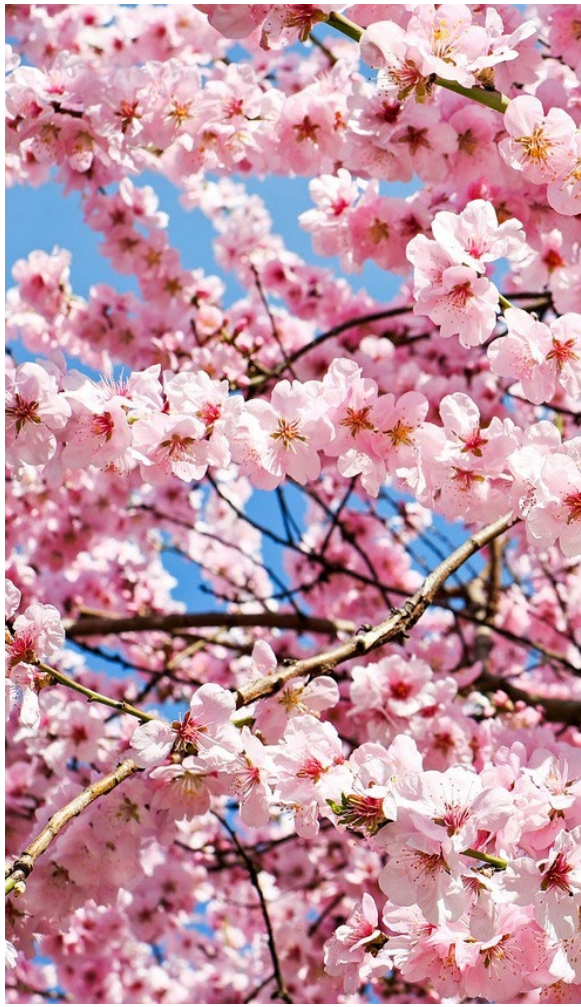
The Hilltop Institute

State Health Policy: A Look Ahead

Chesapeake Employers Insurance Arena

April 4, 2024



UMBC

Welcome & Event Overview

Alice Middleton, Deputy Director,
The Hilltop Institute

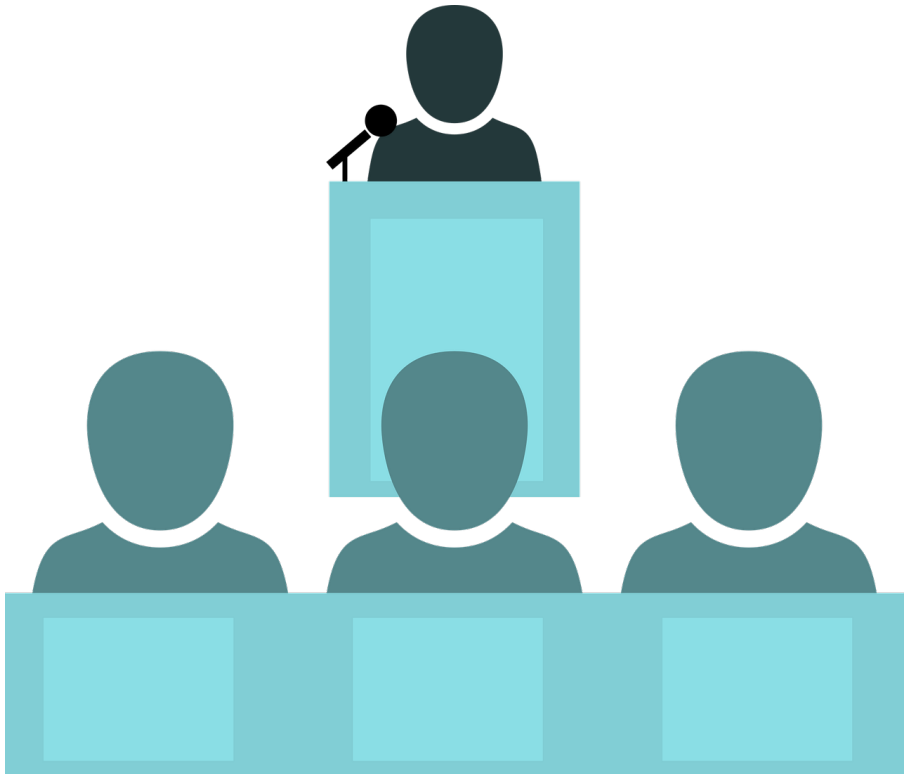
Welcome to UMBC & Remarks about Hilltop and Cynthia's Retirement

