

CEO Report
May 19, 2022

Hello and good afternoon, it is a Great Day to be a part of the Lakeshore Regional Entity!

1. Mental Health Awareness Month

Each year millions of Americans face the reality of living with a mental illness. I would like everyone during the month of May to join the national movement to raise awareness about mental health. The focus remains to fight stigma, provide support, educate the public and advocate for policies that support individuals with mental illness and their families.

For 2022's Mental Health Awareness Month, NAMI is amplifying the message of "Together for Mental Health." The message is meant to bring our voices together to advocate for mental health and access to care through all the different media platforms such as blogs, personal stories, videos, digital toolkits, social media engagements and national events.

2. Beacon Contract Update

Beacon and LRE continue with the de-implementation activities kicked off on 2/7/22.

Beacon's senior project lead from the Implementation team continues to coordinate with all Beacon leads and LRE to insure a thoughtful, smooth transition. The main steering group meets monthly with smaller subgroups meetings to ensure that the necessary level of detail is reviewed in each area (some examples- Appeals, SIU, Finance, Reporting, Clinical, etc).

These subgroup results are then also communicated to the overall de-implementation project team. One of the major areas of focus and work has been daily meetings to assist the LRE in building, developing and testing their data warehouse and Power BI reports.

Finance

- Provided LRE Finance April 2022 YTD Revenue Projections
- Presented April 2022 YTD Revenue Projections during the Finance ROAT meeting

Integrated Healthcare

In April, monthly joint care coordination meetings continued to take place with each of the Medicaid Health Plans that serve this region. During the April meetings, 53 consumers were discussed with their respective MHPs related to their potential or continued benefit from having an interactive care plan within the State's claims database, CC360, and subsequently improving the care they receive and their quality of life, removing barriers, and decreasing unnecessary utilization of crisis services. There were 10 consumers discussed with their MHPs, wherein an interactive care plan was not created, but joint collaboration took place. In April, there were not any new interactive care plans opened.

LRE clinical leadership staff continue to attend these meetings, when able, to prepare for taking over this responsibility.

Utilization Management

The LRE/Beacon clinical team has continued auditing PAS and CSR documentation, for individuals with Medicaid admitted to the inpatient level of care, on or after January 1, 2022. The team has completed the audits of 15% of discharges for March and are working on April 2022 discharges, currently.

The MCG Inter-Rater Reliability (IRR) exam is currently being administered to Access Center clinicians from Network180. Network180's entire UM department has completed the exam. The UM department's average score was 93.9%. The remaining CMHs continue to be encouraged to move forward with the exam, as well. This is another tool that can demonstrate increased consistency, specific to MCG criteria application, across the region.

As in previous months, the Beacon UM team continues to handle the reporting of weekly FUH data for the region.

3. Historical Deficit

No further update on this at present time. LRE financial and compliance audits are in process. The outcomes from these audits will determine how the region will move forward in resolving the historical deficit.

4. System Redesign Proposals – No update this month.

5. Medicaid Enrollment with the end of the PHE-related continuous enrollment

The continuous Medicaid enrollment protections provided during the Public Health Emergency (PHE), has been vital for ensuring access to healthcare services for millions of Michiganders. That continuous enrollment requirement has also been key to ensuring a sound revenue stream to Michigan's public mental health system.

With the impending end of the PHE and the elimination of the continuous enrollment coverage, many, across the state and nation and within MDHHS, are working to ensure that the Michiganders who have come to rely upon Medicaid or the Healthy Michigan Plan for their healthcare coverage can retain that coverage after the end of these PHE-related protections.

GROWTH IN MEDICAID ENROLLMENT DURING PHE: Enrollment growth is mostly due to the continuous enrollment condition that states implemented as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA).

February 2020: 685,286 were in the Healthy Michigan Plan; 2,447,651 total Michigan Medicaid enrollment

February 2022: Over 1 million are in the Healthy Michigan Plan; 3,028,306 total Michigan Medicaid enrollment

POTENTIAL DROP IN MEDICAID ENROLMENT WITH THE END OF THE PHE: The Kaiser Family Foundation estimates that 13% of nation's Medicaid enrollees will be disenrolled when the continuous enrollment requirement ends. (States range 8% - 30%) When the continuous enrollment condition ends, states will have a 12-month unwinding period to initiate all renewals and other outstanding eligibility actions, and an additional two months to complete all pending actions initiated during the 12-month unwinding period.

Given the impact of the impending loss of Medicaid coverage by a significant number of Michiganders and the financial stability of Michigan's public mental health system, the CMHA is urging members to engage in – and ramp up as needed - the kind of innovative and effective Medicaid and HMP enrollment efforts that CMHs have done for years, most recently when HMP was in its early years.

