

Legislation & Policy Committee Meeting, September 16, 2020, 9:30am

Legislative Update

Budget Update

Alan stated that there was an announcement yesterday regarding a tentative FY21 Budget agreement reached in the House and Senate. The projected deficit for FY21 now looks to be about \$1.7 Billion as opposed to the original projections of about \$3 Billion. He reported that there looks to be no cuts to government or education. Budgets will likely start moving next week in order to get them finalized for October 1st. Alan reported that it does not appear there will be any additional federal relief funds or stimulus money for the State.

DHHS Opioid Legislation

Alan reported that the Department spoke with the Association about the Opioid Legislature. These proposed bills would allow naloxone to be received through the State's standing order, clarify syringe programs, require EMS to carry naloxone, and require hospitals to have a post overdose protocol regarding MAT (buprenorphine prior to release) for patients treated for an overdose. SB 672 & 673 – CON

Alan reported that SB 672 would eliminate the Certificate of Need process, which the Association opposes. CON does not eliminate barriers to access to beds and the Association feels that the oversight functions this process provides are needed. Zoom connection was lost for Monique, and no further minutes were taken on this topic.

Mental Health Transportation bill

Group discussed how this legislation could affect their regions differently regarding possibility of liability, different scenarios as a result of different probate judges and how they rule.

HB 5832 – Crisis Centers

Alan stated that this bill would allow certain entities to create crisis stabilization units. He reported that these units in hospital settings would have 72 hour holds, be locked facilities, and allow for law enforcement to leave. Alan worked to have language added that requires those who run these centers must contract with CMHs to pay for these.

HB 5298 – PRTF

Alan stated this bill would allow for psychiatric rehabilitation treatment facilities for youth under 21 to be created as a step-down facility for children coming out of treatment. Federal approval is still needed for this on licensure to move forward with the creation of these facilities. The contract for these would be held by the CMHs.

Policy Updates – Bob Sheehan

Lawsuit – Children's Mental Health (aka KB lawsuit)

Bob stated that this lawsuit has reached an interim settlement. There are negotiations going on between both counsels to establish an implementation plan. Packages of services are being discussed in these negotiations.

DCW / provider stabilization issues

Bob reported that the Association joined with other Incompass (formerly MARO) and MALA in a coalition to create and send a letter to Director Gordon, emphasizing the State needs to clarify how and when these payments are being made. Alan stated that there was to be a Senate hearing a couple of weeks ago but was cancelled due to COVID positive testing in the Legislature and has not been rescheduled yet. He stated that the legislative intent seems to be different than how the Department is issuing these payments, and that is the crux of the matter. Barb Fowkes spoke to how difficult things are for Providers across the state with staff shortage, closing homes, and the problems that this DCW issue has created for them. With the \$2/hr increase only being covered for certain hours as they are reported, many direct care workers are leaving, and staffing is dwindling. Group discussed Resolution 140 which is in support of direct care workers and speaks to providing a working wage and benefits to those workers.

Direct Community Placement Program

This allows the State to contract directly with providers to provide residential services to current state inpatient psychiatric patients. The Association compiled a list of concerns and held a discussion with the Department. The Department stated that the contracts intend to get folks out of the state hospitals and live in a community setting. The State would be paying for the care. Placement would be written into CMH contracts to be involved in that placement work. Contract Negotiations (through CFI Committee) will be working to make sure there is language put in the contracts to protect CMHs from any unknowns. Christine Gebhard gave an example of a client who did not have a true psychiatric diagnosis, yet the CMH is going to be held financially responsible after 90 days. She is working closely with the Department to ensure this does not come to pass and will keep the group updated on this situation.

CCBHC Status

Bob reported that the State of Michigan was approved several weeks ago as a CCBHC state. There were already 9 sites designated as CCBHC sites, and another 9 are being worked on now. The Department will be meeting with the current CCBHC sites and the Association to discuss funding for these sites. Lisa Williams stated that the biggest concern is with the implementation of the perspective payment. The Department seems to understand payment mechanisms, but it is not being implemented. Funding extension needs to be established to go beyond the 2 years of the grant. Expansion included CMHs and providers, which allowed for multiple payment models to be looked at. She stated that we continue to try to help the Department understand those models. Financial Reporting and Revision Advocacy

Bob reviewed the email that was sent to the Department by him regarding the rate setting process and the issues that continue to arise from Milliman. Milliman found that a CMHSP and a CMHSP Board were two separate entities. The Association let the Department know that they value Milliman's expertise in Actuarial work, they would urge DHHS to use the CMH and PIHP staff to make these types of determinations as opposed to Milliman in matters they are not experienced in. Meeting adjourned at 11:05am.