

November 30, 2018

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### **CMH Association and Member Activities:**

#### **Northcare announces change in leadership**

Below is a recent announcement from NorthCare Network, a member of the CMH Association of Michigan regarding change in leadership at NorthCare.

NorthCare Network is pleased to announce that Dr. Timothy Kangas has been hired as our new CEO.

Dr. Kangas is working with current CEO, William Slavin during this transition until Bill's retirement on December 14, 2018.

Dr. Kangas will take over as NorthCare Network's CEO effective December 14, 2018. His email is [tkangas@northcarenetwork.org](mailto:tkangas@northcarenetwork.org)

Best of luck to Bill Slavin, in his future endeavors, as he leaves his position as CEO at NorthCare, and to Timothy Kangas as he takes on the role of CEO at NorthCare.

#### **CMHAM Committee Schedules, Membership, Minutes, And Information**

Visit our website at <https://www.macmhb.org/committees>

### **News from Our Corporate Partners:**

#### **Abilita Highlights Recent Announcement of the Office of Civil Rights Giving Guidance for HIPAA and Addresses Ransomware**

Below is an update, from Abilita, a longstanding corporate partner of the CMH Association of Michigan.

OCR will periodically release guidance regarding certain HIPAA privacy and security rules. It is often difficult to properly navigate the rules and ensure compliance. To help with this, OCR releases more in-depth guidance that can help your organization determine what a rule requires.

One of the more recent OCR guidance releases addresses ransomware. It provides information about how to protect against ransomware, what to do if you get ransomware, and how to determine if it's reportable. OCR also releases a monthly Cyber Awareness newsletter and can be accessed on the <https://www.hhs.org/hipaa> website.

Abilita is the leader in telecommunications consulting and endorsed by CMHAM since 2011 to help members reduce risks, costs and prevent your staff from wasting their time. Abilita evaluates HIPAA technology risks and can insure you are in compliance without wasting your staffs' time. In addition, we reduce your telecom costs by 29% with no upfront costs or risk. Abilita is an independent consulting company with offices across Michigan and North America! As one of the largest independent Communications Technology consulting firms in America, Abilita has the experience needed to help members by not just identifying, but by managing the

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implementation of recommendations you approve. For additional information, contact: Dan Aylward, Senior Consultant, Abilita at 888-910-2004 x 2303 or [dan.aylward@abilita.com](mailto:dan.aylward@abilita.com) .

### **State and National Developments and Resources:**

#### **Leadership change in the MDHHS Division of Mental Health Services to Children and Families**

Below is a recent announcement, from Jeff Wieferich, at BHDDA within MDHHS, regarding changes in leadership within Division of Mental Health Services to Children and Families.

This is to announce that effective December 3, 2018, Kim Batsche-McKenzie has been appointed Acting Director of the Division of Mental Health Services to Children and Families. Kim has many years of experience with children's mental health services within the community mental health system and has, for the past 5 years, been the Manager of Programs for Children with Serious Emotional Disturbance within the Division. Please welcome Kim.

We wish Sheri Falvay, Kim Batsche-McKenzie's predecessor, the best in her future endeavors and wish Kim the best in this new role.

#### **Michigan Partners in Crisis (PIC) Annual Winter Conference**

Below is a recent announcement from the Mental Health Association in Michigan regarding the Michigan Partners in Crisis Annual Conference.

Dear Friends:

You are cordially invited to attend a free event that is being hosted by the Mental Health Association in Michigan (MHAM) and Partners in Crisis (PIC) on Friday, December 14, 2018 from 9:15 am to Noon at the Community Mental Health Association located at 426 S. Walnut in Lansing.

The winter conference will focus on issues/concerns such as mental health parity, the Michigan Legislative Corrections Ombudsman Program for inmates with mental health issues and PIC's initiatives for 2018. Partners in Crisis is comprised of a group of key individuals from the court system; the criminal justice system; and other citizens who are concerned about behavioral health public policy in Michigan as it relates to justice systems.

If you would like to learn more about state parity issues and the federal parity law that was passed in 2008 as well as implications for Michigan, David Lloyd, Director of Policy and Programs, Kennedy Center, will be speaking about parity and will provide an update from across the United States.

After closure during the Engler administration, the Michigan Legislative Corrections Ombudsman Program was reestablished, with a major push from PIC, in 2008. What has this office tackled and experienced in the past decade? What are the major problems for inmates & families encountered by the Ombudsman, and how have they been dealt with? Where does mental illness fit into the mix?

December 14, 2018 | 8:30a-12 Noon | Community Mental Health Association  
426 S. Walnut | Lansing

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Registration: 8:30 to 9:15a | Program: 9:15a to 12Noon

I. State Parity Initiatives & News from across the Country

The federal parity law of 2008 is difficult to interpret, monitor and enforce. What are other states (e.g., Illinois, New Jersey) doing to improve behavioral health insurance parity for their residents? What is happening in the courts re alleged violations of the law? What can Michigan do to make parity more reachable?

Presenter: David Lloyd, Director of Policy & Programs, The Kennedy Forum

II. The Michigan Legislative Corrections Ombudsman Program, 2008-18

After closure during the Engler administration, this program was reestablished, with a major push from PIC, in 2008. What has this office tackled and experienced in the past decade? What are the major problems for inmates & families encountered by the Ombudsman, and how have they been dealt with? Where does mental illness fit into the mix? What systemic issues have been noted, and what are recommendations for improving them?