6. Updates from Lansing

Head of newly formed MDHHS Behavioral and Physical Health and Aging Services Administration (BPHASA), Kate Massey, resigns. Earlier this year, Kate was selected to head BPHASA, the newly restructured administration within MDHHS, that combined the Medical Services Administration and the Aging and Adult Services Administration with functions of the former Behavioral Health and Developmental Disabilities. She has accepted a new position as the executive director of the Medicaid and CHIP Payment and Access Commission in Washington, D.C. Her last day is May 20, 2022.

7. FY23 Senate & House Budget Proposals

Specific Mental Health/Substance Abuse Services Line items			
	<u>FY'23 Exec Rec</u>	<u>FY'23 Senate</u>	<u>FY'23 House</u>
-CMH Non-Medicaid services	\$125,578,200	\$125,578,200	\$125,578,200
-Medicaid Mental Health Services	\$2,975,480,500	\$2,975,893,900	\$2,810,590,500
-Medicaid Substance Abuse services	\$82,657,700	\$82,657,700	\$85,421,900
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$79,705,200	\$78,050,700	\$79,705,200
-Health Homes Program	\$61,337,400	\$61,337,400	\$61,337,400
-Autism services	\$286,697,900	\$286,697,900	\$286,697,900
-Healthy MI Plan (Behavioral health)	\$583,086,100	\$583,086,100	\$585,768,500
-CCBHC	\$101,252,100	\$101,252,100	\$101,252,100
-Total Local Dollars	\$15,285,600	\$246,900	\$10,190,500

Other Highlights of the FY23 Senate & House Budgets:

Senate Items of Interest

- Included \$101.2 million for CCBHC – concurred with executive & House
- Included \$61.3 million for Health Homes – concurred with executive recommendation
- Included Opioid Settlement Fund (\$16 million Gross) – concurred with executive & House
- Local match drawn down phase out – \$15 million GF (eliminates all but \$247,000)
- Increase CMH guardianship rates (\$5 million Gross and GF) • Families Against Narcotics (\$5 million Gross and GF)
- Michigan 2-1-1 Operational Increase (\$2 million Gross and GF)
- Medicaid Reimbursement for community health workers (\$28.3 million Gross, \$10 m GF)

Senate New One Time

- Great Lakes Recovery Centers (\$250,000)
- Northern MI Crisis Stabilization unit (\$5 million Gross and GF)

Senate Boilerplate Changes

- The Senate removed language that appropriated \$500,000 for an actuarial study to create a specialty Medicaid managed care health plan for children in foster care
- The Senate modified language to direct the expansion of behavioral health homes in Prepaid Inpatient Health Plan (PIHP) regions 6 and 7 and the expansion of SUD health homes in regions 6,7, and 10. The Senate added a quarterly report on the number of individuals being served by the health homes by PIHP region by site.
- Removes a SUD Detox Pilot @ St. Mary's in Livonia

Other Notes

- The Direct Care Worker wage increase is assumed to be continued as it is built into the baseline. Boilerplate language that was slightly altered in the Exec Rec was restored in Senate: (1) Requires the department to work with PIHPs and actuaries to include state minimum wage and federal wage increases that affect direct care staff when setting Medicaid rates. (2) States legislative intent that any increased Medicaid rate resulting from a minimum wage increase shall be passed through the direct care staff.
- Many of the new investments recommended by the Governor were not included, including \$25 million proposed for behavioral health provider loan repayment
- Senate budget roughly \$900 million less than the Governor's recommendation.

House Items of Interest

- Included \$101.2 million for CCBHC – concurred with executive & Senate
- Included \$61.3 million for Health Homes to increase the number of behavioral health homes from 37 to 42 and the number of opioid health homes from 40 to 49. But House requires funds be used to implement intellectual or developmental disability health home (\$16.8 million Gross (\$2.5 million GF/GP))
- Included Opioid Settlement Fund (\$16 million Gross) – concurred with executive recommendation
- 2% – 5% actuarial soundness adjustment for prepaid inpatient health plans (PIHPs)
- Local match drawn down phase out – \$5 million GF (brings to year 3 of 5-year phase out)
- \$1 million to provide supports for special education system navigation and to improve educational outcomes for youth in foster care who have a disability
- Construct a new Hawthorn Center for children and adolescents (\$85 million GF/GP – one-time)
- Michigan Crisis and Access Line (MiCAL) funding to continue implementation of MiCAL statewide – a behavioral health crisis intervention and support call center and also provides primary coverage in regions where a regional national suicide prevention 988 lifeline center does not provide coverage (\$3 million Gross)

