Michigan Association of Community Mental Health Boards is now
Community Mental Health Association of Michigan.

January 19, 2018

FRIDAYFACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance
Executive Board

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
Chris Ward, Administrative Executive: cward@cmham.org
Dana Owens, Accounting Clerk: dowens@cmham.org
Michelle Dee, Accounting Assistant: acctassistant@cmham.org
Monique Francis, Executive Board/Committee Clerk: mfrancis@cmham.org
Annette Pepper, Training and Meeting Planner: apepper@cmham.org
Anne Wilson, Training and Meeting Planner: awilson@cmham.org
Carly Palmer, Training and Meeting Planner: cpalmer@cmham.org
Chris Lincoln, Training and Meeting Planner: clincoln@cmham.org
Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced**.

WORK AND ACCOMPLISHMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

Newaygo CMH Board member named to Michigan DD Council

Below is a recent press release on the appointment of Todd Koopmans, a member of the Board of Directors of Newaygo County Mental Health to the Michigan Developmental Disabilities Council. Congratulations to Todd.

> Gov. Rick Snyder today announced the appointments of Karsten Bekemeir of East Lansing and Todd Koopmans of Fremont to the Developmental Disabilities Council.
>
> Housed within the Michigan Department of Health and Human Services, the 21-member council advocates for people with disabilities on a statewide level.
>
> "I thank Karsten and Todd for serving and I am confident they will be great advocates for Michiganders with disabilities," Snyder said.
>
> Bekemeier is a policy consultant of the Michigan Vocational Rehabilitation Program within the Michigan Department of Health and Human Services. He holds a bachelor's degree in psychology from Eastern Michigan University and both a master's degree in rehabilitation counseling and a doctorate in rehabilitation counseling education from Michigan State University. He will represent an individual from the state agency that administers funds provided under the Rehabilitation Act of 1973.

Koopmans works at Fremont Cinema as a ticket taker and maintenance worker and previously spent 13 years as a greeter at Walmart. He will represent individuals with a developmental disability and a member of the Self-Advocates of Michigan. He fills the vacancy created by the resignation of Katie Miller.

Bekemeir will serve a four-year term to expire Sept. 30, 2021. Koopmans will serve the remainder of a four-year term to expire Sept. 30, 2020.

DWMHA announces new CEO

Below is an excerpt from a recent announcement, from the Detroit Wayne Mental Health Authority (DWMHA), on the hiring of Willie Brooks as the Authority's new CEO. We wish Willie and DWMHA the best.

The CEO Search Committee of the Board of Directors for the Detroit Wayne Mental Health Authority (DWMHA) began a national search in May 2017 through the firm B.E. Smith for a qualified and capable President and CEO to lead our organization. After a thorough search that yielded over 100 candidates, interviews with the top five candidates were conducted over the last five weeks. Panelists included members of our community stakeholders, provider network, advocacy groups, consumers and staff.

The DWMHA Board of Directors voted to unanimously accept the CEO Search Committee's recommendation of Willie Brooks as its next President and CEO.

"I am looking forward to working with Mr. Brooks and the experience he brings to our system of care, DWMHA and the role of President and CEO. During this time of transition in community mental health, the strength of Wayne County is vital to the success of Michigan's Community Mental Health System", according to Dr. Herbert C. Smitherman, Jr., DWMHA Board Chairman

Mr. Brooks comes to DWMHA with extensive knowledge of the Community Mental Health System, strong relationships among local leaders and is well-respected within the provider and advocate community. We are confident that with his experience he will be able to lead our organization as we provide the quality behavioral healthcare that is expected throughout Wayne County.

Willie Brooks has served as both Chief Executive Officer and Chief Financial Officer at Oakland County Health Network, He brings strong leadership skills and knowledge of the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health System Program (CMHSP).

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

MDHHS reiterates 298 pilot RFI response process

Below is an excerpt from a recent announcement, that was sent to the state's CMHs, on the methods for interested CMHs to respond to the Section 298 pilot Request for Information (RFI).

