

MI - Submission Package - MI2023MS0002O - (MI-23-1500) - Health Homes

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	MI2023MS0002O	Submission Type	Official
Program Name	Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions	State	MI
SPA ID	MI-23-1500	Region	Chicago, IL
Version Number	1	Package Status	Submitted
Submitted By	Erin Black	Submission Date	3/13/2023
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2023MS00020	SPA ID	MI-23-1500
Submission Type	Official	Initial Submission Date	3/13/2023
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

State Information

State/Territory Name: Michigan

Medicaid Agency Name: Michigan Department of Health and Human Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID MI-23-1500

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Health Homes Geographic Limitations	5/1/2023	MI-22-1500
Health Homes Providers	5/1/2023	MI-20-1500

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This State Plan Amendment (SPA) will expand the BHH to more geographic areas. The SPA will also update staffing requirement to allow flexibility to the required provider infrastructure.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$749600
Second	2024	\$1399600

Federal Statute / Regulation Citation

Section 1945 of the Social Security Act

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID MI2023MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MI-23-1500
Initial Submission Date 3/13/2023
Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe Farah Hanley
Chief Deputy Director for Health
Behavioral and Physical Health and
Aging Services Administration

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
- Benefits and Payments
- Health Homes Program

Do not use "Create New Health Homes Program" to amend an existing Health Homes program. Instead, use "Amend existing Health Homes program," below.

- Create new Health Homes program
- Amend existing Health Homes program
- Terminate existing Health Homes program

Chronic Care Management for Individuals with Serious and Persistent ...

Health Homes SPA - Reviewable Units

Only select Reviewable Units to include in the package which you intend to change.

*

<input type="checkbox"/>	Reviewable Unit Name	Included in Another Source Type Submission Package
<input type="checkbox"/>	Health Homes Intro	(APPROVED
<input checked="" type="checkbox"/>	Health Homes Geographic Limitations	(APPROVED
<input type="checkbox"/>	Health Homes Population and Enrollment Criteria	(APPROVED
<input checked="" type="checkbox"/>	Health Homes Providers	(APPROVED
<input type="checkbox"/>	Health Homes Service Delivery Systems	(APPROVED
<input type="checkbox"/>	Health Homes Payment Methodologies	(APPROVED
<input type="checkbox"/>	Health Homes Services	(APPROVED
<input type="checkbox"/>	Health Homes Monitoring, Quality Measurement and Evaluation	(APPROVED

1945A Health Home Program

Submission - Public Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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Superseded SPA ID	N/A		

Reviewable Unit Instructions

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Multiple	12/8/2022	Multiple

- Publication in state's administrative record, in accordance with the administrative procedures requirements
- Email to Electronic Mailing List or Similar Mechanism
- Website Notice
- Public Hearing or Meeting
- Other method

Upload copies of public notices and other documents used

Name	Date Created	
Tearsheet for BHH - Kalamazoo Gazette	3/1/2023 8:37 AM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	
No items available		

Indicate the key issues raised during the public comment period (optional)

- Access
- Quality
- Cost
- Payment methodology
- Eligibility
- Benefits
- Service delivery
- Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

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Reviewable Unit Instructions

Name of Health Homes Program:

Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, and in accordance with the state consultation plan, prior to submission of this SPA.

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

- All Indian Health Programs
 All Urban Indian Organizations

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- All Indian Tribes

Date of consultation:	Method of consultation:
1/11/2023	Letter of Notification to Tribal Chairs and Health Directors

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Name	Date Created	
L 22-73	3/1/2023 8:40 AM EST	

Indicate the key issues raised (optional)

- Access
 Quality
 Cost
 Payment methodology
 Eligibility
 Benefits
 Service delivery
 Other issue

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID MI2023MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID MI-23-1500
Initial Submission Date 3/13/2023
Effective Date N/A

Reviewable Unit Instructions

SAMHSA Consultation

Name of Health Homes Program

Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation
3/27/2014

Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

Package ID	MI2023MS00020	SPA ID	MI-23-1500
Submission Type	Official	Initial Submission Date	3/13/2023
Approval Date	N/A	Effective Date	5/1/2023
Superseded SPA ID	MI-22-1500		
	System-Derived		

Reviewable Unit Instructions

- Health Homes services will be available statewide
- Health Homes services will be limited to the following geographic areas
- Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program

- By county
- By region
- By city/municipality
- Other geographic area

Specify which counties:

- Alcona
- Alger
- Alpena
- Antrim
- Arenac
- Baraga
- Bay
- Benzie
- Charlevoix
- Cheboygan
- Chippewa
- Clare
- Clinton
- Crawford
- Delta
- Dickinson
- Eaton
- Emmet
- Gladwin
- Gogebic
- Grand Traverse
- Gratiot
- Hillsdale
- Houghton
- Huron
- Ingham
- Ionia
- Iosco
- Iron
- Isabella
- Jackson
- Kalkaska
- Keweenaw
- Leelanau
- Lenawee
- Livingston
- Luce
- Mackinac
- Manistee
- Marquette
- Mecosta
- Menominee
- Midland
- Missaukee
- Monroe
- Montcalm
- Montmorency
- Newaygo
- Oakland
- Ogemaw
- Ontonagon
- Osceola

53. Oscoda
54. Otsego
55. Presque Isle
56. Roscommon
57. Saginaw
58. Schoolcraft
59. Shiawassee
60. Tuscola
61. Washtenaw
62. Wayne
63. Wexford

