

Financing Models

Policy #	Policy Recommendations	Required Change/ Recommended Action	Due Date	FY18 Progress Report	Progress Clarification
F 1.0	The workgroup recommends that MDHHS should develop a process for <u>evaluating model</u> concepts that do not require policy or statutory changes for implementation.	1) MDHHS is testing models through the pilot and demonstration projects as required by the legislature. The legislature has more narrowly defined the expectations for testing models; there are no additional evaluation resources to test additional models at this time. 2) Additionally, MDHHS encourages consideration of other integrated health and financing models including co-location, shared staffing, etc. While ongoing reporting will not be required, the Department make survey the system to assess the current state of integration efforts. Note: through prior evaluation, MDHHS has determined some proposed financing models are not feasible.	Legislative Report - 11.1.2017	Partially Complete Rvsd 10.1.2019	FY19 Legislative Boilerplate extended the 298 Pilot and Demonstration Project start date due to operational concerns with earlier implementation. Pilot and Demonstration Project planning is on track for FY2020 launch.
F 2.0	The workgroup recommends that MDHHS, informed by stakeholders, should conduct a more in-depth <u>review of model</u> proposals that were submitted to see if other model(s) might emerge.		Pilots and Demonstration Project Launch July 1, 2018		
F 3.0	For inclusion <u>among models to be tested</u> , the workgroup recommends the expansion and <u>broadening of jointly funded, staffed and operated programs</u> between MHPs and the local public behavioral health system for coordinating services to shared enrollees.				
F 5.0	The workgroup recommends <u>the use of models which improve the coordination of physical health and behavioral health services</u> and supports through the local public behavioral health network for individuals with a mental illness, serious emotional disturbances, and substance use disorders. Within that population, the focus should be on individuals who are vulnerable and at risk for issues of increased morbidity and premature death as well as persons who are high utilizers of emergency services and hospitalization services.				
F 4.0	The workgroup recommends the development of <u>consistent statewide contract provisions to encourage the integration of</u> physical health, behavioral health and intellectual/developmental disability services and supports for all populations at the point of service, which should be driven by local coordination between providers rather than statewide integration of financing.	1) With MHP, CMHSP and PIHP leadership designated MDHHS staff will review contracts to see if language can be strengthened and more objectively defined. 2) MDHHS will work with payer/providers to resolve billing concerns in co-located settings.	October 2018 Amend due date FY2019 for FY2020	Partially Complete Partially Complete	MDHHS is working with 298 Pilot sites to review and amend related contract language. Contract changes for physical/behavioral health full financial integration are planned to be fully executed by 10.1.2019. 298 Pilot participants are addressing needed changes as part of ongoing contract planning and negotiations for FY2020.
F 6.0	The workgroup recommends the establishment of an <u>Integration Innovation Venture Capital Fund</u> , which would provide opportunities for Local/Regional Integration Arrangements. The fund should be established and used to support, enhance or develop integration arrangements at the provider level.	The 298 Workgroup Final Report was referred to the legislature. Action on this recommendation would require legislative appropriation, private or grant funding. No further action is required by MDHHS at this time.	NA	NA	NA