



ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY
for STATE HEALTH POLICY

Genesis of SE in Maryland

- Long-standing collaborative partnership with MHA and DORS which demonstrates the shared vision and central value of employment for individuals with SMI.
- Memorandum of Understanding (MOU) for Supported Employment (SE) between MHA and DORS for 20 years, which outlines joint funding of SE.

Critical Policy Catalysts

- DORS decision to grant deemed status approval for supported employment for Mental Health Programs approved by DHMH, Office of Health Care Quality.
- MHA mandate of referral to DORS for SE, which leverages DORS funding for Public Mental Health System (PMHS) consumers. (COMAR 10.21.28).
- MHA decision to direct SE funding exclusively to competitive, integrated employment and not agency-sponsored employment.

Key features of SE service design

- Braided funding mechanism leverages three funding sources: MA through MA Rehabilitation Option, state general funds to MHA through legislative appropriation, and DORS Vocational Rehabilitation funds from RSA.
- Deemed status of single SE provider to deliver discrete, and mutually exclusive services in PMHS and DORS system.
- Single point of entry (one authorization request; DORS application embedded in ASO system) .

Key Features of SE Service Design (Continued)

- SE applicants are presumed eligible and to have a most significant disability for eligibility for DORS services.
- Guest access to ASO for DORS counselor to rehabilitation and treatment information.
- Seamless to provider and transparent to consumer.
- Appropriation of funding source is at the system level not the provider level (tied to authorization and CPT codes)
- Enhanced funding for EBP SE based on fidelity which is a proxy for outcomes a proxy for outcomes.

SE Funding Design Schematic

Statewide Dissemination and Implementation Strategies

- Inform consumers and family members so they know what services to request.
- Change financial incentives to reinforce EBP.
- Provide clinicians, practitioners, and agencies with training, consultation and ongoing feedback to enhance provider skill and organizational capacity for SE.
- Focus both on practice improvement and organizational change.
- Bring policy and regulations into alignment with EBP

Quality Improvement

- Two MHA fidelity assessors monitor fidelity to SE and two other EBPs annually.
- Approved by Office of Health Care Quality to provide both Psychiatric Rehabilitation Program (PRP) & Mental Health Vocational Program (MHVP) -SE services in compliance with COMAR 10.21.21 and COMAR 10.21.28.
- Receive training and technical assistance through a MHA approved training program and demonstrate required competencies and fidelity to EBP—SE model.
- Meet or exceed state-established fidelity threshold on annual fidelity assessments to retain eligibility to bill the EBP rate for SE; all other SE programs may bill the standard rate.

Reeder



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