

Behavioral Health Integration: Stakeholder Advisory Group Draft Charter¹

Name of Working Group

Behavioral Health Integration Stakeholder Advisory Group

Background Information

The District recently embarked on a Medicaid behavioral health redesign and transformation effort in alignment with DHCF's strategic priority to build a health system that provides whole person care. The District seeks to ensure that Medicaid mental health, substance abuse, primary care, and specialty services are coordinated and delivered in a manner that is most effective to caring for people with multiple healthcare needs and produces the best outcomes. This transformation effort is guided by the following principles:

- Embrace a Population Health Framework
 - Ensure access to a continuum of behavioral health services, including prevention, treatment, and recovery for the Medicaid population.
 - Improve coordination of physical and behavioral health services.
 - Promote evidence-based approaches to population health management.
- Provide Person-Centered Care
 - Facilitate access to care, including the ease of making an appointment and telehealth.
 - Patient engagement in care, including assistance with self-care, patient education, and access to personal health information.
 - Ensure accessibility of public information to inform provider choice such as provider directory information on office hours, services, credentials, and patient experience; and opportunities for ongoing, routine patient feedback.
- Ensure Parity
 - Promote access to behavioral health services comparable to that which occurs for physical health services.

¹ This draft charter is intended for informational purposes only. Once members are confirmed, the Stakeholder Advisory Group will refine and update the charter to fully reflect their membership, tasks, and scope of work.

- Improve Quality
 - Invest in a system that integrates, when needed, the treatment of mental health and substance use disorders.
 - Measure performance using Federal and District defined metrics.
 - Ensure clinical information systems support high-quality care, practice-based learning, and quality improvement.
 - Implement a data-driven continuous quality improvement plan for behavioral health services and coordination of physical and behavioral health services.
- Promote Health Equity
 - Ensure the availability of culturally competent services and healthy living access across all eight (8) wards.
 - Develop programs and services that address social determinants of health and enhance community supports to optimize care for higher-need consumers/clients
 - Implement strategies to reduce health and health care disparities.
- Promote Value, Efficiency, and Coordination
 - Pay for value, not for volume, of health care services.
 - Reward performance

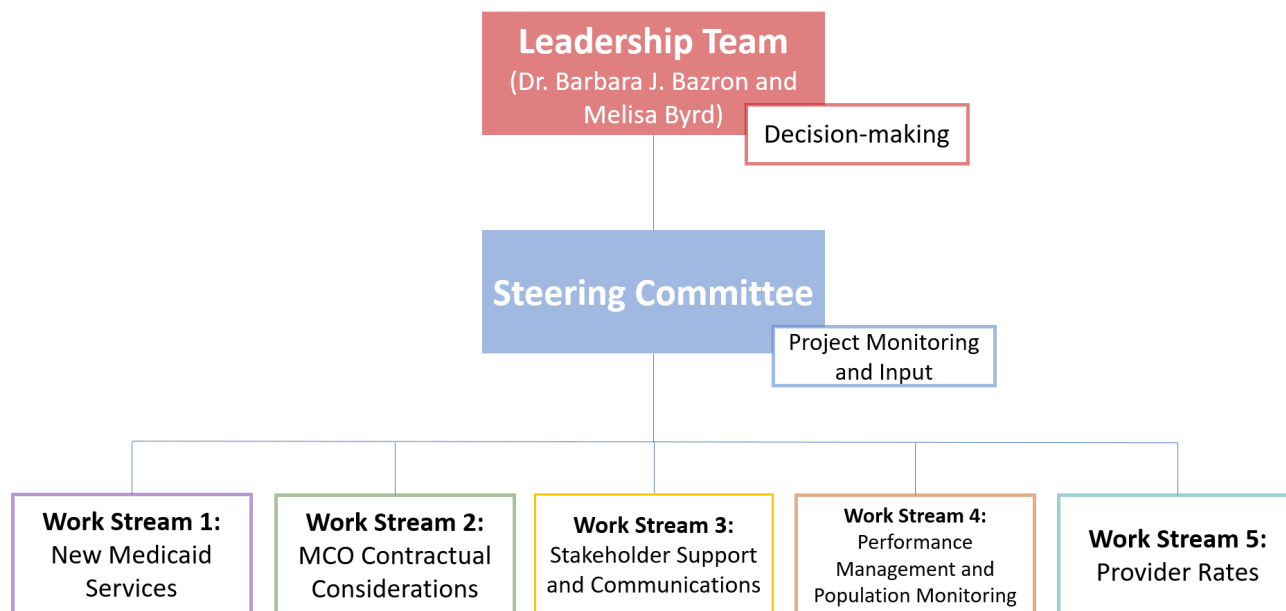
A key component of this project will be to carve-in behavioral health services into managed care contracts. DHCF plans to include behavioral health services as covered benefits in the District's managed care contracts as of October 1, 2022 with the purpose of improving coordination and providing whole-person care to increase service integration for individuals with behavioral health needs. To ensure that a carve-in of behavioral health services occurs in a comprehensive and coordinated manner, DBH and DHCF have created a project structure consisting of five work streams that address the five key components of this work (see Figure 1).