Dear CMHSP Directors,

On December 20th, 2017, the Michigan Department of Health and Human Services (MDHHS) issued a Request for Information (RFI) in order to select the pilot sites for the Section 298 Initiative. MDHHS issued the RFI through the SIGMA Vendor Self Service system. MDHHS has received a number of questions about the process for accessing the RFI and submitting responses through the SIGMA VSS system. MDHHS would like to provide the following guidance on this issue:

- ACCESSING THE RFI – Lance Kingsbury, the buyer specialist for the RFI, has offered to provide assistance to CMHSPs who are attempting to access the RFI through the SIGMA VSS system. Lance can be contacted by phone (517-335-8170) or by email (kingsburyl@michigan.gov).

Please note that the responses to the RFI are due no later than 1:59 PM EST on February 13th, 2018. If you have additional questions about the RFI or the response process, please reach out to Lance.

MDHHS issues summary of HCBS heightened scrutiny process

Below is a recently issued summary of the heightened scrutiny process that MDHHS will use as part of the state's transformation plan to meet the requirements of the federal Home and Community Based Services (HCBS) rules. This document is intended to assist a wide audience, with a focus on persons served and their families, in gaining a better understanding of the heightened scrutiny process.

Heightened Scrutiny

What is the Home and Community Based Services (HCBS) Rule?

In January 2014 the Centers for Medicare and Medicaid Services (CMS) announced a Final Rule on HCBS. HCBS are Medicaid services for people with disabilities. The Home and Community Based Services rule (HCBS) requires that individuals have equal access to the community, the opportunity for independence in making life decisions, and ensures that their rights are respected.

What is Heightened Scrutiny?

Heightened Scrutiny (HS) is a review process required by CMS for services that *may not* be Home and Community Based (HCB). The purpose of this review is to find out if the services can become HCB.

Why is the Heightened Scrutiny needed?

If a service is on Heightened Scrutiny (HS), the provider will need to change how it provides service in your home or community. Services must be Home and Community Based (HCB). The Michigan Department of Health and Human Services (MDHHS) is collecting information about Michigan's services on HS. MDHHS will give this information to the Centers for Medicare and Medicaid Services (CMS). CMS will decide if a services is HCB.

What does Heightened Scrutiny mean to my services?

You can make decisions about your services and who provides them at any time. During Heightened Scrutiny (HS), providers will work to make the changes on how a service is provided. You will continue to receive services from your current provider if that is your choice. If your provider is not able to deliver HCB then the service provider will need to change. Some HS providers may not be able to become HCB. If you are receiving services from a provider that *cannot* become HCB, you will get help from your Community Mental Health (CMH). The CMH will help you find providers delivering HCB services and help you transition to the HCB services.

What will happen next?

Your support coordinator will ask if you want to keep receiving services from the provider who is on Heightened Scrutiny. If you say **yes**, the provider will make changes so the provider can keep providing your services. If you say **no**, then your supports coordinator will work with you to find services that are Home and Community Based.

What do I need to do?

Your support coordinator will help you answer the Heightened Scrutiny survey. Your survey answers will tell the Michigan Department of Health and Human Services (MDHHS) what you want to do. You can have a

person centered planning at any time to talk about your services and make changes if you want. If you have questions or concerns, talk with your supports coordinator who can answer questions and provide more information.

FOR MORE INFORMATION
Michigan Department of Health and Human Services, Home and Community Based Services Program Transition: http://www.michigan.gov/mdhhs/0,5885,7-339- 71547_2943-334724--,00.html

Michigan Developmental Disabilities Institute, Wayne State University – Michigan Home and Community Based Services Transition Project: http://ddi.wayne.edu/hcbs

MDHHS issues final bulletin on enrollment of Medicaid providers in CHAMPS

Below is a recent bulletin, from MDHHS, on the requirements related to enrollment, into the State's CHAMPS system,of various types of providers receiving Medicaid funds and serving Medicaid enrollees.