Antonio Moreira,
Vice Provost for Academic Affairs,
UMBC

Cynthia's Contribution to UMBC

Karl Steiner, Vice President, Office of Research and Creative Achievement, UMBC

Introduction of Speakers



Alice Middleton

Our Vision for the Future

Laura Hererra-Scott, Secretary,
Maryland Department of Health

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A Look Ahead: MDH's Vision for the Future

Laura Herrera Scott, MD, MPH
April 4, 2024

Overview

- Role of Medicaid
- Building Maryland's Behavioral Health Continuum of Care
- State Health Improvement Process
- Population Health and Moving to Our Ideal State
- Maryland Model & AHEAD

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Medicaid: Anti-Poverty Program

- One study tested the impacts of health insurance programs to non-health programs (i.e., social insurance, means-tested cash and in-kind benefits and refundable tax credits).
- Researchers found health insurance benefits accounted for **almost one-third of the poverty reduction from public benefits** for individuals in households without a disability recipient.
- These effects were even larger on **reducing childhood poverty, and reducing poverty for people of color**
- More than half of all adults enrolled in Medicaid and more than two-thirds of children enrolled in Medicaid and CHIP are people of color

Source: Georgetown Center for Children and Families

Maryland Medicaid will…

- Lead ***innovation and access*** with targeted efforts to expand coverage for care and services through a variety of policymaking levers.
- Leverage a data-driven focus to ***equity and changing structural systems*** with focus on social determinant of health to improve outcomes for Medicaid participants.
- Be integral to meeting Maryland's unique all payer ***Total Cost of Care goals through alignment*** of initiatives and performance metrics, including primary care and quality alignment
- Under direction of Behavioral Health Administration, support the development of a coordinated, high-quality equitable ***system of behavioral health care*** delivery.

Operational Excellence: People, Systems, Processes

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Care and Services Rooted in Equity

- Data for demographics across systems and improve the rigor of reporting with REAL data across Medicaid program
  - Language access, health literacy, and culturally competent services
- Alignment of quality-based metrics with national and state metrics- HealthyPeople 2030, SHIS, eQIP-hospital, SHIP, HSCRC Quality-Based measures
- Develop a cogent social drivers of health strategy
  - MCO screening of participants - leverage HIE and exchange of information
  - Coverage of social drivers of health services with 1115 waivers and/or including “in lieu of services”
- Require NCQA Health Equity Accreditation among MCOs

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Behavioral Health Continuum of Care (Adults)

Prevention/Promotion				Primary Behavioral Health		Urgent/Acute Care		Treatment / Recovery	
Promotion	Universal Prevention	Selective Prevention	Indicated Prevention	Outpatient Care	Intermediate Care	Urgent/ Crisis Care	Acute Treatment	Long-Term Treatment	Recovery Supports
• General Outreach • Pop Specific Outreach • Comms Campaigns	• ACEs • Preschool Services • School-Based Services • Suicide Prevention • Problem Gambling • SUD Prevention	• SBIRT • Harm Reduction • PASRR • Maryland Commitment to Veterans	• Home Visiting • Mental Health First Aid • Transition Aged Youth	• Community-Based Services • Case Mgmt • TAMAR • MCCJTP • MH Client Support Services • Drug Court • Outpatient Detox • MAT	• Partial Hosp. Programs	• 988 Hotline • Urgent Care Services • Crisis Stabilization Centers • Mobile Crisis Teams • MHSS/MRSS • Residential Crisis • STOP • ED/Hospital Diversion	• ED • Inpatient • Inpatient Detox	• Assisted Living • RRPs • PRPs • RTCs • MAT	• State Care Coordination • MDRN • START • Clubhouse • Wellness / Recovery Centers • Recovery Comm. Ctr. • Permanent Supported Housing • CoC • SOAR • Respite
			• SATS (TCA) • Targeted Case Management • Screening & Med Initiation (e.g. Bupe Expansion, BHIPP)		• ACT • MHSS / MRSS • Safe Stations		• Trans. Case Mgmt • Res. Treatment		

