



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

MEMORANDUM

TO: Child and Adolescent Care Coordination Organizations
Directors, Local Behavioral Health Authorities and Core Service Agencies
Child and Adolescent Coordinators, Local Behavioral Health Authorities and Core Service Agencies
Behavioral Health Administrative Services Organization

FROM: Ryan Moran, Deputy Secretary Health Care Financing and Medicaid Director
Alyssa Lord, Deputy Secretary Behavioral Health Administration

DATE: December 1, 2023

RE: 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families
Quality Improvement Strategy Evaluation Results and Corrective Actions

NOTE: **Please ensure that the appropriate staff members in your organization are informed of the content of this memorandum.**

The purpose of this memorandum is to inform Child and Adolescent Care Coordination Organizations (CCOs), Local Behavioral Health Authorities (LBHAs), and Core Service Agencies (CSAs) of the final results of the evaluation of Maryland's Quality Improvement Strategy (QIS) of the 1915(i) Intensive Behavioral Health Services for Children, Youth, and Families State Plan benefit, and corrective actions required to resolve deficiencies with the three performance measures the State has not demonstrated compliance with.

The renewal for the 1915(i) State Plan is due at the beginning of April 2024. **The State must correct performance measures which are not in compliance at the time of renewal in order for the Centers for Medicare and Medicaid Services (CMS) to approve the 1915(i) State Plan renewal.**

Background:

Maryland's 1915(i) Home and Community-Based Services (HCBS) State Plan Amendment (SPA) for Intensive Behavioral Health Services for Children, Youth and Families (hereinafter "1915(i)") is approved by CMS effective October 1, 2019, through September 30, 2024. Under the 1915(i) authority, the State "must develop and implement an HCBS quality improvement strategy that includes a continuous improvement process and measures of program performance and experience of care," (42 CFR §441.745).

The Maryland Department of Health (MDH) submitted the evidence report for the 1915(i) QIS program evaluation for Federal Fiscal Years (FFYs) 2020 through 2022 in March 2023 to CMS, and submitted additional quality data for Q1 and Q2 of FFY2023 upon request.

Evaluation Results and Corrective Actions:

CMS issued their final report on October 27, 2023, and determined upon their review that MDH failed three performance measures. MDH is required to collect quarterly data from the CCOs and Behavioral Health Administrative Services Organization, Optum Maryland, through June 30, 2024, and must achieve at least 86% compliance with these three performance measures to pass.

Effective immediately, MDH will be implementing the following corrective actions to improve compliance of the following performance measures:

Failed Measure #1: The Percent of participants who had a team meeting at least every 45 days.

Regulatory Requirement: COMAR 10.09.89.05D requires that the CCO in partnership with the Child and Family Team (CFT) meet at least every 45 days to coordinate the implementation of the plan of care (POC) and update the POC as necessary.

Corrective Actions: CCOs must send a list of CFT meetings that have taken place and future scheduled meetings for all 1915(i) participants to Optum Maryland every month. Based on this information, Optum Maryland and the Behavioral Health Administration (BHA) will follow up with CCOs and the LBHAs that contract with the CCOs to improve compliance of this measure.

Failed Measure #2: Utilization review of services on the plan of care (POC) in conjunction with provider authorization and claims data.

Regulatory Requirement: COMAR 10.09.90.12A(8) requires the POC include a description of each 1915(i) recommended service and specify the service start date, estimated duration, frequency, specific need or goal that the service is related to, and the provider name and contact information.

Corrective Actions: BHA has revised the POC template with the required fields for 1915(i) services. CCOs must submit updated POCs for 1915(i) participants using the revised template to Optum Maryland no later than 1/31/2024. CCOs must submit POCs to Optum Maryland with initial and concurrent authorization requests and when there are any changes to requested services. Optum Maryland will review the POCs to ensure that 1915(i) services being requested for the participant are included.

Failed Measure #3: Percent of participants who were re-evaluated for eligibility after one year.

Regulatory Requirement: COMAR 10.09.89.03L(1) requires the needs-based eligibility for 1915(i) services be re-evaluated every 12 months, or more frequently due to a significant change in the participant's condition or needs, in accordance with Medical Necessity Criteria.

Corrective Actions: Annual eligibility recertifications will now be required every 11 months. Optum Maryland will continue to send reminders 60 and 30 days before the eligibility recertification is due for a 1915(i) participant.

CCOs with ongoing noncompliance with these performance measures may be required to submit a Program Improvement Plan to BHA.

If you have questions, please contact the Behavioral Health Policy account at mdh.mabehavioralhealth@maryland.gov.