



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

June 24, 2019

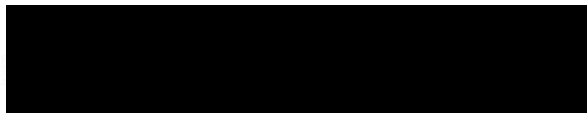
Mr. Calder Lynch
Acting Deputy Administrator and Director
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Lynch,

The Secretary of Health is requesting an amendment to Maryland's §1115 HealthChoice demonstration to cover the Collaborative Care Model (CoCM) Pilot Program. Pursuant to Chapters 683 and 684 of the Acts of 2018 (HB 1682/SB 835), the Department must establish and implement the CoCM in primary care settings in which health care services are provided to Medical Assistance Program participants enrolled in HealthChoice. The Department shall review, approve, and make awards to up to three sites to participate in the CoCM Pilot Program via a competitive application process. Following completion of the CoCM Pilot Program, the Department will evaluate its outcomes to assess whether it controlled costs, improved access to care and clinical outcomes, and increased patient satisfaction.

The Department looks forward to working with CMS to develop a program that will provide high-quality, cost-effective care for Medicaid participants. Thank you for considering our proposal. If you have any questions, please contact Alyssa Brown, Deputy Director of the Office of Innovation, Research, and Development, at 410-767-9795 or alyssa.brown@maryland.gov.

Sincerely,



Dennis R. Schrader
Chief Operating Officer and Medicaid Director
Maryland Department of Health

**Maryland HealthChoice Program
§1115 Waiver Amendment**

**Submitted by
Maryland Department of Health**

June 24, 2019

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Maryland Section 1115 Waiver Amendment Submission

Amendment Introduction and Objectives

The Maryland Department of Health (the Department) is pleased to submit this §1115 waiver amendment application for the HealthChoice program. HealthChoice, Maryland's statewide mandatory Medicaid managed care program, was implemented in July 1997 under authority of a waiver through §1115 of the Social Security Act. The initial waiver was approved for five years. In January 2002, the Department completed the first comprehensive evaluation of HealthChoice as part of the first §1115 waiver renewal. The 2002 evaluation examined HealthChoice performance by comparing service use during the program's initial years with utilization during State Fiscal Year (SFY) 1997, the final year without managed care. The Centers for Medicare and Medicaid Services (CMS) approved subsequent waiver renewals in 2005, 2007, 2010, 2013, and 2016.

This amendment would authorize the Department to cover collaborative care services through a limited pilot program, the Collaborative Care Model (CoCM) Pilot Program.

Introduction

The Department is seeking an amendment that will permit the implementation of the CoCM Pilot Program for a limited number of Medicaid participants enrolled in HealthChoice.

Collaborative Care is an evidence-based approach for integrating physical and behavioral health services in primary care settings that includes: (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement.

In Maryland, specialty substance use disorder (SUD) and mental health (MH) services are carved out of the HealthChoice managed care organization (MCO) benefits package and are administered by an Administrative Services Organization (ASO). MCOs in HealthChoice are responsible for delivering primary behavioral health services and referring participants to the ASO for specialty services.

The goal of the CoCM Pilot Program is to improve health outcomes for Maryland Medicaid participants who have experienced mental illness or have a substance use disorder, but have not received effective treatment, and to further integration of primary and behavioral health care. CoCM Pilot Sites would have the option to target individuals diagnosed with mild to moderate depression using Patient Health Questionnaire-9 (PHQ-9) screening tool or to specify a different target population with a behavioral health need (either SUD or MH condition).

Pursuant to Chapters 683 and 684 of the Acts of 2018 (HB 1682/SB 835), the Department must establish and implement the CoCM Pilot Program in primary care settings in which health care services are provided to Medical Assistance Program participants enrolled in HealthChoice. SB 835 requires MDH to administer the CoCM Pilot Program and to select up to three pilot sites with certain characteristics to participate. The Department shall review, approve, and make awards to up to three sites to participate in the CoCM Pilot Program via a competitive application process. Funding will include up to \$325,000 for services rendered during the second half of fiscal year (FY) 2020 (January 1, 2020 through June 30,

2020), and up to \$550,000 annually for services rendered for FY 2021, FY 2022, and FY 2023 (July 1, 2020 through June 30, 2023). Following completion of the CoCM Pilot Program, the Department will evaluate its outcomes to assess whether it controlled costs and improved access to care and clinical outcomes.

Overview of Collaborative Care

The CoCM is a patient-centered, evidence-based approach for integrating physical and behavioral health services in primary care settings that includes: (1) care coordination and management; (2) regular, systematic monitoring and treatment using a validated clinical rating scale; and (3) regular, systematic psychiatric caseload reviews and consultation for patients who do not show clinical improvement. A collaborative care team is responsible for delivery and management of patient-centered care. Proponents of the model suggest that merging behavioral health with primary care normalizes and de-stigmatizes treatment for behavioral health disorders for the patient. This in turn encourages patients to seek access to the evidence-based behavioral health services available in their regular primary care clinics resulting in improved patient outcomes.

The CoCM incorporates a team of three providers: (1) a primary care provider (PCP), (2) a behavioral health (BH) care manager, and (3) a psychiatric consultant. In Maryland's Medicaid program, a physician, nurse practitioner, nurse midwife, or physician assistant may serve as a PCP. The BH care manager possesses formal education or specialized training in behavioral health. The role is typically filled by a nurse, clinical social worker, or psychologist that is trained to provide coordination and intervention who works under the oversight and direction of the PCP. Together, the BH care manager and the PCP form the primary care team. The psychiatric consultant is typically either a licensed psychiatrist or psychiatric nurse practitioner. For purposes of the CoCM Pilot Program, an addiction medicine specialist or any other behavioral health medicine specialist as allowed under federal regulations governing the model may also serve as a consultant.

Although there can be variations to the CoCM, all iterations share four essential elements. The provision of care must be: (1) patient-centered and team-driven, (2) population-focused, (3) measurement guided, and (4) evidence-based. In practice, this means that a CoCM must be a joint effort of medical professionals led by a PCP that collaborate to use shared care plans to achieve concrete treatment goals for a defined population of patients. Outcomes are tracked by utilizing a combination of patient reported outcome measures and scientifically proven methods. Because the CoCM is patient-centered, the team makes concerted efforts to actively engage patients in self-management and treatment adherence, while also coordinating and developing flexible recommendations to meet patient needs.

The CoCM can target various behavioral health needs; however, eligible participants usually include individuals who have screened positive for depression according to the PHQ-9 by their PCP. While some studies have shown the effectiveness of Collaborative Care in adolescents, the majority of research supports Collaborative Care as an intervention for adult populations.

The PCP's main role within the model is to provide primary care services, coordinate care, and help the patient access a range of health care services. The PCP acts as the billing provider for CoCM services. The patient is introduced to the BH care manager, who works closely with the PCP. The BH care manager is primarily responsible for supporting and implementing treatment initiated by the PCP, such as the monitoring of medication. The primary care team in consultation with the psychiatric consultant determines the course of treatment and sets measurable benchmarks that they expect the patient to reach in the future.

Once the treatment plan is implemented, the patient’s progress is tracked at regular intervals using validated clinical rating scales (e.g., PHQ-9). If a patient is not improving as expected, the treatment plan and goals are systematically adjusted. In addition to working closely with the primary care team, the psychiatric consultant may also meet directly with patients that present significant diagnostic challenges or who are not showing clinical improvements. Interactions with the primary care team and patients may be conducted in-person or via telehealth from the PCP’s office to the psychiatric consultant.

