Michigan §1115 Behavioral Health Demonstration

Annual Forum

February 29, 2024

MDHHS

Michigan Department of Health & Human Services

MDHHS §1115 Behavioral Health Demonstration

Current authority became effective on October 1, 2019 and expires September 30, 2024

- Annual Forums provide an opportunity for interested parties to learn about the demonstration project progress and provide feedback
- Additional materials available at:
  - www.michigan.gov/mdhhs >> Keeping Michigan Healthy >> Adult Behavioral Health & Developmental Disability >> BH Recovery & Substance Use

Public Forum Feedback

MDHHS will accept comments on the current demonstrations progress through **March 20, 2025,** and is currently accepting comments and feedback on the demonstration's five-year extension application through **March 20, 2024.**

Comments and MDHHS responses will be summarized in the final extension application and summative evaluation report to the Centers for Medicare and Medicaid Services (CMS).

Written Comments	Verbal Comments
• May be sent via email to: mdhhs-bhdda@michigan.gov or • Mailed to: MDHHS/ Behavioral and Physical Health and Aging Services Administration, Program Policy Division, PO Box 30479, Lansing MI 48909-7979	• Raise hand function to request to be unmuted • Comments can also be typed in the chat function

Demonstration Goal

Support a comprehensive continuum of care for Medicaid enrollees with an opioid use disorder (OUD) or other substance use disorder (SUD)

- Establishing an integrated behavioral health delivery system that includes a flexible and comprehensive SUD benefit and the Michigan continuum of care.
- Enhancing provider competency related to the use of American Society of Addiction Medicine (ASAM) criteria or other nationally recognized, SUD-specific program standards, for patient assessment and treatment.
- Expanding the treatment continuum of residential care including medically necessary use of qualified residential treatment facilities, withdrawal management programming, and medication assisted treatment (MAT).
- Expanding the use of recovery coach-delivered support services.
- Establishing coordination of care models between SUD providers, primary care, and other behavioral health providers.

Demonstration Overview

MDHHS
Michigan Department of Health & Human Services

Institution for Mental Disease (IMD) Waiver	Prepaid Inpatient Health Plan (PIHP)
• Permits treatment in SUD residential facilities with more than 16 beds	• Authorizes PIHP delivery system for management of specialty mental health and SUD treatment benefits

Independent Evaluator:
The University of Michigan Institute for Healthcare Policy and Innovation

Demonstration Period: October 2019 to September 2024

Evaluation team deliverables:

- Interim Evaluation Report – in process
- Final Evaluation Report – due March 2026

MidPoint Assessment – Submitted December 2022

Evaluates the state's progress relative to its Implementation Plan.

- Describe progress to date
- Identify potential risks
- State response: actions to ensure continued progress

MidPoint Assessment incorporates:

- review of documents and other evidence;
- stakeholder feedback from PIHP officials, SUD providers, and beneficiaries.

6 milestones in State's Implementation Plan:

1. Access to Critical Levels of Care for OUD and other SUDs
2. Use of Evidence-based, SUD-specific Patient Placement Criteria
3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities
4. Sufficient Provider Capacity at Critical Levels of Care including MAT for OUT
5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD
6. Improved Care Coordination and Transitions between Levels of Care

5 SUD Health IT strategies:

1. Expand the cross-program use of the Master Person Index to enable greater precision in identifying high-need beneficiaries.
2. Modify the CC360 to allow expanded access to SUD claim and encounter information, including ADT messaging.
3. Implement an electronic consent management system for data sharing.
4. Implement an SUD residential bed registry within the context of a broader integrated crisis and access system.
5. Develop a customer relationship management database to facilitate and track access to needed SUD treatment across providers and designated contractors.

Stakeholder Feedback – Key Informant Interviews with Professionals

- MDHHS officials
- PIHP leadership
- SUD treatment providers
- Opioid Health Homes – partner sites

Stakeholder Feedback – Beneficiary Phone Interviews

	Cohort 1	Cohort 2
Purpose	Baseline data prior to implementation of MDHHS strategies	Measure change after implementation of key MDHHS strategies
Initial Interview		
Timing	March 2021 to September 2021	March 2023 to July 2023
Response	2,210 completed interviews	2,4xx completed interviews
Follow-up Interview		
Timing	November 2021 to March 2022	August 2023 to March 2024
Response	1,608 completed interviews	~1,650 completed interviews

