



April 20, 2018

FRIDAY FACTS

TO: CMH and PIHP Executive Directors
Chairpersons and Delegates
Provider Alliance Members
Executive Board Members

FROM: Robert Sheehan, Chief Executive Officer
Alan Bolter, Associate Director

RE:

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- **Smoking Cessation Leadership Annual Collections:2016 and 2017 Recorded Webinars**
- **CMHAM Association committee schedules, membership, minutes, and information**

New e-mail addresses for Association staff: The Michigan Association of CMH Boards is now the COMMUNITY MENTAL HEALTH ASSOCIATION OF MICHIGAN.

Please update your email address for CMHAM staff:

Alan Bolter, Associate Director: abolter@cmham.org
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Dana Owens, Accounting Clerk: dowens@cmham.org
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Nakia Payton, Receptionist: npayton@cmham.org
Robert Sheehan, CEO: rsheehan@cmham.org

Association soon to announce new membership opportunities: In response to requests for a broader range of membership options and a fuller list of benefits of each membership type, the CMH Association of Michigan will soon be announcing several new membership opportunities for organizations and individuals. Look for the revised Association membership brochure to be available in November.

Friday Facts to become a members-only electronic newsletter: Note that the receipt of this electronic newsletter will become a members-only benefit sometime in the next few months. While there will be another electronic newsletter for a wider range of non-members, it will not contain the depth or breadth of information contained in this newsletter. **So, if you find the information in this newsletter useful and are not an Association member, consider becoming a member when the new membership opportunities are announced.**

WORK, ACCOMPLISHMENTS, AND ANNOUNCEMENTS OF CMH ASSOCIATION MEMBER ORGANIZATIONS

CARE for Southeast Michigan announces CARE for a Taste

Below is a recent announcement from CARE for Southeast Michigan of its up-coming CARE for a Taste event:

While spring isn't quite here yet, CARE for a Taste is only 1 week away! Don't miss your chance to celebrate with CARE while enjoying great food from around the region and touring the fabulous GM Heritage Center. This year's event is on April 24th. Visit <https://www.careofsem.com/care-for-a-taste/> for details and to purchase your ticket.

I hope you can make it!

Monique Stanton
President & CEO

TTI promotes Stacey Dettloff-Jones to deputy director

Stacey Dettloff-Jones has been promoted from TTI's clinical director to the deputy director position. Stacey has been employed with TTI since April 1991. She has a master's degree in counseling from Oakland University and is a Licensed Professional Counselor (LPC), as well as a Limited Licensed Psychologist (LLP).

Stacey began her career at TTI in the in-home family support program as a program coordinator. She became a clinical program manager in 2001 and was promoted to the clinical director position in August 2011. Stacey has an extensive background working in the areas of intellectual and developmental disabilities, autism spectrum disorders, emotional impairments and mental illness.

While at TTI, Stacey has been the recipient of the Quality Award in 1998, Mental Health Clinician of the Year Award in 2005 and 2009, and most recently, the 2017 TTI Director's Award.

"Stacey is a tireless advocate for people with disabilities and believes in strong clinical leadership and the provision of effective supports coordination and case management services," said Jacque Wilson, TTI Executive Director.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

CMH Association announces Walk a Mile Rally

Below is a recent announcement of the upcoming Walk a Mile Rally. We urge all those who care about mental health and the strength of Michigan's public mental health system to join us at this year's Walk a Mile Rally.

The 2018 Walk A Mile Event is coming up in less than a month!

On Wednesday, May 2, 2018, *THOUSANDS* will gather at the State Capitol to rally for Mental Health Awareness and to let Legislators know that *MENTAL HEALTH MATTERS!!!*

The Walk A Mile information packet is available at:
<https://www.macmhb.org/about-us/walk-mile-rally>

I would like to encourage EVERYONE to attend this lively, eye-opening rally, and tell the leaders at our State Capitol to "*Walk A Mile in My Shoes!*"

The schedule of the Walk A Mile Rally:

Noon

Emcee welcomes everyone.