Interest in the Collaborative Care Model in Maryland

In March 2016, the Senate Finance and House Health and Government Operations Committees requested the Department to submit a report regarding the opportunities to adopt a CoCM in the Maryland Medicaid program. The Department concluded that while there is potential for the CoCM to control costs, improve access and clinical outcomes, and increase patient satisfaction, the statewide implementation of a CoCM was not feasible due to the substantial start-up costs. The Department recommended a one year pilot in the future.¹ In 2017, the Department submitted an update to the 2016 report, where it committed to continuing to explore the possibility of a one year pilot of a CoCM.² The Department acknowledged the need for additional funding and §1115 waiver authority.

During the 2018 legislative session, the Maryland General Assembly passed and the Governor approved HB 1682/SB 835 (Chs. 683 and 684 of the Acts of 2018) entitled *Maryland Medical Assistance Program – Collaborative Care Pilot*. The bill establishes a Collaborative Care Model Pilot Program for SFYs 2020 through 2023. Specifically, the bill requires the Department to establish and implement the CoCM in up to three pilot sites that deliver primary care services to HealthChoice participants. The Governor must provide an annual budget of \$550,000 for each SFY of the pilot. The bill further stipulates that the Department shall apply to CMS for an amendment to the State’s §1115 HealthChoice Demonstration Waiver if necessary to implement the CoCM Pilot Program. Lastly, the Department must report to the Governor and the General Assembly the findings and recommendations from the CoCM Pilot Program by November 1, 2023.

Pilot Sites will have the option to designate the behavioral health need they will target. The impact of CoCM on outcomes for individuals with depression is one area that has been studied. Data on the HealthChoice population suggests that the CoCM has the potential to improve outcomes and reduce costs for this population. Table 1 below shows the number of HealthChoice participants in calendar year (CY) 2017 with a diagnosis of depression who did not access specialty behavioral health services through the ASO. Overall, in CY 2017 there were 7,753 participants in HealthChoice with a primary diagnosis of depression and 46,301 participants with any diagnosis.

¹ 2016 Joint Chairmen’s Report (p. 78) – Report on Collaborative Care Initiative, <https://mmcp.health.maryland.gov/Documents/JCRs/2016/collaborativecareJCRfinal12-16.pdf>

² 2017 Joint Chairmen’s Report (p. 89) – Report on Collaborative Care Revisited, <https://mmcp.health.maryland.gov/Documents/JCRs/2017/BHIJCRfinal1-18.pdf>

Table 1: Number of Participants Diagnosed with Depression who Receive Services from their MCO (Excluding Visits Paid by Beacon Health Options), CY2017

MCO	CY 2017			
	Total Participants	Primary Diagnosis	Any Diagnosis	Percent with Any Diagnosis
Aetna	*	*	*	0.2%
Amerigroup	318,063	1,309	8,058	2.5%
JAI	*	*	*	6.1%
Kaiser	77,891	242	1,029	1.3%
Maryland Physicians Care	252,695	1,787	10,309	4.1%
MedStar	106,028	717	3,954	3.7%
Priority Partners	340,471	1,996	12,732	3.7%
University of Maryland Health Partners	53,261	317	1,915	3.6%
United	180,575	1,230	6,477	3.6%
Total	1,360,912	7,753	46,301	3.4%

*Cell sizes suppressed.

Requested Policy Changes, Objectives, and Rationale

The Department requests an amendment to the current §1115 waiver to establish a CoCM Pilot Program as mandated by state law in order to better integrate behavioral and somatic care. The purpose of the CoCM Pilot Program is to establish a CoCM in primary care settings to provide services to participants enrolled in HealthChoice. The Department shall select up to three sites over a four year period, with one of those sites being located in a rural area to the extent practicable. The Department would select the participating sites through a competitive application process.

The Department issued an optional letter of interest (LOI) and a Request for Applications (RFA) on April 10, 2019. Interested sites shall submit the LOI to the Department by April 19, 2019 and completed RFAs by May 22, 2019. Submitted RFAs must include:

1. Project Abstract
2. Project Narrative
3. (Optional) Letters of support from relevant stakeholders
4. Resumes of Key Personnel
5. A signed and dated copy of Attestations and Certification
6. A Budget Outline

CoCM Pilot Sites will agree to participate in the collection and monitoring of required performance measures identified for the CoCM Pilot Program. All CoCM Pilot Sites will be required to report metrics quarterly and annually. Approved CoCM Pilot Sites will be subject to the CoCM Pilot Site's mandatory agreement to the forthcoming MOA, DUA, and BAA, which will incorporate performance measurement requirements and will govern the exchange and utilization of the data involved in the CoCM Pilot Programs.

Pilot Award Payment Structure and Award Payments

For purposes of the CoCM Pilot Program, the Pilot year shall begin on July 1 and end on June 30. The Department will award up to \$325,000 in FY 2020, and up to \$550,000 annually in FY 2021, FY 2022, and FY 2023 to support the cost of service delivery. Available funds will be allocated between the selected CoCM Pilot Sites based on demonstrated need. CoCM Pilot Sites will be required to submit invoices to the Department for services delivered. Invoices must use the billing codes referenced below. Reimbursement will be limited to services delivered to Medicaid participants enrolled in HealthChoice. CoCM Pilot Sites have the discretion to bill other payers for services; however, the cost of services delivered to non-Medicaid participants and Medicaid participants not enrolled in HealthChoice are not eligible for reimbursement through the CoCM Pilot Program.

Table 2: List of Codes for CoCM Pilot Program

Codes	Description	Primary Care Setting Rate
99492	First 70 minutes in the first calendar month or behavioral health care manager activities	\$161.28
99493	First 60 minutes in a subsequent month for behavioral health care manager activities	\$128.88
99494	Each additional 30 minutes in a calendar month of behavioral health care manager activities	\$66.60

All services must be tracked and submitted in an invoice to the Department. Services invoiced will be reimbursed against the CoCM Pilot Site's approved Service Delivery Budget for the fiscal year. To the extent service delivery costs exceed the Pilot Site's approved Service Delivery Budget for any fiscal year, the site will not be eligible for reimbursement.

Anticipated Outcomes

Collaborative Care has been recognized as an official evidence-based practice by SAMHSA and recommended as a best practice by the Surgeon General's Report on Mental Health, the President's New Freedom Commission on Mental Health, and a number of national organizations, including the National Business Group on Health. The Agency for Healthcare Research and Quality reviewed various approaches to integrating MH and substance use treatment with primary care found that the CoCM stood out as having the strongest results.

The CoCM has been tested in numerous randomized controlled trials in the United States and abroad. Studies demonstrate that the model can be more effective than traditional care methods with respect to improving clinical, cost, and quality outcomes.³ Limited studies indicate that collaborative care, when compared to standard care, can double the short- and long-term response rate to depression treatment, with some evidence supporting similar improvement in other MH conditions, such as anxiety, bipolar disorder, and schizophrenia. In addition to its potential positive effects on participants' health outcomes, collaborative care may also reduce health care costs. Depression has been shown to increase a patient's

³ Unützer, Jürgen. The Collaborative Care Model: An Approach for Integrating Physical and Mental Health Care in Medicaid Health Homes.

overall health care costs by up to 50-100 percent.⁴ Effective treatment of depression through the CoCM thus has the potential to reduce a patient’s overall health care costs.

The Department objective seeking this amendment is to determine whether the CoCM Pilot Program will improve access and clinical outcomes.

Evaluation Design

Maryland’s annual HealthChoice evaluation design will be modified to incorporate the CoCM Pilot Program waiver amendment. The Hilltop Institute performs an annual evaluation of the HealthChoice program as mandated by Maryland’s §1115 waiver. This pilot will test whether collaborative care will improve access and clinical outcomes as previously stated using the proposed measures listed below.