III. Progress on PIC's 2018 Initiatives

Presenter: Mark Reinstein, PIC Advisory Board Member

To register for this event (there is no charge), please fill out and return the form below. You may e-mail the form to Greg Boyd at [ghb1@acd.net](mailto:ghb1@acd.net) ; or you may fax it to 517.913.5941; or you can postal-mail the form to: MHAM, 2157 University Park Dr., Ste. 1, Okemos, MI 48864. (PIC is administered by the Mental Health Assn. in Mich.) Please join us for this important and timely program.

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PIC December 14 Registration Form – please print

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CHCS offers webinar on addressing social determinants of health through 1115 Medicaid waivers

Below is the announcement, by the Center for Health Care Strategies (CHCS), of the upcoming webinar on approaches to addressing social determinants of health through Section 1115 Medicaid waivers.

Addressing Social Determinants of Health via Medicaid Managed Care Contracts and § 1115 Demonstrations  
December 11, 2018 at 4:00 PM ET

Medicaid agencies and managed care organizations (MCOs) are increasingly recognizing the value of addressing beneficiaries' social determinants of health (SDOH). In this Association of Community Affiliated Plans (ACAP) webinar, the Center for Health Care Strategies (CHCS) will present findings from its nationwide review of Medicaid managed care contracts and § 1115 demonstrations.



Join this webinar to learn how states are using MCO contracts

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and § 1115 demonstrations to require or incentivize SDOH-related activities through care coordination and management, quality assessment and performance improvement, MCO payment incentives, and value-based payment. CHCS will also present recommendations for federal policymakers to help plans and states design innovative strategies to address Medicaid beneficiaries' SDOH.

The webinar is based on a forthcoming ACAP report authored by CHCS, Addressing Social Determinants of Health via Medicaid Managed Care Contracts and § 1115 Demonstrations, that examines Medicaid managed care contracts or requests for proposals in 40 states in addition to 24 approved § 1115 demonstrations.

Health care policymakers, state officials, health plans, and other interested stakeholders are invited to join this 60-minute event.

### **Methods behind the dramatic Opioid Overdose death rate drop in Dayton Ohio**

Below are excerpts from a recent New York Times article on the dramatic drop in opioid-related overdose deaths in Dayton, Ohio. The article outlines the components that led to this decrease.

This City's Overdose Deaths Have Plunged. Can Others Learn From It?

DAYTON, Ohio — Dr. Randy Marriott clicked open the daily report he gets on drug overdoses in the county. Only one in the last 24 hours — stunningly low compared to the long lists he used to scroll through last year in a grim morning routine.

"They just began to abruptly drop off," said Dr. Marriott, who oversees the handoff of patients from local rescue squads to Premier Health, the region's biggest hospital system.

Overdose deaths in Montgomery County, anchored by Dayton, have plunged this year, after a stretch so bad that the coroner's office kept running out of space and having to rent refrigerated trailers. The county had 548 overdose deaths by Nov. 30 last year; so far this year there have been 250, a 54 percent decline.

The full article can be found at:

<https://www.nytimes.com/2018/11/25/health/opioid-overdose-deaths-dayton.html>

### **The prospect of CMS paying for housing attracts attention, advice and questions**

Below are excerpts from a recent article in Modern Healthcare triggered by the recent housing-related comments by the US Department of Health and Human Services (HHS) Director Azar.

The surprise announcement by HHS Secretary Alex Azar that the CMS was interested in paying for housing and other social services caught the industry's attention, prompting a slew of opinions on how that would work.

High on the list of suggestions among industry stakeholders is a warning for the CMS to keep in mind community organizations and other federal agencies as it considers any new payment

models in which housing and other social services are paid for.

Azar unveiled the possibility in a speech in which he remarked that the agency has a responsibility to address patients' social needs and that the Center for Medicare and Medicaid Innovation is working on a pilot model.

"In our very name and structure, we are set up to think about all the needs of vulnerable Americans, not just their healthcare needs," Azar said. "What if we went beyond connections and referrals? What if we provide solutions for the whole person, including addressing housing, nutrition and other social needs? What if we gave organizations more flexibility so they could pay a beneficiary's rent if they were in unstable housing or make sure that a diabetic had access to, and could afford, nutritious food? If that sounds like an exciting idea ... I want you to stay tuned to what CMMI is up to."

Healthcare organizations overwhelmingly welcomed the news as most recognize that being able to address patients' social needs is going to be critical as they are paid more for outcomes and less for direct medical services. There currently isn't a direct reimbursement mechanism to support such investments, so health systems largely use their own pocketbooks, which is unsustainable long-term.

"I think we have been very innovative in the way we have been addressing social determinants ... but in order for it to be sustained and for us to expand our work in this space, a payment model is going to be critical," said Dr. Alisahah Cole, chief community impact officer at Charlotte, N.C.-based Atrium Health.

There is also now substantial literature to support that addressing patients' social determinants of health yields savings through lower utilization and readmission rates. That's likely why the CMS is ready to take on social needs as a reimbursable service, but health policy analysts caution that in order for such a venture to be successful, it needs to include—and support—all players that contribute to the social safety net. No one entity can tackle social services on its own, especially one like the CMS, which historically hasn't been involved in providing social services, they said.