Early attendees can meet with legislators in their office or get their pictures taken on the Capitol steps.

12:20 p.m.

Advocacy walkers begin to line up to start the walk around the Capitol.

12:30 p.m.

Advocacy Walk begins.

12:30 – 1:30 p.m.

Rally attendees arrive.

Check-in tent opens- Pick up goody bag and water.

Information Tent opens- CMH designee check-in to receive county flag, statement and buttons.

Legislator Tent- Meet your legislator, learn about state government and advocacy activities.

1:00 p.m.

Guest singers and speakers report to the podium.

County Representatives, flag carriers and assistants report to stations along Capitol Ave. (Flags will be distributed at Information Tent).

Advocacy walk wraps up.

1:30 p.m.

Rally starts.

"The National Anthem." Opening remarks on front steps.

Featured speakers address advocates.

NOTE- House of Representatives begins session.

1:45 p.m.

Marching begins up middle sidewalk, followed by statements from each county representative.

2:45 p.m.

Statements conclude.
Group pictures can be taken on front steps.
2:45 – 3:00 p.m.
Wrap up/closing remarks.
County Representatives return flags to CMHAM staff/volunteers in hot pink shirts (boxes set up by Capitol steps).
Rally attendees can meet with legislators in lobby outside of the House of Representatives and Senate chambers, or in their offices if session is over.
3:00 – 3:30 p.m.
Closing remarks.

Series on privatization of Medicaid wins Pulitzer

Below is a recent article in the De Moines Register on the Pulitzer Prize winning writing related to the privatization of Medicaid in Iowa:

Andie Dominick, an editorial writer at the Des Moines Register, on Monday won the 2018 Pulitzer Prize for editorial writing for a selection of Iowa-focused editorials criticizing policies that restrict access to health care.

The Pulitzer Prize citation states that Dominick won "for examining in a clear, indignant voice, free of cliché or sentimentality, the damaging consequences for poor Iowa residents of privatizing the state's administration of Medicaid."

The Register invited Iowans to share the experiences they have had with Medicaid under privatized management, which allowed Dominick to put a human face on denials of care, loss of access to services, and providers going out of business because they were not being reimbursed by for-profit insurers.

Other editorials decried state lawmakers' efforts to impede fetal tissue research and said the Trump administration's handling of the Affordable Care Act was jeopardizing access to coverage.

Speaking to a crowd of Register employees who raised glasses of champagne to toast her, Dominick said she was in shock at the win.

Dominick called health care "a passion of mine" and said she was honored to be recognized for her work on such an important topic.

"It's such an honor to be recognized for the whole paper's work on Medicaid and ensuring Iowans have access to health care," Dominick said. "And we'll continue to work to make Iowa a better place to live."

Register Executive Editor Carol Hunter echoed that sentiment, calling the paper's work on health care coverage and Medicaid in particular "a team effort" driven by strong investigative reporting.

But Dominick's editorials are also driven by her own research and reporting, Hunter said, calling the win "a real credit to her work ethic and her journalism credentials."

"She does so much original reporting to inform her editorials," Hunter said of Dominick. "She has long made health care a subject of study and research. These editorials reflect her in-depth knowledge of the subject and how much she cares about access to good health care for all Iowans."

The effects of Iowa's Medicaid privatization will continue to be a focus of the Register's reporting and editorial writing, Hunter said, adding that she hopes the prize will focus more attention on health care in Iowa.

"One can hope that the additional attention on this set of editorials might persuade our legislators and the governor's office to take an even harder look at taking steps to ensure the management of the Medicaid program is benefiting Iowans," Hunter said

The full article can be found at

<https://www.desmoinesregister.com/story/news/2018/04/16/pulitzer-prize-des-moines-register-andie-dominick-editorial-writing/521710002/>

More: How privatized Medicaid is systematically denying hundreds of disabled Iowans the medical equipment their doctors say they need at:

<https://www.desmoinesregister.com/story/news/investigations/2018/04/08/privatized-medicaid-denying-hundreds-disabled-iowans-medical-equipment/1069296001/>

