Behavioral Health Integration
Stakeholder Advisory Group

Project Overview

March 23, 2021
The District recently embarked on a Medicaid behavioral health redesign and transformation effort to establish an integrated care system that is comprehensive, coordinated, high-quality, culturally competent, and equitable.

A key component of this project will be to carve-in specialized behavioral health services into managed care contracts. DHCF plans to include behavioral health services as covered benefits in the District’s managed care contracts as of October 1, 2022 with the purpose of improving coordination and providing whole-person care.
High-Level Timeline of Behavioral Health Transformation

- **Phase I: January 2020 (ongoing)** - Implementation of the 1115 waiver, support for behavioral health practice transformation, access and use of health information exchange, and the enrollment of approximately 17,000 FFS Medicaid enrollees in MCO

- **Phase II: Incorporating a full continuum of behavioral health services in Medicaid managed care plans - “Behavioral Health Integration”**
  - Summer – Fall 2021 – Information Gathering
  - Fall 2021 – Fall 2022 – Planning
  - Fall 2022 – Implementation

- **Phase III: Advancing a population health model and incorporate value-based payment methodologies - Beginning Fall 2022**
Behavioral Health Integration – Key Deadlines

• **September/October 2021** – FY23 Agency Budget Formulation
  • The following must be finalized by this date:
    • Service changes and additions, including what will be carved in
    • Proposed provider rate changes
    • Proposed contract changes impacting costs (local budget or MCO rates)
    • Any other changes or supports requiring funding

• **January 2022** – State Plan Amendment (SPA) Drafting
  • Drafting program and service scope based on previous decisions
  • The following must be finalized by this date:
    • Any other policy changes not impacting cost

• **April 2022** – SPA Submission to CMS

• **July 2022** – MCO Contract Modifications Complete
  • The following must be finalized by this date:
    • Changes to the MCO contracts

• **October 2022** – Implementation begins
  • Provider, MCO, and beneficiary readiness activities will occur leading up to the October 1 launch date
Before we began planning, we conducted information gathering through two primary opportunities:

• Report from DBH contractor Aurrera Health Group on options for integrating behavioral health services into managed care based on interviews with five states with carve-in experience and a national review of integration efforts. This report included four key lessons:
  • Support & Train Behavioral Health Providers Early & Often
  • Support Provider Stability & Enrollee Access to Care
  • Ensure Oversight of MCOs Specific to Behavioral Health Care
  • Build Strong Partnership Between Medicaid and Behavioral Health Teams

• Behavioral Health Transformation Request for Information
  • We received a total of 16 responses from respondents to the 21 questions.
  • Overall, respondents were supportive of transforming behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable.
Behavioral Health Integration – Project Organization

Leadership Team
(Dr. Barbara J. Bazron and Melisa Byrd)

Decision-making

Steering Committee

Project Monitoring and Input

Work Stream 1: New Medicaid Services

Work Stream 2: MCO Contractual Considerations

Work Stream 3: Stakeholder Support and Communications

Work Stream 4: Performance Metrics and Population Monitoring

Work Stream 5: Provider Rate-Setting
Stakeholder Advisory Group

DHCF and DBH have established a stakeholder advisory group to help inform decisions regarding the carve-in of behavioral health services. The purpose of this group is to:

• Provide solution-oriented feedback on behavioral health integration, associated issues, and stakeholder concerns;
• Provide front-end stakeholder input on specific topics and decision points related to the carve-in;
• Provide edits and comments on documents related to the carve-in, as requested; and
• Identify other external entities needed for input.
# Current Medicaid Behavioral Health Services

<table>
<thead>
<tr>
<th>Services Currently Carved Out</th>
<th>Services Currently Carved In</th>
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<tbody>
<tr>
<td><strong>MHRS/CSA (DBH Ch. 34 certified providers)</strong></td>
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<tr>
<td>Diagnostic/Assessment</td>
<td>Medication/Somatic Treatment</td>
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<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Community Based Intervention (CBI) (Level 1: Multisystemic Therapy (MST); Levels 2 and 3; and Level 4: Functional Family Therapy (FFT))</td>
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<tr>
<td>Therapeutic Supported Employment Services for Mental Health</td>
<td>Child-Parent Psychotherapy for Family Violence (CPP-FV)</td>
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<tr>
<td><strong>Adult Substance Abuse Rehabilitative Services (ASARS) (DBH Ch. 63 certified providers)</strong></td>
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<tr>
<td>Assessment/ Diagnostic and Treatment Planning</td>
<td>Clinical Care Coordination</td>
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<tr>
<td>Short-Term Medically Monitored Intensive Withdrawal Management (MMIWM) in non-IMD residential treatment settings</td>
<td>Medication Management</td>
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<td>Psychosocial Rehabilitation Clubhouse</td>
<td>Trauma Recovery and Empowerment Model (TREM)</td>
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<td>Vocational and Therapeutic Supported Employment for SUD</td>
<td>Recovery Support Services for SUD</td>
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<td>MMIWM in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days</td>
<td>Crisis Stabilization (CPEP; Psychiatric Crisis Stabilization Programs; Youth Mobile Crisis Intervention; and Adult Mobile Crisis and Behavioral Health Outreach)</td>
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