdictions regarding how to partner with Medicaid MCOs. She noted that it is an ongoing, multi-year effort.

Mr. Schrader then discussed the proposed recommendations under the major projects category, beginning with creating 24/7 crisis services within the existing framework. He noted that this is a major task for the Lieutenant Governor's Commission to Study Mental and Behavioral Health in Maryland. Dr. Jones added that the Baltimore Crisis Stabilization Center is coordinating with other crisis centers in Montgomery and Harford counties on a statewide plan of action.

Workgroup members discussed the proposed recommendations, during which the following points were made:

- The crisis services recommendation should not result in the Maryland Department of Health subsidizing care for the privately insured. Any statewide crisis services program must include appropriate billing and reimbursement based on billing codes currently under development.
- The mandate requiring private carriers to cover residential crisis beds has, with the recent assistance of the Maryland Insurance Administration, begun to slowly expand access.

Mr. Schrader continued discussing the draft recommendations for major projects. He described an effort to address high utilizers that was underway at Medicaid. The project was put on hold when the incumbent administrative services organization (ASO) operating the Medicaid behavioral health system was replaced.

Next, Mr. Schrader addressed the draft recommendation to advocate funding for electronic health record (EHR) systems for behavioral health providers. He noted that Medicaid is working internally on an Advance Planning Document with the Centers for Medicare & Medicaid Services (CMS) to secure funding for this purpose.

Mr. Schrader then noted that the recommendations presented are not final, and were prepared by staff as a place to begin discussion. He urged members to offer ideas that are not among the draft recommendations, and insisted that such ideas be implementable. Next, Mr. Schrader explained that a number of ideas and issues, while of great interest to the Workgroup, are out of scope. In the ensuing discussion among the Workgroup members, the following points were made. These do not necessarily represent consensus, but rather a catalogue of discussion items.

- The system could accommodate a dual-track system that divides administrative case management from clinical care management.
- Those in corrective managed care or those with severe and persistent mental illness are populations that may not necessarily be high utilizers, but should be addressed.
- The Workgroup's effort should result in a well-functioning relationship between Medicaid MCOs, the ASO, LBHAs, and the behavioral health community. This infrastructure would enable the system to better address populations of interest now and in the future.
- Focusing on clinical care without addressing social determinants of health (SDOH) such as housing may be ineffective.
- The disparate SDOH screening systems in use by Medicaid and various private payers should be interoperable, perhaps through the Chesapeake Regional Information System for our Patients (CRISP).
- Local system managers already link many people to resources, and will address SDOH if given greater clarity on roles and responsibilities as well as grant funding.
- Rather than designing the overall system around the current capacity of the local system managers, the Workgroup should design the ideal role for these organizations then resource them appropriately to the task.
- The Workgroup should advocate with federal partners for additional supports for this population, including housing and other SDOH.

Public Comment

The Co-Chairs opened the floor to members of the public.

No members of the public offered comment.

Meeting Close

The Co-Chairs thanked Workgroup members for their participation.