As required by state law, the Department will report to the Governor and the General Assembly on the Department’s findings and recommendations from the CoCM Pilot Program on or before November 1, 2023.

The following are the currently proposed monitoring measures that the Department will require selected CoCM Pilot Sites to report:

1. **Enrollment** – The total number of Medicaid patients enrolled in Collaborative Care treatment during this month
2. **Newly enrolled** – Among enrolled patients, the number of patients who were diagnosed with Depression or Anxiety or other targeted behavioral health diagnosis and enrolled in treatment by the BH care manager this month
3. **Average Duration of Treatment** – Average number of weeks between initial assessment to date of discharge from Collaborative Care
4. **Monthly Contact**- Number (#) and proportion (%) of patients receiving active treatment in CoCM defined by those patients who have had at a clinical contact this month
 - a. Numerator: Patients that have had at least one clinical contact this month
 - b. Denominator: Total number of patients enrolled during this month
 - c. **Note:** A “clinical contact” is defined as a contact in which monitoring may occur and treatment is delivered with corroborating documentation in the patient chart. This includes individual or group psychotherapy visits and telephonic engagement **as long as treatment is delivered.**
5. **Clinical Contacts by Phone** – Number (#) and proportion (%) of telephonic touches for patients enrolled in treatment over the total number of touches that month. See note above regarding definition of “clinical contact”.
6. **Improvement Rate** – Number (#) and proportion (%) of patients enrolled in treatment for 70 days or greater who demonstrated clinically significant improvement defined as:
 - a. A 50% reduction from baseline PHQ-9, or
 - b. A drop from baseline PHQ-9 to less than 10
 - i. Numerator: Patients that have met Improvement criteria
 - ii. Denominator: All patients enrolled in Collaborative Care for 70 days or more
7. **Remission Rate** – Number (#) and proportion (%) of patients enrolled in treatment for any length of time who have achieved remission criteria (PHQ-9 below 5) during this month

⁴ Katon WJ, Lin E, Russo J, Unutzer J. “Increased Medical Costs of a Population-based Sample of Depressed Elderly Patients.” Archives of General Psychiatry. September 2003;60(9):897-903.

- a. Numerator: Patients whose most recent PHQ-9 is below 5
 - b. Denominator: Total number patients enrolled during this month
8. **Psychiatric Consultation or Change in Treatment Rate** – Among those enrolled in treatment for 70 days or more who did not improve, number (#) and proportion (%) who whose case was reviewed by the Consulting Psychiatrist with treatment recommendations provided to the Primary Care Provider or Depression Care Manager OR had a documented change made to their treatment plan this month
 - a. Numerator: Patients who have had their case reviewed by the Consulting Psychiatrist OR had a change documented in their treatment plan this month
 - b. Denominator: Patients that have been enrolled for 70 days or more who have not met clinical improvement criteria this month
9. **Depression Screening Rate** – Number (#) and proportion (%) of all unique adult patients seen during the reporting period who received their annual PHQ-2 or PHQ-9 screening.
 - a. Numerator: Patients that received a PHQ-2 or 9 during this visit, or have been screened in the last year
 - b. Denominator: All patients seen in the practice for any reason that month
10. **Depression Screening Yield** – Number (#) and proportion (%) of all unique adult patients who scored a 10 or greater on their initial PHQ-9 during the reporting period
 - a. Numerator: Patients that scored a 10 or higher on their initial PHQ-9
 - b. Denominator: All patients screened with a PHQ-9 during that month

Additionally, the Department will evaluate the impact of the CoCM Pilot Program on the number of and outcomes for individuals who:

1. Were not diagnosed as having a behavioral health condition before receiving treatment through the pilot program;
2. Were not diagnosed as having a behavioral health condition before being referred to and treated by a specialty behavioral health provider;
3. Received behavioral health services in a primary care setting before receiving treatment through the CoCM Pilot Program; and
4. Received specialty behavioral health care services before being identified as eligible to receive treatment through the CoCM Pilot Program.

Budget Neutrality

As required by state law, the Department has a budget of \$550,000 per year (\$325,000 during the first fiscal year) for four state fiscal years of the pilot, averaging to approximately \$183,000 for services per CoCM Pilot Site.

Conservatively, the Department estimates that each participant will cost approximately \$190 per member per month (PMPM) for six months of care. The Department estimates that the CoCM Pilot Program will be able to treat approximately 483 participants across all of the Pilot Sites annually, or 161 participants per site on average. The Department estimates that the actual number of participants receiving services may vary based on Pilot Site proposed caseload and staffing, as well as the Site's payer case mix.

The Department anticipates a 50 percent federal match, with \$162,500 federal funds the first fiscal year and \$225,000 in each subsequent year.

Public Process and Indian Consultation Requirements

The Department provided public notice and solicited stakeholder participation for this §1115 waiver amendment application per the requirements in 42 C.F.R. §431.408. Notice was published in The Maryland Register on April 12, 2019 and April 26, 2019, as well as on the Department's website on April 26, 2019 (See Appendix B: List of Attachments). The Department provided a 30-day public comment period, from May 17, 2019 through June 16, 2019.

In addition to publishing these notices, the Department conducted two public hearings on the amendment application. The first hearing was held in Baltimore City at the Maryland Department of Health on May 23, 2019 following the Maryland Medicaid Advisory Committee (MMAC) meeting in order to facilitate attendance by MMAC members and stakeholders attending this public forum. This hearing was accessible by audio conference and presented as a webinar so that slides would also be visible to participants not present at the Department. The second hearing was held on June 7, 2019, in Crownsville, Maryland in a State of Maryland office building. During these hearings, the Department presented a summary of the amendment draft and we accepted verbal and written comments from stakeholders (See Appendix B: Summary of Public Comments and Maryland Section §1115 Waiver Amendment Attachments for additional information on comments received). The public was also able to access information about the waiver amendment and submission of comments on the Department's website via the link: <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>

Additionally, on May 21, 2019, the Department sent an overview of the §1115 amendment application to Kerry Lessard, of the Office of Urban Indian Health Programs in Maryland, for input and comments. Ms. Lessard acknowledged that she reviewed the amendment and had no comments on June 18, 2019 (See Appendix B: Summary of Public Comments and Maryland Section §1115 Waiver Amendment Attachments).

Beyond these requirements, the Department continually consults with stakeholders on the HealthChoice program through the MMAC. The MMAC meets monthly and receives reports on regulatory and waiver changes, including amendments to the §1115 HealthChoice waiver. Annually, the MMAC provides feedback on the HealthChoice evaluation report. Notice of the waiver amendment, and public hearings, was distributed to the MMAC stakeholder email list, with instruction to submit written comments to the Department's stakeholder email address, MDH.healthchoicerenewal@maryland.gov.

Appendices

Appendix A: Summary of Public Comments

The Department received a total of five comments, from five separate organizations. The comments expressed support for the CoCM Pilot. A summary of the comments received and the Department responses follows:

Three stakeholders wrote to offer their support for the CoCM Pilot Program. Many noted that the CoCM Pilot would benefit the HealthChoice population. One respondent stated their support of efforts to enhance and improve access to behavioral health services for Medicaid members. This respondent advocated in support of a managed care model that fully integrates somatic care with behavioral health care. Another respondent wrote that a focus on early intervention and prevention is vital reducing potentially avoidable utilization and decreasing costs to the health care continuum. Another respondent wrote to offer strong support for the CoCM Pilot Program. They highlighted the current inclusion of Collaborative Care in the reimbursement rate structure within the Medicare program.