Health Homes Providers

MEDICAID | Medicaid State Plan | Health Homes | MI2023MS00020 | MI-23-1500 | Chronic Care Management for Individuals with Serious and Persistent Mental Health Conditions

Package Header

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Superseded SPA ID	MI-20-1500		
	System-Derived		

Reviewable Unit Instructions

Types of Health Homes Providers

Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

- Physicians
- Clinical Practices or Clinical Group Practices
- Rural Health Clinics
- Community Health Centers
- Community Mental Health Centers
- Home Health Agencies
- Case Management Agencies
- Community/Behavioral Health Agencies
- Federally Qualified Health Centers (FQHC)
- Other (Specify)

Provider Type	Description
Health Home Partner (HHP)	<p>Provider Qualifications and Standards: The HHP must:</p> <ul style="list-style-type: none">• Enroll or be enrolled in Michigan Medicaid and agree to comply with all Michigan Medicaid program requirements.• Must meet applicable Federal and State licensing standards in addition to Medicaid provider certification and enrollment requirements as one of the following:<ul style="list-style-type: none">o Community Mental Health Services Programs (CMHSPs)o Federally Qualified Health Center/Primary Care Safety Net Clinico Rural Health Clinico Tribal Health Centero Clinical Practices or Clinical Group Practiceso Community/Behavioral Health Agencies
Lead Entity (LE)	<ul style="list-style-type: none">• Be a regional entity as defined in Michigan's Mental Health Code (330.1204b).• Must contract with and pay a negotiated rate to HHPs,• Must maintain a network of providers that support the BHHs to

Provider Type

Description

service beneficiaries with a serious mental illness/serious emotional disturbance diagnosis,

- Have authority to access Michigan Medicaid claims and encounter data for the BHH target population,
- Have authority to access Michigan's Waiver Support Application and CareConnect360,
- Provides leadership for implementation and coordination of health home activities,
- Serves as a liaison between the health homes site and MDHHS staff/contractors,
- Champions practice transformation based on health home principles,
- Develops and maintains working relationships with primary and specialty care providers including Community Mental Health Service Providers and inpatient facilities,
- Collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management,
- Monitors Health Home performance and leads quality improvement efforts,
- Designs and develops prevention and wellness initiatives, and referral tracking,
- Must have the capacity to evaluate, select, and support providers who meet the standards for BHHs, including:
 - o Identification of providers who meet the BHH standards,
 - o Provision of infrastructure to support BHHs in care coordination,
 - o Collecting and sharing member-level information regarding health care utilization and medications,
 - o Providing quality outcome protocols to assess BHH effectiveness, and
 - o Developing training and technical assistance activities that will support BHH in effective delivery of health home services.

Teams of Health Care Professionals

Health Teams

Provider Infrastructure

Describe the infrastructure of provider arrangements for Health Home Services

MDHHS will utilize designated providers for health homes. Health Home Partners (HHPs), through the Lead Entity (LE), will ensure beneficiary access to an interdisciplinary care team that addresses the beneficiary's behavioral and physical health needs. The following represents the care team requirements per 100 enrollees:

- Health Home Director (0.50 FTE)
- Behavioral Health Specialist (0.25 FTE)
- Nurse Care Manager (1.00 FTE)
- Peer Support Specialist, Peer Recovery Coach, Community Health Worker, Medical Assistant (3.00-4.00 FTE)
- Medical Consultant (.10 FTE)
- Psychiatric Consultant (.10 FTE)

All providers referenced above must meet the following criteria:

Health Home Director

- Provides leadership for implementation and coordination of health home activities

Behavioral Health Specialist

- An individual who has a minimum of a Bachelor's Degree from an accredited four year institution of higher learning, with specialization in psychology, mental health and human services, behavioral health, behavioral sciences, social work, human development, special education, counseling, rehabilitation, sociology, nursing, or closely related field; OR who has a Bachelor's Degree from an accredited four year educational institution in an unrelated field and at least one year of full-time equivalent relevant human services experience; OR an individual who has Master's Degree in social work, education, psychology, counseling, nursing, or closely related field from an accredited graduate school

Nurse Care Manager

- Must be a licensed registered nurse or licensed practical nurse with relevant experience.

Peer Support Specialist, Peer Recovery Coach, Community Health Worker, Medical Assistant

- Appropriate certification/training

Medical Consultant

- Primary care physician, physician's assistant, pediatrician, or nurse practitioner

Psychiatric Consultant

- Must be a licensed mental health professional (i.e. psychologist, psychiatrist, psychiatric nurse practitioner)

In addition to the above Required Provider Infrastructure Requirements, eligible BHH providers should coordinate care with the following professions:

- Dentist
- Dietician/Nutritionist
- Pharmacist
- Peer support specialist
- Diabetes educator
- School personnel
- Others as appropriate

Supports for Health Homes Providers

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

Description

Participating sites must adhere to the State's provider qualifications and standards in order to maintain active status. These standards include the eleven key components for providers listed above. All Health Homes must participate in State-sponsored activities designed to support approved sites in transforming services delivery. This includes a mandatory Health Home orientation for the designated providers and clinical support staff before the program is officially implemented. The orientation will include all HHPs and include detailed training on program expectations to ensure provider readiness. Ongoing technical assistance will be made available through additional trainings and webinars after implementation. Individual assistance will be provided on an as needed basis by state or contractual staff. The state also anticipates forming Health Home workgroups and listserv forums for Health Home administrators and staff to communicate amongst each other and share best practices, solutions to potential service barriers or issues, monitoring and performance reporting concerns, and other needs. In addition, the state intends to develop and update a program specific website with provider resources and forms. The state will also serve as a resource, as needed, to connect providers to applicable state and local programs that would aid in the overall needs and goals of the Health Home beneficiary.

Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows

The Michigan BHH Lead Entity (LE) must:

1. Be a regional entity as defined in Michigan's Mental Health Code (330.1204b).
2. Must contract with and pay a negotiated rate to HHPs,
3. Must maintain a network of providers that support the BHHs to service beneficiaries with a serious mental illness/serious emotional disturbance diagnosis,
4. Have authority to access Michigan Medicaid claims and encounter data for the BHH target population,
5. Have authority to access Michigan's Waiver Support Application and CareConnect360,
6. Provides leadership for implementation and coordination of health home activities,
7. Serves as a liaison between the health homes site and MDHHS staff/contractors,
8. Champions practice transformation based on health home principles,
9. Develops and maintains working relationships with primary and specialty care providers including Community Mental Health Service Providers and inpatient

facilities,

10. Collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management,
11. Monitors Health Home performance and leads quality improvement efforts,
12. Designs and develops prevention and wellness initiatives, and referral tracking,
13. Must have the capacity to evaluate, select, and support providers who meet the standards for BHHs, including:
 - a. Identification of providers who meet the BHH standards,
 - b. Provision of infrastructure to support BHHs in care coordination,
 - c. Collecting and sharing member-level information regarding health care utilization and medications,
 - d. Providing quality outcome protocols to assess BHH effectiveness, and
 - e. Developing training and technical assistance activities that will support BHH in effective delivery of health home services.

The Lead Entity (LE) and the Health Home Partner (HHP) jointly must:

1. HHPs must be enrolled in the Michigan Medicaid program and in compliance with all applicable program policies
2. HHPs must enroll and execute any necessary agreement(s)/contract(s) with the LE; HHPs must also sign the MDHHS-5745 with MDHHS
3. HHPs must adhere to all federal and state laws regarding Section 2703 Health Homes recognition/certification, including the capacity to perform all core services specified by CMS. Providers shall meet the following recognition/certification standards:
 - a. Achieve Patient Centered Medical Home (PCMH) from national recognizing body (NCQA, AAAHC, JC, CARF) before the BHH becomes operational. PCMH application can be pending at the time of implementation.
 - b. Achieve CMS Stage 2 Meaningful Use (can be in-progress at the time of implementation).
4. Provide 24-hour, seven days a week availability of information and emergency consultation services to beneficiaries
5. Ensure access to timely services for enrollees, including seeing enrollees within seven days and 30 days of discharge from an acute care or psychiatric inpatient stay
6. Ensure person-centered and integrated recovery action planning that coordinates and integrates all clinical and non-clinical health care related needs and services
7. Provide quality-driven, cost-effective health home services in a culturally competent manner that addresses health disparities and improves health literacy
8. Utilize the MDHHS-5515 Consent to Share Behavioral Health and Substance Use Disorder Information
9. Demonstrate the ability to perform each of the following functional requirements. This includes documentation of the processes and methods used to execute these functions.
 - a. Coordinate and provide the six core services cited in Section 2703 of the Affordable Care Act
 - b. Coordinate and provide access to high-quality health care services informed by evidence-based clinical practice guidelines
 - c. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness.
 - d. Coordinate and provide access to physical and mental health services.
 - e. Coordinate and provide access to chronic disease management, including self- management support to individuals and their families
 - f. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices as appropriate
 - g. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level
10. Demonstrate the ability to report required data for both state and federal monitoring of the program

(See attached for further requirements of the LE and HHPs)

Document is titled "2_BHH Provider Requirements and Expectations V1 (3-18-2020)"

Name	Date Created	
2_BHH Provider Requirements and Expectations V1 (3-1-2023)	3/1/2023 9:59 AM EST	

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 3/13/2023 12:02 PM EDT



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ANNOUNCEMENTS

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Lost & Found
Personals



MERCHANDISE

Antiques
Appliances
Garage Sales



FINANCIAL

Investments
Stocks
Money to Loan



PETS & FARMS

Dirt & Gravel
Farm Equipment
Livestock & Feed



RECREATION

Boats
Campers
Snowmobiles



TRANSPORTATION

Cars
Trucks
Vans



EMPLOYMENT

Jobs
General Help
Services



REAL ESTATE

Homes for Sale
Apartment
Commercial



BARGAIN CORNER

Business Bargains
Items \$1,000 or
Less Wanted to Buy



ANNOUNCEMENTS

NOTICE TO ALL PERSONS CLAIMING AN INTEREST IN THE PUBLIC DOCK LOCATED IN FRANKLIN BEACH ON THE WESTERN SHORE OF GULL LAKE AT THE TERMINUS OF AVERY AND LEWIS STREETS, VILLAGE OF RICHLAND, KALAMAZOO COUNTY, MICHIGAN
9th Judicial Circuit Court, Kalamazoo County, Case No. 22-0586-CH
Be advised that each and every person who claims an interest in the public dock (the "Dock") located in Franklin Beach, on the Western Shore of Gull Lake at the terminus of Avery and Lewis Streets in the Village of Richland, Kalamazoo County, Michigan is hereby named as a DEFENDANT in a civil suit currently pending in the 9th Judicial Circuit, Kalamazoo County, Case No. 22-0586-CH (the "Lawsuit"), which lawsuit seeks, among other things, removal of the Dock. This publication provides notice to any and all persons claiming an interest in the aforementioned Dock that you must file a written answer to the complaint initiating the lawsuit, or take other lawful action, with the Clerk of the 9th Judicial Circuit Court, Civil Division for Kalamazoo County located at 150 E. Crosstown Parkway, Kalamazoo, MI 49001 under Case No. 22-0586-CH on or before December 21, 2022. If you do not answer or take other action within the time allowed, judgment may be entered against you for the relief demanded in the complaint. A copy of the lawsuit may be obtained from the Clerk of the 9th Judicial Circuit Court, Civil Division for Kalamazoo County."