Care Denied: [How Iowa's Medicaid maze is trapping patients in endless appeals](http://features.desmoinesregister.com/news/medicaid-denials/) at:

<http://features.desmoinesregister.com/news/medicaid-denials/>

UFAM (Unite to Face Addiction Michigan) announces rally

3rd Annual Rally & Advocacy Day

May 17th, 2018

10:00am—4:00pm

Michigan State Capitol Grounds

Register today as a FREE Participant

Donor and/or Sponsor www.ufamichigan.org

Legislative Meet & Greet with State Legislators, Lead by Rep Joe Bellino

Over 70 Resource Tables - including Authors & Merchant Vendors

Holistic Tent (Yoga, Acupuncture, Reiki Therapy, Nutrition and much more)•Naloxone Training - Fellowship - Memorial Area

Mark Lundholm: National Acclaimed Comedian & Motivational Speaker•Craig DeRoche: National Director Justice Fellowship

Washington DC

Tim Ryan: A&E's Dopeman / National Recovery Advocate•Brandon Novak : Actor MTV Jackass Series / Author-Dreamseller

Judge Jodi Switalski: National Consultant Switalski Stutman Group

Andre' Johnson: National Recovery Advocate & Detroit Recovery Project

Matt Butler: Musician: Singer Songwriter / Generation Found•Tommy "Gunz" Kraus: Artist—Hip Hop Recovery Artis

Ken Briggs: Meridian Health Services & Region 10 Boardmember

Taron Masi: The Family - An Adolescent / Teenage Perspective•Bobby Hayden Jr & Lexi Laconi: Cardboard Box Ministries

Hope not Handcuffs—Community Initiative & Angels Recognition

UFAMUnite to Face Addiction Michigan: Unite to Face Addiction Michigan is a non-profit organization dedicated to unifying the voices of Michigan citizens impacted by the health crisis of addiction and the organizations working to CHANGE the way addiction is perceived and treated in our State. Our mission is to create strength in unity to eliminate stigma, improve access to treatment, support prevention and promote recovery through advocacy, education and outreach

WHAT: Join the thousands of participants at the UFAM Rally creating Strength in Unity to eliminate stigma, highlight improved access to treatment, support prevention, and promote recovery from addiction through advocacy, education, and outreach. The Rally is dedicated to unifying the voices of Michigan Citizens impacted by the health crisis of addiction and the organizations working to CHANGE the way Addiction and Recovery are perceived and treated in our State.

Consider becoming a sponsor: Help make this movement reach the widest audience possible. • Support increased access to prevention, treatment, and recovery services • Unite Michigan organizations dedicated to understanding, empathy and

advanced solutions• Promote advocacy for policies and regulatory practices to end addiction• Participate and embrace the power of the collective

Contact: Scott.Masi@Ascension.org or 810-360-5779

New health resource available for early childhood educators

The Michigan Department of Health and Human Services (MDHHS), in collaboration with the Michigan Department of Education, announces the release of a valuable new tool to support student health.

The *Michigan Model for Early Childhood Health*™ provides early childhood educators with age-appropriate health promoting activities. The early childhood module complements the K-12 modules of the nationally recognized *Michigan Model for Health*™ curriculum and provides an emphasis on family involvement.

The *Michigan Model for Early Childhood Health*™ consists of 21 activities within four units: Social and Emotional Health; Nutrition and Physical Activity; Safety; and Personal Health and Wellness. Family Resource Sheets are included with every activity to extend the learning at home.

“Engaging our youngest students in health promoting activities starts them on the road to adopting lifelong healthy habits,” said Nick Lyon, MDHHS director. “The home activities offer an opportunity to extend those lessons to the entire family.” The activities were designed to be adaptable to any early childhood learning environment. They are aligned to Michigan’s Early Learning Expectations and the National Health Education Standards. Early childhood educators will be provided training and technical assistance on the *Michigan Model for Early Childhood Health*™ through the school health coordinator in their region. For a list of coordinators, visit Mishca.org/where.