"To be effective, this can't just be another set of services. This really is about how to create an integrated system in a community," said Jeffrey Levi, professor of health policy and management at George Washington University.

In his speech, Azar didn't provide details regarding how the payment model might operate, but he did suggest providers would receive the payments. In a follow-up request, the CMS said it didn't have any additional information about the potential model.

The full article can be found at:

[https://www.modernhealthcare.com/article/20181124/NEWS/181129980?utm\\_source=modernhealthcare&utm\\_campaign=am&utm\\_medium=email&utm\\_content=20181124-NEWS-181129980](https://www.modernhealthcare.com/article/20181124/NEWS/181129980?utm_source=modernhealthcare&utm_campaign=am&utm_medium=email&utm_content=20181124-NEWS-181129980)

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### **MHEF announces recent awards**

Below are excerpts from an announcement by the Michigan Health Endowment Fund (MHEF) regarding its most recent round of grant awards involving, among other issues, mental health and substance use disorder projects.

We're pleased to announce \$14 million in awards to dozens of Michigan organizations working to improve residents' health and wellness. 30 organizations will receive grants ranging from \$100,000 to \$500,000 as part of two programs: Healthy Aging and Special Projects & Emerging Ideas. As part of an ongoing partnership around caregiving, the Ralph C. Wilson Jr. Foundation is contributing \$1 million to this grant round in support of caregiver-related projects.

"Michigan's population is aging, and as a state we must adapt to support older adults and those who care for them," explained Health Fund Senior Program Officer Kari Sederburg. "In this grant cycle we're investing in potential game-changers, from projects that address social isolation to initiatives that could inspire a new generation of healthcare professionals focused on supporting seniors."

Meanwhile, Michigan State University's "Building a Strong Caregiver Workforce" project focuses on formal career pipelines and professional development for caregivers. MSU will receive \$407,000 to develop a training academy for family and professional caregivers. The academy will provide training for family caregivers, a master trainer certificate, a for-credit certification for high school students, and direct care professional online training.

The Special Projects & Emerging Ideas grant awards support long-term, systemic change. These grants are by invitation only and have the potential for significant statewide impact on the health of Michigan residents. For example, the Michigan Public Health Institute will receive \$499,412 to convene state and local stakeholders to collaboratively address the root causes of racial inequities in maternal and infant mortality.

The full notice and list of grant awards can be found at:

<https://www.mihealthfund.org/health-fund-awards-14-million-in-healthy-aging-and-special-projects>

### **Mental Health Care: Easier to Knock It Down than Build it Up?**

Below are excerpts from a recent editorial, written by Tom Watkins, former CEO of Detroit-Wayne Mental Health Authority, in Dome Magazine on the state of Michigan's public mental health system.

I pulled over to watch as the wrecking ball knocked the building apart. On a cold, blustery November pre-winter day, while riding down Seven Mile Road in Northville Township, out of the corner of my eye I saw the framed hulk of the former Northville Regional Psychiatric Hospital against a bold grey sky.

As I watched, the crane slowly pulled the skin away from the crumbling, hulking edifice that had once warehoused up to 1,500 hundred people with a serious mental illness on any given day.



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Back in the 80s I had keys to that hospital and would often make unannounced visits at all hours of the day and night while serving as the Deputy, then Chief Deputy and, finally, Director of the former state of Michigan Mental Health Department from 1983-90.

Northville Regional Psychiatric Hospital – as it was called then – was a wicked place, full of challenges, often underfunded and short-staffed. Many good and decent staff there attempted to care for some of the most vulnerable people among us: Persons with serious and chronic mental illness.

Many psychiatric hospitals were shuttered; unceremoniously closed in the early days of then Michigan Governor Engler's first term in the 1990's. The policy of closing antiquated – and in many cases ineffective – state hospitals was not wrong. However, follow-through on promises to fill in behind their closings with community-based hospital care and alternative community programs were not kept during successive Engler (and others) administrations.

The promise of adequately funding community psychiatric beds in local hospitals for the truly needed never materialized. The ones that did develop psychiatric beds realized it was more profitable to serve the "walking worried" than underfunded Medicaid patients with serious mental illnesses. Providing 24 hour-a-day care to persons with serious brain disorders is expensive. However, community mental health system services were never fully funded or developed.

Today, we have more people with serious mental illnesses wandering our streets. Many are homeless and locked up in jails and prisons, rather than receiving the care they need and deserve in a civilized society. I wondered if the wrecking ball that was tearing down the old Northville Psychiatric Hospital was symbolic of a system of mental health care that has decayed in Michigan.

The full editorial can be found at:

<http://domemagazine.com/mental-health-care-easier-to-knock-it-down-than-build-it-up/>

### **Surgeon general pushes for community partnerships and collaborations to address opioid crisis**

Below are excerpts from a recent editorial, in Behavioral Healthcare Executive on the need for a culture change to combat the nation's opioid crisis. The editorial was written by Ron Manderscheid, CEO of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) – of which the CMH Association of Michigan is a long-time member.

