

## LETTER FROM LANSING

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

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### **Federal Funds Re-Authorized for CHIP & Community Health Centers**

Congress has re-authorized funding for the Children's Health Insurance Program (CHIP) and community health centers. Appropriations for both had lapsed last Sept 30<sup>th</sup>.

In two different recent actions, Congress approved extending CHIP for 10 years. And the recent "grand budget deal" adopted by Congress February 9<sup>th</sup> renews community health center support for two years.

We are pleased to report this very positive news.

### **New Types of Medicaid Waivers Being Sought by States**

The federal government has invited states to submit Medicaid waivers that would require at least some Medicaid beneficiaries to be working in order to receive coverage. Kentucky and Indiana have already submitted waivers. There are legitimate questions of whether this would be legal, and a lawsuit has already been filed regarding Kentucky's waiver submission. There are also numerous questions as to whether this makes sense, since many Medicaid recipients are working (e.g., half of Michigan Medicaid expansion enrollees, per U-M's Institute for Healthcare Policy & Innovation), and major health problems exist among many of those who aren't employed (same U-M analysis, 25% of those unemployed likely in poor health). We are unaware of any stated interest among Michigan executive branch officials to submit such a waiver, but we expect one or more bills to be introduced in the State Legislature to require submission.

Additionally, five states have submitted Medicaid waivers that would allow them to put caps on lifetime benefits for Medicaid enrollees deemed "able-bodied." Those states are Arizona, Kansas, Utah, Maine, and Wisconsin. Will anyone in our State Legislature introduce a bill requiring Michigan to submit such a waiver? We don't know at this time.

Stay tuned as more develops on these critical matters.

### **Michigan House CARES Task Force Report Released**

The Michigan House CARES Task Force released its report last month. House Speaker Tom Leonard had appointed the group to examine mental health issues and problems in the state. The report has 42 recommendations, listed under 11 headings:

- Children
- Veterans
- Crime Victims
- Services

- First Responders
- Providers of Service
- Location of Services
- Courts & Diversion
- Pre-Trial & Trial Practices
- Incarceration Practices
- Post-Incarceration

Some of the report's recommendations are specific; others are general. Some would cost money (how much, and from where?), while some would not. Certain recommendations should lend themselves to new laws; certain others may not.

Many of the recommendations are positive, if they can be implemented. One recommendation that totally missed the mark is the call for helping CMH programs better deal with mild-to-moderate mental illness. Unfortunately, those cases, if Medicaid is involved, aren't primarily the province of CMH programs, but rather are mostly managed by Medicaid Health Plans. (We would welcome transferring those cases, and money for them, to CMH, but the task force didn't call for that.)

There are also some critical areas the report didn't address:

1. While the report dealt with problems accessing psychiatric hospital beds, it was silent about the fact that inpatient stays at private and community psychiatric hospitals/units are incredibly short: less than a week on average, and in many cases just three days. That is simply not enough time to stabilize actively severe mental illnesses.
2. Mechanisms for consumer & family service complaints must be made independent (as recommended by the state's Section 298 Facilitation Workgroup). The CARES report raises the possibility of regionalizing CMH Recipient Rights Offices, but says nothing about making them independent to prevent conflicts of interest.
3. With courts all over the state relying on CMH screening in making civil commitment decisions, it is time for CMH screening to apply the same criteria that the law says courts must use in determining whether someone requires treatment. Presently, the CMH programs do not have to apply all four criteria that courts must follow, and they often don't.

We highlight below seven of the Task Force recommendations:

\*Uniform statewide language on what constitutes the "most severe forms of serious mental illness and serious emotional disturbance," which are among the priority service populations in the Mental Health Code.

\*Enhancing the role of mediation in potentially resolving consumer/family complaints.

\*"Find ways" to increase psychiatric beds for children.

\*Require use of mental health screening in all jails at intake.

\*Continue making adjustments to Assisted Outpatient Treatment (AOT, or “Kevin’s Law”) to foster its use.

\*Increase continuity from incarceration to the community.

\*Increase options for crisis stabilization.

To see the full CARES document, go to our web ([www.mha-mi.com](http://www.mha-mi.com)) and click the link to the report, or go to: [house.mi.gov/PDFs/HouseCaresTaskForceReport.pdf](http://house.mi.gov/PDFs/HouseCaresTaskForceReport.pdf)

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