

# LETTER FROM LANSING

~a monthly public policy newsletter from the Mental Health Association in Michigan (MHAM)~

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Vol. 1, No. 1

January 2018

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## Debut Issue of New Public Policy Newsletter

Welcome to the first issue of our new monthly newsletter, designed to inform you about public policy actions with mental health implications for your lives.

The Mental Health Association in Michigan (MHAM) is the state's oldest advocacy organization for persons experiencing or at risk of mental illness (now in our 80th year).

Throughout our history, we have been widely noted as the state's leading public policy analysis-and-advocacy agency regarding mental health issues.

As we enter a new year, there are numerous issues of critical importance we anticipate and will be writing more about. They include:

### *Pilot Programs for New Approaches to Management of Specialty Behavioral Health Services*

After a lengthy (16-month) process on the so-called "Section 298 issue," the Legislature determined in mid-2017 that Michigan would test new ways to integrate the management of publicly funded behavioral and other medical services. The particulars of the decision were contrary to the overwhelming advice of the entire mental health community. That advice, however, helped limit the scope of the Legislature's action only to pilots and demonstrations (as opposed to an immediate wholesale statewide change).

For many years, Medicaid appropriations for specialty behavioral health services have flowed through Community Mental Health (CMH) funding mechanisms. (CMH programs are also legally expected to serve non-Medicaid individuals, albeit with ever-decreasing financial resources.) Meanwhile, general health Medicaid funds for many individuals (now about 75% of Medicaid enrollees in Michigan) have gone through Medicaid HMOs, also known as Medicaid Health Plans (MHPs). These entities, which are private and in some cases for-profit, have also been historically authorized to manage mental health services for "mild and moderate" conditions.

The Legislature has directed the establishment of up to three pilot programs in which all Medicaid health funding (specialty behavioral and other medical) is appropriated to MHPs, which would then be expected to utilize CMH programs for the provision of specialty behavioral service. The Legislature further said there must be a "demonstration project" in Kent County involving Community Mental Health and MHPs, with funding flowing through traditional mechanisms that have been in place and the various entities expected to work more closely on care coordination.

MDHHS (Michigan Department of Health & Human Services) has told local parties working on the Kent demonstration that it wants to receive a plan of action this month. For the pilots, a Request for Information (RFI) document has been distributed to solicit proposals. MHAM sees some significant flaws in the RFI piece and has communicated these to the department, which has contracted with a program at U-M to do ultimate outcome evaluations. Also contracted to help with facilitation has been the Michigan Public Health Institute.

The earliest that these test programs can begin is likely this summer. The Legislature envisioned these running for two years, with another six months for completion of outcome evaluations.

In addition to all the above, the MDHHS Section 298 Facilitation Workgroup (on which MHAM served) made some 70 recommendations for improving behavioral and other health care in Michigan. MDHHS says it is in the process of analyzing these.

The Section 298 fallout will be a dominant and chaotic force in the mental health field this year. We will do our best to monitor and effect it.

#### *House CARES Task Force*

In the second half of 2017, House Speaker Tom Leonard, having established that mental health was a priority issue for him, appointed a bipartisan House task force (7 Republicans and 7 Democrats) to examine improvements to mental health services in Michigan. This panel, co-chaired by Representatives Klint Kesto and Hank Vaupel, held several hearings around the state and also received numerous written comments. MHAM worked hard to get certain ideas and policy suggestions into the task force process. We now await its report and recommendations, which will surely include some proposed new legislation. MHAM will carefully review and react to what the task force produces, and will let you know more their work once it is public.

#### *Medicaid Medication Access*

Michigan lags behind many other states on numerous health matters. But one area where we've been a leader is access to medications within Medicaid. Since 2004, Medicaid prescriptions for mental health, epilepsy, HIV-AIDS and organ replacement therapy are carved out of managed care and immediately accessible without prior authorization or other bureaucratic delaying measures. (Cancer drugs are also protected if the beneficiary is under Medicaid fee-for-service.) These protections come through a combination of state statute, annual budget law, and MDHHS policy. It is time for these various mechanisms to come together under one state law, which is the best way to assure long-term continuation of what we have now. The MDHHS Section 298 Workgroup recommended that this happen (minimally, for mental health and epilepsy), and all three department deputy directors with voting privileges on the Workgroup supported it. We, in concert with other mental health advocates, will be working to make that happen this year.

#### *Federal Actions re Health Care, Including Medicaid & Medicare*

The Trump administration and Congress have taken steps to weaken the Affordable Care Act, and these are likely to continue to some degree. Now some prominent members of Congress, including Speaker Paul Ryan, say that Medicaid and Medicare "reform" (expenditure reductions) are on their radar for 2018. We will attempt to keep a close eye on this, aided by Mental Health America. The ramifications of significant changes would have major impacts for all states, including Michigan. And since Medicaid is a joint federal-state program, Michigan may face big decisions on how it deals with any changes legislated by the feds. We will endeavor to positively influence the decisions Michigan makes.

**Wishing you & yours all the best in 2018**

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*Mental Health Association in Michigan*

*Mark Reinstein, Ph.D., President & CEO ~ Oliver Cameron, M.D., Ph.D., Board Chair*

*2157 University Park Dr., Ste. 1, Okemos MI 48864 ~Phone: 517/898-3907 ~ Fax: 517/913-5941*

*e-mail: [mhamich@aol.com](mailto:mhamich@aol.com) ~ web: [www.mha-mi.com](http://www.mha-mi.com) (membership available on-line)*

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