Data / Technology / Quality / Health Equity / Workforce Initiatives (incl Peers)

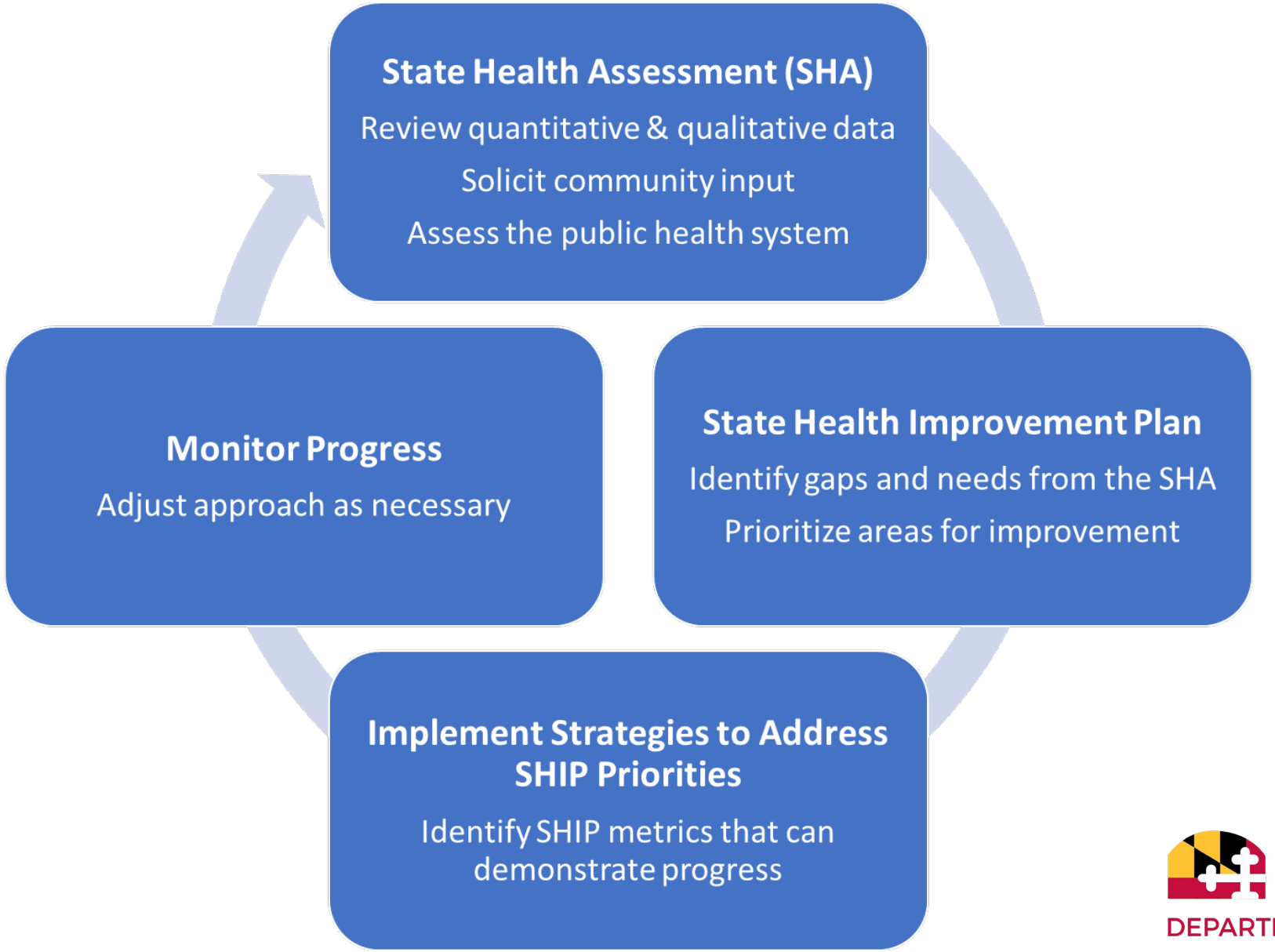
March 2024

Behavioral Health Innovation Opportunities

Prevention/Promotion	Primary Behavioral Health	Urgent/Acute Care	Treatment/Recovery
Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit Collaboration with the Consortium for Coordinated Community Supports	Scaling Collaborative Care model Reimbursement for school-based services Medicaid primary care alignment under