

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



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*

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

**“No Wrong Door”**

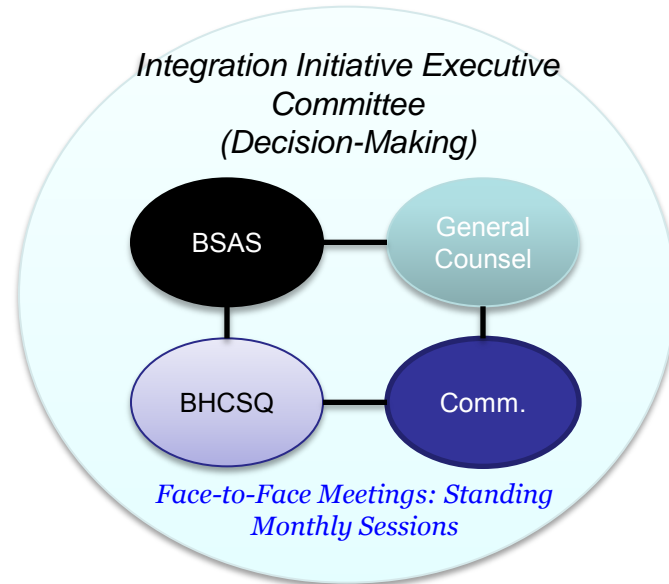
Template to Guide Proposal with FAQs

Phone Consultation as Needed

*Available August 13*

Written Proposal Review

*Beginning September 1*



Timing of Approval Variable  
Dependent on Project Scope

*Ongoing feedback*

Application Process  
*Physical Plant  
Confidentiality  
Staffing*

*If a Complex Application, Case Management Support Provided*



# 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)