Appendix B: List of Attachments

Attachment I: Public Notice & Indian Consultation Documentation

Attachment II: Public Comments Documentation

Attachment III: Budget Neutrality Worksheet

**Maryland HealthChoice Program
§1115 Waiver Amendment-
Attachments**

**Submitted by
Maryland Department of Health**

June 24, 2019

Attachment I

Public Notice & Indian Consultation Documentation

General Notices

Notice of ADA Compliance

The State of Maryland is committed to ensuring that individuals with disabilities are able to fully participate in public meetings. Anyone planning to attend a meeting announced below who wishes to receive auxiliary aids, services, or accommodations is invited to contact the agency representative at least 48 hours in advance, at the telephone number listed in the notice or through Maryland Relay.

CHESAPEAKE BAY TRUST

Subject: Public Meeting
Date and Time: May 15, 2019, 3 — 6 p.m.
Place: Chesapeake Bay Trust Office, 108 Severn Ave., Annapolis, MD
Contact: Sarah Higgins (410) 974-2941
 [19-08-10]

MARYLAND STATE BOARD FOR THE CERTIFICATION OF RESIDENTIAL CHILD CARE PROGRAM PROFESSIONALS

Subject: Public Meeting
Date and Time: July 12, 2019, 10 — 11 a.m.
Place: 4201 Patterson Ave., Baltimore, MD
Contact: Gwendolyn Joyner (410) 764-5996
 [19-08-13]

GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

Subject: Public Hearing
Date and Time: April 17, 2019, 10 a.m. — 12 p.m.
Place: 100 Community Pl., First Fl. Conf. Rm. Side B, Crownsville, MD
Contact: Rebecca Allyn (410) 697-9384
 [19-08-02]

GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

Subject: Public Meeting
Date and Time: April 18, 2019, 1:30 — 3:30 p.m.
Place: 100 Community Pl., Crownsville, MD
Add'l. Info: Children's Justice Act Committee
Contact: Jessica Wheeler (410) 697-9342
 [19-08-04]

GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

Subject: Public Hearing
Date and Time: April 24, 2019, 10 a.m. — 12 p.m.
Place: 100 Community Pl., First Fl. Conf. Rm. Side B, Crownsville, MD
Contact: Rebecca Allyn (410) 697-9384
 [19-08-03]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Meeting
Date and Time: May 2, 2019, 9 a.m. — 12 p.m.
Place: West Village Commons, Towson University, 424 Emerson Dr., Towson, MD
Add'l. Info: Meeting of the Maryland Medicaid Pharmacy Program's Pharmacy and Therapeutics Committee (Preferred Drug List).

As soon as available, classes of drugs to be reviewed, speaker registration guidelines and directions to meeting location will be posted on the Maryland Medicaid Pharmacy Program website at: <https://mmcp.health.maryland.gov/pap/Pages/Public-Meeting-Announcement-and-Procedures-for-Public-Testimony.aspx>.

Submit questions via email to mdh.marylandpdquestions@maryland.gov.
Contact: Shawn Singh (410) 767-6896
 [19-08-08]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Hearing
Date and Time: May 23, 2019, 3 — 5 p.m.
Place: 201 W. Preston St., Rm. L-1, Baltimore, MD
Add'l. Info: Waiver Amendment Hearing Effective January 1, 2017, the Centers for Medicare and Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a 5-year period.

Per the terms of the §1115 HealthChoice demonstration renewal as required by 42 CFR §431.420(c), the Maryland Department of Health (MDH) must conduct a post-award forum within 6 months of implementing the demonstration and annually thereafter. The forum is intended to provide the public with the opportunity to offer meaningful comment on the progress of the demonstration.

Additionally, MDH intends to seek CMS approval for a §1115 demonstration waiver amendment, which will include a new Collaborative Care Pilot. The post-award forum will also provide the public an opportunity to comment on programs proposed for inclusion in the §1115 demonstration waiver amendment.

The 2019 post-award forum and §1115 demonstration waiver amendment hearing

will be held May 23, 2019, at 3 p.m., in room L-1 at 201 West Preston Street, Baltimore, Maryland. A second public hearing for the §1115 amendment will be held at 100 Community Place, Crownsville, Maryland, on June 7, 2019, at 10 a.m., in Side A of the First Floor Conference Room. More information will be published in a forthcoming second public notice and can be found on the waiver amendment website below.

For more information on the post-award forum, please go to <https://mmcp.health.maryland.gov/healthchoice/Pages/HealthChoice-Post-Award-Forum.aspx>.

For more information on the waiver amendment and how to send comments to MDH, please visit <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>.

Please direct any questions to mdh.healthchoicerenewal@maryland.gov.
Contact: Alyssa Brown (410) 767-9795
 [19-08-19]

MARYLAND HEALTH BENEFIT EXCHANGE

Subject: Public Meeting
Date and Time: May 2, 2019, 4 — 5 p.m.
Place: 750 East Pratt St., 6th Fl., Training Rm., Baltimore, MD
Contact: Taylor Kasky (410) 547-7371
 [19-08-18]

MARYLAND INSURANCE ADMINISTRATION

Subject: Public Meeting
Date and Time: May 23, 2019, 10 a.m. — 12 p.m.
Place: Maryland Insurance Administration, 200 St. Paul Pl., 24th Fl. Hearing Rm., Baltimore, MD
Add'l. Info: Insurance Commissioner Al Redmer, Jr., will hold a meeting on May 23, 2019, at 10 a.m. at the Maryland Insurance Administration, 200 St. Paul Place, 24th Floor Hearing Room, Baltimore, MD 21202 to review what the Maryland Insurance Administration has done and will continue to do in preparation for the 2019 hurricane season. Commissioner Redmer also will discuss how property and casualty insurers can help the Maryland Insurance

General Notices

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CHESAPEAKE BAY TRUST

Subject: Public Meeting
Date and Time: May 15, 2019, 3 — 6 p.m.
Place: Chesapeake Bay Trust Office, 108 Severn Ave., Annapolis, MD
Contact: Sarah Higgins (410) 974-2941
 [19-09-07]

MARYLAND COLLECTION AGENCY LICENSING BOARD

Subject: Public Meeting
Date and Time: May 6, 2019, 10:30 a.m. — 12 p.m.
Place: 500 N. Calvert St., 2nd Fl. Conf. Rm., Baltimore, MD
Contact: Devki Dave (410) 230-6019
 [19-09-14]

GOVERNOR'S OFFICE OF CRIME CONTROL AND PREVENTION

Subject: Public Hearing
Date and Time: May 6, 2019, 1 — 3 p.m.
Place: 100 Community Pl., Crownsville, MD
Add'l. Info: Juvenile Grant Planning and Review Council, Maryland's State Advisory Group
Contact: Jessica Wheeler (410) 697-9342
 [19-09-22]

COMMISSION ON CRIMINAL SENTENCING POLICY

Subject: Public Meeting
Date and Time: May 7, 2019, 5:30 — 7:30 p.m.
Place: Judicial College Education and Conference Center, 2011D Commerce Park Dr., Annapolis, MD
Contact: David Soule (301) 403-4165
 [19-09-16]

BOARD OF DIETETIC PRACTICE

Subject: Public Meeting
Date and Time: May 16, 2019, 10 a.m. — 12 p.m.
Place: 4201 Patterson Ave., Rm. 106, Baltimore, MD
Contact: Lenelle Cooper (410) 764-4733
 [19-09-12]

HALL OF RECORDS COMMISSION

Subject: Public Meeting
Date and Time: May 30, 2019, 12 — 2 p.m.
Place: Maryland State Archives, Annapolis, MD
Add'l. Info: This replaces the May 31 date.
Contact: Liz Coelho (410) 260-6401
 [19-09-13]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Meeting
Date and Time: May 2, 2019, 9 a.m. — 12 p.m.
Place: West Village Commons, Towson University, 424 Emerson Dr., Towson, MD
Add'l. Info: Meeting of the Maryland Medicaid Pharmacy Program's Pharmacy and Therapeutics Committee (Preferred Drug List).

