

Coordination of Physical Health and Behavioral Health Services

Policy #	Policy Recommendations	Required Change/ Recommended Action	Due Date	FY18 Progress Report	Progress Clarification
1.1	The State of Michigan should retain system structures for Medicaid funding with (1) separate funding for and management of physical health flowing through the MHP system and (2) separate funding for and management of specialty behavioral health and intellectual/developmental disabilities flowing through the public PIHP/CMHSP system. Michigan should retain a public separately funded and managed system for non-Medicaid specialty behavioral health and intellectual/developmental disability services. CMHSPs should continue to play the central role in the delivery of Medicaid and non-Medicaid specialty behavioral health and intellectual/developmental disabilities services. The recommendation does not preclude the consideration of models of other competent, public, risk-based configurations.	1) MDHHS will implement pilot(s) and a demonstration project in accordance with to Section 298 of Public Act 107 of 2017. 2) MDHHS will retain current systems structures based on approved waivers, appropriated funding, and fully executed contracts.	See MPH Action Plan Detail	Partially Complete Partially Complete	1) MDHHS is in the process of implementing the pilots and demonstration projects as defined by Section 298 of Public Act 107 of 2018. The implementation date was updated to 10.1.2019. 2) MDHHS has commenced discussions with CMS regarding required waiver changes. Waivers are planned to be submitted by 1.2019.
1.2	Through the use of consistent language in state contracts with payers, MDHHS should create standards that require contracted providers to follow the wishes of the person and/or family members for the coordination of services at the point of service delivery. Each individual should have the ability to choose where services are coordinated at the point of service delivery (e.g. health home, patient-centered medical home, etc.). This choice is not a choice of payer but rather a choice of the party that will coordinate services for the individual at the point of service. These standards should also include the opportunity for the person and/or family member to coordinate services for himself or herself.	1) Assign to MHP/PIHP workgroups to review and strengthen contract language and objective assessment of completion. a) Requested to be on agenda for 1/25/18 meeting. b) Will discuss with MHP-PIHP work group and solicit members to develop work 2) Consider review of related accreditation standards (NCQA)	1.25.18 3.22.18 2.28.18	Complete Complete Complete	The MHP-PIHP Collaboration Workgroup has adopted a consensus statement regarding consumer choice of care coordination (Available upon request).