Behavioral Health Integration Mandates

FY 2011

- Maryland Health Care Reform Coordinating Council was charged with studying strategies to achieve BH integration including policy, financing, and delivery system

- General Assembly required workgroup to develop integrated financing system of care for individuals with co-occurring serious mental illness and substance use disorders
Behavioral Health Integration

- Administration (effective July 1, 2014)
  ADAA + MHA = BHA

- Fiscal (effective January 1, 2015)
  One ASO to manage behavioral health benefits for DHMH

- Regulations (effective date not yet determined)
  Regulations for substance-related disorders, addictive disorders, and mental disorders will be integrated
Behavioral Health Integration Regulations

July 2011

• Secretary appointed a Behavioral Health Integration Regulations Workgroup

• Members: MHA, ADAA, Office of the Attorney General, Office of the Inspector General, Office of Health Care Financing (Medicaid), Office of Health Care Quality (OHCQ), and providers of behavioral health services
BH Regulations Principles

Principles:

• Reflect and encourage both system and service integration
• Promote administrative simplicity
• Facilitate and support the use of evidence-based interventions
• Support a person-centered approach
BH Regulations Workgroup Process

Reviewed how current regulatory structure impedes quality service delivery

- Promotes distinction between treatment for SUD and MH
- Inconsistent authorization/diagnosis dependent
- Different funding streams based on diagnosis
BH Regulations Workgroup Process

Reviewed problems with existing regulations:

• COMAR 10.47 (ADAA) and 10.21 (MHA) have different and contradictory programmatic requirements
• Overly burdensome, detail-oriented
• Slow to respond to changes in practice, new research
BH Regulations Workgroup Process

**Workgroup Goal:** Create a regulatory structure that is forward-thinking, streamlined, and durable.

**Workgroup Recommendations:** Use accreditation as vehicle to shape service delivery system. Eliminate regulations that duplicate accreditation standards.
BH Regulations Workgroup Process

Why Accreditation?

1. Accreditation organizations are proficient in responding to changes in practice standards
   a. Stay current with research on evidence-based and best practices
   b. Solicit input from practitioners in field
   c. Update standards annually
BH Regulations Workgroup Process

Why Accreditation?

2. Accreditation standards focus on total program performance vs. specific quantified achievements

3. Accreditation will support implementation of best practices

4. Accreditation requires adherence to a single set of behavioral health standards

5. Accreditation is accepted as the “Gold Standard” of quality in many somatic and other health settings
BH Regulations Workgroup Process: Why Accreditation?

6. Accreditation is a requirement for reimbursement from private insurers.

7. Accreditation review will replace regularly scheduled visits by Office of Health Care Quality (OHCQ), redirecting State resources to high-risk and problematic providers.
BH Regulations Workgroup Recommendations

1. If a SUD/MH provider has a license approved by a Board to practice independently, will not need to be licensed by DHMH to provide SUD/MH services

Examples: Licensed Certified Social Worker-Clinical, Licensed Certified Professional Counselor
BH Regulations Workgroup
Recommendations

2. All other SUD/MH providers will need to be licensed by DHMH. License would be provided to those approved through an accreditation organization if standards exist for the service.

Examples: Outpatient services Level 1, Residential services, OMHCs.
BH Regulations Workgroup
Recommendations

3. If accreditation standards do not exist for a service, providers will need to be licensed under specific regulations.

Examples: DWI programs, Level 0.5 Early Intervention
BH Regulations Overview

- Regulations are applicable to all MH and SUD service providers regardless of funding or reimbursement source
- For services recognized by accreditation organizations, most existing regulations were removed
- Removed treatment requirements from Early Intervention ASAM Level 0.5
- Require collaborative agreement with CSA and LAA
BH Regulations Examples

Outpatient Services Level 1 programs that provide outpatient substance use disorder evaluation and treatment for an individual who:

(a) Meets the ASAM Patient Placement Criteria for Level 1, or its equivalent, as approved by the Department;

(b) Has a physical and emotional status that allows the individual to function in the individual’s usual environment; and

(c) If an adult, requires services for fewer than 9 hours weekly, or, if an adolescent, for fewer than 6 hours weekly.
Residential Services – Medically-monitored intensive inpatient treatment Level 3.7 programs that provide residential substance use disorder services:

(a) To individuals who meet the ASAM Patient Placement Criteria for level 3.7

(b) On a planned regimen of 24-hour evaluation, care, and treatment in an residential setting;

(c) In an Intermediate Care Facility Type C/D; and

(d) For a minimum of 36 hours of therapeutic activities a week; and

(e) While meeting the requirements for withdrawal management services as outlined in §C(1) of this regulation
Integrated behavioral health programs that:

(1) Meet the requirements for an:
   (a) Outpatient mental health center, as outlined in §A(3) of this regulation; and
   (b) Outpatient services Level 1 program, as outlined in §B(2) of this regulation.

(2) Has the capacity to provide, as appropriate:
   (a) Mental health evaluation and treatment services to individuals with a mental health diagnosis;
   (b) Substance use evaluation and treatment services to individuals with a substance use disorder; and
   (c) Integrated mental health and substance use evaluation and treatment services to individuals with both a substance use disorder and a mental health diagnosis.
BH Regulations Licensing Process

- Provider must submit DHMH application with supporting documentation including accreditation survey report.
- License length = length of accreditation plus 3 months.
- License will be a BH license for a specific service.
BH Regulations Sanctioning Process

One set of sanctions apply to all behavioral health programs

Sanctioning process could include:

- Notice of Deficiencies/Plan of Correction
- Summary Suspension
- Settlement Agreement
- Civil Penalties
Accreditation Technical Assistance

- DHMH will be providing Technical Assistance to providers
- Webinars and in-person meetings will start January, 2015
- Initial steps include assessment of program’s level of readiness and gap analysis
- TA meetings will discuss intent of standards and provide resources such as templates of standard forms
BH Regulations: Questions?

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