STATE OF MICHIGAN COUNTY OF KALAMAZOO

PUBLICATION NOTICE TO CREDITORS: DECEDENT'S TRUST ESTATE

Decedent: Dorothy Mae Van Hamersveld, aka Dorothy Mae Lindemulder, Deceased. Date of Birth: 05/14/1929.

TO ALL CREDITORS: NOTICE TO CREDITORS: The decedent, Dorothy Mae Van Hamersveld, aka Dorothy Mae Lindemulder, who lived at 2121 Raybrook St., SE, Grand Rapids, Michigan died 11/06/2022.

There is no probate estate. Creditors of the decedent are notified that all claims against the Dale A. and Dorothy M. Van Hamersveld Trust Dated June 01, 1990, as Amended will be forever barred unless presented to: Michael D. Van Hamersveld, the named Successor Trustee, within 4 months after the date of publication of this notice. Date: December 08, 2022.

Miller, Canfield, Paddock and Stone, P.C.
John G. VanSlambrouck P32968
277 South Rose Street
Suite 5000
Kalamazoo, MI 49007
(269) 383-5829

Michael D. Van Hamersveld
2264 Byron Shores Dr., NW
Byron Center, MI 49315
(605) 929-9123

STATE OF MICHIGAN PROBATE COURT KALAMAZOO COUNTY

NOTICE TO CREDITORS DECEDENT'S ESTATE

CASE NO. and JUDGE: 2022-1320-DE HON. CURTIS J. BELL

Court address: 1536 Gull Rd. Kalamazoo, MI 49048

Court telephone no.: (269) 383-8666

Estate of JAMES M. WALKER, DECEASED. Date of birth: 05/26/1936.

TO ALL CREDITORS: NOTICE TO CREDITORS: The decedent, James M. Walker, died 07/28/2021.

Creditors of the decedent are notified that all claims against the estate will be forever barred unless presented to Pamela Watkins, personal representative, or to both the probate court at 1536 Gull Rd., Kalamazoo, MI 49048 and the personal representative within 4 months after the date of publication of this notice. Date: December 08, 2022.

Stacey M. Lott (P68809)
130 East Columbia Avenue
Battle Creek, Michigan 49015
(269) 963-8222

Pamela Watkins
810 East VV Avenue
Vicksburg, Michigan 49097

STATE OF MICHIGAN COUNTY OF KALAMAZOO

NOTICE TO CREDITORS DECEDENT'S TRUST

Decedent: James Lavern Esman. Date of birth: July 16, 1943.

Trust: The James Lavern Esman Trust, dated December 08, 2012 and amended on August 20, 2020.

NOTICE TO ALL CREDITORS: The decedent, James Lavern Esman, who lived at 2391 Quail Run, Kalamazoo, MI 49009, died on 10/10/2022.

The decedent established the James Lavern Esman Trust on December 08, 2012 and amended it on August 20, 2020. There is no probate estate. Creditors of the decedent are notified that all claims against the decedent and the James Lavern Esman Trust dated December 08, 2012 and amended on August 20, 2020, will be forever barred unless presented to Carolyn Ruth Esman, the

named Successor Trustee, within four (4) months after the date of publication of this notice. Notice is further given that the Trust will thereafter by assigned and distributed to the persons entitled to it. Date: December 08, 2022.

Attorney: Daniel J. Veen
1676 West D Ave.
Kalamazoo, MI 49009
(269) 381-4476

Trustee: Carolyn Ruth Esman
6021 Francis
Kalamazoo, MI 49048
(269) 532-8033

REQUEST FOR PROPOSAL:

Integrated Services of Kalamazoo (ISK) is soliciting vendor information for Repair and Replacement of Concrete Stairs, Landings, and Walkways. The formal Request for Proposal is available on the ISK website located at: <https://iskzoo.org/about-us/rfps/>

Public Notice

Michigan Department of Health and Human Services Behavioral and Physical Health and Aging Services Administration

Behavioral Health Home (BHH) State Plan Amendment Request

The Michigan Department of Health and Human Services (MDHHS) plans to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS). The request includes a SPA that will update Michigan's Behavioral Health Home for beneficiaries with Serious Mental Illness/Serious Emotional Disturbance (SMI/SED).

The anticipated effective date for the BHH SPA is April 1, 2023.

The BHH currently provides comprehensive care management and coordination services to Medicaid beneficiaries with select SMI/SED diagnoses in Michigan's Pre-paid Inpatient Health Plan (PIHP) Regions 1, 2, 6, 7, and 8. This SPA will expand the BHH to more geographic areas, including PIHP Region 5. The SPA will also update staffing requirements to allow flexibility to the required provider infrastructure.

Counties included in this update are Arenac, Bay, Clare, Clinton, Eaton, Gladwin, Gratiot, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, and Tuscola.

In compliance with 42 CFR § 440.345, individuals under 21 years of age receiving Medicaid benefits will continue to have access to services within the full early and periodic screening, diagnosis, and treatment (EPSDT) benefit as defined in Section 1905(r) of the Social Security Act.

