Legislation & Policy Committee Meeting, January 20, 2021, 9:30am

Legislative Update

Alan stated that all 110 House members were sworn into office last week. He stated that all were sent a congratulatory letter from the Association, letting them know what the Association does and who we serve. Alan reported that session began on Jan. 13th, although it was cancelled for this week with the inauguration taking place. He stated that the January Revenue Estimating conference took place last week, which is estimating a surplus in the budget of $2.5 Billion. He stated this is from federal stimulus dollars, an upswing in the economy, cost cutting measures, etc. He also reported that the Governor will give her State of the State address next week, but nothing related to behavioral health is slated to be included in this. Yesterday, the Governor announced a COVID supplemental of $5.6 Billion that she would like to see pushed through in the budget that will be presented by Feb. 12th. All of this would be comprised of federal dollars except for $575 Million in GF and School dollars. Alan went on to state that House Committee assignments should be announced by early February. Alan reported that Senator Outman from Montcalm County looks to be appointed as the DHHS Budget Committee Chair. Alan stated that the Local Match draw down (Section 928), CCBHC funding match, SUD Block Grant overallocation issue, and Direct Care Wage are included in the list of budget requests that will be discussed with the State Budget Office. Alan stated that previous boilerplate language indicated a 5-year phase out for the Local Match draw down. The Association will be advocating for funding which was not allocated for this phase out plan.

Lame Duck Review

Alan stated that the Lame Duck session, which was originally scheduled for 3 weeks total, only saw 5 or 6 days of legislative action. Alan reviewed several items that were passed during Lame Duck, as well as those that did not pass, and some that were vetoed. Open Meetings Act (SB 1246) passed through March 31, with the legislature reviewing every 3 months to see if this needs to be extended due to COVID conditions. Other bills that passed were SB 1258 (Exposure Employer Protocols), SB 748 (COVID Supplemental Budget), HB 5832 (Crisis Stabilization Units), HB 5178 (Universal Credentialing), SB 813 (Reporting for Inpatient Units), and HB 5298 (PRTF). Items that were vetoed were SBs 672 & 673 (Certificate of Need) and SB 1185 (Pandemic Response Health Care Immunity Act). Items that did NOT pass were SB 826 (Mental Health Professionals), SB 41 (Mental Health First Aid), SB 898 (Mental Health Parity for telehealth coverage), HB 4700 (Pre-parole MH Discharge Planning), HB 5408 (Medicaid Reimbursement for Alcohol Use Disorder Treatment) and HBs 6188 & 6189 (Inpatient Bed Registry/MiCAL). Group discussed next steps for Mental Health Parity as well as next steps for implementation and the development of certification for the Crisis Stabilization Units by the Department.

RROAM LPH Monitoring issue

Alan stated that RR Officers have asked for help from the Association by requesting advocacy to move the monitoring of the rights protection systems in Licensed Psychiatric Hospitals to the MDHHS Office of Recipient Rights. Currently the monitoring is the responsibility of the PIHPs and CMHs who have limited oversight. Proposed language changes to the Mental Health Code were provided. Alan asked for this committee's input. Group wondered if RROAM has discussed this with the Department at all. Bob Sheehan stated that the Association asked RROAM to bring it to the Association first, to have it supported by CMHA members, prior to bringing this issue to the Department for discussion. Group discussed whether this should be taken to CFI for further discussion. Some in the group felt that the struggle with the authority is real, but getting the Department involved in something where the CMHSP or PIHP holds the contract can be sketchy. Some RR Officers do not feel welcomed when doing site visits or audits and are not taken seriously when issuing findings. The lack of authority (or general feeling of such) is widespread among RR Officers, but if the move is made to have the Department take over this function, group wondered how the CMH/PIHP could still have a voice. Group then discussed having the 2 leaders from RROAM join this group (or CFI) to have further conversation on this subject. Group agreed by consensus that this needs to go to CFI, with the possibility of a separate meeting set up between the 2 RROAM leaders, a couple of select staff from the Department (possibly Raymie Postema) and a handful of CEOs. Bob will work to set up a meeting with the RROAM leaders and a few CEOs on this topic. Group agreed by consensus to have this topic brought back to this Committee after that meeting takes place for further discussion. Alan stated that there is no bill sponsor identified yet, so planning for this is at the earliest stage and there is time to continue discussions.