On Monday, I had the honor to introduce the current surgeon general of the United States, Jerome M. Adams, MD, MPH, at the annual meeting of the American Public Health Association (APHA) in San Diego. Adams headlined our plenary session on "The Emerging Federal Response to the Opioid Crisis: What Organizations and Communities Can Do to Make an Impact."

In September, the surgeon general released Facing Addiction in America: The Surgeon General's Spotlight on Opioids, which calls for a cultural shift in the way Americans talk about the opioid crisis and recommends actions that can prevent and treat opioid misuse and promote recovery. The same day, he also released a digital postcard, highlighting tangible actions that all Americans can take to raise awareness, prevent opioid misuse and reduce overdose deaths. Both the full document and the digital postcard can be viewed on the surgeon general's website.

Read more at: <https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/emerging-federal-and-community-response-opioid-crisis>

### **CMS announces changes to prohibitions on use of Medicaid funds for inpatient care**

Below are excerpts from a recent announcement, by the federal Centers for Medicare and Medicaid Services, on the expansion of innovative service delivery systems that will more likely obtain, as part of a 1115 waiver, approval by CMS, including the use of Medicaid dollars for institutions for mental disease (IMD).

**CMS ANNOUNCEMENT: Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance**

Recently,, the Centers for Medicare & Medicaid Services (CMS) is sending a letter to State Medicaid Directors that outlines both existing and new opportunities for states to design innovative service delivery systems for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The letter includes a new opportunity, under section 1115(a) of the Social Security Act, for states to receive authority to pay for treatment services provided to beneficiaries who are short-term residents of psychiatric hospitals or residential treatment settings that qualify as institutions for mental disease (IMDs) if those states are also committing to taking action to ensure good quality of care in those settings and to improve access to community-based services as well.

CMS currently offers states the opportunity to pursue similar demonstration projects focused on improving treatment for substance use disorders (SUDs), including opioid use disorder, under section 1115(a) of the Act. Through these SUD-focused demonstrations, CMS has been working with participating states to cover treatment in IMDs while also improving access for beneficiaries to a full continuum of care including community-based outpatient services and also ensuring the quality of SUD treatment provided to beneficiaries while residing in IMDs. To date, CMS has approved these SUD-focused demonstrations in 17 states, and there are already indications of improved outcomes for beneficiaries.

Similar to the SUD 1115(a) demonstration initiative, this SMI/SED demonstration opportunity outlines a number of milestones that states will be expected to achieve as part of these demonstrations aimed at making progress on a number of overarching goals. These milestones include specific activities to –

- Ensure good quality of care in psychiatric hospitals and residential treatment settings;
- Improve care coordination and transitions to community-based care following stays in acute care settings;

- Increase access to a continuum of care including crisis stabilization services and community-based services to address chronic, on-going mental health care needs; and

- Identify individuals with SMI or SED earlier and engage them in treatment sooner.

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States are encouraged to build on the evidence-based models discussed in the first part of the letter in order to achieve these milestones.

As a state's SMI/SED demonstration progresses, states will be expected to include, in their section 1115(a) demonstration monitoring reports, information detailing the state's progress toward meeting the milestones and timeframes for specific actions. These reports will also include information and data so that CMS can monitor the impact of these demonstrations and progress on the goals as well as ensure budget neutrality.

CMS will work closely with states on implementation and evaluation of these demonstrations and is hopeful that this policy guidance will create new opportunities to partner with states committed to implementing innovative service delivery reforms to improve care for beneficiaries with SMI or SED.

The State Medicaid Director Letter is available on Medicaid.gov here: <https://www.medicaid.gov/federal-policy-Guidance/index.html>

—sometimes providing inadequate care.

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## **State Legislative Update:**

### **Meekhof Introduces a Bill to Amend Prop 1**

Senate Majority Leader Arlan Meekhof (R-West Olive) wanted the Legislature to adopt the marijuana legalization ballot proposal to make it easier to amend later. That didn't happen because House Republicans didn't want to go on record supporting legal marijuana and opponents thought they could beat it at the ballot box.

However, now that Proposal 1 passed it's going to take 29 senators and 83 House members, or a three-quarters super-majority, to make any changes, had the initiative been legislatively adopted, a simple majority could change the proposal.

This week, Sen. Meekhof introduced SB 1243, a bill designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation. The 75-page legislation gets rid of legal marijuana "microbusinesses," which would let a person grow less than 150 plants as part of a "homebrew"-like arrangement.

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"People don't get to make their own alcohol and serve it in their own bars to anybody they want to," Meekhof said. "So, you have the argument whether you think it should be criminalized or not criminalized, but at the end of the day it should be in some regulated form, so we have some consistency and safety. "

SB 1243 is a very long shot to get adopted by both chambers in the remaining days of session.