The estimated gross cost to the State of Michigan for the State Plan Amendment is \$13 million per year.

There is no public meeting scheduled regarding this notice. Any interested party wishing to request a written copy of the SPA or wishing to submit comments may do so by sending an e-mail to m.sadrtafpolicy@michigan.gov or submitting a request in writing to MDHHS/Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing, MI 48909-7979 by December 17, 2022. A copy of the proposed state plan amendment will also be available for review at:

<https://www.michigan.gov/mdhhs/inside-mdhhs/budgetfinance/264/state-plan-amendments>

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING CASE NO. 2022-0072-NA PETITION NO. S01

TO: Aushikei Burns-El

IN THE MATTER OF: Alay'ja Burns-El
A hearing regarding pretrial will be conducted by the court on January 5, 2023 at 11:00a.m. in the 9th Circuit Court Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Referee Paul J. Yancho.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that Aushikei Burns-El personally appear before the court at the time and place stated above. This hearing may result in the termination of your parental rights.

Aushikei Burns-El shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING CASE NO. 2022-0072-NA PETITION NO. S01

TO: Claxton Johnson Jr.

IN THE MATTER OF: Alay'ja Burns-El
A hearing regarding pretrial will be conducted by the court on January 5, 2023 at 11:00a.m. in the 9th Circuit Court Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Referee Paul J. Yancho.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that Claxton Johnson Jr. personally appear before the court at the time and place stated above. This hearing may result in the termination of your parental rights.

Claxton Johnson Jr. shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING CASE NO. 2022-0260-NA PETITION NO. A1

TO: Deontae Mills

IN THE MATTER OF: Taeshawn Mills, Jay'Shaun Mills, Ja'TayVious Carter, and Marquon Bush

A hearing regarding trial and hearing to terminate parental rights will be conducted by the court on January 27, 2023 at 9:00a.m. in the 9th Circuit Court Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Honorable Namy Sharma.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that Deontae Mills personally appear before the court at the time and place stated above.

This hearing may result in hearing to terminate parental rights. Deontae Mills shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING CASE NO. 2022-0260-NA PETITION NO. A1

TO: James Brown

IN THE MATTER OF: Taeshawn Mills, Jay'Shaun Mills, Ja'TayVious Carter, and Marquon Bush

A hearing regarding trial and hearing to terminate parental rights will be conducted by the court on January 27, 2023 at 9:00a.m. in the 9th Circuit Court Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Honorable Namy Sharma.

You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that James Brown personally appear before the court at the time and place stated above.

This hearing may result in hearing to terminate parental rights. James Brown shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

Legal Notice

Consumers Energy, 1945 W. Parnall Rd, Jackson, MI announces that it is planning to perform maintenance work that may require a right-of-way in order to maintain the reliability of its power system.

The herbicide will be applied with hand pumped-backpack style sprayers. The crews will selectively apply herbicides to woody tree species throughout the right-of-way as needed. Crop areas and gardens will be avoided.

Herbicides that will be used are a combination of the following: Garlon 3A (active ingredient: Triclopyr), Milestone (Al: Aminopyralid), Escort XP (Al: Metsulfuron Methyl), Garlon 4 Ultra (Al: Triclopyr), and Stalker (Al: Isopropylamine Salt of capryl) with 85% to 94% water as a diluent.

The application is scheduled for January 2nd through December 31st in Kalamazoo County, Calhoun County, Branch County, St. Joseph County, Cass County, Van Buren County, Allegan County, and Barry County.

All treatments will be completed according to label requirements and all state and federal requirements. Please keep people and pets off treated areas until sprays have dried. There are no restrictions on your use of the treated area after the material has dried on the plant.

Thunder Bay Tree Service has been contracted to perform this work. Any questions should be directed to:

Thunder Bay Tree Service
Attn: Austin Gilmet
1172 Halley Rd.
Alpena, MI 49707
1-877-333-8950

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF PARENTAL RIGHTS TERMINATION HEARING CASE NO. 2020-0336-NA PETITION NO. S01

TO: Gabrielle Merz

IN THE MATTER OF: Benson Merz

A hearing regarding termination of parental rights will be conducted by the court on January 27, 2023 at 9:00 AM in the 9th Circuit Court, Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Honorable G. Scott Pierangeli.

This hearing may result in the termination of your parental rights.

You have the right to an attorney and the right to a jury at this hearing.

IT IS THEREFORE ORDERED that Gabrielle Merz personally appear before the court at the time and place stated above.

Gabrielle Merz shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.



MERCHANDISE

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STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF HEARING CASE NO. 2022-0260-NA PETITION NO. A1

TO: James Brown

IN THE MATTER OF: Taeshawn Mills, Jay'Shaun Mills, Ja'TayVious Carter, and Marquon Bush

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You have the right to an attorney and the right to a trial by judge or jury. IT IS THEREFORE ORDERED that James Brown personally appear before the court at the time and place stated above.

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STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF PARENTAL RIGHTS TERMINATION HEARING CASE NO. 2020-0336-NA PETITION NO. S01

TO: Gabrielle Merz

IN THE MATTER OF: Benson Merz

A hearing regarding termination of parental rights will be conducted by the court on January 27, 2023 at 9:00 AM in the 9th Circuit Court, Family Division, 1536 Gull Road, Kalamazoo, MI 49048 before Honorable G. Scott Pierangeli.

This hearing may result in the termination of your parental rights.

You have the right to an attorney and the right to a jury at this hearing.

IT IS THEREFORE ORDERED that Gabrielle Merz personally appear before the court at the time and place stated above.

