

Mental Health Action Group
Fiscal Framework
Model Benefit Set Work Group
March 22, 2004

Visionary Goal: Establish a sustainable and affordable financial framework that provides rational incentives to assure that the right care is delivered in the right setting and at the right time.

Problem: There is a lack of insurance coverage and public sector funding for the full continuum of care, including a lack of incentives for development of alternative programming that would prevent more costly acute care. For example, gaps include mobile crisis services, short term crisis shelter and community assistance teams. There is a lack of continuity in care (people lose coverage). Adequate supportive/social services that are necessary to meet treatment plans are not consistently paid for or provided. Services vary by geographic location.

Solution/Deliverable: Develop Model Mental Health Benefit set for children and adults and promote adoption by public and private payors, (including self-funded employers).

- Outline current benefits (e.g. MA, health plans, insurance)
- Identify supportive services (educational, vocational, etc) necessary to treatment
- Review other existing benefit sets
- Review recommendations from the Continuum of Care Team
- Determine what benefits should be included from the continuum
- Review research for evidence of effectiveness
- Develop a model benefit set incorporating research on effectiveness and including both clinical services and necessary supports
- Develop a plan to finance model benefit set and identify payors¹
- Develop timeline for staged implementation
- Propose strategies to promote adoption by public and private payors
- Propose strategy/process for ongoing update as policy, technology, etc. change

Consider following issues for development:

- individual rights to treatment access
- incentives for innovative programs, especially prevention and early intervention.
- addressing geographic disparities
- equity in cost sharing and limiting cost shifting among payors
- how to determine what supportive services (education, vocational, housing, employment, etc) are necessary to treatment plan
- development of full continuum to reduce acute care utilization

Who: Fiscal MHAG work group. Need input from Coordination of Care Team.

When: By July 31, 2004.

¹ At the Fiscal Committee one person expressed the opinion that we should not address this bullet point or at least not identify the payors