Contextual Factors

COVID PHE

- Delays in implementation of some planned strategies
- Expansion of telehealth
- Additional Medicaid beneficiaries / maintenance of eligibility

MDHHS policy/program changes

- Restructuring of BHDDA
- August 2021 policy to expand reimbursement for SUD treatment in primary care and other office-based settings

Summary of Findings from the MidPoint Assessment

Milestone 1. Access to Critical Levels of Care

Summary of Progress:

- The state maintains a structure for establishing expectations of the ten PIHPs around access to critical levels of SUD care and a structure for verifying compliance.
- The state's expansion of telehealth alleviated some access barriers during the COVID-19 public health emergency.
- Most PIHPs report at least one contracted provider at each ASAM level of care.

Milestone 1. Access to Critical Levels of Care

Potential Risks:

- Not all PIHPs have contracted providers at all ASAM levels of care.

	# of PIHPs with ≥1 contracted provider		
Outpatient Levels of Care	Existing at the start of the demonstration period	*Newly contracted since the start of the demonstration period*	At the mid-point of the demonstration period
0.5 – Early Intervention	10 of 10	*9 of 10*	10 of 10
Level 1 – Outpatient Services	10 of 10	*10 of 10*	10 of 10
Level 2.1 – Intensive Outpatient Services	10 of 10	*8 of 10*	10 of 10
Level 2.5 – Partial Hospitalization Services	10 of 10	*6 of 10*	10 of 10

	# of PIHPs with ≥1 contracted provider		
Residential Levels of Care	Existing at the start of the demonstration period	*Newly contracted since the start of the demonstration period*	At the mid-point of the demonstration period
Level 3.1 – Clinically Managed Low-Intensity Residential Services	10 of 10	*8 of 10*	10 of 10
Level 3.3 – Clinically Managed Population Specific High-Intensity Residential Services	8 of 10	*5 of 10*	9 of 10
Level 3.5 – Clinically Managed High-Intensity Residential Services	10 of 10	*9 of 10*	10 of 10
Level 3.7 – Medically Monitored High-Intensity Inpatient Services	9 of 10	*5 of 10*	9 of 10

	# of PIHPs with ≥1 contracted provider		
Withdrawal Levels of Care	Existing at the start of the demonstration period	*Newly contracted since the start of the demonstration period*	At the mid-point of the demonstration period
Level 1-WM – Ambulatory Withdrawal Management without Extended On-Site Monitoring	5 of 10	*0 of 10*	5 of 10
Level 2-WM – Ambulatory Withdrawal Management with Extended On-Site Monitoring	9 of 10	*0 of 10*	9 of 10
Level 3.2-WM – Clinically Managed Residential Withdrawal Management	10 of 10	*6 of 10*	10 of 10
Level 3.7-WM – Medically Monitored Inpatient Withdrawal Management	9 of 10	*9 of 10*	9 of 10

Milestone 1. Access to Critical Levels of Care

Potential Risks:

- Not all PIHPs have contracted providers at all ASAM levels of care.
- Transportation is a substantial barrier to accessing SUD services.
- Providers and beneficiaries cited delays in appointments for services as a substantial problem.
- The development of the SUD residential bed registry is significantly delayed.

Milestone 2. Use of Evidence-based, SUD-specific Patient Placement Criteria

Summary of Progress:

- The state adopted and fully implemented the ASAM Continuum as the standard assessment tool for adults, with the GAIN-I identified as the standard tool for youth.
- The state facilitated training of SUD providers on the ASAM Continuum assessment tool.

Milestone 2. Use of Evidence-based, SUD-specific Patient Placement Criteria

Potential Risks:

- The ASAM Continuum does not include all assessment components required by some PIHPs and certain accrediting organizations, forcing providers to develop workarounds.
- The ASAM Continuum tool is not fully integrated with practice EMRs and other systems, creating a burden of duplicate recordkeeping.
- The state does not have a clear plan to audit for fidelity of ASAM Continuum assessment and placement recommendations.

Milestone 3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Summary of Progress:

- The state maintains a structure for documenting SUD provider qualifications, with both PIHP and state-level review and designation of appropriate levels of care.
- The new online Customer Relationship Management (CRM) system is operational and in use by eight of ten PIHPs.

