

Medicaid Update on Behavioral Health Projects

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Partnerships

- Medicaid/BHA partnership
- Re-bundling
- 1915(i)
- Health Homes
- Telehealth (More to come)



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PRIMARY GOAL

Align Medicaid's payment structure with medication assisted treatment and clinical services.

- Under the proposal, OTP providers in addition to being able to bill for Methadone Maintenance, will also be able to bill separately for Individual Outpatient Therapy and Group Outpatient Therapy.
- Gives the Department the ability to see what services a patient actually receives



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Benefits of Re-Bundling

- Offers Flexibility to OTP treatment providers to continue to receive payment for the bundled services while an individual requires higher levels of counseling outside of what the OTP provider delivers.
- Allows for better continuity of care for patients needing higher level of counseling services.
- Creates an effective way to manage guest or temporary dosing at a 'non-OTP home site'.
- Provides a mechanism of payment for providers who participants are clinically appropriate to receive 'take home' medication.
- Captures data to inform best practices.



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Methadone treatment

- Research shows that Methadone with Counseling appears to be more effective than Methadone-only or Counseling only for several outcomes.
 - Substance-negative urines, days without drug use
 - Abstention from criminal activity
- Findings also indicate that treatment which includes Methadone is more effective than treatment that does not, and patients having an investment in their Counseling was important to improved treatment outcomes.



Maryland Chronic Health Homes

Update to the Behavioral Health Advisory Council
 Elaine Hall, Health Policy Analyst
 BHU / Medicaid



Program Overview

- Health Homes provide enhanced care coordination and management for individuals with chronic health conditions
- Target Population:
 - Individuals with Serious and Persistent Mental Illness or Serious Emotional Disturbance, **OR**
 - an Opioid Substance Use Disorder, **AND** at risk for an additional chronic condition
- Health Home Providers: PRP, MTS, OTP

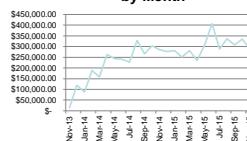


Current Program Status

Provider Summary	
Approved sites (total)	81
Approved Sites by Provider Type	
Psychiatric Rehabilitation Programs (PRP)	63
Mobile Treatment	10
Opioid Treatment Programs	8

Participant Summary			
Provider Type	Over 18 years old	Under 18 years old	Total
OTP	904		904
Mobile Treatment	191	21	212
PRP	3106	446	3552
Total	4201	467	4668

Health Home Expenditures by Month



Ongoing Efforts

- OTP Provider Recruitment
- Building partnerships and information sharing
- Ongoing systems improvements
- Increased focus on compliance through desk audits and site visits
- Evaluation and Reporting:
 - Reports are available online at <https://mmcp.dhmh.maryland.gov/Pages/Health-Homes.aspx>

1915(i) Intensive Behavioral Health Services for Children, Youth and Families

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Service Overview

- The purpose of this program is to provide a home and community-based services benefit for children and youth with serious emotional disturbances (SED) and their families.
- Eligible participants are served by care coordination organizations through a wraparound service delivery model.
- First provider approved 10/2/2015.

Included Services

- Intensive In-Home Services
- Mobile Crisis Response Services
- Family Peer Support
- Respite Services (In Home and Out of Home)
- Expressive and Experiential Behavioral Services
- Customized Good and Services

Current Enrolled Providers	
Catholic Charities	Intensive In-Home Service
Institute for Family Centered Services	Intensive In-Home Service Mobile Crisis Response
Maryland Coalition of Families	Family Peer Support Service
Way Station, Inc.	Respite Service



Participant Population

- Under 18 years old
- Residing in a home and community based setting
- Is currently receiving TCM III
- Family income does not exceed 150% FPL OR participates in waiver services

Expected participants served

200



Telehealth

- A clinical work in progress
- Adding SUD providers in next iteration (Soon)
- Working towards reviewing and evaluating effective use of telehealth
- We've come a long way

