

Department of Health and Mental Hygiene
Behavioral Health Administration
M00L
Responses to Recommended Actions

1. Recommended Actions

Add the following language to the general fund appropriation: Provided that \$100,000 of this appropriation made for the purpose of administration may not be expended until the Department of Health and Mental Hygiene submits a report to the Senate Budget and Taxation Committee and House Appropriations Committee concerning how funds related to the Synar penalty are to be expended, on the structure and nature of the tobacco retailer compliance programs that will utilize these funds, how these programs will ensure future compliance with the federal Synar inspections of tobacco retailers, and whether additional regulatory or statutory changes are needed to ensure compliance. The report shall be submitted by November 15, 2015, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the committees.

Response: The Department concurs with this recommendation, and BHA will work with PHPA to create the report.

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2. Recommended Actions

Add the following language to the general fund appropriation: Further provided that authorization is hereby provided to process a Special Fund amendment up to \$2,000,000 from the Cigarette Restitution Fund to support the Synar Program.

Response: The Department does not concur with this recommendation because there is not a guarantee that there will be Cigarette Restitution Funds left at the end of the fiscal year. Any available Cigarette Restitution Funds traditionally would be applied towards Medicaid and using the Cigarette Restitution Funds balance to cover the Synar penalty would simply increase the General Funds needed by Medicaid.

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3. Recommended Actions

Add the following language to the general fund appropriation: Further provided that \$100,000 of this appropriation made for the purpose of administration may not be spent until the Department of Health and Mental Hygiene submits a report to the budget committees containing information on the utilization and expenditure for behavioral health services based upon the user's eligibility group under Medicaid. The report shall be submitted by August 1, 2015, and the budget committees shall have 45 days to review and comment. Funds restricted pending the receipt of the report may not be transferred by budget amendment or otherwise to any other purpose and shall revert to the General Fund if the report is not submitted to the committees. Further provided that, beginning with the period ending June 30, 2015, the quarterly report that is produced by the administrative service organization which oversees the public behavioral health system is requested to break down data based on the user's eligibility group under Medicaid.

Response: The Department concurs with this recommendation.

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4. Recommended Action

	<u>Amount Reduction</u>
Reduce general funds related to the Synar penalty. The agency is authorized to process a budget amendment to provide for these costs with special funds from the Cigarette Restitution Fund.	\$ 2,000,000 GF
Total General Fund Reductions	\$ 2,000,000

Response: The Department does not concur with this recommendation because there is not a guarantee that there will be Cigarette Restitution Funds left at the end of the fiscal year. Any available Cigarette Restitution Funds traditionally would be applied towards Medicaid and using the Cigarette Restitution Funds balance to cover the Synar penalty would simply increase the General Funds needed by Medicaid

Behavioral Health Administration

Fiscal 2016 Budget Hearing



Behavioral Health Administration

- ▶ Behavioral Health includes substance use disorders, other addictive disorders, and mental health treatment.
- ▶ On July 1, 2014 the Department merged the Mental Hygiene Administration and the Alcohol and Drug Administration to form a single Behavioral Health Administration in accordance with House Bill 1510 of 2014.
- ▶ On January 1, 2015 a single Administrative Services Organization was launched that administers both mental health and substance use disorder services.

Mission

- ▶ The Department of Health and Mental Hygiene's Office of Behavioral Health will develop an integrated process for planning, policy, and services to ensure a coordinated quality system of care is available to individuals with behavioral health conditions. The Behavioral Health Administration will, through publicly-funded services and supports, promote recovery, resiliency, health, and wellness for individuals who have emotional, substance use, addictive and/or psychiatric disorders.

Why do we need to integrate?

- ▶ According to the Substance Abuse and Mental Health Services Administration, adults with mental illness are 2 times as likely to have a substance use disorder.
- ▶ National estimates indicate 38 million individuals have a mental illness alone, 11 million have a substance use disorder alone, and 8 million have both a mental illness and a substance use disorder. Of those with both:
 - 57% have had no treatment for either disorder;
 - 33% have had treatment only for the mental illness;
 - 4% have had treatment for the substance abuse; and
 - Only 7% have had treatment for both their mental illness and substance use disorder.
- ▶ Youth (12-17) with major depression are also 2 times more likely to have a substance use disorder.

http://www.samhsa.gov/data/NSDUH/2k11MH_FindingsandDetTables/2K11MHFR/NSDUHmhfr2011.htm

Why do we need to integrate?

- ▶ In FY 2012, the Public Mental Health System paid \$178.2 million* to serve 23,321 individuals with a dual diagnosis.
- ▶ In FY 2014, this figure increased to \$195.5 million* to serve 24,369 individuals with dual diagnosis.
- ▶ In June 2014, 12,688 were receiving services in both systems; this included 11% of the public mental health population and 25% of the substance related disorder population.