Gabrielle Merz shall immediately call 269-385-6042 to arrange appearance for this hearing due to COVID-19 circumstances.

Legal Notice

Consumers Energy, 1945 W. Parnall Rd, Jackson, MI announces that it is planning to perform maintenance work that may require a right-of-way in order to maintain the reliability of its power system.

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1-877-333-8950

STATE OF MICHIGAN 9TH CIRCUIT COURT FAMILY DIVISION KALAMAZOO COUNTY PUBLICATION OF PARENTAL RIGHTS TERMINATION HEARING CASE NO. 2020-0336-NA PETITION NO. S01

TO: Gabrielle Merz

IN THE MATTER OF: Benson Merz

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TRANSPORTATION

2008 Ford Focus SE Prior State of Michigan vehicle. Municipal title. 165,493 miles. Running condition, recent repairs and oil change. Call or text (269) 779-3753 \$3,500

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STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

January 11, 2023

NAME
TITLE
ADDRESS
CITY STATE ZIP

Dear Tribal Chair and Health Director:

RE: Behavioral Health Home (BHH) Update

This letter, in compliance with Section 1902(a)(73) and Section 2107(e)(1)(C) of the Social Security Act, serves as notice to all Tribal Chairs and Health Directors of the intent by the Michigan Department of Health and Human Services (MDHHS) to submit a State Plan Amendment (SPA) request to the Centers for Medicare & Medicaid Services (CMS).

The BHH currently provides comprehensive care management and coordination services to Medicaid beneficiaries with select Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) diagnoses in Michigan's Prepaid Inpatient Health Plan (PIHP) Regions 1, 2, 6, 7, and 8. This SPA will expand the BHH to more geographic areas including PIHP Region 5. The SPA will also update staffing requirement to allow flexibility to the required provider infrastructure. Counties included in this update are, Arenac, Bay, Clare, Clinton, Eaton, Gratiot, Gladwin, Hillsdale, Huron, Ingham, Ionia, Isabella, Jackson, Mecosta, Midland, Montcalm, Newaygo, Osceola, Saginaw, Shiawassee, and Tuscola. Tribal health centers and urban health centers that meet BHH provider qualifications and standards are encouraged to participate. The anticipated effective date of the SPA is April 1, 2023.

There is no public hearing scheduled for this SPA. Input regarding this SPA is highly encouraged, and comments regarding this notice of intent may be submitted to Lorna Elliott-Egan, MDHHS Liaison to the Michigan tribes. Lorna can be reached at 517-512-4146, or via email at Elliott-EganL@michigan.gov. **Please provide all input by February 25, 2023.**

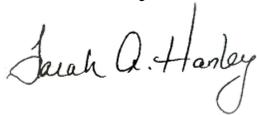
In addition, MDHHS is offering to set up group or individual consultation meetings to discuss the SPA, according to the tribes' preference. Consultation meetings allow tribes the opportunity to address any concerns and voice any suggestions, revisions, or objections to be relayed to the author of the proposal. If you would like additional

information or wish to schedule a consultation meeting, please contact Lorna Elliott-Egan at the telephone number or email address provided above.

MDHHS appreciates the continued opportunity to work collaboratively with you to care for the residents of our state.

An electronic copy of this letter is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Sincerely,



Farah Hanley
Chief Deputy Director for Health

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

Distribution List for L 22-73
January 11, 2023

Ms. Whitney Gravelle, President, Bay Mills Indian Community
Ms. Audrey Breakie, Health Director, Bay Mills (Ellen Marshall Memorial Center)
Mr. David M. Arroyo, Chairman, Grand Traverse Band Ottawa & Chippewa Indians
Ms. Doris Winslow, Health Director, Grand Traverse Band Ottawa/Chippewa
Mr. Kenneth Meshigaud, Tribal Chairman, Hannahville Indian Community
Ms. G. Susie Meshigaud, Health Director, Hannahville Health Center
Ms. Doreen G. Blaker, Tribal President, Keweenaw Bay Indian Community
Ms. Deanna Foucault, Health Director, Keweenaw Bay Indian Community - Donald Lapointe Health/Educ Facility
Mr. James Williams, Jr., Tribal Chairman, Lac Vieux Desert Band of Lake Superior Chippewa Indians
Ms. Sadie Valliere, Health & Human Services Director, Lac Vieux Desert Band
Mr. Larry Romanelli, Ogema, Little River Band of Ottawa Indians
Mr. Daryl Wever, Health Director, Little River Band of Ottawa Indians
Ms. Regina Gasco-Bentley, Tribal Chairman, Little Traverse Bay Band of Odawa Indians
Ms. Jodi Werner, Health Director, Little Traverse Bay Band of Odawa
Mr. Bob Peters, Chairman, Match-E-Be-Nash-She-Wish Potawatomi Indians (Gun Lake Band)
Ms. Kelly Wesaw, Health Director, Match-E-Be-Nash-She-Wish Potawatomi
Mr. Jamie Stuck, Tribal Chairman, Nottawaseppi Huron Band of Potawatomi Indians
Ms. Rosalind Johnston, Health Director, Huron Potawatomi Inc.- Tribal Health Department
Ms. Rebecca Richards, Tribal Chairwoman, Pokagon Band of Potawatomi Indians
Ms. Priscilla Gatties, Interim Health Director, Pokagon Potawatomi Health Services
Ms. Theresa Peters-Jackson, Tribal Chief, Saginaw Chippewa Indian Tribe
Mrs. Karmen Fox, Executive Health Director, Nimkee Memorial Wellness Center
Mr. Aaron Payment, Tribal Chairperson, Sault Ste. Marie Tribe of Chippewa Indians
Mr. Leonid Chugunov, Health Director, Sault Ste. Marie Tribe of Chippewa Indians - Health Center

