BH Systems Reform: the Primary Tasks Ahead

• 1. An assessment of Alaska’s current behavioral health system of care, identifying significant service needs/gaps
• 2. Mapping out the elements of Alaska’s 1115 behavioral health waiver application
• 2. Ensuring broad involvement of consumers and the healthcare provider community in the development and rollout of the 1115
• 4. Developing and implementing a comprehensive array of BH Medicaid Services to replace dwindling grant services
• 5. Developing and implementing new provider types as enrolled Medicaid providers (based on identified service needs)
Section 1115 Behavioral Health Waiver

- A research-based demonstration project
- Allows states to expand Medicaid eligibility to persons not otherwise eligible
- Allows states to provide services not typically covered by Medicaid
- Allows the use of innovative service delivery systems
- After getting approval and beginning to provide services under an 1115 BH waiver, a state may then apply for an SUD amendment to their 1115 to seek additional innovation (especially with respect to the IMD exclusion)
Administrative Services Organizations

• ASO’s are private (generally for-profit), third party organizations with special expertise in behavioral health systems management with whom a state contracts in order to obtain the specified administrative services – and Medicaid costs savings – identified by the state as necessary to manage the state’s system of care on its behalf.

• Potential Functions of an ASO:
  • Provider utilization management
  • Provider network management
  • Management of service quality and outcomes
  • Data management
  • Claims processing
  • Member (client/patient) enrollment services
Four 1115 Waiver Work Groups

- **Benefit Design Work Group** – help identify gaps in the state’s current system and (re)design the benefits / services delivery system we need and want to offer Medicaid recipients.

- **Cost of Care Work Group** – working from the product of the Benefit Design team, help estimate the true costs of these system changes, keeping in mind that the 1115 BH Waiver must be cost-neutral.

- **Quality Performance Work Group** – working to identify data-based performance information that will allow Alaska to measure client outcomes, including whether patient care is improved across time and if access to BH care is substantially improved over the life of the waiver.

- **Waiver Writing Work Group** – working with these three teams and the Policy Work Group (consisting of the leadership of the Department’s Medicaid Reform effort), produce both the 1115 BH waiver concept paper and the application itself.
Timelines for Major Work on the 1115

- **1115 Waiver Concept Paper** – submitted to CMS by end of October, 2016 (initiates negotiations with CMS on Alaska’s application for an 1115)

- **1115 Waiver Application** – final draft reviewed in June, 2017, with the completed application for the 1115 BH Waiver submitted on July 1, 2017

- **ASO Site Visits** – during the third quarter of CY 2016

- **ASO RFLIO** – the completed Request for Letters of Interest will be released in January, 2017; responses due late March, 2017 (responses will help define the final draft of the waiver application)

- **DBH Agency and Staff Readiness Assessments** – completed during the third quarter of CY 2106

- **Develop / initiate DBH Staff training** – review assessment results and identify needed curricula during the 4th Quarter of 2016; begin staff training in early 2017, extending over the next two years

- **Provider Readiness Assessments** – Prepare for and administer provider assessments during the 3rd and 4th Quarters of 2016

- **Develop / initiate Provider training / TA** – review assessment results and identify needed curricula during the 1st Quarter of 2017; begin making training available to agency staff by 2nd Quarter of 2017, extending over the next two years.
DHSS Medicaid Redesign Implementation Plan

- DHSS is creating an Internal Medicaid Redesign Implementation Steering Committee

- Goals of the Committee:
  - ensure success implementation of all of the Medicaid Redesign initiatives (including the Agnew::Beck report, SB74, and SB91)
  - Optimize Medicaid enrollee health outcomes and access to care
  - Drive increased value in the delivery of services
  - Provide necessary cost containment in Alaska’s Medicaid budget

- Each of the 16 initiatives (of which DBH has a major roll in 14) will have its own steering committee and implementation process, which will be integrated into the department-wide effort, in order to avoid duplication and ensure integration.
DHSS Medicaid Redesign Initiatives:

- Privatization Studies
- Primary Care (PCCM & sec. 1945 Health Homes)
- Behavioral Health System Reform
- Coordinated Care Organization Demonstration Projects
- Emergency Care Improvement (ASHNHA is the lead)
- 1915(i) and 1915(k) State Plan Options
- Federal Tribal FMAP Policy
- Fraud & Abuse Prevention Enhancement
- Eligibility Verification Systems
- Prescription Drug Monitoring Program
- Telemedicine Workgroup
- Health Information Infrastructure Plan
- DOA Health Care Authority Study
- SB 91 Integration (pre-release enrollment in Medicaid, re-entry coalitions, etc.)
- Medicaid Reform Program