For more information about the *Michigan Model for Early Childhood Health*™, including ordering information, visit the Michigan Model for Health Clearinghouse website at Mmhclearinghouse.org.

Medicaid work requirements – some background documents:

- University of Michigan study on how many Medicaid recipients are working: <http://www.sciencenewsline.com/news/2017121117150039.html>
- Information from Commonwealth on losing federal funding and ramping up state funding <http://www.commonwealthfund.org/publications/blog/2018/apr/medicaid-work-requirement-kentucky>
- Nancy Kaffer’s Detroit Free Press column on Medicaid work requirements <https://www.freep.com/story/opinion/columnists/nancy-kaffer/2018/04/01/medicaid-work-requirements/474336002/>

Employment First Conference dates announced

S A V E T H E D A T E

Employment First Conference:

“When Everyone Who Wants
A Job, Has A Job!”

July 11 & 12, 2018
Kellogg Hotel &
Conference Center
East Lansing, Michigan

Registration Fee: \$50

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that “everyone who wants a job, has a job!”

Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Who Should Attend: Staff who’s involved in helping someone with an employment goal:

- ✓ Employment Practitioners
- ✓ Supports Coordinators/Case Managers
- ✓ CMHSP Leadership
- ✓ CRO Leadership

Workshop Tracks

- ✓ Leadership
- ✓ Provider Transformation
- ✓ HCBS

Watch for more information soon at:

www.cmham.org

517-374-6848

Sponsored By: The Michigan Developmental Disabilities Council With support from Michigan’s Employment First Partnership

Request for Comment: Health Outcome Survey Measures

On behalf of CMS’s Center for Medicaid and CHIP Services, Mathematica Policy Research is seeking public comment on the measure specification and justification for a quality measure currently under development. The measures are called: “Improving or Maintaining Physical Health in Younger Dual Eligible Adults” and “Improving or Maintaining Mental Health in Younger Dual Eligible Adults.”

A memo listing questions for public comment, as well as the measure information forms (MIF) and measure justification forms (MJF), are available in zip files on the [webpage under "List of Currently Accepting Comments"](#).

The public comment period for these measures is open until May 10, 2018.

Please submit your comments to MedicaidQualMeasures@mathematica-mpr.com.

Thanks for submitting your comments on these important measurement concepts and sharing with others who may have input.

Addressing Social Determinants of Health through Medicaid Accountable Care Organizations

Medicaid accountable care organizations (ACOs) are designed to improve health care quality while delivering more efficient care. But, medical care is only one of several factors affecting health outcomes. Social determinants of health (SDOH), such as living environment and access to healthy food, affect health outcomes and, consequently, an ACO’s bottom line. Because most ACOs are ultimately responsible for total cost of care and quality, ACOs have a clear business case to address SDOH. Of the 12 early innovator states that have launched statewide Medicaid ACO programs, many have identified SDOH as a critical issue. These states are shaping Medicaid ACO efforts to address SDOH by: (1) encouraging or requiring SDOH interventions; (2) developing risk adjustment strategies; (3) recruiting SDOH-savvy ACOs; and (4) encouraging or requiring community partnerships. In response to these state policies, Medicaid ACOs coordinate care, collect data, integrate services, and build partnerships that align with the state’s SDOH priorities.

For more information, go to:

LEGISLATIVE UPDATE

FY19 Senate Budget Proposal

Specific Mental Health/Substance Abuse Services Line items

	<u>FY' 18 (final)</u>	<u>FY'19 (Exec Rec)</u>	<u>FY'19 (House)</u>	<u>FY'19 (Senate)</u>
-CMH Non-Medicaid services	\$120,050,400	\$120,050,400	\$125,578,200	\$120,050,400
-Medicaid Mental Health Services	\$2,315,608,800	\$2,364,039,500	\$2,364,039,500	\$2,364,039,700
-Medicaid Substance Abuse services	\$52,408,500	\$68,441,000	\$68,441,000	\$68,441,000
-State disability assistance program	\$2,018,800	\$2,018,800	\$2,018,800	\$2,018,800
-Community substance abuse (Prevention, education, and treatment programs)	\$76,530,000	\$76,456,200	\$76,956,200	\$76,456,200
-Children's Waiver Home Care Program	\$20,241,100	\$20,241,100	\$20,241,100	\$20,241,100
-Autism services	\$105,097,300	\$199,841,400	\$159,873,100	\$205,150,800
-Healthy MI Plan (Behavioral health)	\$288,655,200	\$292,962,900	\$292,962,900	\$292,962,900