Milestone 3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

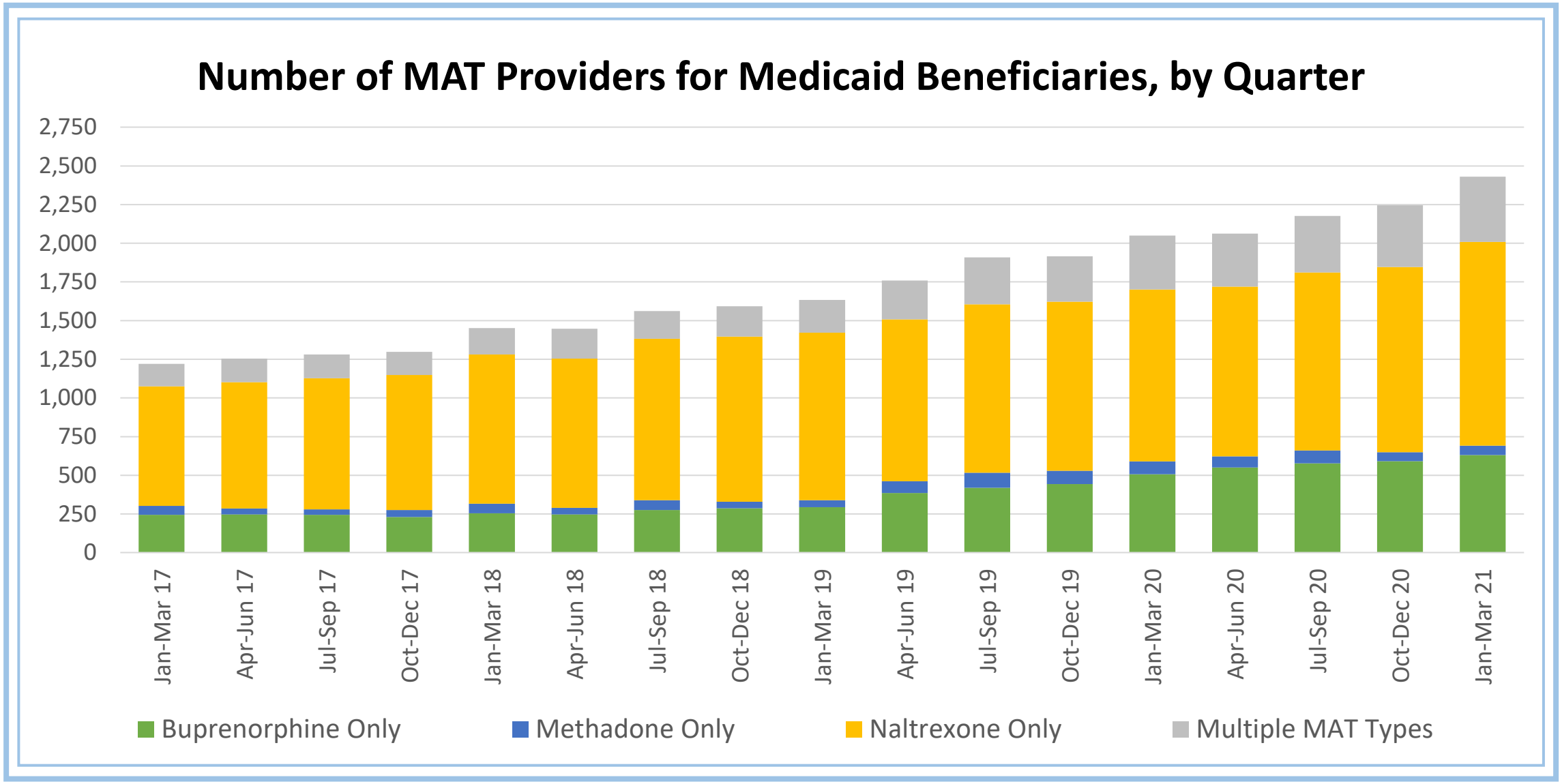
Potential Risks:

- Stakeholder interviews suggest that certain state requirements appear to exceed nationally recognized standards, which creates unnecessary staffing challenges and increased costs.

Milestone 4. Sufficient Provider Capacity at Critical Levels of Care Including for Medication Assisted Treatment for OUD

Summary of Progress:

- The state established the expectation that all SUD providers will offer MAT as clinically appropriate, either directly or through an arrangement with another provider
- The number of MAT providers has increased substantially since the start of the demonstration period.


