Profiling a Good and Modern Behavioral Health System

State Behavioral Health Authority Self-Assessment Guide

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Introduction:

With financial pressure on state budgets, and new policies and laws associated with the Patient Protection and Affordable Care Act (2010) as well as with Mental Health and Addiction Parity legislation (2008), administrators of state behavioral health authorities face growing challenges to organize, pay for, and deliver mental health and substance use disorder services that promote optimal health for patients eligible for these services. Fortunately, the challenges become more manageable as behavioral health services are supported by evidence, linked with primary care services, more consumer driven, and supported by finances that integrate and coordinate multiple sources of funding.

This tool is intended as a guide, rather than an absolute index measure. Its value is to serve as a point of reference and discussion for directors of state addiction and mental health service systems. If sufficient data is accumulated over time, the tool has the potential to serve as a benchmark reference point. However, it is primarily intended to stimulate thought and discussion at this point.

The tool is developed around six areas: Insurance Coverage; Essential Benefits; Infrastructure; Accountability and Reporting; Coordinated Purchasing and Financing; and Integrated-coordinated Service Delivery.

The Assessment Framework:

Patient Insurance Coverage

Is there a clear description (understanding) of the fully and partially subsidized plans (Medicaid plans in all forms, subsidized public and private insurance plans) that cover behavioral health patients with insurance?

- Does the description include: patient eligibility criteria including, income, age, disability, family status, and related items?
- Does the description include the processes and supports that govern enrollment in each plan?
- Does the description include intervals and requirements associated with certification and recertification of eligibility?
- Does the description capture patient financial responsibility including premium amounts, co pay requirements, and deductible provisions?

Essential Benefits Package

Is there a clear description of the behavioral health services the state will provide through fully and partially subsidized plans for addiction and mental health disorders?

- Does the description include definitions for each service?
- Does the description include clinical, consumer directed, pharmacological categories of intervention?
- Does the description include licensure requirements for delivering different categories of service?
- Does the description differentiate settings in which services may be provided (e.g. primary care, specialty clinic, bed based, ambulatory, etc.)?
- Does the description include a reference to basis in evidence (efficacy) of each service?
- Are service bundles differentiated according to types of insurance or benefit level?

State Infrastructure Development

Is there a clear process for the behavioral health authorities to participate in development of state health policy including planning to develop: Medicaid expansion, waiver and/or state plan amendments; health insurance exchanges; payment reform and reimbursement methodologies; medical home; and Accountable Care Organizations?

- Is behavioral health part of Medicaid expansion planning?
- Do behavioral health discussions include consumer-directed care options including 1915i plan amendment?
- Is behavioral health part of the insurance exchange planning, benefit package, enrollment considerations?
- Are behavioral health Federal and/or state appropriations part of an integrated financing approach?
- Is behavioral health a component of the state quality improvement and development strategy?

Accountability and Reporting

Does the state authority have data system infrastructure that provides authority(s) with reports on patient characteristics, service utilization, results, expenditures, and the relationships between these factors?

- Are report specifications built into contracts with Managed Care Organizations, other state agencies, or providers?
- Are there capacity development resources that facilitate provider reporting to state payers?
- Is there a payment algorithm that the state uses to connect patient eligibility and diagnoses data, to service type, and to most appropriate reimbursement-payment source?
- Are reports to state authorities, intermediaries, and providers generated on a 'real time' monthly basis?
- Are reports driven by an electronic patient record at provider level?

- Are reports structured to identify disparities and or gaps in services for general or specific populations?
- Are reports designed to address quality measures for patients?
- Are reports designed to address utilization management, and cost management?

Coordinated Purchasing and Financing

Is there a clear description/understanding of the coordinated use of state appropriations, federal block grant, and FFP to purchase BH services on behalf of eligible patients through multiple insurance programs?

- Is there a plan for differential use of block grant and Federal Financial Participation (FFP) funds for patients (e.g. use of FFP for medically necessary service and block grants for essential supports?)?
- Is there a behavioral health financing plan that cuts across mental health, addiction, Medicaid, and insurance exchange administrative entities?
- Do purchasing and or payment contracts contain specific references to benchmarked performance standards e.g. medication in primary care, wrap-around support services, etc.

Integrated-coordinated Service Delivery

Are there policies and practices in place that encourage r reward connections between primary and specialty health services that lead to integrated or coordinated care for patients?

- Are there integrating intermediaries, managed care, health homes, and Accountable Care Organizations?
- Is technology employed to support integrated care, e.g. reminders, handoffs, prompts, etc.?
- Is there a patient record system to share medical information?
- Is there family involvement in behavioral health care?
- Are there consumer-directed care provisions?
- Is there a benchmark quality indicator for service integration and patient well-being?
- Is there a mechanism in the state to coordinate social support and general health services?