Improving Behavioral Health Follow-up Care Affinity Group

EXPRESSION OF INTEREST (EOI) FORM

The Center for Medicare & Medicaid Services (CMS) is pleased to launch the **Improving Behavioral Health Follow-up Care Affinity Group** to support states in implementing quality improvement (QI) activities to improve access to and coordination of follow-up care for Medicaid and CHIP beneficiaries who are hospitalized or visit an emergency department for a mental health or substance use condition. Although timely follow-up care for this population leads to decreased suicidal ideation, reduced readmissions, improved medication adherence and decreased costs, states often fall short of the recommended timeframes for post-discharge treatment. As part of this affinity group, QI advisors and subject matter experts will provide technical assistance to state Medicaid- and CHIP-led teams through individualized and group meetings using QI tools to develop, implement, test, and scale up initiatives to improve the use of follow-up care among beneficiaries. For more information on the affinity group, please see the fact sheet available on Medicaid.gov: https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/behavioral-health-learning-collaborative/index.html.

Please complete the online EOI form by 8:00 PM ET, Thursday, July 15, 2021.

Contact Information	
Team lead name (Medicaid agency staff must be lead or co-lead):	**Title:**
Agency Name:	
Mailing address:	
Email:	**Phone:**

1. **Participation Goals:** Briefly share your goals for participating in this affinity group. Include any data that you may have used to determine your goals.

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2. **State Needs Assessment:** CMS would like to understand how your state currently provides behavioral health services, including behavioral health follow-up care, to Medicaid and CHIP beneficiaries:

    a. Briefly describe your state's current delivery system for behavioral health services to Medicaid and CHIP beneficiaries (e.g., fee-for-service, coverage through a health plan, part of bundled payments, etc.). If relevant, please also include descriptions of your state's serious mental illness (SMI), substance use disorder (SUD), or SMI/SUD health home(s).

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    b. Briefly describe strategies or initiatives currently used by your state to ensure Medicaid and CHIP beneficiaries receive timely follow-up care after an acute inpatient admission or an emergency department visit for a behavioral health or substance use disorder (e.g. case management, quality payment incentives).

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    c. What are the key challenges and opportunities related to behavioral health follow-up care in your state? If possible, use data to describe.

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3. **Managed care:** Medicaid managed care programs frequently participate in QI initiatives. Consider adding managed care members to your state QI project team. CMS would like to understand more about managed care in your state as it relates to behavioral health follow-up care. If behavioral health care is carved out of managed care in your state, please describe how physical health and behavioral health is coordinated in your state.

    a. Are your state's managed care plans (MCPs) working on, or have they completed, a performance improvement project (PIP) related to behavioral health follow-up care? If yes, please describe the PIP(s). [1]

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[1] We recommend you review your state's most recent External Quality Review (EQR) technical reports as your state's external quality review organization (EQRO) may have validated a PIP or reviewed performance measures related to improving follow-up behavioral health care.

b. Does your state's quality strategy include improving access to or quality of behavioral health follow-up care as one of its goals or objectives?

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c. Has your state's external quality review organization (EQRO) reviewed your state's MCP's performance on metrics related to behavioral health follow-up care? If so, describe the MCPs measures reviewed.[1]

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d. Is behavioral health carved out of managed care in your state? If so, describe how your state facilitates physical and behavioral health integration and coordination.

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4. **Data availability:** QI depends on data to identify opportunities and to demonstrate project progress and outcomes.

a. What measures of follow-up behavioral health care does your state collect and monitor? (For example, you may track performance on the Child, Adult or Health Home Core Set measures: Follow-up After Hospitalization (FUH); Follow-up After Emergency Department Visit for Mental Illness (FUM); and/or Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA).) Add rows or columns as necessary.

Metric	Description	Source (e.g., Core Set reporting)	Year		
			2017	2018	2019

b. Do your state agencies, health plans and/or health systems have access to admissions, discharge and transfer (ADT) data? If so, please describe how it is currently used in follow-up care activities.[2]

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[2] Note: Effective May 1, 2021, CMS is modifying Conditions of Participation (CoPs) to require hospitals, including psychiatric hospitals, to send electronic patient event notifications of a patient's admission, discharge, and/or transfer to another healthcare facility or to another community provider or practitioner. (https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and)

5. **Early Project Ideas:** Tell us about the ideas that you are considering for improving access to and coordination of behavioral health follow-up care in your state. (Note: Identifying an intervention or a strategy is not a requirement to submit an EOI for participation in the affinity group. A state may develop a project as part of the affinity group.)

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6. **Your Team:** Tell us who else will be a part of your team. State Medicaid and CHIP agencies are the primary applicants and are encouraged to include behavioral health partners and staff from managed care plans, providers, the state's department of health, and other relevant partners, as part of the affinity group team. Add rows as needed.

Name	Title	Organizational affiliation	Email	Confirmed? (Yes/No)

7. **Executive Leadership Support:** State teams are expected to have the support of the Medicaid Director, Medical Director, or other senior leadership in the agency to demonstrate the state's interest in achieving the project's goals. Please indicate below the name of the senior Medicaid or CHIP official supporting your state's participation.

Name:	
Title:	
Email:	
Phone Number:	

Questions? Email us at MACQualityImprovement@mathematica-mpr.com.