CC: Keri Toback, CMS
Nancy Grano, CMS
Chasity Dial, CEO, American Indian Health and Family Services of Southeastern Michigan
Daniel Frye, Director, Indian Health Service - Bemidji Area Office
Lorna Elliott-Egan, MDHHS

BHH Detailed Provider Infrastructure

Detailed Requirements and Expectations

At a minimum, the following care team is required:

- **Health Home Director** (e.g., lead entity professional):
 - Provides overarching leadership for health home services,
 - Provides coordination of health home activities,
 - Collects and reports on data that permits an evaluation of increased coordination of care and chronic disease management,
 - Monitors health home performance and leads quality improvement efforts,
 - Designs and develops prevention and wellness initiatives, and referral tracking,
 - Executes enrollment using the MDHHS electronic enrollment system,
 - Provides training and technical assistance, and
 - Provides data management and reporting.

- **Behavioral Health Specialist** (e.g., shall be an individual who has a minimum of a Bachelor's Degree from an accredited four year institution of higher learning, with specialization in psychology, mental health and human services, behavioral health, behavioral sciences, social work, human development, special education, counseling, rehabilitation, sociology, nursing, or closely related field; OR who has a Bachelor's Degree from an accredited four year educational institution in an unrelated field and at least one year of full-time equivalent relevant human services experience; OR an individual who has Master's Degree in social work, education, psychology, counseling, nursing, or closely related field from an accredited graduate school):
 - Screens individuals for mental health and substance use disorders,
 - Refers beneficiaries to a licensed mental health provider and/or SUD therapist as necessary,
 - Conducts brief intervention for individuals with behavioral health problems,
 - Meets regularly with the care team to plan care and discuss cases, and exchanges appropriate information with team members in an informal manner as part of the daily routine of the clinic,
 - Supports primary care providers in identifying and behaviorally intervening with patients,
 - Focuses on managing a population of patients versus specialty care,
 - Works with patients to identify chronic behavior, discusses impact, and develops improvement strategies and specific goal-directed interventions,
 - Develops and maintains relationships with community based mental health and substance abuse providers,
 - Identifies community resources (i.e., support groups, workshops, etc.) for the patient to utilize to maximize wellness, and
 - Provides patient education.

- **Nurse Care Manager** (e.g., licensed registered nurse, licensed practical nurse):
 - Participates in the selection of strategies to implement evidence-based wellness and prevention initiatives,
 - Participates in initial care plan development including specific goals for all enrollees,
 - Communicates with medical providers and subspecialty providers including mental health and SUD providers, long term care and hospitals regarding records including admission/discharge,

- Provides education in health conditions, treatment recommendations, medications and strategies to implement care plan goals, including both clinical and non-clinical needs,
 - Monitors assessments and screenings to ensure findings are integrated in the care plan,
 - Facilitates the use of the Electronic Health Record (EHR) and other Health Information Technology (HIT) to link services, facilitate communication among team members and provide feedback,
 - Monitors and reports performance measures and outcomes, and
 - Meets regularly with the care team to plan care and discuss cases and exchanges appropriate information with team members in an informal manner as part of the daily routine of the clinic.
- **Peer Support Specialist, Peer Recovery Coach, Community Health Worker, or Medical Assistant** (with appropriate certification/training):
 - Coordinates and provides access to individual and family supports, including referral to community social supports,
 - Meets regularly with the care team to plan care and discuss cases, and exchanges appropriate information with team members in an informal manner as part of the daily routine of the clinic,
 - Identifies community resources (i.e. social services, workshops, etc.) for patient to utilize to maximize wellness,
 - Conducts referral tracking,
 - Coordinates and provides access to chronic disease management including self-management support,
 - Implements wellness and prevention initiatives,
 - Facilitates health education groups, and
 - Provides education on health conditions and strategies to implement care plan goals including both clinical and non-clinical needs.
 - **Medical Consultant** (i.e., primary care physician, physician’s assistant, pediatrician, or nurse practitioner):
 - Provides medical consultation to assist the care team in the development of the beneficiary’s care plan, participates in team huddles when appropriate, and monitors the ongoing physical aspects of care as needed.
 - **Psychiatric Consultant:**
 - The care team must have access to a licensed mental health service professional (i.e., psychologist, psychiatrist, psychiatric nurse practitioner) providing psychotherapy consult and treatment plan development services. This provider will be responsible for communicating treatment methods and expert advice to the Behavioral Health Provider (incorporated into care team). It will be the responsibility of the Behavioral Health Provider (and/or other members of care team as assigned), to develop a licensed mental health provider’s treatment into a patient’s care plan.

Detailed Provider Objectives

Under Michigan’s approach to BHH implementation, the primary objective is to foster optimal recovery and/or a decrease in disease burden for all beneficiaries. This requires all providers to deliver efficient care, increase access, create a continuum of care, reduce costs, avoid preventable emergency room

visits, and improve patient outcomes. To achieve these objectives health home providers will be required to meet the following standards.

