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Mental health billboards, lawn signs spring up in Michigan to oppose privatization efforts

By Jay Greene



Photo by National Alliance for Mental Illness - Michigan

Folks driving to Mackinac Island next week for the big annual policy conference may see billboards opposing the Michigan Legislature's effort to test pilot Medicaid HMOs managing the state's \$2.6 billion behavioral health system. Medicaid health plans already manage the \$9 billion physical health Medicaid system.

The billboards read: "Legislators ... Not for sale: My mental healthcare."

I also see much smaller lawn signs in my own neighborhood in the Grosse Pointe area that just popped up the past few days. The signs' simple message is "Say No to Privatization."

Over the past week, there appears to be a major grassroots effort to lobby state legislators at the Mackinac Policy Conference, which runs May 30-June 2, and drum up public support against long-range Republican efforts to allow health plans to manage the entire \$11.6 billion Medicaid behavioral health and physical health system.

Here is a Facebook posting on the topic by Kevin Fischer, president of the National Alliance For Mental Illness-Michigan:

"Friends please share this post to help make this picture go viral throughout Michigan. We need to let our legislators know 'Michigan's Public Mental Healthcare' system is NOT FOR SALE! For the last 15 months I have worked with many advocates, providers, and most importantly individuals, family members and caregivers living with mental illness, intellectual and developmental disabilities, and substance use disorders, all who have overwhelmingly told our legislators we don't trust HMOs to deliver our behavioral healthcare.

"But it appears BIG CAMPAIGN DONATIONS speak louder than the voices of the people, experts and evidence. Help use protect Michigan's most vulnerable population and our communities!"

After I wrote a blog May 22 on how families feel about the proposed changes in the public behavioral health system, Sen. Mike Shirkey, R-Clarklake, contacted me about his current views on the issue. Shirkey, chairman of the Senate health policy committee, has proposed a budget provision (Section 234 boilerplate) to address proposed pilot studies and a longer-term plan to move funding to the Medicaid HMOs.

Shirkey said a full reading of Section 234 would require the Medicaid HMOs with the pilot programs to invest any savings back into behavioral services. I didn't fully explain his idea in my blog. I simply said Shirkey proposed a provision that could "lead to the complete privatization of the Medicaid behavioral health system by 2020."

Here is Shirkey's complete 234 boilerplate, updated on May 5. I have heard more changes could be made to Section 234 and Section 298, which calls for pilot studies.

"Behavioral Health Integration Pilots. Requires (Michigan Department of Health and Human Services) to advance pilots that integrate Medicaid behavioral and physical health, and periodically consult with stakeholder groups, the medical care advisory committee, and the legislature.

"Requires all savings resulting from the pilot be reinvested for services for the pilot behavioral health population and requires that all pilots be evaluated by a neutral, independent third party. Requires a report on savings by April 1. States that the goal of the demonstration models is to achieve integration by September 30, 2020."

Background: What is going on?

For more than a year, MDHHS worked on a plan — ordered by the Legislature — with more than 100 interested parties to improve the delivery of care for the \$2.6 billion Medicaid behavioral health program. This was after Gov. Rick Snyder proposed in his fiscal 2017 budget to study the idea about having Medicaid HMOs manage the entire state managed care system.

In the current proposed 2018, Senate and House budget committees have voted to modify Section 298 that would allow up to four pilot studies to test financial integration between Medicaid HMOs and behavioral health providers. Details on how they would be designed are still unclear. A final vote on the budget is expected in June.

Mental health advocates, providers and families have strenuously objected to the pilot studies, saying the pilots are just the start of full privatization of the currently public Medicaid behavioral health system.

They also say the Legislature mostly ignored a 100-page workgroup report that essentially prohibited Medicaid health plan involvement. They have argued that Medicaid HMOs have little understanding how to deliver patient-centered care to the developmentally disabled and mentally challenged customers they service.

Section 298 revised to include pilots

The House approved changes in Section 298 to create a public statewide behavioral health managed care organization to manage covered state Medicaid services to about 350,000 people in Michigan who use the Medicaid behavioral health system.

Currently, Medicaid moderate and severe behavioral health services are managed by 10 public regional prepaid inpatient health plans.

Several pilots in various counties also have been authorized. The only known area would be in Kent County, where MDHHS also was asked to work with a willing community mental health agency and Medicaid health plan to pilot test a full physical and behavioral integrated care plan.

The House also required that the pilots would be designed to be consistent with the stated core values as identified in the final report of the workgroup established in section 298 of Public Act 268 in 2016.

The Senate Section 298 boilerplate has different language. The latest version reads as follows:

"(MDHHS) shall continue working with stakeholders to improve the coordination of publicly funded physical health and behavioral health services in this state. All efforts made towards improving the coordination of supports and services for persons having or at risk of having intellectual disabilities,

developmental disabilities, substance use disorders, or mental health, and physical health needs shall be built upon the published core values agreed upon by the workgroup established in section 298 of article X of 2016 PA 268.

"These values include, but are not limited to; person-centered planning with the expectation of high quality and consistent care provided statewide. It is the intent of the legislature that the department shall consider the outcomes of pilots implemented under this section and the integration pilots recommended under section 234 when assessing and making recommendations regarding the most effective financing and service delivery models for the provision of Medicaid behavioral health services. Requires that all pilots be evaluated by a neutral, independent, third party."

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