



Michigan Association of **COMMUNITY MENTAL HEALTH Boards**

September 15, 2017

FRIDAYFACTS

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

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

RE:

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WORK AND ACCOMPLISHMENTS OF MACMHB MEMBER ORGANIZATIONS

Recognizing the loss of a colleague

The CMH/PIHP/Provider system mourns the death of Don Miller, the former CEO at Saginaw County Community Mental Health Authority. Don retired from that role in June of 2000. The memorial service will be held at College Mennonite Church, 1900 South Main Street, Goshen, Indiana on September 17. Memorials may be given to College Mennonite Church, Mennonite Disaster Service or Jubilee Fund at the church. Yoder-Culp Funeral Home is assisting with arrangements. Online condolences may be shared at www.yoderculpfuneralhome.com.

STATE AND NATIONAL DEVELOPMENTS AND RESOURCES

Michigan Health Policy Forum announces new date and speaker

The Michigan Health Policy Forum, of which MACMHB is a Board member, has recently announced the date and topic of this year's forum:

New Save the Date Notice: The next Michigan Health Policy Forum will be held on November 13, 2017.
A Review of Large-Scale Medicaid Cost Containment Efforts in Other States

East Lansing Marriott at University Place
1:00 pm to 4:00 pm

The Keynote speaker will be Mr. Matt Salo, Executive Director of the National Association of Medicaid Directors. His position offers Mr. Salo an excellent overview of Medicaid activities in the 50 states.

Registration will open when the agenda is finalized. The Friday Facts will carry information as to the opening of the registration for the Forum.

CMS issues guidance to states on ABLÉ accounts

The federal Centers for Medicare and Medicaid Services (CMS) recently issued guidance to states on how to treat “ABLE” accounts in Medicaid financial eligibility determinations. The *Stephen Beck, Jr., Achieving a Better Life Experience Act of 2014* (the ABLÉ Act), enacted in 2015, created a program under which people with disabilities can save money for their disability-related expenses in tax-advantaged accounts. Because disability can serve as a basis for Medicaid eligibility, many individuals who apply for Medicaid on the basis of having a disability may be interested in opening an ABLÉ account, and this letter provides guidance to states on the treatment of funds in, contributions to, and distributions from an ABLÉ account for purposes of Medicaid eligibility.

The letter is available online on Medicaid.gov at <http://www.medicaid.gov/federal-policy-guidance/federal-policy-guidance.html>

MDHHS announces child welfare pilot

Because of the intersection of the work of Michigan’s public mental health system and the state’s child welfare system, the recent announcement, from MDHHS, of a child welfare pilot is of interest to MACMHB members. Additionally, the use of a value based purchasing model, for the financing of the pilot, will also be of interest to Association members. That announcement is provided below:

Kent County pilot project designed to improve outcomes for children in foster care

The Michigan Department of Health and Human Services is announcing a pilot project in Kent County that will support innovation and provide greater incentives for foster care and adoption service providers to meet outcomes that benefit children and families.

On Oct. 1 MDHHS will kick off a five-year performance-based funding pilot for its child welfare system in Kent County.

The performance-based funding model will pay a contracted agency, the West Michigan Partnership for Children, a semi-annual case rate that will allow the agency to be innovative in creating services that meet the needs of children and families.

The amount of the case rate decreases as a child remains in care longer, providing incentives for protecting the child’s safety and well-being and finding a permanent home for the child more quickly – either through reunification with the family if that’s safe, or through finding a loving adoptive home. That’s in contrast to Michigan’s existing funding model, which pays providers a per-diem rate based on how many days a child is in care.

Other examples of outcomes being incentivized through performance-based funding are placing children in the least-restrictive setting – such as by placing a child with a relative if possible to achieve the most family-like foster care setting – and maintaining stability with the child’s permanent placement.

“Performance-based funding will reinforce positive outcomes for children and allow us to reinvest savings into the Kent County child welfare system to pay for continued improvements,” said MDHHS Director Nick Lyon.