Bulletin Number: MSA 17-48
Distribution: All Providers
Issued: November 27, 2017
Subject: Managed Care Network Provider Enrollment in the Community Health Automated Medicaid Processing System (CHAMPS)
Effective: January 1, 2018
Programs Affected: Medicaid, Healthy Michigan Plan (including dental), Children's Special Health Care Services, MI Health Link

The purpose of this bulletin is to update and clarify Medicaid managed care network provider enrollment requirements to comply with 42 CFR 438.602(b) and Section 5005(b)(2) of the 21st Century Cures Act.

Effective January 1, 2018, any individual or entity that provides services to, or orders, prescribes, refers or certifies eligibility for services for, individuals who are eligible for medical assistance under the State Plan participating in a managed care organization's provider network are required to be screened and enrolled in the Michigan Medicaid Program. Managed Care Organization (MCO) providers furnishing services to Medicaid beneficiaries must enroll in CHAMPS.

Medicaid rules prohibit payment to providers not appropriately screened and enrolled. Beginning March 1, 2018, MDHHS will prohibit MCOs from making payments to all typical rendering, referring, ordering and attending providers not enrolled in CHAMPS. Effective for dates of service on and after May 1, 2018, MDHHS will prohibit payment for prescription drug claims written by a prescriber who is not enrolled in CHAMPS. Enrollment in CHAMPS neither requires nor mandates those providers who are part of a managed care network to accept Fee-for-Service Medicaid beneficiaries. Enrollment in CHAMPS is solely used for the purpose of screening providers participating in Medicaid.

Providers enrolling in CHAMPS are divided into two categories: (1) typical and (2) atypical. Typical providers are professional health care providers that provide health care services to beneficiaries. Typical providers must meet education and state licensure requirements and have assigned National Provider Identifiers (NPIs). Examples of typical provider types include, but are not limited to: physicians, physician assistants, certified nurse practitioners, dentists and chiropractors. Providers should refer to the Michigan Medicaid Provider Manual and any applicable State policy or law for educational and professional licensure requirements.

Atypical providers provide support services for beneficiaries. These providers generally do not have professional licensure requirements, and may not have an NPI.

If a provider type is currently unavailable as an option in CHAMPS, it does not mean the provider is not required to enroll, only that the provider type is not currently being accepted for enrollment in CHAMPS. CHAMPS continues to be updated to accept additional provider types for enrollment. The Michigan Department of Health and Human Services (MDHHS) will release future updates as additional provider types become available in CHAMPS.

Providers requiring additional information or assistance enrolling in CHAMPS may call the Provider Support Help Line or visit any of the MDHHS provider websites listed below under the Resources section of this bulletin.

Resources:
Provider Support Help Line
• Typical Providers: 1-800-292-2550
• Atypical Providers: 1-800-979-4662

Provider General Information: www.michigan.gov/medicaidproviders

Provider Enrollment General Information: www.michigan.gov/medicaidproviders >> Provider Enrollment
CHAMPS Provider Enrollment: https://milogintp.michigan.gov

Medicaid Provider Manual: www.michigan.gov/medicaidproviders >> Policy, Letters & Forms

Public Comment: The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Sharene Johnson
MDHHS/MSA
PO Box 30479
Lansing, Michigan 48909-7979
Or
E-mail: JohnsonS14@michigan.gov

If responding by e-mail, please include "Managed Care Network Provider Enrollment" in the subject line. Comments received will be considered for revisions to the change implemented by this bulletin.

SAMHSA Finalizes 42 CFR Part 2 changes

On Tuesday, January 2, SAMHSA announced the finalization of proposed changes to 42 CFR Part 2, the Confidentiality of Substance Use Disorder Patient Records regulation. Major provisions in the rule include:

- Permitting additional disclosures of patient identifying information, with patient consent, to facilitate payment and health care operations such as claims management, quality assessment and patient safety activities.
- Permitting additional disclosures of patient identifying information to certain contractors, subcontractors, and legal representatives for the purpose of conducting a Medicare, Medicaid, or CHIP audit or evaluation.
- Assisting users of electronic health records (EHRs) by permitting use of an abbreviated notice of prohibition on re-disclosure more easily accommodated in EHR text fields.