AHEAD	Reimbursement for mobile crisis and crisis stabilization services Health IT infrastructure (e.g., bed registry)	Expansion of Assistance in Community Integration Services pilot Certified Community Behavioral Health Clinic planning opportunity Access to 1915(i) services

Data / Technology/ Quality / Health Equity / Workforce Initiatives (incl Peers)

State Health Improvement Plan



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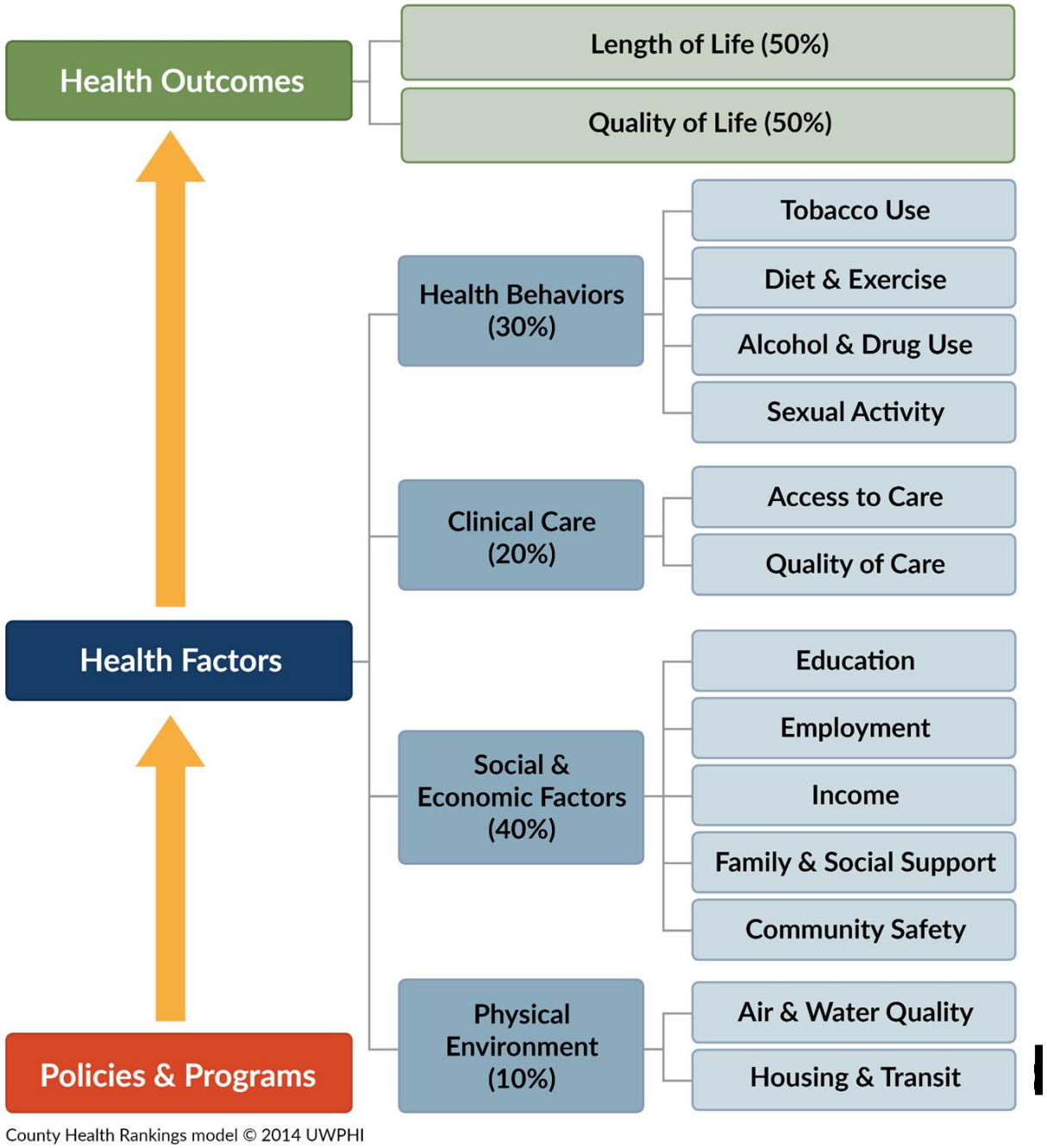
Model of Health