Number of MAT Providers for Medicaid Beneficiaries, by Quarter
2,750
2,500
2,250
2,000
1,750
1,500
1,250
1,000
750
500
250
0
Jan-Mar 17
Apr-Jun 17
Jul-Sep 17
Oct-Dec 17
Jan-Mar 18
Apr-Jun 18
Jul-Sep 18
Oct-Dec 18
Jan-Mar 19
Apr-Jun 19
Jul-Sep 19
Oct-Dec 19
Jan-Mar 20
Apr-Jun 20
Jul-Sep 20
Oct-Dec 20
Jan-Mar 21
Buprenorphine Only
Methadone Only
Naltrexone Only
Multiple MAT Types

Milestone 4. Sufficient Provider Capacity at Critical Levels of Care Including for Medication Assisted Treatment for OUD

Summary of Progress:

- For most levels of care, PIHPs have increased the number of contracted SUD providers since the start of the demonstration period.
- The state expanded Medicaid coverage for SUD treatment in through the physical health benefit; this offers additional provider capacity outside of the PIHP system.

Milestone 4. Sufficient Provider Capacity at Critical Levels of Care Including for Medication Assisted Treatment for OUD

Potential Risks:

- Many SUD provider organizations / PIHPs report difficulty maintaining provider capacity.
- Some PIHPs do not contract with all eligible and willing SUD providers, even when provider capacity appears to be insufficient.
- The state's process to identify, track, and address insufficient provider capacity is unclear.
- Primary care providers may have insufficient clinical expertise, technical support, and resources to offer MAT and other SUD services using best practices.

Milestone 5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Summary of Progress:

- The number of providers using Michigan's prescription drug monitoring program (MAPS) has increased substantially.
- All PIHPs have extensive plans to provide comprehensive prevention, treatment and recovery services.

Potential Risks:

- Stakeholder interviews suggest that while OUD treatment services are more broadly available, there are fewer options/limited access to treatment for other SUD.

Milestone 6. Improved Care Coordination and Transitions between Levels of Care

Summary of Progress:

- Opioid Health Homes are well received by primary care, SUD, and behavioral health providers, and beneficiaries.
- The number of providers using the PDMP has increased substantially.
- Expanded health IT options are supporting new care coordination initiatives for PIHPs and for joint MPH/PIHP efforts.

Potential Risks:

- State policies limit the hiring and funding of peer recovery coaches.
- Transitions between SUD providers have room for improvement.
- The planned e-consent management system is substantially delayed.

MDHHS Actions/Plans to ensure continued progress

Milestone 1. Access to Critical Levels of Care

Action Steps:

- Produce a comprehensive plan to identify a threshold to ensure adequate access for all SUD beneficiaries
- Convene transportation workgroup
- Encourage PIHPs to use grant funds to assist with transportation
- Continued input to LARA on residential bed registry

Milestone 2. Use of Evidence-based, SUD-specific Patient Placement Criteria

Action Steps:

- Describe processes to achieve fidelity across ASAM Continuum assessment and placement decisions

Milestone 3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

Action Steps:

- Continue to review applications from all contracted treatment providers to ensure they are offering services appropriate to their ASAM Level of Care
- Offer training on the ASAM Criteria and Levels of Care

Milestone 4. Sufficient Provider Capacity at Critical Levels of Care Including for Medication Assisted Treatment for OUD

Action Steps:

- Produce a comprehensive plan to identify a threshold to ensure adequate access for all SUD beneficiaries
- Continue to offer training and technical support for MHPs and PIHPs
- Implement and maintain MiCAL

Milestone 5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

Action Steps:

- Develop and oversee a strategic opioid plan across multiple state departments
- Create a dashboard to monitor key metrics
- Developed a Substance Use Vulnerability Index allowing counties to assess their vulnerabilities related to SUD issues

Milestone 6. Improved Care Coordination and Transitions between Levels of Care

Action Steps:

- Implement and expand Health Homes and CCBHCs
- Train providers in how to coordinate care across SUD, behavioral health and physical health
- Require each PIHP to hire a Priority Population Care Coordinator
- Update policies that allow for Peer Recovery Coaches to be reimbursed through Medicaid funding
- Provide grants to support Peer Recovery Coach training

Next steps - evaluation

- Interim Evaluation Report – in process
- Final Evaluation Report – due March 2026

These evaluation reports will focus on the impact of the demonstration on key outcomes, such as receipt of SUD treatment.

Public Forum Feedback

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