The full rule and accompanying press release can be found on SAMHSA's website: https://www.samhsa.gov/newsroom/press-announcements/201801021100 . A listening session for concerned parties to provide input on the potential impact of the rule changes will be held on Wednesday, January 31, 2018 from 8:30 a.m. to 1 p.m. ET. Information on that listening session can be found at: https://www.eventbrite.com/e/samhsa-listening-session-42-cfr-part-2-tickets-41087357392

National Council joins others in expressing concern over Medicaid work requirements

Below is a recent press release from the National Council for Behavioral Health (of which this Association and its members are long-time members) on the National Council's view on the recent support, by the federal Centers for Medicare and Medicaid Services (CMS) of work requirements for Medicaid enrollees.

> Medicaid Work Requirements: A Bad Solution in Search of a Problem
>
> WASHINGTON, D.C. (Jan. 16, 2018) —The National Council for Behavioral Health opposes the restrictions to Medicaid that the Centers for Medicare & Medicaid Services (CMS) announced last week. These restrictions make it harder for people with substance use disorders or mental illness to receive the care they need. In addition, the restrictions are expensive and complicated for states to administer, are burdensome for recipients to understand and comply with and almost always result in people losing access to the care they need – all because of needless red tape.
>
> Medicaid's core mission is to provide comprehensive health coverage to low-income people so they can get needed health services. Section 1115 of the Social Security Act allows states to deviate from certain federal Medicaid requirements, but only when necessary to implement demonstration projects that promote Medicaid's objectives. These restrictions take us far away from the core mission.
>
> It's important to note that most Medicaid beneficiaries who can work are *already working* — nearly eight in 10 non-disabled adults with Medicaid coverage live in working families, and most are working themselves. The majority of those who are not working have health conditions that prevent them from working, are caring for children or other family members who are ill or have a disability or are in school.
>
> In addition, a substantial number of individuals with substance use disorders or mental illness also have a criminal history that is directly related to their untreated illness. The CMS guidance completely fails to recognize the discrimination and related legal and policy barriers to employment confronting these individuals. Imposing work requirements compound the obstacles they already face when trying to secure employment, while denying needed health care.
>
> Studies of adults who gained coverage in Ohio and Michigan under the Affordable Care Act's Medicaid expansion, found that gaining health coverage helped a majority look for work or remain employed. Losing coverage — and, with it, access to treatment of substance use disorders such as opioid addiction and mental illness — will have the reverse result of impeding future employment.
>
> Work requirements are a political response to the stereotype of Medicaid recipients as lazy, living high on the hog rather than the reality of the sick, the disabled, the elderly and struggling working parents.

Assistant Secretary for MH and SUD announces federal EBP registry

Elinore F. McCance-Katz, the Assistant Secretary for Mental Health and Substance Use, within the US Department of Health and Human Services, recently announced the National Registry of Evidence-based Programs and Practices and SAMHSA's new approach to implementation of evidence-based practices (EBPs). Excerpts from that announcement are provided below.

> SAMHSA and HHS are committed to advancing the use of science, in the form of data and evidence-based policies, programs and practices, to improve the lives of Americans living with substance use disorders and mental illness and of their families.
>
> People throughout the United States are dying every day from substance use disorders and from serious mental illnesses. The situation regarding opioid addiction and serious mental illness is urgent, and we must

attend to the needs of the American people. SAMHSA remains committed to promoting effective treatment options for the people we serve, because we know people can recover when they receive appropriate services.

SAMHSA has used the National Registry of Evidence-based Programs and Practices (NREPP) since 1997. For the majority of its existence, NREPP vetted practices and programs submitted by outside developers – resulting in a skewed presentation of evidence-based interventions, which did not address the spectrum of needs of those living with serious mental illness and substance use disorders. These needs include screening, evaluation, diagnosis, treatment, psychotherapies, psychosocial supports and recovery services in the community.

The program as currently configured often produces few to no results, when such common search terms as "medication-assisted treatment" or illnesses such as "schizophrenia" are entered. There is a complete lack of a linkage between all of the EBPs that are necessary to provide effective care and treatment to those living with mental and substance use disorders, as well. If someone with limited knowledge about various mental and substance use disorders were to go to the NREPP website, they could come away thinking that there are virtually no EBPs for opioid use disorder and other major mental disorders – which is completely untrue.

