

## Legislation & Policy Committee Meeting, June 19, 2019, 9:30am

### Legislative Update

#### FY20 Budget recommendations

Alan stated that typically, the budget is finalized by this time of year. That is not the case this year under the new Administration. He stated that Governor Whitmer is laser focused on fixing the roads. The Legislature is very unlikely to grow the budget pie this year. The additional revenue needed for the Road Package may look to other tax revenue coming in, but the Association does not anticipate cuts to the MH system revenues. Likely, the House and Senate will come up with some type of budget compromise by the end of June, and then propose that to the Governor. Alan then reviewed the House and Senate proposed budgets for FY20, as well as what the Governor has proposed. The budget document provided in the packet showed how these 3 proposals compared to the FY19 final budget. He highlighted specific items on both the Senate side (Autism rates, etc.), and the House side (center for Forensic Psychiatry and CARES hotline, etc.). Alan then reviewed multiple Boilerplate sections such as Sections 235, 908, 928, 950, 959, 964, 972, 973, 974, 976, 977, 978, 1010, 1061, 1513, and 1696. He reviewed which sections the Association would like to see kept in the budget, and which we would NOT like to see kept. Group discussed SB 228 which would create a suicide prevention commission that would make recommendations to the Governor's office. The Senate has passed this, and the House has yet to pass this. Alan stated that a CMH representative will be involved in this commission.

#### HB 4051 – MI CARES hotline

Alan stated that Rep. Mary Whiteford sponsored this bill, and it is now being changed a little. It was created to have a hotline established for those needing MH services. It would now focus on being a crisis hotline modeled after the Georgia statewide crisis intervention hotline. This hotline would take the call and then transfer to the locally established crisis lines/access centers within the CMHs. Group discussed the fact that 2-1-1 currently does this exact same service and is being funded by State dollars already.

#### Crisis Centers / Pre-Screening Unit modification

Alan stated that the Mental Health Code is outdated in the area regarding Crisis Centers. If Law Enforcement is involved in bringing someone to a pre-screening unit, the officer must stay due to no restraint or seclusion procedures being in place. The Association is working with Attorney Greg Moore on a modification to the Mental Health Code that would add some sort of treatment or restraint for safety. This will be presented to Representative Whiteford for sponsorship. The Association hopes to tie this in together with HB 4051. Group wondered when language on this would be seen. Alan stated that he will send what he has to this group and keep the group updated at later meetings.

#### Forensic Center drafts

Alan reviewed the two drafts that were distributed in the packet, stating that these were Diversion Council recommendations. The State Court Administrator's office came up with these drafts. Concern has been raised about increasing CMH involvement around Incompetent to Stand Trial, such as re-evaluations, submitting reports to the court every 90 days, etc., yet there is no additional funding for these. We would like to see language added that says any additional costs resulting from this would be covered by the State. Group asked about the spreadsheet that tracks legislation, what has passed, and what the Association's position is. Alan will send an updated "Bills to Watch" document to the group.

#### HB 4385 – Mediation language

House Bill 4385 would add mediation language and is being looked at for changes to include mediation for any kind of dispute. He stated that the Association is involved in discussions with Dr. Mellos to contract with a mediation firm at no cost to CMHs, that would not be binding. Group discussed costs that could be incurred such as preparing for mediation or the mechanics of that process.

#### Policy Updates – Bob Sheehan

#### HCBS Rule Change Implementation

Bob stated that agencies have been working for nearly 4 years to come into compliance with HCBS Rules. Sites must meet criteria to be certified in HCBS, and if they do not, they must submit a corrective action plan. Most are working through this process smoothly. Federal deadline is March 2022, but the State is keeping the original deadline of March 2019. If sites have not come into compliance, sites are not being shutdown due to CMS's deadline.