Highlights of the FY19 Senate Budget:

- Senate removes one-time funding for autism navigator funding \$1.025 million GF.
- Senate removes one-time funding for university autism funding \$250,000 GF.
- Senate reduces mental health and wellness commission funding \$2 million Gross / \$1 million GF.
- Senate assumes Medicaid autism benefit increase above the executive recommendation by \$25 million, but the reduces that assumption by including autism services cost containment measures \$19.7 million Gross / \$7 million GF (boilerplate section 959).

Boilerplate Sections

Section 298 – Senate revised the current language to reflect the second year of the pilot implementation, allow selected Medicaid health plans to contract directly with service providers within the pilot region, and states legislative intent that the pilots be designed to last 3 years.

FULL LANGUAGE

Sec. 298. (1) The department shall continue to work with a willing CMHSP in Kent County and all willing Medicaid health plans in the county to pilot a full physical and behavioral health integrated service demonstration model. The department shall ensure that the demonstration model described in this subsection is implemented in a manner that ensures at least all of the following:

- (a) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot project described in this subsection must only be in effect for the duration of the pilot project described in this subsection.
- (b) That the project is consistent with the stated core values as identified in the final report of the workgroup established in section 298 of article X of 2016 PA 268.
- (c) That updates are provided to the medical care advisory council, behavioral health advisory council, and developmental disabilities council.

(2) In addition to the pilot project described in subsection (1), the department shall continue to implement up to 3 pilot projects to achieve fully financially integrated Medicaid behavioral health and physical health benefit and financial integration demonstration models. These demonstration models shall use single contracts between the state and each licensed Medicaid health plan that is currently contracted to provide Medicaid services in the geographic area of the pilot project. The department shall ensure that the pilot projects described in this subsection are implemented in a manner that ensures at least all of the following:

- (a) That allows the CMHSP in the geographic area of the pilot project to be a provider of behavioral health supports and services.
- (b) That any changes made to a Medicaid waiver or Medicaid state plan to implement the pilot projects described in this subsection must only be in effect for the duration of the pilot programs established in section 298 of article X of 2016 PA 268.
- (c) That the project is consistent with the stated core values as identified in the final report of the workgroup described in subsection (1).
- (d) That updates are provided to the medical care advisory council, behavioral health advisory council, and developmental disabilities council.
- (e) That selected Medicaid health plans be allowed to contract directly with a service provider in an effort to achieve the contract requirements with this state for managing the physical and behavioral health of Medicaid eligible individuals within the pilot region. The pilots described in this subsection shall not in any way mandate an exclusive arrangement between contracted Medicaid health plans and CMHSPs. Any NCQA function presently maintained by a contracted Medicaid health plans shall remain the responsibility of the health plan for the purposes of this pilot regardless of their contractual arrangements with any CMHSP, and contracts between this state and the PIHPs shall be amended to allow for relief of CMHSPs from existing contractual requirements as necessary.**

(3) It is the intent of the legislature that each pilot project and demonstration model shall be designed to last at least 3 years.

(4) For the duration of any pilot projects and demonstration models, any and all realized benefits and cost savings of integrating the physical health and behavioral health systems shall be reinvested in services and supports for individuals having or at risk of having a mental illness, an intellectual or developmental disability, or a substance use disorder. Any and all realized benefits and cost savings shall be specifically reinvested in the counties where the savings occurred.

(5) It is the intent of the legislature that the primary purpose of the pilot projects and demonstration models is to test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medicaid spending.