They would have to try to discern which of the listed practices might be useful, but could not rely on the grading for the listed interventions; neither would there be any way for them to know which interventions were more effective than others.

We at SAMHSA should not be encouraging providers to use NREPP to obtain EBPs, given the flawed nature of this system. From my limited review – I have not looked at every listed program or practice – I see EBPs that are entirely irrelevant to some disorders, "evidence" based on review of as few as a single publication that might be quite old and, too often, evidence review from someone's dissertation.

This is a poor approach to the determination of EBPs. As I mentioned, NREPP has mainly reviewed submissions from "developers" in the field. By definition, these are not EBPs because they are limited to the work of a single person or group. This is a biased, self-selected series of interventions further hampered by a poor search-term system. Americans living with these serious illnesses deserve better, and SAMHSA can now provide that necessary guidance to communities.

We are now moving to EBP implementation efforts through targeted technical assistance and training that makes use of local and national experts and will that assist programs with actually implementing services that will be essential to getting Americans living with these disorders the care and treatment and recovery services that they need.

These services are designed to provide EBPs appropriate to the communities seeking assistance, and the services will cover the spectrum of individual and community needs including prevention interventions, treatment and community recovery services.

We must do this now. We must not waste time continuing a program that has had since 1997 to show its effectiveness.
But yet we know that the majority of behavioral health programs still do not use EBPs: one indicator being the lack of medication-assisted treatment, the accepted, life-saving standard of care for opioid use disorder, in specialty substance use disorder programs nationwide.

SAMHSA will use its technical assistance and training resources, its expert resources, the resources of our sister agencies at the Department of Health and Human Services, and national stakeholders who are consulted for EBPs to inform American communities and to get Americans living with these disorders the resources that they deserve.

For more information, contact the SAMHSA Press Office at 240-276-2130.

SAMHSA offers webinar on the value of peer supports in supportive housing

A SAMHSA sponsored webinar developed under contract by the National Council for Behavioral Health, will take place Friday, January 26th at 2pm ET called **"Peer Support: A Critical Component in Supported Housing"**.

Evidence shows that individuals living with a substance use disorder and serious mental illness can achieve and sustain long-term recovery. To help these individuals, there are services and supports behavioral health providers and community leaders could develop and implement. Join the National Council to explore how peer support and housing strategies increase the likelihood of successful recovery.

Presenters:

- Tom Hill, Vice President of Practice Improvement, National Council for Behavioral Health
- Lyn Legere, Lyn Legere Consulting

Register at: https://events-na3.adobeconnect.com/content/connect/c1/986655080/en/events/event/shared/1700946820/event_landing.html?sco-id=2051220064&_charset_=utf-8

CHCS announces results of study of cross-sector service use among high health care utilizers after Medicaid expansion

The expansion of Medicaid coverage through the Affordable Care Act improved coverage for millions of low-income Americans. This population is known to have high rates of substance use disorders, mental illness, criminal justice involvement, and homelessness — which are associated with high emergency department and hospital services use, as well as involvement in other public sectors such as supportive housing.

Interventions aimed at reducing acute health care use among these high-need, high-cost individuals often focus on the integration of social and behavioral support within traditional medical care. Yet, planning and evaluation of integrated care models requires data on cross-sector service use and costs — data that are often difficult to merge across sectors.

A new article, in the January 2018 issue of ***Health Affairs,*** explores the results of a novel cross-sector data analysis — including health care, criminal justice, housing, and human services sectors — that looked at service use and costs of Medicaid expansion enrollees in Hennepin County, Minnesota. The article shares key finding from the **full study**, which was made possible through CHCS' *Complex Care Innovation Lab*. The findings suggest that there are opportunities for cross-sector collaboration that may result in health improvements and cost savings across sectors. Hennepin County's experience may help policymakers and local leaders in developing new and integrated service delivery models for the most vulnerable members of society.