### **2018 Lame Duck Legislation**

The first week of session is completed, three more weeks are scheduled. Below is a brief update regarding the legislative items of interest to the public mental health system:

**HB 5625** – allows mediation to start immediately with a rights dispute and not waiting until after the investigation is closed. – **Passed out of House Law & Justice Committee Tuesday**

**HB 5828** – Creates the school safety commission – **Passed out of Senate Education Committee on Wednesday**

HB 5806 – 5808 – Creates legislative framework on juvenile mental health court – **Passed out of House Judiciary Committee Tuesday.**

**SB 745** - clarify when you need to license an adult foster care home... We want to make sure home that are currently unlicensed (if you own or rent your own home) remain unlicensed. – **Not going to move, HB 5505 is moving and has the same language to resolve the AFC licensing issue as SB 745 proposes by not requiring licensure for settings of up to 4 adults receiving benefits from a CMH services program, BUT HB 5506 is also moving and it 5506 includes transferring the cost of the FBI criminal history checks to AFC licensees beginning January 1, 2020. This cost transfer is proposed under HB 5506.**

**SB 962** - The bill would allow certain facilities to be dually licensed as adult foster care facilities and substance use disorder programs so that an individual seeking treatment for a substance use disorder and mental health issues could be treated at a single facility, as long as the facility was approved as a co-occurring enhanced crisis residential program. **NO ACTION**

**SB 641** – The bill would redefine limited licensed psychologists as a "psychological associate". **Passed out of the Senate Health Policy Committee.**

**Raise the age package (HBs 4607, 4653, 4662, 4664, 4676, 4659, 4650 & 4685)** – Michigan is one of only four remaining states in the United States where 17-year-olds are automatically considered adults for criminal offenses. To align with standard national practices, Michigan should raise the age of juvenile court jurisdiction to 18 – **Passed out of House Law & Justice Committee Wednesday.**

**SB 1171** – Revised version of minimum wage bill passed in September – **Passed the Full Senate on Wednesday. Minimum wage will increase .23 cents every year until it reaches \$12/hour.**

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**SB 1175** – Earned Sick time – **Passed the Full Senate on Wednesday. Changes the maximum amount of paid sick leave a person can earn to 36 hours a year, as opposed to the 72 hours in the original proposal.**

**SB 1243** – Designed to make the new recreational marijuana law look more like the regulation that governs medical marijuana so Michigan does not have two different sets of regulation – **Introduced and Referred to Senate Govt Ops Committee**

**FY19 Supplemental Budget – NO ACTION**

### **HOUSE CARES TASK FORCE**

**HB 5085** – dedicates 4% of the unmarked money raised through Michigan’s liquor sales and fees and earmark it specifically for substance use disorder treatment and prevention services. HB 5085 could provide more than \$17 million a year to combat alcohol-related disorders, opiate addiction and other substance use disorders. **NO ACTION**

**HB 5439** – requires the DHHS to establish and administer an electronic inpatient psychiatric bed registry, with beds categorized by patient gender, acuity, age, and diagnosis that is accessible through the DHHS website. **NO ACTION**

**HB 5460** – require that programs and curricula for paramedics or medical first responders include training in treating drug overdose patients that is equivalent to training provided by the American Heart Association Basic Life Support (BLS) for Health Care Providers. **NO ACTION**

**HB 5461** – Current law allows peace officers to possess and administer an opioid antagonist if they have been trained in its proper administration and have reason to believe that the recipient is experiencing an opioid-related overdose. The bill would stipulate that the training required before administration of an opioid antagonist must meet the requirements set out in HB 5460. **NO ACTION**

**HB 5524** – requires that the Department of Education (MDE), in conjunction with the DHHS to develop or adopt a professional development course for teachers in mental health first aid. **NO ACTION**

**HB 5487** – establishes a uniform credentialing requirement for individuals who provide medical services through a contract health plan. **NO ACTION**

**HBs 5450-5452** – allows those once convicted of some minor felonies and misdemeanors would be allowed to work in some mental health care jobs (nursing homes, psychiatric facilities, & adult foster care homes). **NO ACTION**

**HB 5810** – revising Kevin’s Law, court-appointed outpatient and inpatient care, increasing accessibility. **NO ACTION**

**HB 6202** – MI CARES hotline would create a statewide 24 hour/7 day a week referral system for individual who are seeking services. **NO ACTION**

### Federal Update:

#### Trump Administration Approves Kentucky Work Requirements for Second Time

The Centers for Medicare and Medicaid Services (CMS) re-approved Kentucky's request to add work requirements to the state's Medicaid program last week, following a federal judge's ruling earlier this year that overturned the first iteration of these requirements. These changes would require the population covered by Kentucky's Medicaid expansion to report 80 hours of work or "work-related activities" each month, or face losing their coverage for a six-month lockout period. The approved 1115 waiver, which takes effect April 1, 2019, is almost identical to the state's previously overturned application, and has been projected to result in at least 95,000 Kentuckians losing Medicaid coverage over the next five years.

BACKGROUND In June of this year, District Court Judge James Boasberg blocked Kentucky's original waiver request on the grounds that CMS had not properly considered whether the initiative would violate Medicaid's central objective of providing medical assistance to the state's citizens, nor had the agency adequately addressed concerns about the expected total loss of coverage for thousands of Kentuckians. The decision did not outlaw Medicaid work requirements outright, but rather required CMS to carefully assess each Medicaid Section 1115 waiver for its impact on individuals' health care coverage. In response, CMS reopened a public comment period on the waiver, during which the National Council submitted comments strongly opposing work requirements and other harmful provisions included in the waiver.