(6) The department shall continue to partner with 1 of the state's research universities at least 6 months before the completion of each pilot project or demonstration model authorized under this section to evaluate the pilot project or demonstration model. The evaluation must include all of the following:

(a) Information on the pilot project's or demonstration model's success in meeting the performance metrics developed in this subsection (1) and information on whether the pilot project could be replicated into other geographic areas with similar performance metric outcomes.

(b) Performance metrics, at a minimum from each of the following categories:

- (i) Improvement of the coordination between behavioral health and physical health.
- (ii) Improvement of services available to individuals with mental illness, intellectual or developmental disabilities, or substance use disorders.
- (iii) Benefits associated with full access to community-based services and supports.
- (iv) Customer health status.
- (v) Customer satisfaction.
- (vi) Provider network stability.
- (vii) Treatment and service efficacies before and after the pilot projects and demonstration models.
- (viii) Use of best practices.
- (ix) Financial efficiencies.
- (x) Barriers to clinical data sharing with health plans.
- (xi) Any other relevant categories.

(c) A requirement that the evaluation shall be completed within 6 months after the end of the pilot project or demonstration model and will be provided to the department, the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office.

(7) By November 1 of the current fiscal year, the department shall report to the house and senate appropriations subcommittees on the department budget, the house and senate fiscal agencies, the house and senate policy offices, and the state budget office on the progress towards implementation of the pilot projects and demonstration models described in this section, and a summary of all projects. The report shall also include information on policy changes and any other efforts made to improve the coordination of supports and services for individuals having or at risk of having a mental illness, an intellectual or developmental disability, a substance use disorder, or a physical health need.

(8) Upon completion of any pilot projects or demonstration models advanced under this section, the managing entity of the pilot project or demonstration model shall submit a report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office within 30 days of completion of that pilot project or demonstration model detailing their experience, lessons learned, efficiencies and savings revealed, increases in investment on behavioral health services, and recommendations for extending pilot projects to full implementation or discontinuation.

Section 959 – Medicaid Autism Benefit Cost Containment. Senate included new language that requires the department to continue coverage for autism services that were covered on January 1, 2018, specifies cases in which a second opinion is needed, and requires a report on cases requiring a second opinion.

FULL LANGUAGE

Sec. 959. (1) From the funds appropriated in part 1 for autism services, the department shall continue to cover all Medicaid autism services to Medicaid enrollees eligible for the services that were covered on January 1, 2018.

(2) To restrain cost increases in the autism services line item, the department shall do all of the following:

- (a) Require a second opinion confirming the diagnosis and recommended treatment for a client if the initial treatment would cost more than a monthly threshold amount to be specified by the department. The second opinion must be provided by a physician or a psychologist with a doctoral degree who has been trained to diagnose the need for autism therapies. Services and reimbursement for services based on the initial diagnosis begin upon the initial diagnosis and continue until 30 days have expired without a second opinion supporting the initial diagnosis being provided or until the second opinion did not support the initial diagnosis.
- (b) Require that a case in which the initial diagnosis and treatment services are to be performed and provided by the same provider is subject to the second opinion requirements described in subdivision (a) regardless of whether the monthly cost meets the threshold amount described in subdivision (a).
- (c) Make recommendations to reduce administrative overhead costs in the provision of autism services.

(3) By June 1 of the current fiscal year, the department shall report to the senate and house subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office all of the following information:

- (a) The number of cases meeting the second opinion requirements described in subsection (2)(a) and (b) between October 1 and March 31 of the current fiscal year.
- (b) The number of cases in subdivision (a) in which the second opinion did not confirm the initial diagnosis.

Section 1009 – Direct Care Worker Wage Increase. Senate revised language to clarify what expenses can be covered.

“Funds provided in this section must be utilized by a PIHP for increasing direct care worker wages, for the employer’s share of federal insurance contributions act costs, purchasing worker’s compensation insurance, or the employer’s share of unemployment costs.”