As soon as available, classes of drugs to be reviewed, speaker registration guidelines, and directions to the meeting location will be posted on the Maryland Medicaid Pharmacy Program website at <https://mmcp.health.maryland.gov/pap/Pages/Public-Meeting-Announcement-and-Procedures-for-Public-Testimony.aspx>.

Please submit questions via email to mdh.marylandpdquestions@maryland.gov.
Contact: Shawn Singh (410) 767-6896
 [19-09-05]

MARYLAND DEPARTMENT OF HEALTH

Subject: Public Hearing
Date and Time: June 7, 2019, 10 a.m. — 12 p.m.
Place: 100 Community Pl., 1st Fl. Conf. Rm., Side A, Crownsville, MD
Add'l. Info: The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible

families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's 30-day public comment period will open on May 17, 2019. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-5208.

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, MD 21201, or via email to mdh.healthchoicerenewal@maryland.gov. The Department will accept comments from May 17, 2019 through June 16, 2019.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders:

(1) Baltimore City, Thursday, May 23, 2019, 3—5 p.m., Maryland Department of Health, 201 West Preston Street, Room L-1, Baltimore, MD. To participate in the public hearing remotely via webinar, please visit <https://mdhealth.webex.com/mdhealth/j.php?MTID=me3e064e8594980d5d5bbf976401346ee>. Audio Conference Line: 1-240-454-0887. Meeting Number (access code): 641 121 345; and

(2) Crownsville, Friday, June 7, 2019, 10 a.m.—12 p.m., 100 Community Place, 1st Floor Conference Room, Side A, Crownsville, MD.

Contact: Alyssa Brown (410) 767-9795
 [19-09-25]

MARYLAND HEALTH BENEFIT EXCHANGE

Subject: Public Meeting
Date and Time: May 2, 2019, 4 — 5 p.m.
Place: 750 East Pratt St., 6th Fl., Training Rm., Baltimore, MD
Contact: Taylor Kasky (410) 547-7371
 [19-09-24]



Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

2 messages

Edward J. Miller -MDH- <edwardj.miller@maryland.gov>
Bcc: nancyc.brown@maryland.gov

Tue, May 21, 2019 at 9:43 AM

Good morning MMAC members,

See the attached draft Maryland Section 1115 waiver amendment submission regarding the Collaborative Care Model (CoCM) Pilot Program. Please let me know if you have any questions or concerns.

Best regards,

Edward J. Miller

--

Edward Miller, JD
Health Policy Analyst
Office of Innovation, Research, and Development
Maryland Department of Health
201 W. Preston Street, 2nd Floor
Baltimore, MD 21201
P: 410-767-0247 | E: edwardj.miller@maryland.gov

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 **DRAFT 1115 Waiver Amendment.pdf**
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Edward J. Miller -MDH- <edwardj.miller@maryland.gov>
Bcc: nancyc.brown@maryland.gov

Tue, May 21, 2019 at 9:58 AM

Hello all,

[See below for more information on the §1115 demonstration waiver to establish a limited Collaborative Care \(CoCM\) Pilot Program:](#)

The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's public comment period begins on [May 17, 2019 and ends June 16, 2019](#). Copies of the draft waiver amendment application are attached and available on the [Collaborative Care website](#), as well as the [§1115 waiver website](#).

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, [201 West Preston Street, Room 224, Baltimore, Maryland 21201](#) or via email to mdh.healthchoicerenewal@maryland.gov.

5/21/2019

Maryland.gov Mail - ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

Best,

Edward J. Miller

[Quoted text hidden]

[Quoted text hidden]



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MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov>

1115 Waiver Amendment for Collaborative Care

1 message

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicerenewal@maryland.gov> Fri, May 17, 2019 at 9:18 AM
Bcc: Jenny.Crawford@cciweb.org, Jessica.Wilson@cciweb.org, Anne Sclater <ASclater@maryscenter.org>, Sarah McIntosh <smcintosh@maryscenter.org>, "Sadler, Kathrine M" <ksadler@aahs.org>

Good morning,

The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's public comment period begins on May 17, 2019 and ends June 16, 2019. Copies of the draft waiver amendment application are attached and available on the [Collaborative Care website](#), as well as the [§1115 waiver website](#).

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov.

Thank you,

Nancy Brown
Health Policy Analyst Advanced
Office of Innovation, Research, and Development
Office of the Medicaid Director
Maryland Department of Health
201 W. Preston Street, 2nd Floor
Baltimore, MD 21201
nancyc.brown@maryland.gov
410-767-5208

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MDH HealthChoiceRenewal -MDH- <mdh.healthchoicere renewal@maryland.gov>

1115 Waiver Amendment for Collaborative Care

1 message

MDH HealthChoiceRenewal -MDH- <mdh.healthchoicere renewal@maryland.gov> Fri, May 17, 2019 at 8:57 AM
Bcc: drdaviss@gmail.com, RZendle@uchs.org, "Alyssa L. Brown -DHMH-" <alyssa.brown@maryland.gov>, "Amy A. Woodrum -MDH-" <amy.woodrum@maryland.gov>, "Mary C. Gregory -MDH-" <mary.gregory@maryland.gov>, "Nancy C. Brown -DHMH-" <nancyc.brown@maryland.gov>

Good morning,

The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's public comment period begins on May 17, 2019 and ends June 16, 2019. Copies of the draft waiver amendment application are attached and available on the [Collaborative Care website](#), as well as the [§1115 waiver website](#).

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicere renewal@maryland.gov.

Thank you,

Nancy Brown
Health Policy Analyst Advanced
Office of Innovation, Research, and Development
Office of the Medicaid Director
Maryland Department of Health
201 W. Preston Street, 2nd Floor
Baltimore, MD 21201
nancyc.brown@maryland.gov
410-767-5208

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1115 HealthChoice Waiver Renewal

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1115 HealthChoice Waiver Renewal

Background

The Centers for Medicare and Medicaid Services (CMS) has authorized the Maryland Department of Health's (the Department) existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs. The Department's current §1115 Waiver Special Terms and Conditions can be found [here](#).

§1115 Waiver Amendment (2019) - Updated May 16, 2019

The Department is proposing an amendment to its §1115 HealthChoice demonstration waiver to establish a limited Collaborative Care Pilot Program.

The State's 30-day public comment period will open on May 17, 2019. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from [here](#). Hard copies of the application may be obtained by calling (410) 767-5208.

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201 West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov. The Department will accept comments from May 17, 2019 through June 16, 2019.

Visit the Department's dedicated [HealthChoice Collaborative Care Pilot Program webpage](#) for additional information.

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders.

Baltimore City

Thursday, May 23, 2019; 3:00 PM – 5:00 PM

Maryland Department of Health

201 West Preston Street

Baltimore, Maryland 21201

Room L-1

To participate in the public hearing remotely via webinar, please visit:

<https://mdhealth.webex.com/mdhealth/j.php?MTID=me3e064e8594980d5d5bbf976401346ee>

Audio Conference Line: 1-240-454-0887

Meeting Number (access code): 641 121 345

Please click [here](#) for the agenda.

Crownsville

Friday, June 7, 2019; 10:00 AM– 12:00 PM
100 Community Place
Crownsville, Maryland, 21032
First Floor Conference Room, Side A

Please click [here](#) for more information on the HealthChoice Diabetes Prevention Program.

Archival Information**§1115 Waiver Amendment (2018)**

The Department submitted an amendment to its §1115 demonstration waiver known as HealthChoice on July 2, 2018. The State's 30-day public comment period was open from May 21, 2018 through June 19, 2018. CMS approved the 2018 waiver amendment in March 2019.