The article can be found at:

https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.0991?utm_source=CHCS+Email+Updates&utm_campaign=fb82afc53a-EMAIL_CAMPAIGN_2018_01_08&utm_medium=email&utm_term=0_bbced451bf-fb82afc53a-152144421&

CHCS announces blog on VBP

The Center for Health Care Strategies (CHCS) recently announced a blog that will focus the use of Value Based Purchasing (VBP) in Medicaid managed care programs. The announcement is provided below:

> Using Pay for Success in Medicaid Managed Care and Value-Based Purchasing Initiatives
>
> In discussing Medicaid, we often use jargon, acronyms, and maxims. Pay for value, not volume. Address social determinants of health (SDOH).

Now, we have a new maxim: Pay for Success (PFS). Over the past few years, states and localities have used PFS principles to fund supports for at-risk moms, in-home asthma assessments, and supportive housing. PFS projects typically address SDOH, while maintaining an aggressive focus on outcomes. But until recently, only one state, South Carolina, has used PFS in its Medicaid program.

What Matters: Investing in Results to Build Strong, Vibrant Communities, (which can be found at: http://investinresults.org/book?utm_source=CHCS+Email+Updates&utm_campaign=8a1200d041-EMAIL_CAMPAIGN_2018_01_08&utm_medium=email&utm_term=0_bbced451bf-8a1200d041-152144421a) recent book published by the Federal Reserve Bank of San Francisco and Nonprofit Finance Fund, discusses the potential impact of PFS on public sector programs. In one chapter, CHCS' Allison Hamblin outlines how PFS could gain traction in Medicaid.

This blog post explores what PFS can bring to Medicaid. It also discusses how PFS can be integrated into Medicaid managed care programs and value-based purchasing initiatives, including Medicaid accountable care organization programs, and support partnerships with community-based organizations.

The link to the blog is:
https://www.chcs.org/using-pay-success-medicaid-managed-care-value-based-purchasing-initiatives/?utm_source=CHCS+Email+Updates&utm_campaign=8a1200d041-EMAIL_CAMPAIGN_2018_01_08&utm_medium=email&utm_term=0_bbced451bf-8a1200d041-152144421

A&E offers series on young adult mental health and substance use

The A&E television network has recently announced a series dealing with late adolescent and young adult mental health and substance use issues. Below is a description of the series:

Undercover High follows seven young adults, ranging in age from 21 to 26, who embed themselves for a semester in Topeka, Kansas' Highland Park High School. The participants pose as typical students– attending classes, making friends and participating in school clubs and activities–to provide an inside look at what it's like to be a teenager today. Each with personal motivations driving them to help enact positive change, the participants, unaware of each other, arrive on campus where only the school administrators and select members of the community know their true identities and the reason for their semester-long stay. From bullying and the pervasiveness of social media to the struggle to excel in the classroom and navigate evolving social standards, participants discover the challenges and complexities, both new and familiar, facing today's teens.

Digging into their past, participants bring to the program a variety of cultures and experiences. The young adults include a former bully, victims of bullying, a teen mom, a youth motivational speaker, a set of siblings and a teen minister. Following thorough background checks, extensive training and ongoing meetings with psychologists and school counselors, these participants called Highland Park High School their new home for the Spring 2017 semester, befriending students and striving to implement positive changes to their lives and the school community.

DISCUSSION GUIDE
Find resources and discussion tools related to Undercover High. Download the guide at:
http://cdn.watch.aetnd.com/prod.cdn.watch.aetnd.com.s3.amazonaws.com/sites/4/2018/01/undercover-high-disc-guide.pdf

SCHOOL TOOLKIT
Download a Crisis Text Line school toolkit with great resources for your school at:
https://www.crisistextline.org/schooltoolkit

More information on the series can be found at:
http://www.aetv.com/shows/undercover-high

LEGISLATIVE UPDATE

House CARES Task Force Report Released

This week, Speaker Tom Leonard rolled out the final report of the House of Representatives' CARES (Community, Access, Resources, Education and Safety) Task Force, which convened last summer to explore Michigan's mental health system. Legislation to address some of the issues addressed in the report is expected in the near future, and this report will be an immediate focus on the House Health Policy Committee. In total the report includes roughly 50 recommendations, our association submitted 13, many of them were included. We will keep you informed as bills are introduced and the committee defines its schedule on this topic.