In a letter to Kentucky's Medicaid Director re-approving the 1115 waiver, CMS Chief of Staff Paul Mango outlined the agency's assertion that work requirements and other measures included in the waiver "seek to improve beneficiary health and financial independence, improve the well-being of Medicaid beneficiaries and, at the same time, allow states to maintain the long-term fiscal sustainability of their Medicaid programs and to provide more medical services to more Medicaid beneficiaries." He noted that CMS had considered public comments on the waiver, and that it had determined that the waiver was consistent with the goals of the Medicaid program. The letter also justifies experts' projections that 95,000 Kentuckians will lose coverage by contending that they account for a small percentage of total Medicaid enrollees, and their disenrollment will likely be due to a variety of factors beyond the institution of work requirements, such as transitioning to commercial coverage.

CONCERNS FROM THE FIELD CMS's reapproval of Kentucky's work requirements comes amid massive coverage losses for over 12,000 Arkansans operating under similar Medicaid restrictions as well as calls from many groups for CMS to halt approvals of new waivers that include work requirements. The Medicaid and CHIP Payment and Access Commission (MACPAC), a Congressionally-chartered body that advises Congress and CMS on Medicaid issues, submitted a formal request to Health and Human Services Secretary Alex Azar to cease approving these waivers.

Additionally, the National Council has joined many efforts to oppose work requirements, including submitting official comments on the Kentucky requirements, and sending a letter alongside other groups such as the Center on Budget and Policy Priorities, the Georgetown University Center on Children and Families and the March of Dimes, urging Secretary Azar to take immediate action to halt work requirements in the face of unnecessary coverage losses for Medicaid enrollees. Leonardo Cuello, Director of Health Policy at the National Health Law Program, one of the advocacy groups involved in

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the lawsuit which resulted in the initial blockage of these requirements said, "We do not believe HHS's reapproval corrects the serious legal defects Judge Boasberg cited in his first opinion."

### WHAT'S NEXT?

Before the waiver goes into effect on April 1, 2019, Judge Boasberg will consider CMS's reapproval of the Kentucky waiver, as well as the agency's approval of the similar waiver currently active in Arkansas. Stay tuned to *Capitol Connector* each week for continued updates on Medicaid work requirements and their impact on individuals living with mental illness and substance use disorders.

## **Education Opportunities:**

### **CMHAM & Michigan Health Endowment Fund Present New Training Series: Managed Care Contracting from a Position of Strength!**

Many behavioral health agencies mistakenly believe that they lack leverage with the MCOs to negotiate fair provisions in their participation agreements, overlooking legal protections available under state and federal law. In addition, many behavioral health agencies fail to position themselves to participate under value-based payment arrangements with MCOs, foregoing potential revenue streams. This full-day training will assist behavioral health agencies negotiate favorable participation agreements with MCOs. The training will address the following topics:

- Preparing for contract negotiations by identifying and assessing potential leverage points, such as regulatory leverage, market power, and competing on value;
- Evaluating managed care contracts using a team-based approach, considering an MCO's operational and financial stability;
- Negotiating strategies and tips to make the most persuasive case; and,
- Understanding common contract terms and what language is most advantageous.

FEATURING: ADAM J. FALCONE, JD, MPH, BA, PARTNER, FELDESMAN TUCKER LEIFER FIDELL, LLP  
Based in Pittsburgh, PA, Mr. Falcone is a partner in FTLF's national health law practice group, where he counsels a diverse spectrum of community-based organizations that render primary and behavioral healthcare services. He counsels clients on a wide range of health law issues, with a focus on fraud and abuse, reimbursement and payment, and antitrust and competition matters.

#### WHO SHOULD ATTEND:

- Nonprofit mental health providers and those mental health providers serving within the public mental health network interested in negotiating contracts with managed care organizations
- Limited attendance: only 2 people per agency may attend

REGISTRATION: \$100 per person. The fee includes training materials, continental breakfast and lunch.

ADDITIONAL INFO: <https://macmh.org/education>, [cward@cmham.org](mailto:cward@cmham.org); or 517-374-6848.

TO REGISTER, CLICK ON YOUR DATE & LOCATION:

[January 15, 2019 - Detroit Marriott, Livonia](#)

[January 16, 2019 - Holiday Inn & Suites, Mt. Pleasant](#)

[January 23, 2019 - Drury Inn & Suites, Grand Rapids](#)

[January 24, 2019 - West Bay Beach Holiday Inn](#)



## **SAMHSA announces sequential intercept mapping workshops**

Sequential Intercept Mapping Workshops Focusing on Improving and Expanding Diversion Opportunities at Intercepts 2 and 3

Sequential Intercept Mapping (SIM) Workshops are designed to allow local, multidisciplinary teams of people from jurisdictions to facilitate collaboration and to identify and discuss ways in which barriers between the criminal justice, mental health, and substance use systems can be reduced and to begin development of integrated local strategic action plans. This year's SIM Workshops will be focused on improving and expanding diversion opportunities at Intercept 2 and 3 of the Sequential Intercept Model, with particular emphasis on specialty/treatment courts (e.g., drug/recovery courts, DUI/DWI courts, mental health courts, veterans treatment drug courts, family treatment drug courts, tribal healing to wellness courts) and improving coordination and collaboration among judges, prosecutors, defense attorneys, treatment court coordinators and case managers, community corrections, behavioral health treatment provider agencies and organizations, and other community-based services and supports. The GAINS Center will offer the SIM Workshops free of charge to selected communities between March and August 2019.