2021-22 CMHA Legislative and Policy Platform

Alan reviewed the document included in the packet. The document included Association plans to keep ***Adequate Funding Levels***, which includes supporting – a fully funded state Medicaid program, with adequate rates which support program expectations; adequate general fund resources to provide necessary safety net services; eliminating unfunded mandates; real time Medicaid funding rates; state to fund federally required risk reserves (minimum 2%) paid to PIHPs, increasing the allowable amount of risk reserves to be held above the current 7.5; supporting savings generated by efficiencies and effective clinical practices; removing or modifying Local Match drawdown; adequate direct care wage rates as listed in Section 1009 report from 2016; dedicated and reliable SUD funding stream; real time, equitable, and accurate Medicaid funding rates; and, funding for the full implementation of CCBHC, Behavioral Health Homes, and Opioid Health Homes Initiatives. The document also detailed ***Policy Reform*** plans, which includes supporting – Mental Health Parity Law; expanding access to healthcare services and community-based care by changing Medicaid spend down requirements; clinical health care integration; expansion of health information technology and outcome measurement infrastructure; improve access to inpatient psychiatric care, robust community/voter education efforts; improve services at all levels of corrections spectrum; efforts to better coordinate services for veterans; adequate staffing capacity; efforts to

increase collaboration with local school systems; and, efforts to strengthen partnerships between law enforcement and the public behavioral health system. Alan stated that the document also details plans for the supporting ***Regulatory Reforms***, by supporting – reducing administrative, regulatory, contractual and other requirements; efforts for the CMH, PIHP and provider system to retain, recruit and develop competent staff; flexibility with administrative rules; changing the mental health code definition of recipient to allow for services to those with mild to moderate needs; collaborating with MDHHS on HCBS Compliance; licensing and administrative rules that enhance the service network and do not add financial burden; and the development of a single Recipient Rights system. The Policy Platform also promotes the ***Protection of the Public Safety Net*** by supporting maintaining a carve-out, supporting person-centered innovative behavioral health, and supporting that the public mental health system maintain a strong connection to Michigan county government. Group had concerns with the item that addresses the mental health code definition of recipient and asked to remove that item from the document. Group discussed federal Medicaid inmate exclusion policy. Diane felt that this topic could possibly be added to the policy. Jim Johnson suggested that the development of the Recipient Rights integration item included in the policy document should be pulled out for further discussion. Others felt that it should be left in as a placeholder. Group agreed to keep mild to moderate item and recipient rights item with an asterisk added to indicate no advocacy action be taken until further discussion takes by this committee. Maribeth asked that Mental Health First Aid be added under the item regarding collaboration with local school systems.

Group voted to accept the 2021/2022 CMHA Legislative and Policy Platform as presented with the additions of an asterisk to the item regarding the definition of recipient in order to provide services to the mild to moderate population, an asterisk added to Recipient Rights system through integration of requirements of the SUD system, addition under the item for school system collaboration to support Mental Health First Aid, and the addition of supporting Federal Medicaid Inmate Exclusion Policy. The 2 asterisked items will be indicative of no action to be taken until further clarification and discussion takes place by this committee.

Policy Updates – Bob Sheehan

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

Bob stated that the State is currently in discussions with the Plaintiff's Attorneys. Plan of implementation is expected from the State soon.

CCBHC Status

Al Jansen stated at the Improving Outcomes conference that the State's CCBHC demo should be ready by this Fall, possibly in October.

Provider-driven recommendations to MDHHS

Bob stated that the Provider Alliance recently submitted high priority recommendations to the Department surrounding uniformity and reciprocity issues. Al Jansen is very open and receptive to discussions on this topic.

MDHHS announcement on permanent cuts to Federal Substance Use Disorder Block Grant dollars to PIHPs

Bob stated that lapsed dollars have been rolled into the Grant dollars, so the current year is now seeing a permanent lack of funding. The Association is working with the Department to create a slower paced methodology to fix this lack of funding. Jim Johnson stated that PIHPs are using some SOR II funds as a revenue stream, but this is just a one-time fix and does not cover enough of the cost.

LARA interpretation of SUD licensure for governmental bodies

Bob stated that recently, state law changed to say that governmental bodies do not have to hold SUD licenses. LARA interpreted this that agencies could NOT hold a license, which created a problem for providers. The Association wrote to LARA stating that LARA interpreted the law incorrectly. LARA has accepted an invitation to meet with the Association and Al Jansen, while still indicating that decisions on this matter are solely under LARA jurisdiction. Bob will keep the group informed on how this matter progresses.

The next meeting of the Legislation & Policy Committee is scheduled for Wednesday, March 17, 2021, 9:30am, and will be held via Zoom.

Meeting adjourned at 11:28am.