House Health Policy Chair Hank Vaupel (R-Fowlerville) said this is not going to be a short-term plan. "This is not going to be a one-year fix. This is going to take many years to come up with solutions. In fact, it is going to be ongoing forever. Things change and we have to change."

Among the areas needing improvement, according to the report, are:

- Increasing access to mental health services and mental health personnel.

- Providing crisis intervention training for law enforcement.

- Crisis intervention training for emergency medical technicians.

- Addressing the shortage of case managers and social workers.

- Providing incentives for mental health professionals to work in Michigan.

- Encouraging providers to have more beds for mental health patients.

- Creation of a database of available mental health services.

- Increasing judicial discretion for sentencing veterans.

- Promoting early intervention.

- Using electronic communications to link patients with mental health professionals in other locations.

- Expanding diversion programs.

- Eliminating barriers to work for mental health patients.

- Requiring use of mental health screening in jails at intake.

A link to the full report can be found below:

https://house.mi.gov/PDFs/HouseCARESTaskForceReport.pdf

First Medicaid Work Requirement Bill Rolled Out

Able-bodied Medicaid recipients should be working, going through job training or performing community service in order to keep their benefits under legislation Rep. Gary Glenn (R-Williams Twp.) rolled out this morning. The legislation comes after the federal government approved a Kentucky move along these lines. It's a policy made possible by the U.S. Department Health and Human Services

Glenn is also proposing an enrollment freeze to Michigan's Medicaid expansion plan as a way to "limit damage to the state budget," which is required to pick up 5 percent of expansion costs in the coming fiscal year.

Rep. Gary Howell (R-North Branch) co-sponsored the Medicaid work requirement bill, HB 5317 and the Healthy Michigan freeze, HB 4598, with Rep. Glenn.

NATIONAL UPDATE

CMS Issues Guidance Allowing Medicaid Work Requirements

On Thursday, the Trump Administration released guidelines for states to create the first-ever work requirements for Medicaid recipients. The guidance targets “able-bodied adults” with some exemptions. While details are still emerging, the National Council has grave concerns that the policy’s exemptions will not be broad enough to protect all individuals with mental health and substance use disorders. Ten states have asked the federal government for approval to institute Medicaid work requirements. With this new guidance, the Administration is expected to begin approving these requests.

Despite numerous attempts, work requirements have never been permitted in Medicaid’s 52-year history. However, CMS Administrator Seema Verma recently proclaimed that Trump Administration will approve such proposals. In a letter to State Medicaid Directors, CMS outlined policy guidance for implementing Medicaid work requirements.

The guidance exempts Medicaid enrollees with disabilities, the elderly, pregnant women and children from job requirements. States must also exempt individuals who are considered “medically frail,” which includes individuals with mental illness and addiction per a 2013 federal regulation. Specifically, that rule requires states to include people with “disabling mental disorders” and “chronic substance abuse disorders” in their definition of medically frail. The guidance also notes that people with substance use disorders must be afforded “reasonable modifications.” These modifications can include counting time spent in treatment towards the work requirements or exempting individuals in participating in intensive addiction treatment from work requirements.

States that choose to pursue work requirements are given a great deal of flexibility from CMS’ guidance. States can determine how “able-bodied adults” will be defined and what activities will count as work. The letter says that work activities “include, but are not limited to, community service, caregiving, education, job training, and substance use disorder treatment.”

States are encouraged to help Medicaid enrollees successfully complete the work requirement through job training, child care, and other supports, but are prohibited from using Medicaid funds to do so. For enrollees that already have jobs, are in school or are caregivers, they will need to regularly document with the state’s Medicaid agency that they are in compliance or risk losing Medicaid benefits.

The National Council opposes making employment a condition for health care coverage as mental health and substance use conditions can result in impairments that preclude individuals from consistent, full-time employment.