To apply for a SIM workshop, please download the solicitation and submit a completed application form no later than December 21, 2018

[Download the SIM Workshop Solicitation](#)

## **SAMHSA GAINS Center offering criminal justice learning collaboratives**

JOIN an upcoming INFORMATIONAL WEBINAR TO LEARN ABOUT participating in SAMHSA'S GAINS CENTER'S CRIMINAL JUSTICE LEARNING COLLABORATIVES

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc., and known nationally for its work regarding people with behavioral health needs involved in the criminal justice system, is convening five Learning Collaboratives to work intensively with select communities on the following topics:

- Risk-Need-Responsivity
- Family Drug Courts
- Equity and Inclusion
- Competency to Stand Trial/Competence Restoration
- SAMHSA's 8 Guiding Principles for Behavioral Health and Criminal Justice

For additional information related to how these topics will be addressed within each Learning Collaborative, register for one of the informational webinars by clicking the links below.

Criminal justice Learning Collaboratives



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Each Learning Collaborative will bring together six local teams for an intensive learning, strategic planning, and implementation process to address local issues and needs within their topic area. Each Learning Collaborative will engage subject-matter experts and will facilitate peer-to-peer learning and information sharing. A unique blend of onsite and virtual methods will offer each team an intimate and familiar environment in which to learn and complete their work while providing a virtual forum to share with other communities and receive an array of technical assistance from subject matter experts across the country. The overarching objectives for this opportunity include:

- Enhancing collective knowledge of key issues and familiarity with the topic
- Understanding promising, best, and evidence-based practices to address the topic and related issues
- Developing strategic plans that focus on the issue, including defining assignments, deadlines, and measurable outcomes to be reported
- Increasing knowledge about the challenges and lessons learned in implementing strategies through peer-to-peer sharing

If you are interested in learning more about this exciting opportunity, register for one of the upcoming informational webinars:

[Register for the webinar on Wednesday, December 5, 2-3:00 p.m. ET](#)

[Register for the webinar on Thursday, December 6, 3-4:00 p.m. ET](#)

### **MDHHS Announces Training on Best Practice in Autism Evaluation for Medicaid Providers**

#### WHO SHOULD ATTEND?

Psychologists, physicians, social workers, BCBA's, BCaBA's, supervisors, medical directors, and other medical and mental

#### ABOUT THE TRAINING

The Michigan Department of Health and Human Services (MDHHS) and Dr. Kara Brooklier have partnered to present Best Practice in Autism Evaluation, a course designed to provide mental health professionals and administrators with an understanding of the process for

#### ABOUT DR BROOKLIER:

Dr. Kara Brooklier has been a practicing pediatric neuropsychologist for over 15 years. Her specialization is in the area of neurodevelopmental disorders and specifically autism spectrum disorders. She is Director of

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health professionals and administrators serving the Medicaid population who are interested in learning about the best practices in the evaluation of autism spectrum disorder.

accurate diagnosis of autism spectrum disorder in toddlers, children, and teens. The focus of this course will surround 1) understanding the core symptoms of autism, 2) common differential co-morbid conditions, and 3) best practices for evaluation from data gathering to clinical formulation and caregiver feedback. Aspects of assessment needed for differential and co-morbid diagnosis of autism spectrum disorders will be thoroughly reviewed.

Neuropsychological Services at the Children's Center of Wayne County and is clinical training faculty at Children's Hospital of Michigan and Wayne State University Department of Psychiatry & Behavioral Neurosciences. Dr. Brooklier works with her team of staff psychologists, doctoral interns, and postdoctoral fellow to conduct neuropsychological and differential diagnostic evaluations of autism spectrum disorders and associated neurodevelopmental conditions.

The Department of Psychology at Wayne State University is approved by the American Psychological Association to sponsor continuing education for psychologists. The Department of Psychology at Wayne State University maintains responsibility for this program and its content.

### LEARNING OBJECTIVES:

1. Participants will be aware of the core variables and symptoms associated with autism spectrum disorder
2. Participants will be able to identify common conditions in the differential diagnosis of autism spectrum disorders
3. Participants will demonstrate understanding of the best practice process for diagnosis of autism spectrum disorder in toddlers, children, and teens

### REGISTRATION INFORMATION

**DATE:** December 7, 2018

**TIME:** 9:00 am- 12:00 pm

**LOCATION:** South Grand Building (Grand Conference Room) 333 S. Grand Avenue, Lansing MI 48933

**CAPACITY:** 100 attendees

**REGISTER HERE:** <https://goo.gl/QUaXrq>

### Ethics for Social Work & Substance Use Disorder Professionals Trainings for 2018/2019

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.***

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Trainings offered on the following dates.

- January 23 – Lansing [Click Here to Register for January 23](#)
- February 20 – Lansing [Click Here to Register for February 20](#)
- March 13 – Lansing [Click Here to Register for March 13](#)
- April 24 – Troy [Click Here to Register for April 24](#)

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

\$115 CMHAM Members

\$138 Non-Members

## **Miscellaneous News and Information:**

### **Job Opportunity: Michigan Healthy Transitions (MHT) Project Director**

**Purpose:** To coordinate a grant-funded initiative to provide the Transition to Independence Process (TIP) model in Kalamazoo and Kent counties by collaborating with the Substance Abuse and Mental Health Services Administration (SAMHSA), MDHHS, the Association for Children’s Mental Health (ACMH), the Community Mental Health Services Providers (CMHSPs) in Kalamazoo and Kent counties, Stars Training Academy (TIP model purveyor), the MPHI Evaluation Team and the MHT Leadership Team and stakeholders.