“For example, savings that result from children safely returning home from foster care more quickly can be reinvested in developing services to support the community in preventing other children from entering foster care due to abuse or neglect.”

Both public and private foster care and adoption agencies in Kent County will be subject to the same consistent performance indicators and outcomes in delivering services. Providers in Kent County are Bethany Christian Services, Catholic Charities of West Michigan, D.A. Blodgett-St. Johns, Samaritas and WellSpring Lutheran Services.

There are close to 900 children in foster care in Kent County.

The performance-based funding model is not intended to reduce child welfare costs, but to use resources more effectively to help children and families.

A third-party independent evaluation of the pilot will be conducted to assess outcomes and cost effectiveness. Once the pilot is completed, MDHHS will review the results and determine next steps.

The Michigan Legislature in 2013 initiated plans to develop a child welfare performance-based funding model. In 2014, a task force released a report that indicated the model was feasible. MDHHS selected Kent County as the location to pilot performance-based funding and other improvements.

For more information, go to the MDHHS performance-based child welfare system webpage:
http://www.michigan.gov/mdhhs/0,5885,7-339-71551_11120_77826_77838---,00.html

2017 PAC Campaign Update

Earlier this year we announced our 2017 CMH PAC campaign with the goal of increasing member participation. This year's campaign exceeded last year's contribution levels, but participation remained about the same. Last month we held the drawing for the Detroit Tiger box suite tickets donated by Muchmore Harrington Smalley Associates and the winner was... Lapeer CMH.

Congratulations to Lapeer CMH and thank you to all who generously contributed to the CMH PAC.

Just because the Tiger drawing has been completed does not stop the need for CMH PAC support. If you would still like to support our PAC efforts please mail your contribution to our office, below are the details:

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Bob or Alan with any questions.

MACMHB ANNUAL FALL CONFERENCE

MACMHB's Annual Fall Conference, "Honor the Past...Treasure the Present...Dream the Future," will be held on October 23 & 24, 2017 at the Grand Traverse Resort in Traverse City, Michigan.

Registration Opens Early Next Week!

LEGISLATIVE UPDATE

Fall Session Begins: Senate Outlines Agenda

As legislators returned to Lansing last week for the beginning of fall session, Senate leaders noted which key issues the chamber will address in the coming weeks. Among the top issues listed, local government pension reforms and amendments to the state's auto no-fault insurance system are the most highly contentious issues, with each having previously seen action in both chambers.

The local government retirement issue saw defeat during last year's Lame Duck session, with many groups opposing the proposed reforms including the lessening of benefits for retirees and changes to their overall health care retirement plans (also known as Other Post-Employment Benefits (OPEB)). In response to the action (or lack thereof), Governor Rick Snyder formed The Responsible Retirement Reform for Local Government Task Force to address the state's unfunded liabilities totaling \$17.4 billion for pension and OPEB obligations.

The 20-member task force released a report in July detailing the state's deficit and outlining recommendations for improvement (the report can be viewed [here](#)).

As for the auto no-fault issue, leaders noted that finding a balance between rate relief and adequate coverage is key, something the Legislature has not yet been able to manage. Senate Majority Leader Arlan Meekhof (R-West Olive) noted that the education of Senate and House members would need to be addressed, so that each chamber is fully aware of how insurance rates in Michigan (among the highest premiums in the country) affect almost every family in the state.

Mr. Meekhof and House Speaker Tom Leonard (R-DeWitt Twp) have been working closely with Detroit Mayor Mike Duggan on the issue as well, but Mr. Meekhof noted that if a plan comes from Mr. Duggan calling for mandatory rate rollbacks it will be "dead on arrival" in the Senate as it would "interrupt the free market."

Other issues of importance will include: the possible veto override of passed legislation calling for the acceleration of phase outs applying the sales tax to the value of a trade-in automobile when purchasing one; more focus on efforts to provide career and technical education programs throughout the state; Flint related topics; and prescription drug prices and other opioid related reforms.

