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Behavioral Health System of Care Workgroup

October 23, 2019

Purpose: To synthesize principles and build consensus around design components for a system of care.

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Behavioral Health Administrative Service Organization Overview

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Discussion: Principles

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Revisions to Principles

- Incorporated feedback from Workgroup and Discussion Group meetings, as well as written comments
- Definitions in progress
- Preamble in progress
- Revised to include 5 categories:
  1. Quality Integrated Care Management
  2. Oversight and Accountability
  3. Cost Management
  4. Access to Behavioral Health Services through Provider Administration & Network Adequacy
  5. Parity

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Quality Integrated Care Management

Person- / Community Centered / Family Focused	Quality / Effectiveness of Care	Data Sharing Clinical Outcomes Process Measurement
Engage Participants in Treatment & Recovery Process in Most Appropriate Environment	Chronic Disease Management Foundation; Recovery Model	Optimize Data Flows to Promote Care Coordination
	Measure Outcomes: Person-Centered, Evidence-Based	Maintain Participant Confidentiality
	Case Management and Discharge Planning – ASO, MCO, Providers, and Locals	Provider Access to ASO Data - Read-only, Real-time, Easily Interpreted, Actionable
	Interrelationship between Physical and Behavioral Health Plans of Care	
	Integrate SUD and Mental Health Services	
	Seamless Integration with non-Medicaid BH Services for Medicaid Participants	
	Minimize Disruptions in Care	

Oversight and Accountability

- Responsibility for transfers independent of insurance status
- Navigation assistance throughout the system – Medicaid, Medicare, Uninsured, etc.
- Clearly defined responsibilities among regulatory and accrediting authorities, incl. fraud/abuse prevention
- Facilitate cross-agency coordination – State agencies, ASO, MCOs, Local Systems Managers

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Cost Management

- Shared deliverables and accountability for health outcomes – ASO, MCOs, Locals
- Reduce total cost of care by reducing waste & inefficiency and by coordinating behavioral and physical health
- Manage high utilizers
- Incentivize positive clinical outcomes
- Incentivize communication – providers & payers
- Prevent cost-shifting to other agencies

Access to Behavioral Health Services through Provider Management & Network Adequacy

- Minimize duplicative overhead on providers
- Timely authorization decisions
- Ensure providers are measured by clinical outcomes
- Right mix of provider types & geography
- Accommodate both facilities and independent practices
- Fair and timely grievance and appeals process

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Parity

- Abide by federal & state parity law and track compliance
- Prioritize behavioral health care equally with physical health care

Discussion: Current System Flow Chart

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Public Comment

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Next Meeting

- Meeting 6
  November 21, 2019
  9:00 AM through 11:00 AM
  Maryland Department of Health, L3

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