**Experience:** Experience with supervision and oversight of an evidence-based practice. Familiarity with Transition to Independence Process Model preferred. Experience providing community-based mental health services to children and their families. Public mental health system experience preferred. Excellent written and oral communication skills. Demonstrated coordination and organizational skills.

For more information, [Click Here!](#)

### **Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director**

Michigan Protection & Advocacy Service, Inc. (MPAS) is seeking an Executive Director to lead this non-profit organization responsible for providing legally-based protection and advocacy services that advance the rights of individuals with disabilities in Michigan. The position is located in Lansing, MI. MPAS’ next Executive Director will continue to advance the high-quality advocacy, legal representation, and connection with the disability rights and social justice communities in the state. Must have a commitment to the mission of MPAS and to the rights of people with disabilities.

#### **Minimum Qualifications:**

- Candidates with strong non-profit or legal services experience and a Bachelor’s Degree from an accredited college in Business Management, Psychology, Social Work, Public Administration, or another human service related field with minimum of ten years of experience, or Master’s Degree or JD and seven years’ experience.
- A minimum of seven to ten years of leadership experience in a complex organization that includes engaging in strategic planning, management, development and supervision of personnel, financial planning, and monitoring internal controls for a multi-funded budget.

#### **Application Process:**

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- Candidates should send a current resume and cover letter detailing the candidate's interest in the position, describing any experience with people with disabilities, and noting relevant leadership experience to [mbrand@mpas.org](mailto:mbrand@mpas.org)
- Electronic submissions are preferred. Mailed submissions may be addressed to Michele Brand, Michigan Protection & Advocacy Service, Inc., 4095 Legacy Parkway, Suite 500, Lansing, MI 48911 or via fax at 517-487-0827.
- MPAS offers a competitive salary and benefits package. Position is open until filled.
- MPAS is an equal opportunity employer with a commitment to diversity. People with disabilities are encouraged to apply.

For more information, please visit our website: <https://www.mpas.org>.

## **CMH Association's Officers and Staff Contact Information:**

### **CMHAM Officers Contact information:**

The Officers of the CMH Association of Michigan recently proposed, in their commitment to fostering dialogue among the members of the Association with the Association's leaders, that their contact information be shared with the Association membership. While this dialogue will not take the place of the regular dialogue and decision making that occurs during the meetings of the Association's Executive Board, Steering Committee, Provider Alliance, Association Committees, Directors Forum, PIHP CEOs meeting, nor any of the great number of Association-sponsored and supported dialogue venues, the Officers want to ensure that the members of the Association can reach them to discuss issues of interest to the Association's members. The contact information for the officers is provided below:

President: Joe Stone [Stonejoe09@gmail.com](mailto:Stonejoe09@gmail.com); (989) 390-2284  
First Vice President: Lois Shulman; [Loisshulman@comcast.net](mailto:Loisshulman@comcast.net); (248) 361-0219  
Second Vice President: Carl Rice Jr; [cricejr@outlook.com](mailto:cricejr@outlook.com); (517) 745-2124  
Secretary: Cathy Kellerman; [balcat3@live.com](mailto:balcat3@live.com); (231) 924-3972  
Treasurer: Craig Reiter; [gullivercraig@gmail.com](mailto:gullivercraig@gmail.com); (906) 283-3451  
Immediate Past President: Bill Davie; [bill49866@gmail.com](mailto:bill49866@gmail.com); (906) 226-4063

### **CMHAM Staff Contact information:**

Alan Bolter, Associate Director, [abolter@cmham.org](mailto:abolter@cmham.org)  
Christina Ward, Director of Education and Training, [cward@cmham.org](mailto:cward@cmham.org)  
Monique Francis, Executive Secretary/Committee Clerk, [mfrancis@cmham.org](mailto:mfrancis@cmham.org)  
Jodi Johnson, Training and Meeting Planner, [jjohnson@cmham.org](mailto:jjohnson@cmham.org)  
Nakia Payton, Data-Entry Clerk/Receptionist, [npayton@cmham.org](mailto:npayton@cmham.org)  
Dana Owens, Accounting Clerk, [dowens@cmham.org](mailto:dowens@cmham.org)  
Michelle Dee, Accounting Assistant, [acctassistant@cmham.org](mailto:acctassistant@cmham.org)  
Chris Lincoln, Training and Meeting Planner, [clincoln@cmham.org](mailto:clincoln@cmham.org)  
Carly Sanford, Training and Meeting Planner, [csanford@cmham.org](mailto:csanford@cmham.org)  
Annette Pepper, Training and Meeting Planner, [apecpper@cmham.org](mailto:apecpper@cmham.org)  
Bethany Rademacher, Training and Meeting Planner, [brademacher@cmham.org](mailto:brademacher@cmham.org)  
Anne Wilson, Training and Meeting Planner, [awilson@cmham.org](mailto:awilson@cmham.org)  
Robert Sheehan, CEO, [rsheehan@cmham.org](mailto:rsheehan@cmham.org)

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