MHD Behavioral Health Services

Current Status for COA 4 Managed Care Members and Rationale for Carve-in

February 4, 2020
Agenda

Objective
The purpose of our discussion is to present the MHD Behavioral Health (BH) Services Carve-In Project to our stakeholders.

Goals
- Discuss the Rationale for the BH Services Carve-in Project
- Obtain feedback, suggestions, ideas, or resolutions
- Develop openness and transparency with our stakeholders
- Establish monthly follow-up meetings
Rationale for Proposed Carve-In

- Recommendation from Transformation Report

- Moving toward value-based healthcare

- New CMS guidance: how existing CMS policy on Institutions for Mental Disease (IMD) impacts Qualified Residential Treatment Programs (QRTP) – as amended by Family First Prevention Services Act

- MHD Managed Care Contract has specific requirements for care management of COA 4 members and having BH services carved out for these members creates obstacles to providing whole person care management
Children/youth in the care and custody of the state and receiving adoption subsidy assistance (COA 4) who are MHD managed care members currently receive the following services through fee-for-service:

### Fee-for-Service (FFS)

<table>
<thead>
<tr>
<th>Outpatient services for BH conditions</th>
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<tbody>
<tr>
<td><strong>Provider Types</strong></td>
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<tr>
<td><strong>Services</strong></td>
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<tr>
<th>Inpatient BH admissions (currently certified by Conduent)</th>
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<tr>
<td>• Other managed members (adults, pregnant women, non COA 4 children/youth) receive these services through managed care.</td>
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</table>
Services MHD Proposes to Carve-In for COA 4

• Outpatient services for BH conditions (psychologist, psychiatrist, psychiatric advanced practice nurse, professional counselor, marital and family therapist, clinical social worker) – diagnostic assessment, psych testing, individual, family and group therapy, psychotherapy for crisis

• Inpatient BH admissions

Also:

• Residential (requires state plan amendment)
• Intensive Outpatient (requires state plan amendment)
• Partial Hospitalization Program (requires state plan amendment)
Services to Remain Carved Out for all MC Members

- Community Psychiatric Rehabilitation (CPR)
- Comprehensive Substance Treatment and Rehabilitation (CSTAR)
- Targeted Case Management (TCM)
- Applied Behavior Analysis (ABA) for Autism Spectrum Disorder
Feedback

Please share feedback or comments for MHD to consider

Ideas

What barriers need to be considered to promote successful implementation?

Concerns

Are there any considerations that need to be addressed?

Suggestions

Are there additional suggestions that should be explored?
MHD Contact Information

Comments may be emailed to: Ask.MHD@dss.mo.gov

Please use “Public Comment for Behavioral Health Services Carve-In” in the subject line.