House One Time Funding

- House added funding for several one-time items to increase non-state Behavioral Health Facility Capacity (\$178.6 million Gross):
 - Pine Rest pediatric behavioral health center (\$50.0 million)
 - Detroit Wayne Integrated Health Network psychiatric campus (\$45.0 million)
 - Establishing crisis stabilization units (\$30.0 million)
 - U of M Medicine children's emergency psychiatry and day program for children and adults (\$11.0 million)
 - Establishing psychiatric residential treatment facilities (\$10.0 million)
 - Team Wellness adolescent behavioral wraparound health care program (\$10.0 million)
 - Northern Michigan psychiatric inpatient (\$5.0 million)
 - Bay County pediatric psychiatric inpatient (\$5.0 million)
 - Kalamazoo or Berrien County pediatric psychiatric inpatient (\$5.0 million)
 - War Memorial psychiatric inpatient (\$3.6 million)
 - McLaren emergency psychiatric assessment, treatment, and healing (EmPATH) unit (\$3.0 million) McLaren Greenlawn (\$1.0 million)
- House also includes one-time funding for the following:
 - First responder mental health funding (\$7.5 million SFRF)
 - Easterseals - autism comprehensive care center (\$2.5 million)
 - Western Upper Peninsula CMHSP health professionals in schools (\$1.0 million)
 - Altarum substance use disorder programming (\$850,000)
 - Easterseals – Parent/Family stress programs (\$500,000)
 - Great Lakes Recovery Center (\$250,000)
 - Endeavor to Persevere – teen walk-in mental health (\$50,000)
 - Mediation services (\$40,000)
 - \$100 placeholders for Jail Diversion Fund, Families Against Narcotics, and Salvation Army Safe Harbor (\$300)

House Boilerplate Changes

(House budget added the following sections back into the budget – they were not included in the Governor's budget)

- Sec. 908. Uniform Community Mental Health Credentialing – States that contracts with PIHPs and CMHSPs must work toward implementing section 206b of the Mental Health Code on uniform community mental health services credentialing.
- Sec. 927. Uniform Behavioral Health Service Provider Audits – Requires DHHS to create a uniform community mental health services auditing process for CMHSPs and PIHPs, outlines auditing process requirements, and requires a report.
- Sec. 960. Autism Services Cost Containment – Requires DHHS to continue to cover all autism services that were covered on January 1, 2019; to restrain costs required DHHS to

develop written guidance for standardization; and requires 3-year reevaluations, unless a clinician recommended an earlier reevaluation, and require maintenance of statewide provider trainings, limits practitioners who can perform a diagnostic evaluation and requires evaluations performed by a master's level practitioner to be reviewed by a second practitioner, provide fidelity reviews and secondary approvals, and prohibit specific providers from providing both evaluation and treatment; requires a report.

- Sec. 970. Skill Building Assistance Services – Requires DHHS to maintain skill building assistance services policies in effect on October 1, 2018 and requires DHHS to continue to seek federal matching funds for skill building assistance services.

Other Notes

- The Direct Care Worker wage increase is assumed to be continued as it is built into the baseline. Boilerplate language – (Sec 231) House revises to require Medicaid managed care organizations of MI Choice, MI Health Link, and PIHPs to continue the direct care wage increase and to report quarterly to DHHS on direct care salaries paid, for DHHS to perform a market rate survey, and removes references to private child caring institutions, area agencies on aging, and long-term care (which is moved to new Sec. 1644).
- Many of the new investments recommended by the Governor were not included, including \$25 million proposed for behavioral health provider loan repayment
- House budget roughly \$500 million less than the Governor's recommendation.

ANNOUNCEMENTS:

Upcoming Board Training

Save the date for June 16th from 9am-12 pm. The work session will be focused on a training for Board Members on the governance model and the expectations and responsibilities of Board Members of the LRE. This was originally planned for May however needed to be moved back due to the Improving Outcomes Conference and LRE Staff attending the conference.

18th Annual 'Walk a Mile in My Shoes' Rally

The 18th Annual 'Walk a Mile in My Shoes' Rally will be held IN PERSON on the State Capitol Lawn in Lansing, on September 15, 2022. Each year, this event draws upwards of 2,500 advocates from across Michigan to the Capitol Building to support public behavioral healthcare. This rally aims to highlight the need for increased funding for mental health services, raises awareness of behavioral health needs in health and policy discussions and works to banish behavioral health stigmas. There are more than 300,000 citizens in Michigan who seek behavioral health services. Mark your calendars and make plans to join us on Thursday,

September 15, 2022, as we rally together on the Capitol Lawn for increased mental health funding and the need for behavioral health to be continually included in policy discussions.

To access the most up to date information, check the CMHA website at:

<https://cmham.org/education-events/walk-a-mile-rally/>

2022 National Council's Hill Day at Home

The National Council is holding their Hill Day at Home and Virtual Policy Institute on Wednesday, June 8, which is open to all our members and the public.

The Advocacy asks for this year's event will fall into four broad categories, listed below.

- Substance Use Crisis Solutions
- Fulfilling the Promise of 988
- Workforce Shortage in America: Discussing Innovative Solutions and Areas of Opportunity
- Certified Community Behavioral Health Clinics: Achieving Nationwide Expansion and Adoption

Report by Mary Marlatt-Dumas, CEO, Lakeshore Regional Entity