Medicaid Work Requirement Bill Clears Full Senate

One day after the Senate Michigan Competitiveness Committee voted yes, the full Senate passed SB 897, which would require all able-bodied adults without a disability age 18 to 64 enrolled in Medicaid and the Healthy Michigan state expansion of Medicaid to prove they are employed in order to receive benefits. Under the bill, the state of Michigan would file no later than October 1, 2018 for a federal waiver with the federal Centers for Medicare and Medicaid Services allowing for the implementation of work requirements in Medicaid as a condition of eligibility. To meet the work requirement, a person would have to either work at least 29 hours per week, be in job training in an industry with proven demand, or in education, or any combination of the three.

CMHAM staff was able to add language into the bill this is similar in nature to the medically frail definition in the Healthy Michigan law (it describes medically frail as 2 or more PIHP encounters within the past year). The S-2 version of the bill allows for an exemption for individuals who are considered medically frail as described in 42 CFR 440.315 (F), we believe

this change should exempt many people served in the public mental health system. Below is the language inserted into the bill:

(f) The individual is medically frail or otherwise an individual with special medical needs. For these purposes, the State's definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in § 438.50(d)(3) of this chapter, individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria or in States that apply more restrictive criteria than the Supplemental Security Income program, the State plan criteria.

The bill now goes to the House for consideration.

NATIONAL UPDATE

Opioid Legislation Takes Center Stage in House and Senate

Last week, both chambers of Congress spent time negotiating legislation to combat the opioid crisis. The Senate Health, Education, Labor, & Pensions (HELP) Committee held a second hearing on the draft Opioid Crisis Response Act of 2018. Simultaneously, the House Energy & Commerce Health Subcommittee held its final opioid-focused hearing to review 30-plus bills focused on opioid-related coverage and payment issues in the Medicare and Medicaid programs. Committee leaders Chairman Walden (R-OR) and Chairman Alexander (R-TN) appear to want to move quickly, aiming for floor votes by the summer.

OPIOID HEARINGS

The Senate's discussion draft shares many similarities with bills under consideration in the House Energy and Commerce Committee. Both versions contain many National Council priorities including: expanded access to opioid addiction treatment in Medicaid, making federal student loan forgiveness available for the addiction treatment workforce, and promoting national standards for recovery housing. Notably, members of House are considering including provisions to amend the Institutes of Mental Disease (IMD) rule by allowing Medicaid to pay for patient stays of up to 90 days in an IMD for residential substance use treatment.

Additionally, the Senate package includes proposals to expand use of telemedicine in prescribing treatment for opioid addiction and mental health disorders. These proposals were developed as the result of National Council efforts to work with Members of Congress to remove barriers to MAT and prescribing of certain psychiatric medications. National Council member, David Guth, CEO of Centerstone America, explained in testimony during the Senate hearing that telehealth benefits behavioral health providers in two ways, "Telehealth has a dual purpose of both connecting patients to lifesaving care that may have previously been beyond their physical reach, and also of reducing the effects of a behavioral health workforce shortage."

WHAT'S NEXT?

Legislators in both chambers are expected to continue to separately review and advance their opioid proposals. Senate HELP Chairman Lamar Alexander (R-LA) announced a full Committee hearing on Tuesday, April 24th to discuss and advance the Opioid Crisis Response Act of 2018. Energy and Committee Health Subcommittee Chairman Greg Walden (R-OR) has said he wants to bring his committee's package to the House floor by Memorial Day.

ETHICS FOR SOCIAL WORK & SUBSTANCE USE DISORDER PROFESSIONALS TRAININGS FOR 2018

Community Mental Health Association of Michigan is pleased to offer 6 Ethics for Social Work & Substance Use Disorder Professionals Trainings presented by Tom Moore, LMSW, LLP, CCS, Owner and Principal, Two Moons, LLC.

***This training fulfills the Michigan Social Work Licensing Board's requirement for licensure renewal for ethics.
This training fulfills the MCBAP approved treatment ethics code education – specific.***

Trainings offered on the following dates.

