

| Financing Models | | | | | | |
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| Policy # | Policy Recommendations | Current State | Barriers | Required Change/ Recommended Action | Due Date | Status |
| F 1.0 | The workgroup recommends that MDHHS should develop a process for <u>evaluating model</u> concepts that do not require policy or statutory changes for implementation. | <p>History: During the 298 Facilitation Workgroup process, stakeholders had an opportunity to submit models for review and evaluation by the workgroup.</p> <p>Current State: Financing models are being explored as part of the recommended FY18 Sec. 298 pilot(s) and will be evaluated against the current financing and service delivery structure/system.</p> <p>1) The demonstration project will test integration with no financial integration through the MHP. Medicaid contracts will continue with their current payer structure through the Prepaid Inpatient Health Plan (PIHP) for specialty behavioral health services.</p> <p>2) Pilot(s) are required to have an integrated funding model with a single contract (inclusive of specialty BH) for all Medicaid Health Plans (MHPs) in the pilot geographic area.</p> <p>MDHHS Position: Michigan Department of Health and Human Services (MDHHS) will test financial integration models pursuant to Section 298 of Public Act 107 of 2017.</p> | Barriers to pilot implementation are detailed in the 11.1.2017 report to the legislature. | <p>1) MDHHS is testing models through the pilot and demonstration projects as required by the legislature. The legislature has more narrowly defined the expectations for testing models; there are no additional evaluation resources to test additional models at this time.</p> <p>2) Additionally, MDHHS encourages consideration of other integrated health care and financing models including co-location, shared staffing, etc. While ongoing reporting will not be required, MDHHS may survey the system to assess the current state of integration efforts.</p> <p>Note: through prior evaluation, MDHHS has determined some proposed financing models are not feasible.</p> | <p>Leg Report - 11.1.2017</p> <p>Pilots and Dem Proj. Launch July 1, 2018</p> | In Process |
| F 2.0 | The workgroup recommends that MDHHS, informed by stakeholders, should conduct a more in-depth <u>review of model</u> proposals that were submitted to see if other model(s) might emerge. | <p>Pilot planning is inclusive of key stakeholder input. One financing model is included as a demonstration project for Kent County.</p> <p>MDHHS Position: MDHHS will test financial integration models pursuant to Section 298 of Public Act 107 of 2017.</p> | | | | |
| F 3.0 | For inclusion <u>among models to be tested</u> , the workgroup recommends the expansion and <u>broadening of jointly funded, staffed and operated programs</u> between MHPs and the local public behavioral health system for coordinating services to shared enrollees. | <p>The current service delivery system has examples of co-located and co-funded physical health/behavioral health strategies.</p> <p>MDHHS currently requires all PIHPs and MHP to have coordination agreements.</p> <p>MDHHS Position: MDHHS will test financial integration models pursuant to Section 298 of Public Act 107 of 2017.</p> | | | | |
| F 5.0 | The workgroup recommends <u>the use of models which improve the coordination of physical health and behavioral health services</u> and supports through the local public behavioral health network for individuals with a mental illness, serious emotional disturbances, and substance use disorders. Within that population, the focus should be on individuals who are vulnerable and at risk for issues of increased morbidity and premature death as well as persons who are high utilizers of emergency services and hospitalization services. | <p>Current project and parameters planning includes provider network adequacy and retention of the current specialty BH networks; 298 Boilerplate stipulates the CMHSP in the pilot geographic area is allowed "to be a provider of behavioral health supports and services."</p> <p>MDHHS Position: MDHHS will test financial integration models pursuant to Section 298 of Public Act 107 of 2017.</p> | | | | |
| F 4.0 | The workgroup recommends the development of <u>consistent statewide contract provisions to encourage the integration</u> of physical health, behavioral health and intellectual/developmental disability services and supports for all populations at the point of service, which should be driven by local coordination between providers rather than statewide integration of financing. | <p>Current PIHP contracts are permissive of shared staffing and co-location options for physical and behavioral health integration.</p> <p>Additional stakeholder input may be needed to further define the desired improvement/outcome.</p> <p>MDHHS Position: MDHHS supports development of contract provisions that encourage integration.</p> | <p>Billing for co-located services</p> <p>Additional detail is on the planning worksheet</p> | <p>1) MDHHS staff will work with MHP, Community Mental Health service Program (CMHSP), and PIHP leadership to review contracts and determine if language can be strengthened and more objectively defined.</p> <p>2) MDHHS will work with payer/providers to resolve billing concerns in co-located settings.</p> | October 2018 amend FY19 or applicable for FY2020 | In Process |

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| F 6.0 | The workgroup recommends the establishment of an <u>Integration Innovation Venture Capital Fund</u> , which would provide opportunities for Local/Regional Integration Arrangements. The fund should be established and used to support, enhance or develop integration arrangements at the provider level. | MDHHS Position: This policy recommendation is dependent on Legislative funding. The 298 Facilitation Workgroup Report was provided to the Legislature. Should the Michigan Legislature wish to appropriate resources for an Integration Innovation Venture Capital Fund, MDHHS will provide requested support. | Start-up funding through grants, donations or legislative appropriations | The 298 Workgroup Final Report was referred to the legislature. Action on this recommendation would require legislative appropriation, private or grant funding. No further action is required by MDHHS at this time. | NA | Not Planned |