

Department of Legislative Services
Maryland General Assembly
2019 Session

FISCAL AND POLICY NOTE
First Reader

Senate Bill 976
Finance

(Senator Hayes)

Public Behavioral Health System - Implementation Plans to Improve Efficiency,
Accountability, and Outcomes - Workgroup

This bill requires the Secretary of Health to convene a workgroup of specified stakeholders to develop implementation plans to improve efficiency, accountability, and outcomes of publicly funded behavioral health services. The workgroup must develop implementation plans for uniform and system-wide adoption of measurement-based care standards for mental health and substance use disorder services delivered, as specified, and submit reports on the plans to the Governor and the General Assembly by December 1, 2019, and December 1, 2020.

Fiscal Summary

State Effect: The Maryland Department of Health (MDH) can develop and report on the required implementation plans with existing budgeted resources. Revenues are not affected.

Local Effect: None, as local behavioral health authorities can participate in the workgroup with existing resources, and revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: By December 1, 2019, the workgroup must report on implementation plans for mental health and substance use disorder services delivered to (1) recipients in the specialty behavioral health system; and (2) members of Medicaid managed care organizations (MCOs) in primary care settings.

By December 1, 2020, the workgroup must report on implementation plans for mental health and substance use disorder services delivered in State psychiatric facilities and any other publicly funded behavioral health service settings.

The implementation plans must include recommendations for a timeline and necessary steps to achieve:

- system-wide adoption of measurement-based care using reliable, standardized, quantifiable, and valid symptom and severity rating tools for mental illness and substance use disorders that comply with Joint Commission requirements for behavioral health providers;
- establishment of risk-adjusted norms on availability of adequate annual data;
- adoption of value-based purchasing tied to patient outcomes;
- reduction of unnecessary administrative burden; and
- provision of adequate training and infrastructure support to ensure successful implementation.

Current Law/Background: MDH must establish a delivery system for specialty mental health services for MCO enrollees. The Behavioral Health Administration (BHA) must design and monitor the delivery system, establish performance standards for providers, and establish procedures to ensure appropriate and timely referrals from MCOs to the delivery system. The delivery system must (1) provide all specialty mental health services needed by enrollees; (2) for enrollees who are dually diagnosed, coordinate the provision of substance abuse services provided by MCOs; (3) consist of a network of qualified mental health professionals from all core disciplines; (4) include linkages with other public service systems; and (5) comply with quality assurance, enrollee input, data collection, and other requirements specified by MDH in regulation.

MCOs currently cover mental health and substance use disorder services provided by an enrollee's primary care provider. As part of Maryland's § 1115 HealthChoice waiver, specialty mental health and substance use disorder services (services that are not performed as part of a primary practitioner's office visit) are "carved out" into a separate managed fee-for-service system. The specialty mental health system (SMHS) is administered by BHA, local core service agencies, and an administrative services organization.

In total, 300,000 people receive specialty mental health and substance use disorder services annually through SMHS, 96% of whom are Medicaid enrollees. SMHS currently serves some non-Medicaid eligible individuals (underinsured and uninsured) and provides some services not covered by Medicaid (*i.e.*, supported employment) using State dollars.

Federal Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015

In 2015, the U.S. Congress passed the Medicare Access and CHIP Reauthorization Act of 2015, which, among other things, created new accountability standards for providers and health systems. Subsequently, in 2017, the federal Centers for Medicare and Medicaid Services established payment codes for the implementation of measurement-based care in the delivery of behavioral health services in primary care settings.

The Joint Commission

The Joint Commission is an independent, nonprofit organization that accredits and certifies nearly 21,000 health care organizations and programs in the United States. The Joint Commission recently revised its standards for behavioral health care so that organizations must assess outcomes through the use of a standardized tool or instrument. Results of these assessments will be used to inform goals and objectives identified in individual plans of care, treatment, or services and to evaluate outcomes of care, treatment, or services provided to the populations served.

Additional Information

Prior Introductions: None.

Cross File: HB 941 (Delegate Rosenberg) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Centers for Medicare and Medicaid Services; The Joint Commission; Department of Legislative Services

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