

CMHSP/PIHP or Subcontracting Provider Agency Compliance Report

(FY2020 Appropriation Act - Public Act 67 of 2019)

April 1, 2020

Sec. 994. (1) *By January 1 of the current fiscal year, the department shall seek, if necessary, federal approval through either a waiver request or state plan amendment to allow a CMHSP, PIHP, or subcontracting provider agency that is reviewed and accredited by a national accrediting entity for behavioral health care services to be considered in compliance with state program review and audit requirements that are addressed and reviewed by that national accrediting entity.*

(2) By April 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, and the state budget office all of the following:

(a) The status of the federal approval process required in subsection (1).

(b) A list of each CMHSP, PIHP, and subcontracting provider agency that is considered to be in compliance with state program review and audit requirements under subsection (1).

(c) For each CMHSP, PIHP, or subcontracting provider agency described in subdivision (b), both of the following:

(i) The state program review and audit requirements that the CMHSP, PIHP, or subcontracting provider agency is considered to be in compliance with.

(ii) The national accrediting entity that reviewed and accredited the CMHSP, PIHP, or subcontracting provider agency.

(3) The department shall continue to comply with state and federal law and shall not initiate an action that negatively impacts beneficiary safety. Any cost savings attributed to this action shall be reinvested back into services.

(4) As used in this section, “national accrediting entity” means the Joint Commission, formerly known as the Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation, the URAC, formerly known as the Utilization Review Accreditation Commission, the National Committee for Quality Assurance, or another appropriate entity, as approved by the department.



Section 994(2) PA 67 of 2019

Overview

The Behavioral Health and Developmental Disabilities (BHDDA) leadership partners with the Prepaid Inpatient Health Plans (PIHPs) and provider systems to reduce duplicative oversight while, at the same time, assuring the recipients of services and the US Centers for Medicare and Medicaid Services (CMS) that appropriate oversight continues. To help facilitate community partnership with this effort, a workgroup was initiated in 2012 and met under the leadership of the BHDDA staff. The workgroup consisted of members from the PIHPs, Community Mental Health Services Programs (CMHSPs), and provider network systems. Recommendations for workgroup attendees were initiated by the Michigan Association of Community Mental Health Boards (now the Community Mental Health Association of Michigan), which represents the PIHPs, CMHSPs, and other public behavioral health system providers.

Status Report

Deemed status is defined by current Michigan Mental Health Code (MHC) Administrative Rule R330.2702 as waiving portions of the Michigan Department of Health and Human Services (MDHHS) certification review activities on a CMHSP, if a CMHSP is accredited by a recognized national accreditation agency. Of the 46 CMHSPs in Michigan, all except two have national accreditation and have received “Deemed Status”. The aforementioned workgroup determined that the legislative boilerplate description of “Deemed Status” is broader in application than the MHC definition. Therefore, if a PIHP/CMHSP is granted deemed status by MDHHS, the reduction or elimination of a site review would result. The PIHPs/CMHSPs also utilize “Deemed Status” within their contract with MDHHS to accept the credentialing work of one PIHP at another to reduce duplication with providers who contract with multiple PIHPs to expedite provider onboarding.

Currently, the only site review activities conducted by the BHDDA involve the provision of the three Federal 1915(c) waiver programs (i.e., Habilitation Supports Waiver, Children’s Waiver Program, and Waiver for Children with Serious Emotional Disturbance). New requirements were initiated by CMS with the new waivers that were approved starting in October of 2019. MDHHS is in the process of putting new monitoring and oversight criteria in place to meet those standards and site reviews may be a part of that work. Once those activities are in place, MDHHS can resume the process of assessing if accreditation processes cover any of the required oversight areas and generate the additional report elements required in Section 994(2)(a) and (b).