

Establishment:

There is a Consumer Health Access Program for Mental Health and Addiction Care.

The Program is an independent Division of the Maryland Insurance Administration

Purposes:

The purposes of the Program are to:

- Identify and coordinate consumer access to public and private behavioral health care resources;
 - *Catalogue care and assistance organizations*
 - *Maintain updated resource guide on website*
 - *Assist program participants to access resources*
- Assist consumers to access behavioral health care services;
 - *Establish a centralized digital intake, tracking, task management, and reporting system for persons seeking assistance from the Program*
 - *Identify and access behavioral health provider appointment systems established by Maryland Department of Health, other governmental agencies, health insurers, and commercial entities*
- Assist consumers to obtain payment for behavioral health care services from commercial and governmental health plans and public or private financial assistance programs for which they qualify;
 - *Assist consumers to enroll in health plans and assistance programs for which they qualify*
 - *Direct to MHBE for insurance coverage and Medicaid enrollment*
 - *Direct to Navigators to apply for private assistance programs*
 - *Direct consumers to Navigators to interface with behavioral health providers and health plans in which consumers are enrolled to confirm or coordinate coverage*
 - *In the event of coverage denials, refer the consumer to HEAU and/or the Appeals and Grievance Unit of the MIA to pursue contractual and administrative remedies for coverage denials*
 - *In the event that administrative options are not successful, refer consumers to legal resources to pursue judicial remedies for coverage denials*
- Provide a toll free telephone hotline to respond to requests for assistance by consumers, providers who are acting on behalf of consumers, and individuals within the state's

behavioral health crisis response system in accessing behavioral health care services and obtaining health plan coverage for behavioral health care services;

- *Leverage existing hot-line, call center operations such as 211 or MHBE to perform intake and triage emergencies*
- Provide a website through which consumers, providers who are acting on behalf of consumers, and individuals within the state's behavioral health crisis response system may obtain information about available behavioral health care services and health plan coverage for behavioral health care services and may request assistance in accessing behavioral health care services and obtaining health plan coverage for behavioral health care services;
 - *Establish a stand-alone website and app branded as the Program, linked from State Agency sites, advocacy sites, etc.*
 - *Request for assistance form available on line (multi-lingual and smart phone friendly), directed into the intake system for rapid referral to Navigator*
 - *Links to educational materials and resources*
- Contract with a qualified entity to act as a Behavioral Health Care Navigator in each Connector Entity Region;
 - Behavioral Health Care Navigators:*
 - *Follow-up and maintain contact with consumers*
 - *Assist consumers to find available qualified behavioral health providers*
 - *Direct consumers to MHBE Navigators and the Connector to obtain coverage or Medicaid*
 - *Track and report information regarding the consumer's experience in securing care and coverage*
 - *Supervise certified peer support counselors*
 - *Refer consumers to HEAU or MIA to assist with the resolution of health plan coverage issues and participate as necessary in the resolution of such issues*
- In conjunction with one or more institutions of higher learning in the state, develop a cost-free certification program to train and certify Peer Support Counselors to assist consumers seeking behavioral health services and health plan coverage for such services and assign compensation and volunteer certified Peer Support Counselors to contracted Behavioral Health Care Navigators;
- Carry out a public relations and advertising campaigns to promote the Program;
- Collect and analyze data related to:
 - Gaps in behavioral health care resources

- Gaps in coverage for behavioral health care in existing commercial and government plans
- Bases of coverage denials
- Results of contractual and administrative appeals
- Results of judicial actions
- Mental health parity issues and violations
- Network provider adequacy issues and violations
- Provider directory issues and violations;
- Share data and analysis with state agencies; and
- Submit an annual report to the Maryland General Assembly on the Program, the analysis performed on Program data (as described above) and recommendations to improve access to affordable compensated behavioral health care

Executive Director and Staffing

- The Commissioner shall appoint the Executive Director in consultation with the Coordinating Agencies (MHBE, MDH/BHA, HEAU)
- The Executive Director shall report directly to the Commissioner.
- The Executive shall serve for a term of two years and can only be removed during a term for cause.
- The Executive Director:
 - Shall direct, administer and manage the operations of the Program
 - Shall employ and retain staff to perform services unique to the operation of the Program
 - May retain independent contractors, attorneys, consultants, and other professionals or consultants necessary to carry out unique operations of the Program
- The Administration shall provide the Executive Director and Program with operational support services (HR, routine IT, PIO, Admin, Legal, Procurement, Equipment, Office space, transportation) and may enter into Memorandums of Understanding with federal, state and local governmental units in order to facilitate the provision of services on behalf of the Program.

