

REVIEW THE LISTING OF PROGRAM REQUIREMENTS THAT ARE PART OF THE STATE PROGRAM REVIEW CRITERIA

(FY2013 Appropriation Bill - Public Act 200 of 2012)

July 1, 2013

Section 494(2)(5): (1) In order to avoid duplication of efforts, the department shall utilize applicable national accreditation review criteria to determine compliance with corresponding state requirements for CMHSPs, PIHPs, or subcontracting provider agencies that have been reviewed and accredited by a national accrediting entity for behavioral health care services. (2) Upon a coordinated submission by the CMHSPs, PIHPs, or subcontracting provider agencies, a listing of program requirements that are part of the state program review criteria but are not reviewed by an applicable national accrediting entity, the department shall review the listing and provide a recommendation to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office as to whether or not state program review should continue. The CMHSPs, PIHPs, or subcontracting agencies may request the department to convene a workgroup to fulfill this section. (3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety. (4) As used in this section, "national accrediting entity" means the joint commission on accreditation of healthcare organizations, the commission on accreditation of rehabilitation facilities, the council of accreditation, or other appropriate entity, as approved by the department. (5) By July 1 of the current fiscal year, the department shall provide a progress report to the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget office on implementation of this section.

*Michigan Department
of Community Health*



Rick Snyder, Governor
James K. Haveman, Director

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES ADMINISTRATION
FISCAL YEAR 2013 APPROPRIATION BILL
SECTION 494(2) and (5) BOILERPLATE REPORT**

BACKGROUND

While it continues to remain that the Pre-Paid Inpatient Health Plans (PIHPs), Community Mental Health Service Programs (CMHSPs), and Coordinating Agencies (CAs) carry the responsibility for local management of Medicaid, General Fund and Block Grant services, the Behavioral Health and Developmental Disabilities (BHDDA) leadership is committed to partnering with the managed care entities (PIHPs) and provider system to reduce duplicative oversight while, at the same time, assuring the recipients of services and the Centers for Medicare and Medicaid (CMS) that appropriate oversight continues.

A workgroup continued from 2012 and met nearly monthly under the leadership of the BHDDA staff. The workgroup consisted of members from the PIHP, CMHSP and CA systems. Recommendations for workgroup attendees were initiated by the Michigan Association of Community Mental Health Boards (MACMHB), and meetings were fluid as to numbers of members. The BHDDA leadership is committed to continuing meetings throughout the next fiscal year. A current list of the workgroup membership is attached.

STATUS REPORT

Deemed status is defined by current Michigan Mental Health Code (MHC) Administrative Rule R330.2702 as waiving the Michigan Department of Community Health (MDCH) certification of a CMHSP, if a CMHSP is accredited by a recognized national accreditation agency. Of the 46 CMHSPs, all but 3 have national accreditation and have received "Deemed Status". It was the consensus of the workgroup that the boilerplate description of "Deemed Status" surpasses the MHC definition. Therefore, if a PIHP/CMHSP/CA is granted deemed status by the DCH, the reduction or elimination of a site review would result.

In lieu of the realignment of the public behavioral health system through the DCH 2013 Application for Participation of Medicaid Specialty Prepaid Inpatient Health Plans process, BHDDA leadership requested from Centers for Medicare and Medicaid that the site review process to be conducted cease for the remainder of the 2013 calendar year, with the exception of the following waivers:

- * Habilitation Supports Waiver (HSW) serving approximately 8,200 individuals with Developmental Disabilities

- * Children's Waiver Program (CWP) serving approximately 469 children with Developmental Disabilities
- * Waiver for Children with Serious Emotional Disturbance (SEDW) serving approximately 450 children and young adults with SED

The legal authority for the above three waivers is 1915(c) of the Social Security Act, which specifies the six assurances that States must meet. Since 2008, CMS revised the 1915(c) application to focus on these six assurances in the Social Security Act and requires extensive documentation of the State's oversight and monitoring in the form of performance measure of these assurances and 14 sub-assurances within each of the approved waivers.

CMS granted BHDDA's request to cease site-reviews with the PIHPs with the exception of the waivers listed above.

BHDDA has met with the National Committee on Quality Assurance (NCQA) and Utilization Review Accreditation Commission (URAC) to determine whether or not a mandatory specific accreditation will bring a value add to the 10 new Regional Entities. The decision will be made prior to October 1, 2013.

RECOMMENDATION

42 CFR, 438.360, reads: "Non-Duplication of Mandatory Activities: (a) General Rule. To avoid duplication, the State may use, in place of a Medicaid review by the State, its agent, or external quality review information about the Managed Care Organization (MCO) or PIHP obtained from a Medicare or private accreditation review to provide information otherwise obtained from the mandatory activities specified in 42 CFR 438.358".

An External Quality Review, mandated by the federal Balanced Budget Act, occurs annually at the PIHPs through the Health Service Advisory Group (HSAG). BHDDA leadership will amend its overall "Quality Strategy" in an attempt to include the required 1915(c) performance measures within the External Quality Review and/or through the PIHPs for the January 1, 2014, waiver renewal. This effort will attempt to eliminate the BHDDA site reviews for the 1915(b)(c) concurrent waivers. In addition, BHDDA leadership will continue to review and streamline the required site reviews with the Coordinating Agencies relative to the Federal Block Grant for Substance Abuse prevention and treatment.

The health and safety and the quality of services of the individuals served remains a priority of the DCH. The workgroup remains committed to reducing disparities throughout the state and promoting the sustainability of the public behavioral health system.

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