* Includes Medicaid State Funded and Uninsured spending

Behavioral Health Integration

- ▶ FY 2011: The General Assembly asked DHMH to develop “a system of integrated care for individuals with co-occurring serious mental illness and substance abuse issues” as part of the FY 2012 budget.
 - ▶ Three-phase process to develop integrated health service delivery and financing system.
 - ▶ Supported by input from consumers, providers, other state agencies, and advocates.
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Background on a Carve Out

- ▶ Persons needing “specialty mental health care” have received their health benefit through a managed fee-for-service system operated by an ASO under contract to the Mental Hygiene Administration since 1997.
 - ▶ As a result of Behavioral Health Integration, substance use disorder services were “carved-out” of Maryland Medicaid's HealthChoice (MCOs) system.
 - ▶ Behavioral Health services integrated to include both mental health and substance use disorder services.
 - ▶ Starting in January 2015, DHMH’s Medicaid Program will manage the Public Behavioral Health System ASO contract.
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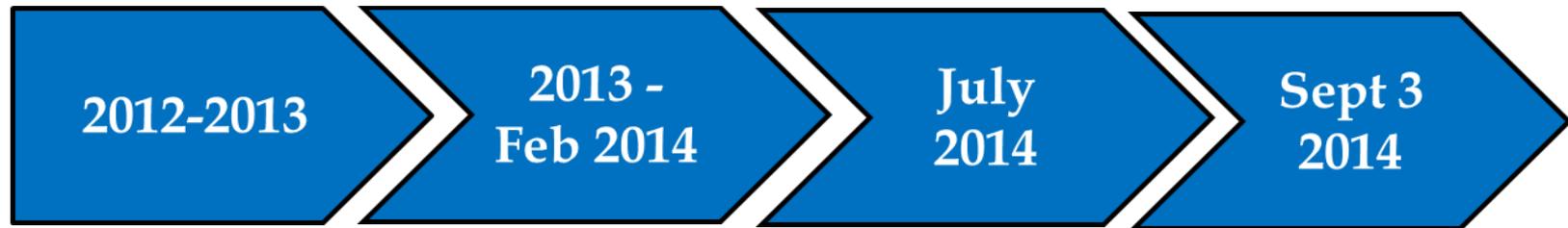
Benefits of a Behavioral Health Carve Out

- ▶ A single point of entry for providers and consumers;
 - ▶ A coherent focus on the delivery of behavioral health services;
 - ▶ A powerful set of data to be used to improve quality of care across providers;
 - ▶ Flexibility to support innovative models of care, including models that integrate medical and behavioral health care;
 - ▶ Access to data on use of behavioral health services in Maryland that can assist with public health challenges including overdose, recidivism in the criminal justice system, and school failure; and
 - ▶ Reduced administrative burdens for providers, especially substance abuse providers, that currently deal with multiple Managed Care Organizations and fee-for service systems.
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What is an ASO?

- ▶ An Administrative Service Organization (ASO) is an organization contracted by the State to help manage services.
- ▶ ASOs do not provide direct health services but are responsible for:
 - Helping consumers get proper services
 - Handling authorizations
 - Ensuring quality and appropriateness of services
 - Processing claims
 - Evaluating the system and compiling data for the management information system

ASO Development and Transition



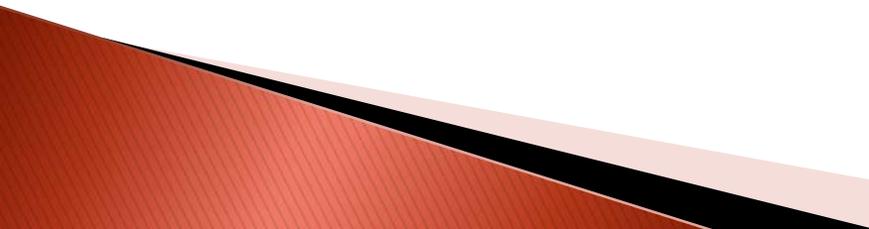
Stakeholder
Process

Developed
RFP

Recommend
for Award

BPW
Votes to
award
contract to
ValueOptions

Integration Launch: The Basics

- ▶ Program went live on January 1, 2015
 - ▶ All Systems (IT and telephonic) operating at 100% with no downtime
 - ▶ Phone Queues average 750 calls per day (65% are substance use disorder related)
 - ▶ Despite increased phone volume average speed of answer is 30 seconds and 97% of calls have a wait time less than 3 minutes
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Integration Launch: Provider Updates

- ▶ 958 providers accessed 10 trainings covering a wide arrange of topics from substance use disorder authorizations process, OMS changes, and reporting requirements
 - ▶ 262 unique substance use disorder providers in the ValueOptions system (many have multiple locations and more than one service)
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Next Steps

Next steps, outlined in a December 2014 Report of the House Bill 1510 Workgroup include:

- ▶ Introduce legislation to implement proposed recommendation on statute changes during the 2015 session
- ▶ Expand opportunities for stakeholder involvement through the creation of a Behavioral Health Advisory Council, solicitation of input during initial rollout of new Administrative Services Organization contract, and others as identified through further behavioral health systems integration
- ▶ Promulgate regulations for community behavioral health programs, effective July 1, 2015. 2 informal comment periods held:
 - September 9, 2014 – October 3, 2014
 - January 8, 2015 – January 21, 2015