1. Enrollment/Recognition/Certification

- a. BHH providers must be enrolled in the Michigan Medicaid program and in compliance with all applicable program policies
- b. Be a Community Mental Health Services Program, Section 330 Health Center program grantee of any type, Federally Qualified Health Center Look-Alike, Tribal 638 facility, Clinical Practice or Clinical Group Practices, Community/Behavioral Health Agency, or Urban Indian organization
- c. HHPs must enroll and execute any necessary agreement(s)/contract(s) with the LE; HHPs must also sign the MDHHS-5745 with MDHHS
- d. MDHHS will contractually charge the LE with executing the enrollment, payment, and administration of the BHH with providers; MDHHS will retain overall oversight and direct administration of the LE. The LE will also serve as part of the Health Home team by providing care management and care coordination services
- e. HHPs must adhere to all federal and state laws regarding Section 2703 Health Homes recognition/certification, including the capacity to perform all core services specified by CMS.
 - a. Attain accreditation from a national recognizing body specific to a health home, patient-centered medical home, or integrated care (e.g., NCQA, AAAHC, Joint Commission, CARF, etc.). The LE/HHP may be in pursuit of such accreditation at the time of BHH implementation; or,
 - b. In the absence of specific accreditation from a national recognizing body (health home, PCMH, or integrated care, etc.), the LE must verify that a HHP meets standards to provide health home services parallel to those required for accreditation. The LE must establish and utilize a template for HHPs that aligns with the BHH Partner Standards Document, BHH Handbook, SPA, and policy. MDHHS has the right to review all templates created by the LE for quality assurance and compliance purposes.

2. A personal care team will be assigned to each patient

- a. Ensure each patient has an ongoing relationship with a personal member of their care team who is trained to provide first contact and support continuous and comprehensive care, where both the patient and the care team recognize each other as partners in care. Behavioral health is embedded into primary care and vice-versa, with real-time consult available to primary care providers or behavioral health providers

3. Whole Person Orientation

- a. Provide or take responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life, acute care, chronic care, preventive services, long term care, and end of life care
- b. Meaningful use of technology for patient communication
- c. Develop a person-centered care plan for everyone that coordinates and integrates all clinical and non-clinical health care related needs and services

4. Coordinated/Integrated Care

- a. Dedicate a care coordinator responsible for assisting members with medication adherence, appointments, referral scheduling, tracking follow-up results from referrals, understanding

- health insurance coverage, reminders, transition of care, wellness education, health support and/or lifestyle modification, and behavior changes and communication with external specialists
- b. Communicate with patient, and authorized family and caregivers in a culturally and linguistically appropriate manner
 - c. Monitor, arrange, and evaluate appropriate evidence-based and/or evidence-informed preventive services and health promotion
 - d. Directly provide or have an Memorandum of Agreement/Understanding (MOA/U) in place to coordinate or provide:
 - i. Primary care services
 - ii. Mental health/behavioral health and substance use disorder services
 - iii. Chronic disease management
 - iv. Behavior modification interventions aimed at supporting health management (Including but not limited to, obesity counseling, tobacco treatment/cessation, and health coaching)
 - v. Coordinated access to long term care supports and services
 - vi. Oral health services
 - e. Conduct outreach to local health systems and establish bi-directional referral processes
 - f. Comprehensive transitional care from inpatient to other settings, including appropriate follow-up
 - g. Review and reconciliation of medications
 - h. Assessment of social, educational, housing, transportation, and vocational needs that may contribute to disease and/or present as barriers to self-management (Social workers, Peer Support Specialists, CHWs)
 - i. Maintain a reliable system and written standards/protocols for tracking patient referrals

5. Emphasis on Quality and Safety

- a. Health homes providers must adhere to all applicable privacy, consent, and data security statutes
- b. Demonstrate use of clinical decision support within the practice workflow specific to the conditions identified in the health homes project
- c. Demonstrate use of a population management tool such as a patient registry and the ability to evaluate results and implement interventions that improve outcomes
- d. Each Health Home shall implement formal screening tools such as SBIRT, PHQ9, GAD, STD/STI, diabetes, and asthma risk tests to assess treatment needs
- e. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

6. Enhanced Access

- a. Provide for 24/7 access to the care team that includes, but is not limited to, a phone triage system with appropriate scheduling during and after regular business hours to avoid unnecessary emergency room visits and hospitalizations
- b. Monitor access outcomes such as the average 3rd next available appointment and same day scheduling availability
- c. Use of email, text messaging, patient portals and other technology as available to the practice to communicate with patients is encouraged

- d. Implement policies and procedures to operation with open access scheduling and available same day appointments

7. Health Information Technology

- a. Must have an Electronic Health Record (EHR) in place with capability of behavioral health information integration
- b. Must utilize/synchronize to the LE's Health Information Exchange to assure care coordination is seamless within the BHH model
- c. Provider must have achieved or are in the process of achieving Meaningful Use Stage 2 as defined by the Centers for Medicare & Medicaid Services
- d. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members as well as between the health team and individual and family caregivers, and provide feedback to practices; as feasible and appropriate
- e. Health Home providers must have the capacity to electronically report to the state or its contracted affiliates information about the provision of core services and outcome measures

8. BHH Team

- a. Support BHH team participation in all related activities and trainings including travel costs associated with Health Home activities
- b. Work collaboratively with MDHHS and contractors to adapt and adopt program processes for Health Home care team use in the participating sites(s)
- c. Actively engage in Health Home process and outcome achievement activities including ongoing coaching, data feedback and customized improvement plans to meet initiative goals
- d. Commit a management staff member (such as the Health Home Director) and a clinician champion serving on the care team(s) at the participating site(s) to contribute actively to and support the project
- e. Commit a staff member to serve as the liaison to the beneficiary's assigned managed care health plan.