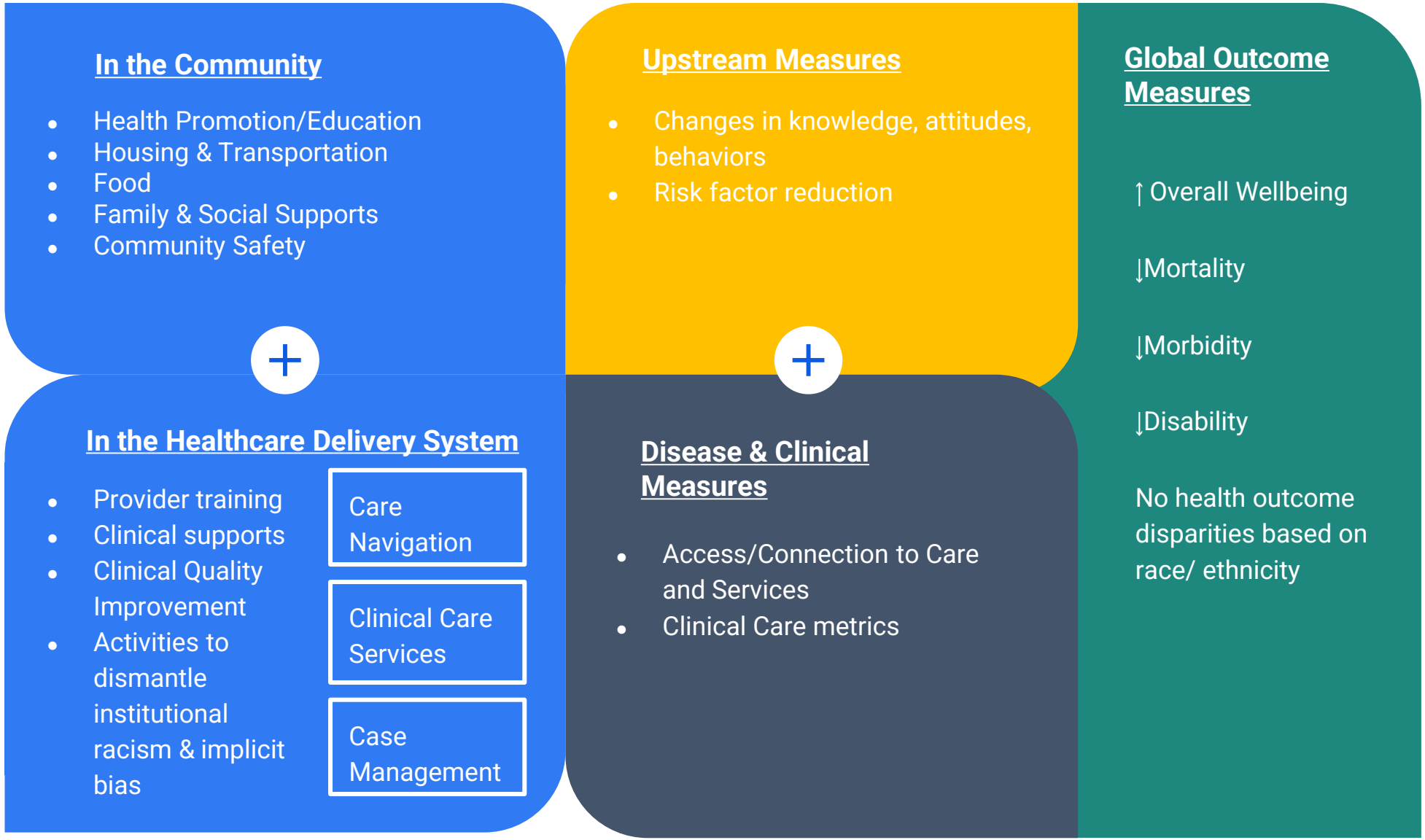
Used for County Health Rankings and Roadmaps