§1115 Waiver Amendment Resources (2018)

[Draft §1115 Waiver 2018 Amendment Application](#)

[Final §1115 Waiver 2018 Amendment Application](#)

[§1115 Waiver 2018 Amendment - Family Planning Clarification Letter to CMS](#)

[CMS Approved 2018 Waiver Amendment Special Terms and Conditions](#)

Baltimore City Public Stakeholder Meeting - May 24, 2018

- [Agenda](#)

- [Presentation](#)

Annapolis Public Stakeholder Meeting - June 6, 2018

- [Agenda](#)

- [Presentation](#)

§1115 Waiver Renewal Application (2016-17)

Effective January 1, 2017, the Centers for Medicare & Medicaid Services (CMS) approved and renewed Maryland's §1115 demonstration waiver, known as HealthChoice, for a period of five years.

HealthChoice, first implemented in 1997 under the authority of Section 1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization that has been approved by the Maryland Department of Health and Mental Hygiene. Each managed care organization is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet the health needs of each enrollee.

The 2017 extension made the following changes to the demonstration:

- Created a Residential Treatment for Individuals with Substance Use Disorder (SUD) program as part of a comprehensive SUD strategy;

- Created two community health pilot programs:
 - Evidence-based Home Visiting Services (HVS) pilot program to provide home visiting services for high-risk pregnant women and children up to two years of age; and
 - Assistance in Community Integration Services (ACIS) pilot program to provide housing-related support services for high-risk, high utilizers who are either transitioning to the community from institutionalization or at high-risk of institutional placement;
- Raised the enrollment cap for the Increased Community Services program from 30 to 100; and
- Expanded dental benefits for former foster youth.

§1115 Waiver Renewal Resources (2016-17)

[Summary of the 2016 §1115 Waiver Renewal Application](#)

[Full Waiver Renewal Application](#)

[HealthChoice Special Terms & Conditions \(STCs\) \(Corrected version; updated 6/16/17\)](#)

[HealthChoice Extension Approval Letter \(Corrected version; updated 5/10/17\)](#)

[HealthChoice Extension Waiver Authority \(Corrected version; updated 5/10/17\)](#)

[HealthChoice Extension Expenditure Authorities \(Corrected version; updated 5/10/17\)](#)

[May 26, 2016: Public Hearing Presentation](#)

Please click [here](#) for information about the Community Health Pilots.

Please click [here](#) for more information on the Adult Dental Pilot Program.

Please click [here](#) for more information about the 2018 and 2019 §1115 HealthChoice Post-Award Forums.

Hard copies of waiver materials may be obtained by calling: (410) 767-1439.

For additional information or questions, please email mdh.healthchoicerenewal@maryland.gov.

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201 W. Preston Street, Baltimore, MD 21201-2399

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Collaborative Care

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Collaborative Care

Background

HB 1682/SB 835—Maryland Medical Assistance Program – Collaborative Care Pilot Program (Chapters 683 and 684 of the Acts of 2018) establishes a Collaborative Care Pilot Program. Specifically, the bill requires the Maryland Department of Health (MDH) to establish and implement the Collaborative Care Model (CoCM) in primary care settings in which health care services are provided to Medical Assistance Program participants enrolled in HealthChoice. SB 835 requires MDH to administer the Pilot Program and to select up to three pilot sites with certain characteristics to participate. The bill also requires the Governor to include in the annual budget \$550,000 for fiscal years (FY) 2020, 2021, 2022, and 2023 for the Pilot Program. The bill stipulates that MDH shall apply to the Centers for Medicare and Medicaid Services (CMS) for an amendment to the State's §1115 HealthChoice Demonstration Waiver if necessary to implement the Pilot Program. Lastly, MDH shall report to the Governor and the General Assembly the findings and recommendations from the Pilot Program by November 1, 2023.

Collaborative Care Model Pilot Program Funding Opportunity

The Department's Medical Assistance Program is offering primary care provider sites the opportunity to apply for the Collaborative Care Model (CoCM) Pilot Program. The application documents are found below.

- [CoCM Letter of Intent Instructions](#)
- [CoCM Request for Applications Package](#)
- [CoCM Budget Outline \(Appendix D\)](#)
- [CoCM Reporting Template \(Appendix F\)](#)
- [CoCM Point Value Addendum](#)

GENERAL NOTICE – WAIVER AMENDMENT

The Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's 30-day public comment period will open on May 17, 2019. Electronic copies of the draft waiver amendment application will be available on that date and may be downloaded from <https://mmcp.health.maryland.gov/Pages/1115-HealthChoice-Waiver-Renewal.aspx>. Hard copies of the application may be obtained by calling (410) 767-5208.

Interested parties may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, 201

West Preston Street, Room 224, Baltimore, Maryland 21201 or via email to mdh.healthchoicerenewal@maryland.gov. The Department will accept comments from May 17, 2019 through June 16, 2019. The draft waiver amendment is available [here](#).

The following public hearings will discuss the content of the waiver amendment and solicit feedback and input from public stakeholders.

Baltimore City

Thursday, May 23, 2019; 3:00 PM – 5:00 PM

Maryland Department of Health

201 West Preston Street

Baltimore, Maryland 21201

Room L-1

To participate in the public hearing remotely via webinar, please visit:

<https://mdhealth.webex.com/mdhealth/j.php?MTID=me3e064e8594980d5d5bbf976401346ee>

Audio Conference Line: 1-240-454-0887

Meeting Number (access code): 641 121 345

Please click [here](#) for the agenda.

Crownsville

Friday, June 7, 2019; 10:00 AM– 12:00 PM

100 Community Place

Crownsville, Maryland, 21032

First Floor Conference Room, Side A

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(410) 767-6500 or 1-877-463-3464



Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

Edward J. Miller -MDH- <edwardj.miller@maryland.gov>

Tue, May 21, 2019 at 1:54 PM

To: Kerry Lessard <Kerry@nativelifelines.org>

Cc: Sandra Kick -DHMH- <Sandra.Kick@maryland.gov>, Katherine Roulston -DHMH- <katherine.roulston@maryland.gov>, Nancy Brown <nancyc.brown@maryland.gov>, Tricia Roddy -DHMH- <tricia.roddey@maryland.gov>, "Alyssa L. Brown - DHMH-" <alyssa.brown@maryland.gov>

Good afternoon Ms. Lessard,

I am with the Maryland Medicaid Office of Innovation, Research, and Development and wanted to share that the Maryland Department of Health (the Department) is proposing an amendment to its §1115 demonstration waiver known as HealthChoice to establish a limited Collaborative Care Pilot Program. The Centers for Medicare and Medicaid Services (CMS) has authorized the Department's existing §1115 waiver through December 31, 2021. HealthChoice, first implemented in 1997 under the authority of §1115 of the Social Security Act, is Maryland's statewide mandatory managed care program for Medicaid enrollees. Under HealthChoice, eligible families and individuals are required to enroll in a managed care organization (MCO) that has been approved by the Department. Each MCO is responsible for ensuring that HealthChoice enrollees have access to a network of medical providers that can meet their health needs.

The State's public comment period begins on May 17, 2019 and ends June 16, 2019. Copies of the draft waiver amendment application are *attached* and *available* on the [Collaborative Care website](#), as well as the [§1115 waiver website](#).

We would love to hear your comments, if you have any, and possibly set up a phone call to discuss amendment with you. You may send written comments concerning the waiver amendment to Tricia Roddy, Office of Innovation, Research, and Development, Office of the Medicaid Director, Maryland Department of Health, [201 West Preston Street, Room 224, Baltimore, Maryland 21201](#) or via email to mdh.healthchoicerenewal@maryland.gov.

