

Legislation & Policy Committee Meeting, January 15, 2020, 9:30am

Legislative Update

FY20 Budget

Supplemental Budget

Alan reported that the Legislature is back in session from the Holiday Break as of last week. He stated that the Supplemental Budget that was agreed upon restored some of the vetoes that were imposed by the Governor last year. Autism programs and SUD programs among others were restored in this Supplemental. Revenue Estimating Conference showed an initial projection of \$8 Million to \$9 Million in funding left over. FY19 Supplementals are NOT included in this Supplemental that passed. What happens with those FY19 requests is still up in the air, as is what should be done with the \$8-9 Million.

Healthy MI Plan work requirements implications

Alan stated that a pause was requested of the Governor until legal actions were finalized on this. No pause was granted. Alan reported that 80,000 to 200,000 could become ineligible for HM, which could adversely affect funding for our system. Alan advised all to watch the numbers of enrollees within their agencies as this process moves forward. Bob Sheehan stated that many CMHs are working hard to help clients with exemption, and legal ramifications may impact the outcome of these work requirements.

HB 5178 – Credentialing Legislation

Alan reported that Representative Hank Vaupel (R) introduced this bill in late November last year. It would provide reciprocity for credentialing of certain disciplines (initially physicians). The Association recommended altering this legislation to include other disciplines. Alan testified in Appropriations regarding those other disciplines, supporting this bill with those changes. He also testified that the PIHPs rolled out a reciprocity model for trainings that should be reflected in the bill. The Association also asked that this bill not be limited to one licensing entity. Alan reviewed Draft 2 of the substitute for House Bill 5178 which was provided to the group, stating that this draft includes the changes requested. Group asked if a centralized database would be used to look up individuals. Jim Johnson stated that even though a data base would not be required, one would still need to be kept/used in agencies for their own purposes. Lisa stated that she has the topic of 'substantiated complaint Recipient Rights data base' on the "parking lot" of the agenda for contract negotiations. She stated that she would like to review this bill in greater detail. Jim Johnson stated that the PIHPs have been working diligently to continue working on reciprocity for Recipient Rights. Group expressed concern with wording in items 5 and 6 of this bill, specifically, different requirements for CMHs and PIHPs (MUST accept credentialing vs. MAY accept credentialing). Lisa Morse will make note of this in her review of this bill and bring back to the group. Alan will let Representative Vaupel know that we would like more time to review this legislation.

SB 672 & 673

Alan stated that these bills would eliminate the Certificate of Need process and would require sites to take 50% Medicaid individuals. Alan stated that the Association has concerns with this bill. While we agree to increasing access to inpatient Psychiatric beds, removing the CON process will not accomplish this. The oversight functions that would be lost by removing Certificate of Need are still useful and cost beneficial. Alan testified in appropriations, citing reasons that CON should not be eliminated. Alan asked if there were any changes or concerns with this bill from the group. Group felt that keeping the CON process and oversight functions was important. Group also wondered if there was an update on the Central Bed Registry process. Jim Johnson stated that the Department has decided not to use MSHN for this process and that it will be managed by another group. The Department will have an update on this at next week's Directors' Forum meeting. Christine Gebhard spoke about the flawed methodology to figure out the numbers of beds available and where the clients were coming from. She stated that the CON workgroup findings needed to be looked at closer. Alan stated that he spoke with Senator Curt VanderWall (R) about this and discussed solutions for beds needed in Northern Michigan. Group discussed the need for a way to monitor hospitals bed counts when patients are turned away. Currently if the hospitals say that they are full, the CMHs must take them at their word with no way to confirm.

Policy Updates – Bob Sheehan

DHHS System Redesign

Bob reviewed the slides that were presented by the Department (Director Gordon) on December 4, 2020 that proposed options for a Public Mental Health system redesign. Bob stated that review and analysis have been done on this proposal. He stated that a workgroup has been formed within the Association to work through this process, and the analysis will be updated as this workgroup progresses. Bob stated that the 298 process was vetoed, but there are those who still have language ready to go for reinstalling the 298 process. The proposal from the Department proposed 'SIPs' (Specialty Integrated Plans). These 'SIPs' would combine, in some form, a public and private entity. Other proposals do not include a "public" role, which is not acceptable within the Association membership. Bob spoke about different populations, payment process, and funding for CMHs to remain the safety net. How this funding would happen, and what would be construed as a "safety net" is still unknown. The Association is recommending the 9 core values of CCBHCs as the endorsed model to achieve the goals of the system. The Association is opposing the proposal of more than one SIP. Alternate private SIPs would create problems of enrollment numbers and create the possibility of those opening individual SIPs competitively. It would likely create many other problems such as multiple payers for group homes or creating choice of plans for clients. Adverse selection (low severity/high risk vs. high severity/low risk) would become an issue. The Association will conceptually support what the Department is trying to achieve, but key parts will need to be worked on as

recommended by our members. The Association is taking a strong stand on this, telling the Department this is going to fragment our system. Carl Rice stated that the Department has not acknowledged CCBHCs value thus far. Group discussed the need for standardized physical coverage in these proposals. Bob stated that the Association would agree. Group then discussed the need of the involvement of the State in the development of any public mental health system for accountability. The State must show what goals they want to achieve AND help to develop this. Also discussed were Technical Support from the State, how long it would be provided, how it would be funded, etc. Bob spoke about legislation advocacy efforts to fund the Department on this process so they can fund our system. Bob stated that the Association is working together with Advocates and the Michigan Association of Counties on the System Redesign process to present key points needed to be achieved in any newly formed system. Group discussed capitation and how the funding could be blended under the proposed single SIP – also discussing how this would work and problems that could arise. Group discussed the public forums that have taken place in the last week or two and the upcoming forums. The consensus of the group was that the Department was taking public input simply for the sake of checking the box that this was done. Group felt that this input would likely not be taken into consideration. Some felt that consumers were not educated enough on these proposals to provide input at these forums. Group then discussed the letter issued from Director Gordon on January 7, 2020, the need for action alerts to legislators and the apparent ineffectiveness of the public comment forums. Bob Sheehan will try to follow up with the Department on if/when a Forum may be set in Gaylord for the Northern Michigan region. Group discussed the problems with Staff Retention and the fact that Providers are dropping off due to this. Group discussed the possibility of privatization efforts that could be put forward if these System Redesign efforts fall through. The Association will move forward, working with our membership, as well as advocate and other stakeholders, vocally and passionately, in working on this process with the Department to create an acceptable proposal.

Opioid Task Force News

Bob stated that the Governor asked the Association to be on the Advisory Committee for this Task Force. Prevention, Treatment and Interdiction will be the focus of this group. He stated that the Association feels that MAT alone is not enough without case management. This point will be brought up during this process. Craig Reiter stated that the Schoolcraft County hospital is part of a pilot program for MAT in the jails. Group discussed the issue of how to sustain funding locally after the pilot is completed.

No other business.

The next meeting of the Legislation & Policy Committee is scheduled for Wednesday, March 18, 2020, 9:30am, CMHA office, Lansing.

Meeting adjourned at 11:05am.