County Health Rankings and Roadmaps provides data, evidence, guidance and examples to build awareness of the multiple factors that influence health and support leaders in growing community power to improve health equity

Robert Wood Johnson Foundation/University of Wisconsin Population Health Institute



Ideal State: A Regional Roadmap



States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

Statewide Accountability Targets

Medicare and All-Payer Cost Growth, Medicare and All-Payer Primary Care Investment, and Equity and Population Health Outcomes through State Agreements with CMS

Components

Cooperative Agreement Funding

Hospital Global Budgets (facility services)

Primary Care AHEAD

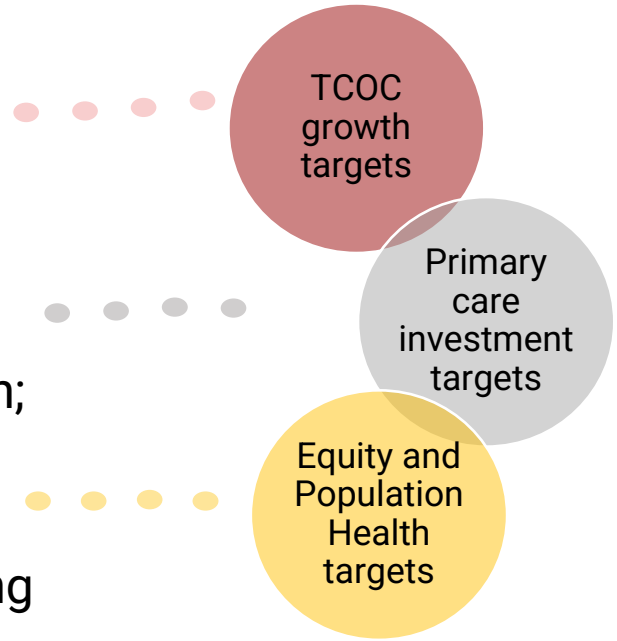
Strategies

- Equity Integrated Across Model
- Behavioral Health Integration Across Care Settings
- All-Payer Approach
- Medicaid Alignment
- Accelerating Existing State Innovations

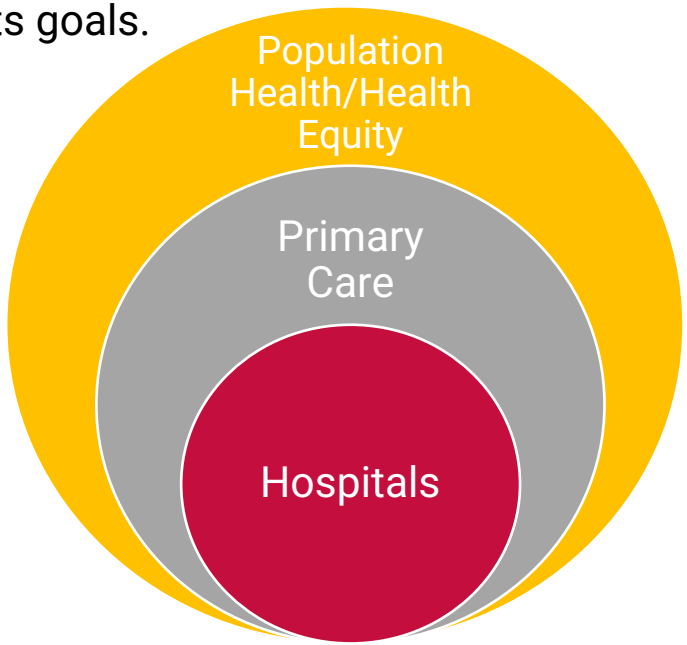
AHEAD Builds on the TCOC Model

The States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model is a state total cost of care (TCOC) model designed to:

- curb growth in healthcare cost spending;
- improve population health; and
- advance health equity by reducing disparities in health outcomes.