Thank you for your time and consideration,

Edward J. Miller

--

Edward Miller, JD

Health Policy Analyst

Office of Innovation, Research, and Development

Maryland Department of Health

[201 W. Preston Street, 2nd Floor](#)

[Baltimore, MD 21201](#)

P: 410-767-0247 | E: edwardj.miller@maryland.gov

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Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

Edward J. Miller -MDH- <edwardj.miller@maryland.gov>

Wed, Jun 5, 2019 at 10:49 AM

To: Kerry Lessard <Kerry@nativelifelines.org>, "Lessard, Kerry" <kerrylessard@me.com>

Cc: Sandra Kick -DHMH- <Sandra.Kick@maryland.gov>, Katherine Roulston -DHMH- <katherine.roulston@maryland.gov>, Nancy Brown <nancyc.brown@maryland.gov>, Tricia Roddy -DHMH- <tricia.rodny@maryland.gov>, "Alyssa L. Brown - DHMH-" <alyssa.brown@maryland.gov>, Mary Gregory <claire.gregory@maryland.gov>

Good morning Ms. Lessard,

We will be holding a second public waiver amendment hearing for the CoCM pilot program on Friday, June 7, 2019 at [100 Community Pl, Crownsville, MD 21032](#).

Pending your review, we plan to submit this amendment request to CMS on June 24, 2019.

Please review and respond by 6/14/19 with:

Reviewed: No comments;

Reviewed: Comments attached; or

Request in person or phone review.

Thank you,

Edward J. Miller

[Quoted text hidden]

[Quoted text hidden]



Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

Alyssa L. Brown -MDH- <alyssa.brown@maryland.gov>

Tue, Jun 18, 2019 at 11:23 AM

To: "Edward J. Miller -MDH-" <edwardj.miller@maryland.gov>, Kerry Lessard <Kerry@nativelifelines.org>, "Lessard, Kerry" <kerrylessard@me.com>

Cc: Sandra Kick -DHMH- <Sandra.Kick@maryland.gov>, Katherine Roulston -DHMH- <katherine.roulston@maryland.gov>, Nancy Brown <nancyc.brown@maryland.gov>, Tricia Roddy -DHMH- <tricia.rodgy@maryland.gov>, Mary Gregory <claire.gregory@maryland.gov>

Hi Kerry,

I hope this email finds you well! I am writing to follow up on my voicemail from earlier this morning, and also wanted to follow-up with this email to check whether you were planning to submit written comments on the proposed section 1115 HealthChoice waiver amendment. If so, we would need to receive them this week to meet our submission deadlines.

If you do not have any questions or comments to submit at this time, it would be helpful to know that as well. Please feel free to call or email me if you have any questions. My phone number is 410.767.9795.

Best regards,

Alyssa

[Quoted text hidden]

--

Alyssa L. Brown, JD

Deputy Director, Innovation, Research, and Development

Office of Health Care Financing

Maryland Department of Health

201 W. Preston St., Rm. 223

Baltimore, MD 21201

P: 410.767.9795 | F: 410.333.7505 | E: alyssa.brown@maryland.gov

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[Quoted text hidden]



Nancy C. Brown -MDH- <nancyc.brown@maryland.gov>

ATTENTION: Draft MD Section 1115 Waiver Amendment submission - CoCM Pilot Program

Kerry Lessard <Kerry@nativelifelines.org>

Tue, Jun 18, 2019 at 11:40 AM

To: "Alyssa L. Brown -MDH-" <alyssa.brown@maryland.gov>

Cc: "Edward J. Miller -MDH-" <edwardj.miller@maryland.gov>, "Lessard, Kerry" <kerrylessard@me.com>, Sandra Kick -DHMH- <Sandra.Kick@maryland.gov>, Katherine Roulston -DHMH- <katherine.roulston@maryland.gov>, Nancy Brown <nancyc.brown@maryland.gov>, Tricia Roddy -DHMH- <tricia.rodgy@maryland.gov>, Mary Gregory <claire.gregory@maryland.gov>

Good morning, Alyssa:

I have reviewed and have no comments. I am currently in Portland so email is best if you need anything else.

Warm regards,
Kerry

Sent from my iPhone

[Quoted text hidden]

Attachment II

Public Comments Documentation



Mid-Atlantic Permanente Medical Group, P.C.
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

Ms. Tricia Roddy
Office of Innovation, Research and Development
Office of the Medicaid Director
Maryland Department of Health
201 W. Preston St., Room 224
Baltimore, MD 21201

June 10, 2019

Re: Section 1115 Demonstration Amendment: HealthChoice Collaborative Care Pilot

Dear Ms. Roddy:

Thank you for the opportunity to provide comments on the proposed amendment to the Maryland Section 1115 HealthChoice Demonstration Waiver. The proposed amendment seeks to implement a limited Collaborative Care pilot program for the HealthChoice population as mandated by Chapters 683 and 684 of the Acts of 2018 of Maryland.

Kaiser Permanente of the Mid-Atlantic States provides and coordinates complete health care services for approximately 755,000 members through 31 medical office buildings in Virginia, Maryland, and the District of Columbia. In Maryland, we deliver care to over 430,000 members, including 65,000 Medicaid and CHIP enrollees through our contract with the Maryland Department of Health (MDH). Kaiser Permanente is a total health organization composed of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the Mid-Atlantic Permanente Medical Group, P.C., an independent medical group comprised of over 1,600 primary care and specialty physicians who provide or arrange care for Kaiser Permanente patients throughout the area.

Over one million of Maryland's Medicaid members are enrolled in one of nine HealthChoice MCOs. MCOs are responsible for managing, coordinating and paying for all the physical health care needs (primary care, chronic conditions, surgery etc.) of their members. The state separately provides behavioral health services including both mental health and substance use disorder services on a fee-for-service basis through a separate administrative services arrangement. This current model of care is administered separately from the health services included in the HealthChoice service array, leading to redundancies and inefficiencies in billing, information sharing, and most importantly, interrupted patient care.

A condition of the December 2016 HealthChoice waiver renewal approved by the Centers for Medicare and Medicaid Services (CMS) was a requirement for the Maryland Department of Health (MDH) to examine its integration strategy for behavioral and somatic health services and

submit a concept design of its integration approach to CMS by January 1, 2018, with a goal toward implementation by January 1, 2019. While there has not been further integration of physical health and behavioral health, we are encouraged by the various efforts underway to initiate this critical discussion in the State.

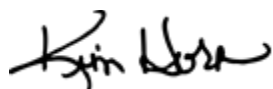
Kaiser Permanente supports efforts to enhance and improve access to behavioral health services for Medicaid members. We, however, do not believe that the effort to provide limited Collaborative Care services to HealthChoice members goes far enough.

It is well established that unintegrated mental and physical health care leads to worse outcomes. Future work in this space needs to move toward designing a system where the appropriate incentives are in place to deliver high quality care to high need Medicaid members with complex physical and behavioral health conditions. We are concerned that the implementation of this pilot will serve to delay further payer/provider level integration efforts like those underway in other states, including a fully integrated managed care model.

As a total health organization, we endorse models of care that reflect a “whole person” approach through identification and coordination of health care needs by the MCO and treating providers under a capitated payment arrangement. Under the current carve-out, behavioral health information is not readily accessible to the MCOs, and many of their members’ somatic conditions are adversely impacted because of the inability of the MCOs to appropriately coordinate patient care. While we recognize that Collaborative Care may serve as a small incremental step toward provider level integration, efforts to better coordinate care would be greatly enhanced by providing the Medicaid population with an integrated model of care through HealthChoice.

Thank you for the opportunity to comment on the proposed waiver amendment. We stand ready to work with you on the development of an integrated approach to delivering physical health and behavioral health services and look forward to engaging in the various workgroups underway both with the State and provider community. Please feel free to contact me at Kim.K.Horn@kp.org with questions.