Both Mr. Meekhof and Senate Minority Leader Jim Ananich (D-Flint) cited bipartisan work as an important aspect moving forward, noting resolutions will come when work is done together in the Senate and with their colleagues in the House.

NATIONAL UPDATE

New GOP Health Care Plan Caps Medicaid, Cuts Expansion

Four GOP Senators have introduced the latest iteration of health care legislation in the Senate. The bill, introduced by Sens. Lindsey Graham (R-SC), Bill Cassidy (R-LA), Dean Heller (R-NV), and Ron Johnson (R-WI) revives some of the most troubling elements of previous health care bills, including undermining the Medicaid expansion and imposing a per-capita cap on federal Medicaid funding. The National Council opposes this legislation as it harms Americans in need of comprehensive mental health and addiction treatment services.

The proposal eliminates the ACA's marketplace subsidies and enhanced match rate for the Medicaid expansion, replacing them with a block grant that would not grow in response to increased enrollment or costs. It also fundamentally restructures the Medicaid program by converting it from an entitlement program to a per-capita cap. Additionally, the legislation expands states' ability to waive or alter essential health benefits and pre-existing condition protections, potentially opening the door for states to undermine critical types of coverage such as mental health and addiction care. The National Council strongly opposed previous iterations of these proposals when they were introduced in earlier legislation this year.

The authoring senators frame their proposal as one that will give control over health care to the states and allow more creativity to develop systems that reflect their unique populations. As with previous block grant and per-capita cap proposals, in reality states would be left with significantly diminished resources and, in the event a state's need exceeded this amount, the state would bear 100% of the additional costs. For millions of individuals, these provisions would mean restricted access to Medicaid, restricted access to affordable coverage and restricted access to lifesaving mental health and addictions treatment.

WHAT'S NEXT

While it seems that the bill faces long odds in winning support of 50 Senate votes – with the Vice President breaking any ties – the National Council takes these discussions and developments very seriously. Majority Leader Mitch McConnell (R-KY) has promised to bring the bill to the floor should the group corral the needed votes. President Trump released a statement on Wednesday applauding the senators for their “solution” to health reform.

Senator Johnson stated he would hold a hearing on the plan as Chairman of the Senate Homeland Security and Governmental Affairs Committee if neither the Senate HELP or Senate Finance Committee do so. Sen. Graham has challenged Republican leadership to throw support behind the bill, as well as advocating for backing from Republican governors.

Register for Hill Day 2017

The time to protect our nation's most vulnerable populations is now, and we know that our voices are louder together.

Join us at Hill Day 2017, October 2-3, the nation's largest behavioral advocacy event, to stand up and be heard on mental health and addictions.

[Register today.](#)

Fired up and ready to go now? Start honing your advocacy skills by taking action today on our [Unite4BH page](#).

MACMHB committee schedules, membership, minutes, and information go to our website at <https://www.macmhb.org/committees>

Fetal Alcohol Spectrum Disorder Training in the Upper Peninsula September 20 and 21. This training addresses the importance of recognizing an FASD or other neurocognitive issues in those with whom we work or live. The brain damage seen in FASD is examined in relation to why and how to modify approaches, along with common behaviors that result from this damage and that may result in misdiagnoses such as Oppositional Defiant Disorder, Attention-Deficit Hyperactivity Disorder, Conduct Disorder, Reactive Attachment Disorder, and Bipolar Disorder in the individual and neglect and sabotaging treatment in family members. Strategies for improving outcomes for the children/youth, family, and agencies and systems that serve them are highlighted. The presenter is Daniel Dubovsky, MSW, FASD Specialist. We have added two trainings September 20 in Sault Ste. Marie and September 21 in Marquette for FASD. The cost for the training is \$35 per person. Register online at <https://www.macmhb.org/childrens-services>

Have a Great Weekend!