The Massachusetts Department of Public Health’s

Behavioral Health Integration Initiative

July 12, 2012
Increased support for integration of behavioral and primary care

- Clear therapeutic as well as cost saving benefits to integration
- Consistent with patient-centered medical home model
- Future ACO RFPs likely to support this approach
Goal: Create environment that encourages innovation and quality

• Help to conceptualize the care models
  – Fully integrated as well as sub-contractual
  – Single site as well as multiple &/or new structures or locations
  – Bi-directional integration
Goal: Provide maximum flexibility for high quality, safe & confidential integrated care

• Overcome current perceived and real barriers
  – Complicated and varied state regulations
  – Federal laws and regulations
  – Delays
  – Multiple people to speak with
Background

• Legal + Bureaus of Health Care Quality & Substance Abuse Services review separate regulations for consistencies & inconsistencies & federal/state laws

• Compliance with laws essential intent but still room for flexibility adaptation
DPH’s New Plan: The Integration Initiative Committee (IIC)

• Multi-unit committee to facilitate application flow – *No Wrong Door*

• Central entry point with feedback and guidance
  – Clarify the process
  – Identify items that must be complied with
  – Be flexible about the rest
  – Actively help move the request along as fast as possible
“No Wrong Door” Template to Guide Proposal with FAQs Phone Consultation as Needed

Written Proposal Review Beginning September 1

Proposals Articulate Status & Goals and Guide Executive Committee Decision Making (DPH receiving applications by 9/1/12)

Integration Initiative Executive Committee (Decision-Making)

Integration Initiative Executive Committee

BSAS

BHCSQ

General Counsel

Comm.

Face-to-Face Meetings: Standing Monthly Sessions

Timing of Approval Variable Dependent on Project Scope

Application Process Physical Plant Confidentiality Staffing

Ongoing feedback

If a Complex Application, Case Management Support Provided

Availability August 13

DPH Bureau of Substance Abuse Services & Bureau of Health Care Safety and Quality

Primary Care - Behavioral Health Integration Initiative

To provide maximum flexibility for integrative innovation while maintaining quality, safety, and confidentiality
Problem-solving approaches

• **Concern** – Conflicting regulations pertaining to staffing; duplicative requirements
  – **Solution** – Navigating conflicting/duplicative regs

• **Concern** – Plan approval & facility requirement issues
  – **Solution** – Allow flexibility; grant waivers for onerous requirements*

(*caveat: DPH cannot waive federal or state health, safety, ADA and confidentiality regulations)
Problem-solving approaches

- **Concern:** Limits on sub-contracting and co-locating
  - BHCSQ Waivers for demonstration projects
- **Concern:** Record-keeping and confidentiality
  - Technical assistance for federal compliance
- **Concern:** Extensive oversight & duplicative processes for programs w/ nat’l accreditation
  - Explore potential for deemed status
Next Steps

- August – Proposal template & telephone consultation available
- September – DPH IIC team convenes (Health Care Quality, Substance Abuse, Legal & Commissioner’s office)
- September - Proposals to be accepted for new process
- Contact person at MDPH – Andy Epstein beginning mid-August (andy.epstein@state.ma.us)