

**MEDICAID COMPREHENSIVE WAIVER
BEHAVIORAL HEALTH STAKEHOLDER
STEERING COMMITTEE REPORT
PRESENTATION**

JUNE 25, 2012

AN OVERVIEW OF THE REPORT

- Acknowledgements
- Executive Summary
- The Stakeholder Steering Committee
- Guiding Principles
- Recommendations
 - Access
 - Clinical
 - Fiscal
 - Outcomes
- Attachments

EXECUTIVE SUMMARY

- Includes:
 - An overview of the Waiver application reform goals
 - A detailed summary of the behavioral health system improvements and innovations included in the waiver
 - A narrative description of the Stakeholder Steering Committee and Work Group charge to provide recommendations to DMHAS and DMAHS
 - A description of the Work Group process and timeline

EXECUTIVE SUMMARY

- The Work Groups were asked to embrace a consumer-centered, wellness and recovery orientation and to keep key consumer-level and systems level considerations in mind as they engaged in their work.
- Each Work Group was asked to prepare a report that identified key issues for consideration, challenges and opportunities, and recommendations for the Steering Committee within their respective areas of focus.

EXECUTIVE SUMMARY

- Certain fundamental goals were expressed across all four Work Groups:
 - Improve access to behavioral health care
 - Integrate care for consumers with behavioral and physical health conditions
 - Improve consumer health outcomes and satisfaction
 - Maximize available resources to achieve the first three goals.
- The Steering Committee developed a set of guiding principles to inform the design and implementation of a managed behavioral health system of care.

STAKEHOLDER STEERING COMMITTEE

- DMAHS Director Valerie Harr and DMHAS Assistant Commissioner Lynn Kovich provided an overview of the purpose and goals of the Stakeholder Steering Committee:
 - to inform the DHS' values and vision regarding the design and implementation of the ASO/MBHO;
 - to elicit broad stakeholder input regarding the design and development of the various components of the ASO/MBHO;
 - to initiate a small group process to inform at a more detailed level the components of the ASO/MBHO; and
 - to identify and leverage opportunities under Health Care Reform to support a transformed system.

STAKEHOLDER STEERING COMMITTEE

- The Work Groups were asked to embrace a consumer-centered, wellness and recovery orientation and to keep key consumer-level and systems level considerations in mind as they engaged in their work.
- Each Work Group was asked to prepare a report that identified key issues for consideration, challenges and opportunities, and recommendations for the Steering Committee within their respective areas of focus.

GUIDING PRINCIPLES

- The ASO/MBHO must be person-centered, reflecting the strengths, resources, challenges, and needs of consumers.
- The system needs to be easy for consumers and families to access and use. It is critical to ensure that the ASO/MBHO itself does not create additional barriers for consumers seeking to access services.
- The State should pursue reimbursement rates at levels that will induce a sufficient number of providers to enter the marketplace to deliver necessary services to consumers, while meeting availability, access, geography and quality objectives and regulatory requirements.
 - Financial and non-financial incentives need to be established to build a system that supports the over-arching principles of wellness and recovery, while tracking monitoring utilization and costs across the continuum of care to ensure that resources are expended efficiently and desired outcomes are achieved.

GUIDING PRINCIPLES

- The ASO/MBHO design should be informed by the fundamental belief that with services and supports consumers can manage their behavioral health conditions while regaining and sustaining purposeful and meaningful lives.
 - This should be reflected in the system design by emphasizing the integration of primary and behavioral healthcare services managed by the ASO/MBHO and the Medicaid managed care organizations (MCOs) to promote holistic, community-based care for the purpose of overall consumer wellness and recovery.
 - The transformation of the behavioral health system of care from an unmanaged, cost-related contracting system to a managed system that purchases services on a fixed-rate, fee-for-service basis is a challenging step towards creating an environment where consumers receive appropriate care and supports in a manner that is efficient, accountable, and affordable to the taxpayers.

GUIDING PRINCIPLES

- While the implementation of the ASO/MBHO is anticipated to achieve improved behavioral health quality and outcomes, and contain costs, government, community, and constituent stakeholders should be cognizant that many desirable outcomes will not be fully realized without a commitment to collaboration and accountability shared by other systems that also engage and serve behavioral health consumers including other programs and services administered by DHS, the Departments of Health and Senior Services and Labor and Workforce Development, as well as the judiciary and criminal justice systems.

CHARACTERISTICS OF AN ASO/MBHO

- The following were identified by the Work Groups as characteristics an ASO/MBHO should possess in order to reflect the values of New Jersey's behavioral health system. The ASO/MBHO needs to:
 - Have the capacity to serve individuals with complex behavioral, medical, and/or social needs, including those with co-occurring mental illness, substance use disorders, and intellectual and developmental disabilities. These individuals should be provided with the support necessary to navigate the system in order to address all their needs.
 - Provide a seamless service delivery system that facilitates coordination, communication, and collaboration between partners.
 - Utilize quality improvement strategies that interface between DHS, the ASO/MBHO, providers, and consumers and reflect consumer, family, and stakeholder participation.