#### Section 298 Pilots

Alan reviewed the letter from the Department, issued last week, stating that the implementation of the 298 Pilots will be delayed until Oct. 1, 2020. Alan stated that care management, workflow, shared responsibilities, data sharing, etc., will likely be implemented this year, but financial implementation is the part that will be delayed until 2020. Alan stated that multiple financial issues, such as rates, shared savings, etc., need to be discussed and agreed upon before any integration can take place. Group asked if Providers know what the intentions are of the Health Plans, and if they approve. Lisa stated that many providers are aware – some are in favor of the Pilot programs, others are not. Group discussed the added layer of Administrative Costs when funding through the CMH from the Health Plans. Lisa Williams pointed out that going around the CMHs removes the capability to monitor Mental Health Code provisions and requirements. Alan reminded everyone that the Waiver has to be altered, contracts must be put into place, flow of payments needs to be established, among many other mechanics that need to be dealt with before this can truly be implemented. Group discussed the fact that Mild to Moderate populations will be served as it is contractually required. Lisa stated that there really is no measurable way to monitor Mild to Moderate as services are being provided. She stated that they

hope to improve this through care coordination models. Several CMHs are currently serving the Mild to Moderate population through the Health plans at very poor rates since it's cheaper than serving them at higher rates.

#### 1115 Waiver

Bob stated that the omnibus type 1115 Waiver was submitted by the State a few years ago, but the Federal government asked to have it updated and resubmitted. The State did that on May 9, 2019. The Waiver has not been posted for public comment yet, so the Association is asking its members to hold off until that time. Once it's posted, the 30-day notice period will start over, and this group can discuss the positives and negatives of the Waiver. Group discussed nuances of possible changes to the Waiver after 298 outcomes next year. Bob stated that they will probably keep it separate from any other Waiver changes. Bob went on to state that there will likely be some issues that the Association will oppose in the Waiver as it's currently being proposed when that 30-day notice period opens back up – regardless of the 298 topic. He gave Hab Waiver and SED Children's Waiver examples citing mechanics. Christine Gebhard stated that the concerns with the Children's Waiver is the actuarial soundness of the rates. Bob stated that the Association completely agrees, further stating that the State needs to add GF and Medicaid dollars for funding.

#### MDHHS proposals that add unnecessary administrative burden

Bob reported that the Department has made some proposals that are changing from suggestions to requirements, and that some are unnecessary. One is requiring monthly reporting from CMHs and PIHPs of why funding is short. Another is a fee schedule for services that CMHs, PIHPs and Providers pay for and provide. Yet a third is the separation of the Medicaid capitation payment for "enrolled" Medicaid beneficiaries from the "unenrolled" beneficiaries. Bob stated that the Association is working with the Department to handle these 3 proposals. Group discussed how likely or unlikely it would be for the Department to see the Association's point of view on these issues. Bob stated that with the fairly new faces at the Department, re-educating them on the reality of the Public Mental Health System is critical. Key Randolph-Back mentioned that this needed to be addressed in the Legislature as well, asking if there was a plan for that. Bob stated that both he and Alan are working with the Legislature on this constantly, as well as working with advocates and many others.

#### Update on 31N

Bob reviewed the topic of gun violence in schools, and the recommendations that the Association formed. The State formed a 31N group that is incorporating those recommendations to use the \$30 Million in funding for the Student Assistance Approach model, which will ensure therapists have supervision with mental health practitioners, develop protocols as to when to involve the family, develop linkage and clarity of roles with teachers, counselors, and CMH, Court or DHHS staff, and use a uniform screening tool. Kay Randolph-Back suggested that 'BH Specialist follow up with the school' be added to the recommendations.

#### Other

Governor Whitmer proposed a Public-Private partnership of \$5 Million involving Blue Cross, the Endowment Fund, and a few others that would go toward treatment for Opioid Epidemic. \$1.3 would go to Munson, \$1.3 Million would go to Beaumont, and another \$1.3 Million would go to local county jails, leaving some funding for other smaller groups.

Meeting adjourned at 11:14am.