- April 25 - Lansing
- May 30 - Lansing
- June 27 –Kalamazoo
- July 11 - Troy
- August 22 – Lansing

Training Fees: (fee includes training material, coffee, lunch and refreshments.)

\$115 CMHAM Members

\$138 Non-Members

To register: https://cmham.ungerboeck.com/prod/emc00/PublicSignIn.aspx?&SessionID=fa7fe5ej2fe8fc5&Lang=*

REGISTRATION OPEN: CMHAM ANNUAL SPRING CONFERENCE:



“Collaboration & Innovation: A Formula for Success”
Tuesday, May 1, 2018 & Wednesday May 2, 2018

The Diamond Center at Suburban Collection Showplace
46100 Grand River Ave, Novi MI 48374

Continuing Education:
Earn up to 8 Social Work CE Hours & 9 MCBAP Education Contact Hours

[**TO REGISTER CLICK HERE**](#)

CMHAM SPRING PRE-CONFERENCE INSTITUTES:

Pre-Conference #1:

Healthcare Integration Efforts: Challenges and Successes in Other States

Monday, April 30, 2018

10:00am – 3:00pm (9:30am registration)

Member Fee: \$89 per person and includes materials and lunch

Non-Member Fee: \$107 per person and includes materials and lunch

Continuing Education: Earn up to 3 Social Work CE Hours & 3 MCBAP Education Contact Hours

[**TO REGISTER CLICK HERE**](#)

Pre-Conference #2:

Wearing the HIPAA Hat

Monday, April 30, 2018

1:00pm – 3:00pm (12:30pm registration)

There is no fee to attend; but registration is required and space is LIMITED.

Continuing Education: 2 MCBAP Education Contact Hours

[**TO REGISTER CLICK HERE**](#)

MOTIVATIONAL INTERVIEWING FOR CHILDREN'S TRAINERS – May 3-4 in Lansing

Motivational Interviewing (MI) is a person-centered counseling style for addressing the common problem of ambivalence about change. It is an empirically-supported treatment (EST) with established benefit across a wide variety of ages, cultures, socio-economic conditions, and diagnoses. Essential constructs of MI include avoiding confrontation while demonstrating empathic listening and eliciting an individual's own reasons for contemplating and committing to making a change. Motivational Interviewing is often drawn upon when initially meeting and engaging with clients to help with creation of a change plan, but can benefit the cyclical course of commitment to change as is typical throughout a service episode. MI is compatible with most other forms of treatment and service settings, including in schools, juvenile centers, home-based treatment, and family therapy. Who Should Attend: This course is appropriate for any direct-service staff who work with youth or families in a mental or physical health service setting and who encounter individuals who struggle with their commitment to making life changes. Supervisors and administrators may also benefit from learning course content in order to coach staff and advise organizational practices. Limited to 40 participants. Registration is only available online: <https://www.macmhb.org/save-the-date/basic-skills-motivational-interviewing-conversations-youth-and-families-increasing-0>

SAVE THE DATE! EMPLOYMENT FIRST CONFERENCE

Join us for the Employment First Conference! Hear from national subject matter experts who will help Michigan ensure that “everyone who wants a job, has a job!” Employment First is a state and national movement to help individuals with disabilities in Michigan realize their fullest employment potential through the achievement of individual, competitive integrated employment outcomes.

Employment First Conference: “When Everyone Who Wants A Job, Has A Job!”

July 11 & 12, 2018
Kellogg Hotel & Conference Center
East Lansing, Michigan

Registration Fee: \$50

Who Should Attend: Staff who's involved in helping someone with an employment goal:

- Employment Practitioners
- Supports Coordinators/Case Managers
- CMHSP Leadership
- CRO Leadership

Workshop Tracks:

- Leadership
- Provider Transformation
- HCBS

Sponsored By: The Michigan Developmental Disabilities Council with support from Michigan's Employment First Partnership.

Additional conference details and registration information coming!

CMH ASSOCIATION COMMITTEE SCHEDULES, MEMBERSHIP, MINUTES, AND INFORMATION: go to our website at <https://www.macmhb.org/committees>