Similar to the Maryland Total Cost of Care (TCOC) Model, AHEAD focuses on three overlapping domains to achieve its goals.



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Closing Thoughts: Hilltop Partnership

“Teamwork is the ability to work together toward a common vision. The ability to direct individual accomplishments toward organizational objectives. It is the fuel that allows common people to attain uncommon results." – Andrew Carnegie

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The Hilltop Institute: Primary Care for State Health Policy

Christopher Koller,
President, Milbank Memorial Fund
Chair, Hilltop Advisory Board

Health Care for the Justice-Involved

Chuck Milligan,

Chief Operating Officer, Health Management Associates
former Deputy Secretary of Health Care Financing, MDH
former Hilltop Executive Director

HMA

State Health Policy: A Look Ahead

The Hilltop Institute

April 4, 2024

THE CENTERS FOR MEDICARE & MEDICAID (CMS) INVITES 1115 WAIVERS ON REENTRY BY INDIVIDUALS WHO HAVE BEEN INCARCERATED

On April 17, 2023, CMS released State Medicaid Director Letter (SMD#23-003), "Opportunities to Test Transition-Related Strategies to Support Community Reentry and Improve Care Transitions for Individuals Who Are Incarcerated."

SMD#23-003 outlines a roadmap of approval parameters for states seeking approval for 1115 reentry programs:

Eligible Population: Soon-to-be former incarcerated individuals who are otherwise eligible for Medicaid or CHIP.

Minimum (Targeted) Benefit Package:

1) Case management to link physical and behavioral health needs and HRSN;
2) Medication-assisted treatment (MAT) services for all types of SUD as clinically appropriate, with accompanying counseling; and,
3) 30-day supply of prescription medications at time of release.

Pre-release Timeframe: Not to exceed 90 days pre-release (generally 30, 60, or 90-day periods)

Pre-Release Service Providers: Traditional providers; Correctional agencies; Community health care providers; "Lived Experience Workers"

New Investments in Administrative Information Technology (IT): Administrative costs for infrastructure investments to support the development and implementation of reentry services.

Budget Neutrality: Hypothetical per capita model; showing of state projected budget neutrality savings not required

THE INVITATION IS ACCEPTED: SEVENTEEN STATES HAVE PENDING 1115 REENTRY DEMONSTRATION PROPOSALS as of MARCH 2024 (AND MARYLAND IS ON TRACK)

State	Proposed Reentry Period	Proposed Reentry Benefit Package
Arizona	30 days prior to release	• case management and education services, • coordination for housing supports • care planning to link physical and behavioral health • peer supports
Arkansas	90 days prior to release	All state plan services (including Medication Assisted Treatment (MAT) and 30-day supply of prescription drugs upon release)
Hawaii	90 days prior to release	case management, physical and behavioral health clinical consultation, lab and radiology services, MAT, and a 30-day supply of medications (including DME)
Illinois	90 days prior to release	• case management, • physical and behavioral health clinical consultation, • medications (including MAT), laboratory and radiology services, • 30-day supply of prescriptions upon release (including DME)
Kentucky	60 days prior to release	SUD treatment services, case management, and 30-day supply of medications upon release (including DME)
Massachusetts	90 days prior to release	• Pre-release case management • Physical and behavioral health clinical consultation services • Laboratory and radiology services • Medications and medication administration (including MAT) • 30-days of medications upon release (including DME)
New Hampshire	45 days prior to release	Care coordination services, peer recovery supports or counseling, and new prescribing provider appointments with identified community behavioral health providers

THE INVITATION IS ACCEPTED: SEVENTEEN STATES HAVE PENDING 1115 REENTRY DEMONSTRATION PROPOSALS (CON'T)