CHARACTERISTICS OF AN ASO/MBHO

- Ensure the delivery of high quality services under the ASO/MBHO by a trained and competent workforce.
- Easily exchange information and use that information to provide coordinated services.
- Support technological interoperability and quality improvement functions.
- Adhere to documentation requirements that inform clinical decision-making and support the clinical process.
- Maintain transparency with respect to data regarding both ASO/MBHO and provider performance.
- Recognize that the need to maintain safety is of paramount importance for consumers, families and staff.
- Have a New Jersey location for all direct operations including care management, prior authorization, clinical, and phone/help desk operations.

ACCESS WORK GROUP RECOMMENDATIONS

- The Access Work Group developed a set of recommendations for access requirements to be included in the Request for Proposals (RFP) that will be issued to procure the ASO/MBHO.
- These recommendations describe what the ASO/MBHO should demonstrate and specify in their response to the RFP with respect to the following areas:
 - Capacity and Service Delivery
 - Care Coordination and Continuity of Care
 - Information and Education
 - Ease of Initial Access
 - Geographic Proximity
 - Timeliness of Access
 - Cultural and Linguistic Competence
 - Complex Behavioral, Medical and Social Needs

CLINICAL WORK GROUP RECOMMENDATIONS

- Ensure that the system provides for the consumer to have a positive experience of care. This includes but is not limited to: easy access, effective care, adequate measures of safety, easy appeals process, and help with immediate needs.
- Services should be client directed whenever possible. For example, the system should include a client directed comprehensive care and crisis plan that can move to and from agencies to follow the consumer through the system that includes psychiatric advanced directives.
- Provisions to ensure the safety of consumers, staff and the public must be included in the design and supported by funding.
- Workforce development is critical to effective and efficient service delivery and should be supported and funded by the division.
- The system should provide the right service for the right person in the right dose at the right time. This would include, but is not limited to, prevention services, services designed to divert consumers from high-end care, easily accessible screening with full assessment completed by credentialed professionals, funded services to engage consumers in care, and uniform placement criteria across the system.

CLINICAL WORK GROUP RECOMMENDATIONS

- Integrate mental health and addiction services so that there is “no wrong door” and effective services are readily available for consumers with mental illness, addiction and co-occurring illness
- Provide the services providers with the support and funding necessary to maintain and improve system capacity. Some examples are: align provider regulations across systems, continue provider ability to meet the basic needs of consumers when necessary, fund providers to be accessible 24/7, and enhance services for individuals with complex needs such as I/DD consumers, aging out consumers and those that are justice involved.
- Integrate physical and behavioral health services to reverse health disparities and the premature deaths of our consumers.
- Utilize technology to increase the system effectiveness, cut costs and improve consumer experience of care.



FISCAL WORK GROUP RECOMMENDATIONS

- Provided recommendations for a seamless, user-friendly service authorization and claims processing system
- Prioritized the services in the behavioral health system to target for rate rebalancing
- Provided reasonable options for a transition from cost reimbursement to FFS provider contracts
- Suggested payment strategies that will incentivize provision of good care for reasonable cost



OUTCOMES WORK GROUP RECOMMENDATIONS

- The ASO/MBHO should collect and report on outcomes that reflect the Work Group's quality improvement framework (attached as an appendix to the final report) as a baseline
- Consider the interrelationship of outcome and process measures to evaluate performance
- Conduct a practical and meaningful consumer/family satisfaction/perception of care data collection and evaluation process
- Evaluate and implement the use of incentives and penalties
- Align outcome measures with Federal and other regulatory bodies as well as other states
- Performance benchmarks should be used from existing industry data with consideration of the NJ specific data as the system matures
- Existing or readily obtained data should be utilized to limit the burden of data collection

OUTCOMES WORK GROUP RECOMMENDATIONS

- Outcomes should reflect a wellness and recovery based approach
- Implementation of evidence based and emerging practices is reinforced through monitoring and quality improvement
- Effective coordination of care is a desired outcome at the individual and the systems level
- Quality improvement priorities may change over time due to emerging needs and unanticipated occurrences
- Identify safeguards that ensure the most effective treatment and not just the most inexpensive treatment is delivered
- Recognize that some desirable outcomes, such as employment, may be outside the scope of the ASO/MBHO
- Stakeholder must be engaged in each step of the quality management process
- ASO/MBHO applicants should be required to demonstrate their capacity for delivering a robust quality management (QM) program, including but not limited to: staff and technology to support data analytics, consumer and other stakeholder involvement in QM activities, and proven strategies to ensure transparency of QM information

ATTACHMENTS TO THE REPORT

- Access Work Group Attachment
 - Access Work Group ASO Map
- Clinical Work Group Attachment I
 - Recommended Services Array
- Clinical Work Group Attachment II
 - Case Management Existing Services
- Clinical Work Group Attachment III
 - Case Management Proposed Services
- Outcomes Work Group Attachment I
 - Quality Improvement Framework
- Outcomes Work Group Attachment II
 - Guiding Principles

TIMELINE