With this new guidance, reports indicate that federal officials will quickly act to approve Kentucky and Indiana's proposed work requirements. Any work requirement approval is likely to be challenged in the courts by a number of health care and legal advocacy groups. Other states that have requested work requirements through Medicaid waivers include: Arizona, Arkansas, Kansas, Maine, Mississippi, New Hampshire, Utah and Wisconsin.

CMHAM WINTER CONFERENCE – REGISTRATION OPEN

The Community Mental Health Association of Michigan's 2018 Annual Winter Conference is February 6 & 7, 2018 at the Radisson Plaza Hotel & Suites, Kalamazoo. The conference will feature 4 powerful keynote addresses, a wide variety of workshops, as well as a pre-conference institute on Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments.

Keynote Addresses:

Current Efforts toward Behavioral Health and Justice Collaborations for Better Outcomes
- *Debra A. Pinals, MD, Medical Director, Behavioral Health and Forensic Programs, Michigan Department of Health and Human Services*

I Have Been Running my Entire Life - I am Finally Free
- *Dominic Carter, Veteran Newsman, Mental Health Advocate, Author, and Speaker*

What's Hot in Behavioral Health - A National Update
- *Charles Ingoglia - Senior Vice President, Public Policy and Practice Improvement, National Council for Behavioral Healthcare*

The Life, the Game, the Pain and the Transition
- *Adrian Muldrow, Founder, We Can Achieve Youth Advocacy Project*

Pre-Conference Institute:
February 5, 2018 from 1:00pm – 4:00pm
Enhancing Employment: The Workforce Innovation and Opportunity and Opportunity Act and Other Developments
- *David Michael Mank, Ph.D., Professor Emeritus, Indiana University*

For a detailed conference brochure, click here: https://macmhb.org/education

To Register for the Full Conference, click here: https://goo.gl/ATd6pb

To Register for the Pre-Conference Institute, click here: https://goo.gl/3UeQDc

CMH Association committee schedules, membership, minutes, and information go to our website at https://www.macmhb.org/committees

WEBINAR: BUSINESS OR EXPLOITATION?" EXPOSURE OF THE TOBACCO INDUSTRY'S EXPLOITATION OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS

The Smoking Cessation Leadership Center (SCLC) is excited to be hosting our **75th webinar** with our partners, the National Behavioral Health Network for Tobacco and Cancer Control (NBHN), and the Truth Initiative®. We invite you to register for this **One-Hour Power Break** webinar: ***"Business or Exploitation?" Exposure of the tobacco industry's exploitation of individuals with mental health conditions*** on **Thursday, January 18, 2018, at 1:00pm EST** (60 minutes).

We are honored to have the following speakers presenting on this topic for us:

- **Margaret Jaco Manecke, MSSW,** Project Manager, Practice Improvement, National Council for Behavioral Health
- **Ashley Persie,** Senior Brand Marketing Associate, Truth Initiative®
- **Judith (Jodi) Prochaska, PhD, MPH,** Associate Professor of Medicine, Stanford University

Webinar Objectives:

1. Explain why people with mental health conditions (depression and ADHD, for example) and substance use disorders have been historically targeted by the tobacco industry.
2. State whether adults with mental health conditions and substance use disorders smoke more than adults without those conditions.
3. Describe the morbidity rates of people with mental health conditions and name specific causes of death that can be attributed to tobacco use.
4. Explain the impact of the **truth®** campaign among its target audience.
5. Describe evidence-based approaches for treating tobacco use and tobacco addiction in persons with co-occurring mental illness.
6. Describe how you can leverage the National Behavioral Health Network for Tobacco & Cancer Control's tools, resources, and network to combat tobacco use & cancer disparities among individuals with mental illnesses and addictions and network members.

REGISTER HERE: https://cc.readytalk.com/r/eyjfkcfgqogs&eom

CME/CEUs will be available for participants who join the **LIVE** session, on **January 18, 2018**. You will receive instructions on how to claim credit via the post webinar email.

Have a Great Weekend!