State	Proposed Reentry Period	Proposed Reentry Benefit Package
New Jersey	60 days prior to release	Up to four behavioral health care management visits
New Mexico	30 days prior to release	Enhanced care management and coordination, medication assisted treatment (MAT), 30-day supply of medication and durable medical equipment (DME)
New York	30 days prior to release	• care management and discharge planning (including peer services) • clinical consultant services • sexual and reproductive health information and connectivity • medication management plan
North Carolina	90 days prior to release	• case management • medication for Opioid Use Disorder • physical and behavioral health clinical consultation services • lab and radiology services • tobacco cessation • 30-day supply of prescription medicine upon release (including DME)
Oregon	Up to 90 days pre-release	• Full Medicaid services for all youth under 21 in juvenile detention facilities • Limited "transitional" services for justice-involved adults covering care coordination and continuum of care services
Pennsylvania	Up to 90 days pre-release	case management, medication-assisted treatment, 30-day supply of prescription medicine upon release, and housing supports
Rhode Island	30 days prior to release	Full Medicaid State Plan benefits
Utah	30 days prior to release	Full Medicaid State Plan benefits
Vermont	90 days prior to release	Full Medicaid State Plan benefits
West Virginia	30 days prior to release	Community-based clinical consultation services (including care management services), HIV/Hepatitis C screening and treatment, and 30-day supply of medication upon release

THREE STATES HAVE APPROVED 1115 REENTRY DEMONSTRATIONS

CALIFORNIA
(CMS approved 1/26/2023)

Incarcerated individuals 90 days pre-release who are youth OR adults with SUD, mental health diagnosis, chronic/clinical condition, I/DD, traumatic brain injury, HIV/AIDS, or pregnant/postpartum.

- Case management to link physical and behavioral health needs and HRSN
- Physical and behavioral health clinical consultation services
- Laboratory and radiology services
- Medications including a 30-day supply of prescription medications and DME upon release
- MAT for all types of SUD with accompanying counseling
- Services provided by community health workers with lived experience

WASHINGTON
(CMS approved 6/30/2023)

Incarcerated adults and youth 90 days pre-release.

- Case management to link physical and behavioral health needs and HRSN
- Physical and behavioral health clinical consultation services
- Laboratory and radiology services
- Medications including a 30-day supply of prescription medications and DME upon release
- MAT for all types of SUD with accompanying counseling
- Services provided by community health workers with lived experience

MONTANA
(CMS approved 2/26/2024)

Incarcerated adults 30 days pre-release who have SUD or mental illness.

- Limited clinical consultation services
- Case management to link physical and behavioral health needs and HRSN
- MAT for all types of SUD with accompanying counseling
- 30-day supply of prescription medications upon release

THUS FAR, MOST STATES HAVE NOT LINKED THEIR 1115 REENTRY DEMONSTRATIONS TO OTHER ADJACENT AND COMPLEMENTARY OPPORTUNITIES

OPPORTUNTIES FOR STATES TO LINK CMS' 1115 REENTRY INITATIVE WITH OTHER OPPORTUNITIES

New Infrastructure Investments in Medicaid and Correctional Healthcare Services

Federal funding for administrative costs associated with infrastructure investments to support the development and implementation of reentry services (i.e., Technology/Infrastructure Support, Expanding Workforce, Outreach and Engagement)

Expanding Workforce through Inclusion of Non-Traditional Providers

Federal funding to support state engagement and partnership with non-traditional Medicaid providers, such as community-based organizations and individuals with lived experience of incarceration, on demonstration design and implementation.

State-Based Flexibility to Reentry Program Design

States can design and scale an 1115 reentry program that specifies the types of carceral settings and the population(s) of individuals in carceral facilities that would be eligible to participate. States can propose a phased approach to adding carceral facilities and justice-involved population(s) as well.

Facilitate State Alignment with CMS "Whole Person Care" Model

States can combine 1115 reentry proposals with CMS' health related social needs (HRSN) 1115 initiative to offer a "whole person" or "person centered" approach to addressing an individual's physical health, behavioral health, and social needs in alignment with CMS' investments in the movement to person-centered care models.

Reflections

Cynthia Woodcock

Questions & Answers

Moderated by Alice Middleton

Closing Remarks & Transition to Reception

Alice Middleton