

Behavioral Health Section 298 Workgroup Boilerplate Language Modifications

May 19, 2016

INTRODUCTION

Since late March 2016, the Michigan Department of Health and Human Services (MDHHS) has convened a stakeholder workgroup to discuss improving integration of behavioral health and physical health services and supports, as outlined in Section 298 of Governor Rick Snyder's proposed fiscal year 2017 budget. The workgroup stakeholders represent individuals in service and their advocates and various organizations, including community mental health service providers (CMHSPs), prepaid inpatient health plans (PIHPs), Medicaid health plans, behavioral health providers, and statewide advocacy organizations.

As part of the broad discussion, stakeholders worked toward a set of changes to the original Section 298 boilerplate language, describing a process for designing a better integrated system. This document contains the workgroup's final set of modifications to the Section 298 boilerplate. At least two-thirds of the workgroup members present at the May 19, 2016 meeting supported these modifications.

PROCESS

After Gov. Rick Snyder's original budget proposal boilerplate language was introduced, Michigan's House and Senate appropriations subcommittees each replaced that version with new language. At the April 27, 2016, meeting of the Behavioral Health Section 298 workgroup, stakeholders reviewed the House and Senate versions of boilerplate language and voted on which version they preferred.

By a wide margin, the group voted for the House subcommittee (HB 5274) version. Following the vote, the workgroup was given time to suggest "friendly amendments" to the House version. The workgroup then discussed how the boilerplate should be altered and which sections of the Senate subcommittee (SB 789) version should be added.

As time ran out at the April 27 meeting, MDHHS asked that workgroup stakeholders submit via email suggested changes to the House version of the boilerplate. At the May 19 meeting, the workgroup voted on a total of 38 suggested changes. This document contains the final set of workgroup-endorsed modifications, all of which had the support of at least two-thirds of stakeholders present at the meeting.

BOILERPLATE MODIFICATIONS

Overall Modifications

CHANGE: Replace the word “consumer” with “INDIVIDUAL” throughout the boilerplate language.

Original Subsection (1) Language

The House subcommittee (HB 5274) Section 298 subsection (1) language reads:

(1) The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies for behavioral and physical health services for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders. The workgroup shall include, but not be limited to, the Michigan Association of Community Mental Health Boards, the Michigan Association of Health Plans, and advocates for consumers of behavioral health services.

Modifications to Subsection (1)

Stakeholders approved the following edits to the language for subsection (1), addressing the workgroup’s overall charge:

CHANGE	The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies for BEHAVIORAL HEALTH SERVICES IN ORDER TO IMPROVE THE COORDINATION OF BEHAVIORAL AND PHYSICAL HEALTH SERVICES for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders.
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Original Subsection (2) Language

The House subcommittee (HB 5274) Section 298 language in subsection (2) reads:

- (2) The workgroup shall consider the following goals in making its recommendations:
- (a) Core principles of person-centered planning, self-determination, and recovery orientation.
 - (b) Avoiding the return to a medical and institutional model of supports and services for individuals with behavioral health and developmental disability needs.
 - (c) Coordination of physical health and behavioral health care and services at the point at which the consumer receives that care and those services.

Modifications to Subsection (2)

Stakeholders approved one change and three additions to subsection (2):

CHANGE	(a) Core principles of person-centered planning, self-determination, FULL COMMUNITY INCLUSION, ACCESS TO CMH SERVICES, and recovery orientation.
ADD from Senate language (SB 789); approved at April 27 meeting	(D) INCREASE ACCESS TO high-value COMMUNITY-BASED SERVICES CONSISTENT WITH THE CORE VALUES OF THE WORKGROUP AND RESIDENT CHOICE OF PROVIDER. (E) INCREASE ACCESS TO INTEGRATED BEHAVIORAL AND PHYSICAL HEALTH SERVICES WITHIN COMMUNITY-BASED SETTINGS.
ADD	(F) REINVEST EFFICIENCIES GAINED BACK INTO SERVICES.
ADD	(G) ENSURE TRANSPARENT PUBLIC OVERSIGHT, GOVERNANCE, AND ACCOUNTABILITY.

Original Subsection (3) Language

The House subcommittee (HB 5274) Section 298 subsection (3) language reads:

(3) The workgroup’s recommendations shall include a detailed plan for the transition to any new financing model or policies recommended by the workgroup, including a plan to ensure continuity of care for consumers of behavioral health services in order to prevent current customers of behavioral health services from experiencing a disruption of services and supports. The workgroup shall consider the use of one or more pilot programs in areas with an appropriate number of consumers of behavioral health services and a range of behavioral health needs as part of that transition plan.

Modifications to Subsection (3)

Stakeholders approved the following changes and additions to subsection (3), organized in two categories. The first category, “Senate Language,” replaces subsection 3 with language from the Senate version (SB 789), but also makes changes to the Senate version. The second category addresses pilots.

Senate Language (SB 789)

<p>REPLACE CHANGE (from Senate language in SB 789)</p>	<p>BY FEBRUARY 1, 2017, the workgroup shall submit a report to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office detailing a proposal to enhance services to persons currently eligible for services provided by PIHPs, CMHSPs, and the Medicaid Health Plans through the Medicaid mental health services, Medicaid substance use disorder services, general fund appropriation, and Healthy Michigan plan – behavioral health and autism services lines and reform payment processes with the result of more money going to high value patient care. AS PART OF THE REPORT THE DEPARTMENT SHALL CONDUCT AN ADEQUACY STUDY TO IDENTIFY ANY UNMET NEED AND GAPS IN THE CURRENT FUNDING AND SERVICE STRUCTURES. IN ADDITION TO THE ADEQUACY STUDY, the report must SHALL include, but is not limited to, proposals on how to do the following:</p> <ul style="list-style-type: none"> (a) Ensure full access to community-based services and supports. (b) Ensure full access to integrated behavioral and physical health services within community-based settings.
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Pilots

<p>ADD</p>	<p>The workgroup shall consider THE EXPERIENCE OF PARTICIPANTS WITH AND EXISTING DATA ON THE MI HEALTH LINK PROJECT AND OTHER POTENTIALLY RELATED PILOTS.</p>
<p>CHANGE</p>	<p>The workgroup shall consider the use of one or more ADDITIONAL pilot programs WITH WILLING PIHP AND MHP PARTNERS in areas with an appropriate number of consumers of behavioral health services, and a range of behavioral health needs AND CHRONIC CO-MORBID PHYSICAL HEALTH CONDITIONS as part of that transition plan.</p>

Original Subsection (4) Language

The House subcommittee (HB 5274) Section 298 subsection (4) language reads:

(4) The department shall provide, after each workgroup meeting, a status update on the workgroup's progress and, by December 1 of the current fiscal year, a final report on the workgroup's recommendations to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

Modifications to Subsection (4)

Stakeholders did not make any edits to subsection (4).

Original Subsection (5) Language

The House subcommittee (HB 5274) Section 298 subsection (5) language reads:

(5) No funding that has been paid to the prepaid inpatient health plans in prior fiscal years from the Medicaid mental health services, Medicaid substance use disorder services, Healthy Michigan plan – behavioral health, or autism services appropriation line items shall be transferred or paid to any other entity without specific legislative authorization through enactment of a budget act containing appropriation line item changes or authorizing boilerplate language.

Modifications to Subsection (5)

Stakeholders did not make any edits to subsection (5).