Funding

- There is a Consumer Health Access Program for Mental Health and Addiction Care Fund.

- The purpose of the Fund is to provide funding for the operations of the Program that are not required to be provided by the Administration, including functions delegated by the Executive Director to a third party under law or by contract.
- The Administration shall administer the Fund.
- The fund is a special, non-lapsing fund that is not subject to § 7-302 of the state finance and procurement article.
- The Fund consists of:
 - An annual contribution from the Administration in an amount equal to [] of the Administration's final approved budget without consideration of any approved budget amendments in the prior fiscal year; *[this reflects the notion that some of the work that is done by the Program would overlap with the work of the Administration, but would make sense to budget within the Program in order to take advantage of the expertise within the Program]*
 - Any funds designated by the State to fund the activities of the Program;
 - Income from investments made on behalf of the Fund;
 - Interest on deposits or investments of money in the Fund;
 - Money donated to the Fund;
 - Money awarded to the Fund through grants; and
 - any other money from any other source accepted for the benefit of the Fund.
- The Fund may only be used for the operation and administration of the Program in carrying out the purposes authorized under this subtitle.

Behavioral Health Navigators

- Functions
- Qualifications/Selection Criteria/Contracting
- Duties
- Compensation
- Termination

Peer Support Counselors

- Certification
- Functions
- Qualifications/Appointments/Assignments
- Duties
- Termination

Advisory Council

- There is a Consumer Health Access Program Advisory Council.

- The Council shall, to the extent practicable:
 - reflect the gender, racial, ethnic, and geographic diversity of the State;
 - constitute a diverse cross-section of stakeholders broadly representative of the individuals and entities described [below]; and
 - are appointed by the Board for a term of no more than 3 years in a manner that provides continuity and rotation;

- The Council consists of no more than 15 members, including:
 - One representative of the Behavioral Health Administration, designated by the Secretary of Health;
 - One representative of the Maryland Medicaid Administration, designated by the Secretary of Health;
 - One representative of the Health Education and Advocacy Unit of the Office of the Attorney General, designated by the head of the Unit;
 - One representative of the Maryland Health Benefit Exchange, designated by the Executive Director of the Exchange;
 - One representative of the Maryland Insurance Administration, designated by the Commissioner;
 - One expert in the interpretation and application of the Mental Health Parity and Addiction Act; and
 - Nine persons designated by the Executive Director, including persons who are members of each of the following stakeholder groups:
 - Consumers of behavioral health treatment services;
 - Mental and behavioral health treatment providers;
 - Organizations that provide mental and behavioral health crisis services;
 - Organizations that work on behalf of marginalized individuals to achieve health equity;
 - Organizations that conduct outreach to individuals with mental and behavioral health disorders;
 - Certified Peer Support Counselors; and
 - Local health departments

- The Council shall meet quarterly and perform the following functions:
 - Advise the Executive Director on the administration and operation of the Program
 - Recommend improvements to the administration and operation of the Program;
 - Review the de-identified and aggregated Program data to be included in the Annual Report and advise the Executive Director on recommendations to be included in the Annual Report; and
 - Provide the Executive Director with such advice as the Executive Director may seek on policy issues related to the Program.

Annual Reporting

- The Executive Director shall annually report on the effectiveness of the program to the MD General Assembly on or before December 31st. The report shall include;
 - A detailed summary and accounting of all Program activities;
 - An evaluation of the performance of the Program;
 - A complete fiscal accounting;
 - De-identified and/or aggregated data summarizing
 - The number of consumers seeking services from the Program
 - The number of successful treatment referrals
 - The number of Program participants seeking assistance with health plan coverage issues
 - Bases of health plan coverage denials
 - Results of contractual and administrative appeals
 - Results of judicial actions
 - Mental health parity issues and violations identified
 - Network provider adequacy issues and violations identified
 - Provider directory issues and violations identified
 - Identification of treatment and coverage gaps; and
 - Recommendations to improve access to mental and behavioral health treatment and enforcement of state and federal laws related to the provision of mental and behavioral health services and health plan coverages.