

## LETTER FROM LANSING

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

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### **Major New Section 298 Announcement from MDHHS**

The state Department of Health & Human Services has made a significant new announcement about activity in the Section 298 pilots slated for October '19. The department has released its intention for how to proceed with the management of specialty behavioral health services for persons enrolled in Medicaid but not part of a private Medicaid Health Plan (MHP); about 25% of statewide Medicaid beneficiaries are not in MHPs.

Specialty behavioral health for a beneficiary not in an MHP is presently managed by one of Michigan's 10 Prepaid Inpatient Health Plans (PIHPs). These entities collectively contract with the state's 46 CMHSPs.

The three pilot areas for Section 298 all have different PIHPs. Thus, MDHHS has determined some of the existing PIHPs will be invited to bid (perhaps by January) to become the PIHP for the pilot areas, working with the involved CMHSPs.

The department has stated that any PIHP with certain recent financial difficulties will not be allowed to bid; that eliminates one current PIHP. If any of the remaining PIHPs fall into the financial-problem area yet this year, they would also be ineligible to bid.

### **Virginia Newspaper Report on Mental Illness Jail Deaths**

Last month, the *Virginian-Pilot*, in concert with Marquette University, published the results of a nine-month investigation of 404 U.S. jail deaths of persons with mental illness since 2010.

Among other findings, the investigation found:

~At least 44% of these deaths were from suicide while incarcerated.

~On at least 33 occasions, inmates' family or friends had warned jails of their loved one's mental illness prior to inmate death.

~In more than 40% of the deaths, inmates with mental illness were segregated from other inmates when they died.

~In 70 cases, jail staff subjected the inmate to restraint, pepper-spraying, shock techniques, or some combination of these.

~In over half the cases, families have sued the jail or medical provider(s).

This is clearly one of America's hidden shames.

## **Study Finds Expanded Medicaid Helped Finances of Michigan Beneficiaries**

A new study reports that Michigan's Medicaid expansion has boosted the finances of many low-income state residents.

The study was recently posted on the website of the National Bureau of Economic Research. Dr. Sarah Miller of U-M was the lead author.

Working with MDHHS, researchers obtained anonymous financial data (subjects not identified to the investigators) on first-year Michigan expansion enrollees who were previously uninsured. This constituted over 300,000 people (out of over 650,000 now in the program).

The study found – after a year in Medicaid expansion – drops in unpaid debt (e.g., medical bills, credit cards), and fewer bankruptcies, wage garnishments, and evictions. Subjects also experienced improved credit scores and an increase in automotive and other loans procured.

Additionally, beneficiaries with chronic illness, and those who had a hospitalization or emergency room visit during the study period, saw bigger reductions in their bills sent to collection agencies, and bigger increases in their credit score.

In a release from U-M's Institute for Health Policy & Innovation, Dr. Miller stated, "This study also suggests that people at risk of losing Medicaid because they don't complete a work requirement or paperwork could be at a great financial risk, even if they do not have a chronic illness or a major medical issue. They're the ones at risk of losing their coverage, and it won't just mean they can't go to the doctor."

The U-M news release says a similar previous study in Oregon also found positive results.

It's too bad that the majority of Michigan legislators don't and won't care about this compelling new data when it comes to their desire for Medicaid work requirements.

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