This structure reflects recommendations from Aurrera Health Group, a contractor hired to identify options for integrating behavioral health services that are currently provided through fee-for-service into Medicaid managed care, responses to the Request for Information on Medicaid Behavioral Health Transformation in the District of Columbia,² and the previous experience of both agencies. The report from Aurrera Health Group found that stakeholder communication prior to integration was an important element of the planning process for the states that have gone through this integration process. Specifically, they recommended the formation of a stakeholder advisory group.

²

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/RFI%20Behavioral%20Health%20Transformation.pdf>

Figure 1: Behavioral Health Integration Project Structure



Vision

The behavioral healthcare system in the District of Columbia will be a whole-person, population-based, integrated system that is comprehensive, coordinated, high quality, culturally competent, and equitable. The transformed system of care will improve the quality of care and health outcomes of Medicaid beneficiaries, and will be guided by the knowledge, needs and experience of the diverse stakeholders directly impacted by the resulting system.

Mission

The Behavioral Health Integration Stakeholder Advisory Group provides input on key decisions relating to the carve-in of behavioral health services into Medicaid Managed Care, identifies potential issues and operational concerns, and provides solution-oriented feedback for consideration as part of a transparent behavioral health integration planning and implementation process through a collaboration between Medicaid and the Department of Behavioral Health.

Structure/Membership

The Advisory Group will be managed by Work Stream 3, Stakeholder Support and Communications, and is co-led by one government representative and one community representative. The community co-lead will be selected by non-governmental members of the advisory group.

Membership consists of a maximum of 30 total members representing the following stakeholder categories:

- Consumers (51% of the membership will be beneficiaries)
- Caregivers,
- Consumer organizations
- Providers offering behavioral health services across the continuum of care
- Provider organizations
- Medicaid Managed Care Organizations and relevant subcontractors
- Representatives from DBH and DHCF, and other relevant District agencies

Core Tasks and Expectations

1. Provide solution-oriented feedback on issues, operational concerns, and other stakeholder interests related to the carve-in of behavioral health services.
2. Provide front-end stakeholder input on specific topics and decision points related to the carve-in of behavioral health services.
3. Review and provide edits and comments on behavioral health integration documents outside of scheduled meetings, as needed.
4. Form work groups, as needed, for in depth discussion to inform recommendations.
5. Act as representative of designated stakeholder group, eliciting feedback as needed from constituents to further Advisory Group's work.
6. Identify other external entities needed for input on integration recommendations.
7. Refer discussion items to existing committees and advisory groups, including the Behavioral Health Planning Council and Medical Care Advisory Council, to provide expertise, as needed.

Tentative Schedule³

The Stakeholder Advisory Group will begin monthly meetings no later than the last week of February. Members will be expected to attend monthly virtual meetings, conference calls, and in-person meetings (pending the end of the COVID-19 Public Health Emergency), as well as engage in work related to the group outside of these meetings, through the end of 2021. Members should anticipate that a majority of the work will be completed by October 2021, to facilitate FY23 budget formulation.

Sample Discussion Topics⁴

Topic	Anticipated Discussion Period ⁵
Case Management and Care Coordination	February 26 – March 12, 2021
Consistency in MCO Standards & Procedures	February 26 – March 19, 2021
Provider Performance Measures	March 29 – April 23, 2021

³ Specific meetings dates and timelines to be defined by the Stakeholder Advisory Group.

⁴ Additional topics may be added as the BH integration process gets underway.

⁵ Anticipated Discussion Periods are informed by the overall project plan, which are subject to change. Stakeholder Advisory Group should refine dates, as needed, while ensuring that they align with the project's overall deadlines and independencies between topics.

Permanent MCO Contract Policies	March 29 – May 14, 2021
Services to Carve-in	April 13 – April 27, 2021; September 1-7, 2021
MCO Performance Measures	May 24 – June 25, 2021
Short-term MCO Contract Policies (“Bridge Policies”)	May 24 – June 25, 2021
MCO Preparedness and Transition Planning	July 26 – August 13, 2021
Provider Rate Study Results	August 2 – August 10, 2021 ⁶
Provider Training and Technical Assistance Plan	August 16 – September 14, 2021
Beneficiary Education and Communications Plan	October 18 – November 19, 2021

Reference Documents

- Summary of responses to Request for Information: Medicaid Behavioral Health Transformation in the District of Columbia: A Roadmap to Integrated Care - Forthcoming
- Strategies for Integrating Behavioral Health Services into Medicaid Managed Care Systems (Aurrera Health Group) – To be provided to Stakeholder Advisory Group Members
- DC DBH 2019 Strategic Plan - <https://dbh.dc.gov/publication/dbh-strategic-plan-2019>
- Report and Recommendations of the Mayor’s Commission on Healthcare Systems Transformation - https://dmhhs.dc.gov/sites/default/files/dc/sites/dmhhs/page_content/attachments/Report%20and%20Recommendations%20of%20the%20MCHST_FINAL.pdf

⁶ Stakeholders will have additional opportunities to engage with the contractor during the rate study process. This reflects the review of the preliminary results.