Sincerely,



Kimberly K. Horn
President
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.



Maryland
Hospital Association

June 16, 2019

Tricia Roddy
Office of Innovation, Research, and Development
Office of the Medicaid Director
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, MD 21201

Dear Ms. Roddy,

On behalf of the Maryland Hospital Association's 61 member hospitals and health systems, I write in support of the Maryland Medicaid proposed amendment to the §1115 HealthChoice demonstration waiver to establish a limited Collaborative Care Pilot Program.

The integration of behavioral health and physical health is key to promoting better health outcomes, and, as noted in the submission, reducing stigmatization and encouraging parity. A focus on early intervention and prevention is also vital to reducing potentially avoidable utilization and decreasing costs across the health care continuum. Measures that continue and are enhanced under the Total Cost of Care Model.

Maryland's hospitals appreciate the state's proactive approach to exploring behavioral and physical health integration through the establishment of the Collaborative Care Pilot program. We look forward to learning about the impact this pilot program has on Medicaid, and to continued conversations regarding how we can better integrate behavioral and physical health services for the Medicaid population.

We thank you for your leadership on this effort and for the opportunity to comment. Maryland's hospitals look forward to working with the state to improve the behavioral health delivery system for all Marylanders.

Please contact me should you need additional information.

Sincerely,

Maansi K. Raswant
Vice President, Policy

May 29, 2019

Tricia Roddy
Office of Innovation, Research, and Development
Office of the Medicaid Director
Maryland Department of Health
201 West Preston Street, Room 224
Baltimore, Maryland 21201

Re: MDH Proposed §1115 Waiver Amendment to Establish Collaborative Care Model Pilot Program

Ms. Roddy:

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use.

We write today to offer **strong support** for the Maryland Department of Health's proposed amendment to its §1115 demonstration waiver (HealthChoice) to establish a Collaborative Care Model (CoCM) Pilot Program. The pilot will deliver CoCM services at up to three primary care sites in which health care services are provided to HealthChoice Medicaid recipients.

The vast majority of individuals will never seek or receive behavioral health treatment from a specialty provider. In fact, most individuals receive care for mild to moderate mental health and substance use disorders from their primary care provider, a situation that is increasingly common given an ongoing and persistent behavioral health workforce shortage.

Unfortunately, behavioral health treatment delivered in primary care settings is often suboptimal, with individuals poorly diagnosed and treated, or not identified at all. National data indicates that only 25 percent of individuals receiving mental health treatment in the primary care setting receive quality care, resulting in high overall costs and poor health outcomes.

The Collaborative Care Model can help. CoCM is an evidence-based intervention validated in more than 80 randomized controlled studies. Core elements include the use of standardized outcomes measures, care coordination and management, and the availability of behavioral health specialists for phone-based consultation to the primary care physician's office. The model has been shown to improve clinical outcomes and save money, largely from a significant reduction in hospital costs. In recognition of the demonstrated value of this behavioral health integration model, the Centers for Medicare and Medicaid Services adopted a reimbursement rate structure for CoCM within the Medicare program effective January 1, 2017.

The Collaborative Care model is proven to improve the quality of behavioral health services delivered in primary care settings. For this reason, **MHAMD strongly supports** MDH's proposed waiver amendment and the establishment of a CoCM Pilot Program.

\$1115 Waiver Public Hearing for Proposed Waiver Amendment
June 7, 2019 10:00am-12:00am
100 Community Place
Crownsville, MD
First Floor Conference Room Side A

Sign-in/Sign-up Sheet for Public Comment: To sign-in and/or submit either written or verbal comment on the 1115 Waiver Amendment, please complete the information requested below:

NAME	TITLE	ORGANIZATION	EMAIL	Check if submitting Written Comments	Check if you wish to present oral comments or ask questions at this hearing
Jane Kierke	Legislative Analyst	Maryland Hospital Association	JKierke@wmaonline.org	Will be submitting	
Xue Dai	Senior Policy Analyst	CareFirst	xue.dai@carefirst.com		

HealthChoice Medicaid §1115 Demonstration Post-Award Forum and
 Public Hearing for Proposed Collaborative Care Model Pilot Program Amendment
 May 23, 2019 3:00pm-5:00pm
 201 West Preston Street
 Baltimore, Maryland 21202
 Room L-1

Sign-in/Sign-up Sheet for Public Comment: To sign-in and/or submit either written or verbal comment on the 1115 Waiver Amendment, please complete the information requested below:

NAME	TITLE	ORGANIZATION	EMAIL	Check if submitting Written Comments	Check if you wish to present oral comments or ask questions at this hearing
Dan Martin	Senior Director of Public Policy	Mental Health Assoc. of Md.	dmartin@mhva.org		<input checked="" type="checkbox"/>
Carol A. Holt	Psychiatrist	"	carol.a.holt@gmail.com		<input checked="" type="checkbox"/>
Debbie Macle	Comm's Dir.	MDH	debbie.macle@maryland.gov		
Sill Spector	Director	MDH			
D. Sanchez	Exec. Director	MMDA	dsanchez@cgagroup.com		
Kathleen Laughlin	Amersgroup	Amersgroup	kathleen.laughlin@amersgroup.com		
Shannen Hall					
DAVID DANA	Hilltop	Md.icaid Policy Studies	diddale@hilltop.umlc.org		

Name	Dan Martin	Shannon Hall	Carol Alter	Xue Dai	Jane Krienke
Organization	Mental Health Association of Maryland	MD Community Behavioral Health Association	Mental Health Association of Maryland	Carefirst Blue Cross Blue Shield	Maryland Hospital Association
Title	Senior Director of Public Policy	Executive Director		Senior Policy Analyst	Legislative Analyst
Hearing Date	5/23/2019	5/23/2019	5/23/2019	6/7/2019	6/7/2019
Method	Verbal	Verbal	Verbal	Verbal	Verbal
Date Responded	5/23/2019	5/23/2019	5/23/2019	6/7/2019	6/7/2019
Summary of Question /Comment	Public Comment of support. Looking forward to seeing CoCM implemented and evaluated on an initial pilot basis. Highlighted that this is an evidence-based model. Also shared a written comment.	Public Comment of support. CoCM meets patients' needs and adds a strong behavioral health integration component to the Medicaid program. Please ensure model incorporates feedback and alignment with MCOs with participants enrolled.	Public comment of support. CoCM as Maryland is implementing it is very consistent with the traditional model and previous research. CoCM can improve patients' lives and improve collaboration in practices.	1. Is there a resource guide compiled by Maryland regarding coverage of CoCM by different payers? 2. How is this model intersecting with the Maryland Primary Care Model (MD-PCP)?	1. Were there a lot of applicants? 2. Are there any preferences on which sites you will select? 3. Were there a lot of people at the first public hearing?
Response	N/A	N/A	N/A	1. Maryland has not compiled a state resource guide regarding coverage policies for all payers on CoCM. 2. Because MD-PCP currently targets Medicare beneficiaries and the CoCM Pilot Program is for Medicaid participants, there is no direct overlap with that program at this time. Moving forward, the Department will continue explore opportunities to ensure alignment with MD-PCP.	1. The Department received multiple applications. 2. The bill language requests that the Department, to the extent applicable, select a site located in a rural area of the state. 3. There were a number of people at the first public hearing, which was combined with the annual post award forum for the entire 1115 waiver amendment.
Responder				Alyssa Brown	Alyssa Brown

Attachment III

Budget Neutrality Worksheet

[Please see “Attachment III-Budget Neutrality Projection to Year 23 January-March ‘19” (Excel Spreadsheet)]