Michigan Medicaid and CCHBC Update

April 25, 2024

Meghan Groen, Senior Deputy Director, Behavioral and Physical Health and Aging Services Administration



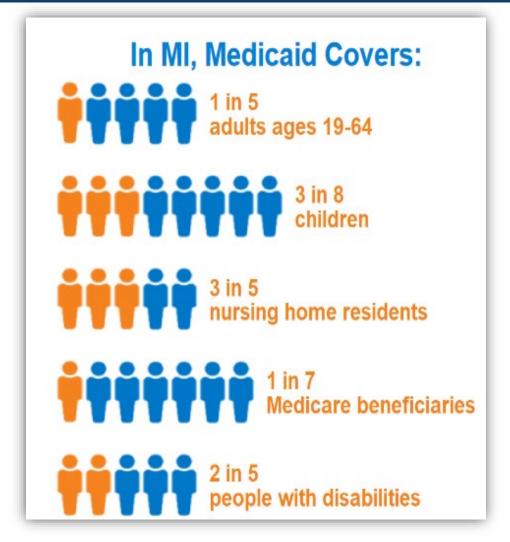
Michigan's Medicaid Program



In Fiscal Year (FY) 2022, Michigan's Medicaid program afforded health coverage to over 3 million Michiganders each month.

This included:

- 1.02 million children;
- 326,000 people living with disabilities; and,
- 157,000 seniors.



PHE Unwind Overview



2020

- January: Public Health Emergency begins.
- March: Families First Coronavirus Relief Act (FFCRA).
- Continuous coverage requirement effective January 1, 2020, through the end of the PHE.

2021

• October: Public Act 87 of 2021 appropriates one-time funding of \$20.9 million in FY 2022 for enhanced FMAP redetermination compliance.

2022

- October: Public Act 166 of 2022 appropriates one-time funding of \$10 million in FY 2023 for enhanced FMAP redetermination compliance.
- December: Congress passes Consolidated Appropriations Act.
- Decouples Medicaid continuous enrollment from the end of the PHE.

2023

- March 31: Last day of Medicaid continuous enrollment provisions.
- April: MDHHS begins to restart renewals.
- July: First month beneficiaries have coverage terminations in Michigan.

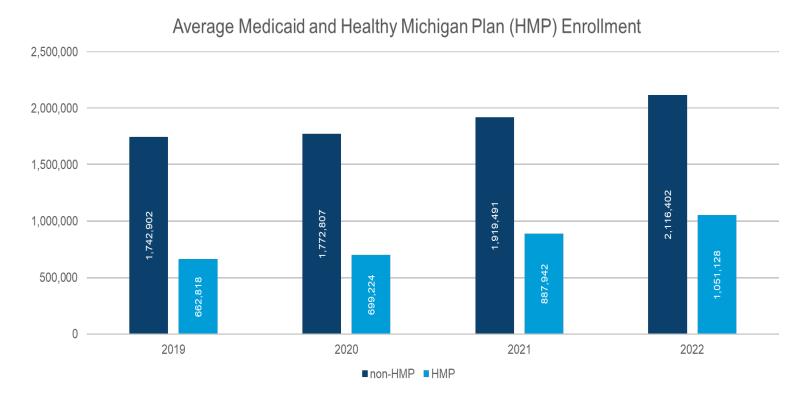
2024

- June: Final closures for last PHE unwind cohort.
- June: Medicaid renewals return to regular 12-month renewal schedule.

PHE Medicaid Enrollment Growth



- March 2020 enrollment: 2,395,319.
- May 2023 Enrollment: 3,214,910.
- 819,591 additional individuals covered (34.2% increase).



Keeping Residents Covered



Goal: The department's highest priority is to keep as many Medicaid beneficiaries enrolled and provide a smooth transition to the Marketplace to those no longer eligible.

MDHHS is working to reach this goal through:

Enhancing the ex parte renewal process to increase the number of individuals renewed automatically.

Adopting special CMS waivers and flexibilities during the unwinding period.

Conducting robust outreach through mail, phone, text messages, and email.

Conducting a statewide media campaign.

Partnering with our contracted Managed Care Organizations.

Education and Outreach



Media campaign: Radio, social media, minority media outlets.

Toolkit for community and provider partners.

Dedicated website at Michigan.gov/2023benefitchanges for all beneficiary and stakeholder information.

Convening regular meetings with key partners and statewide associations.

Biweekly email updates, briefings to inform, educate, and support our legislative partners.

Hosting educational webinars and partnering with community organizations to support broad awareness and engagement.

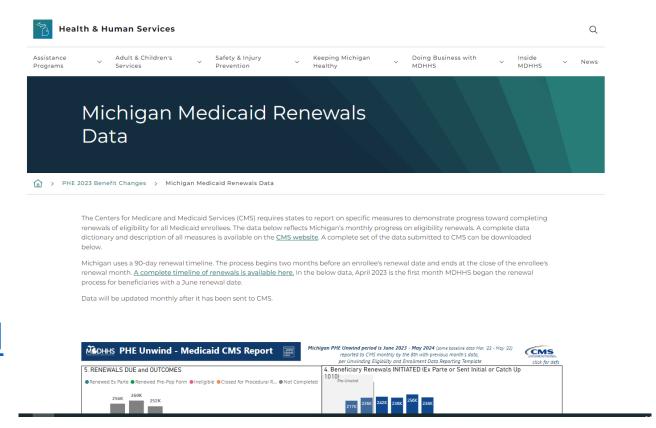
Proactive phone and email outreach to beneficiaries who have not returned paperwork and could be subject to closure.

Public Medicaid Renewals and Closures



- MDHHS is committed to transparency and supplying unprecedented amounts of data during the unwind.
- MDHHS updates data monthly, including data submitted to CMS.
- Data is available at:

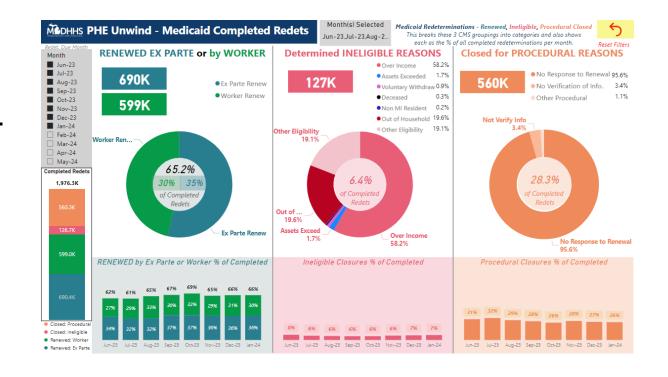
 https://www.michigan.gov/md
 hhs/end-phe/michigan-medicaid-renewals-data.



Public Medicaid Renewals and Closures, Continued



- Over 1.4 million beneficiaries have been renewed through February 2024.
 - On pace for similar enrollment to prepandemic levels of 2.4 million individuals (25% of Michiganders).
- Stable renewal numbers month to month, with an average renewal rate of 65% for each monthly cohort.



\$20M Gross

MiHealthy Life – Medicaid Health Plan Improvements



Description

- Children enrolled in Medicaid must receive immunizations from a Vaccines For Children (VFC) provider, per federal requirements.
- Participation in the VFC program is decreasing as fewer parents are taking kids for vaccinations.
- Vaccination rates for Michigan children on Medicaid are lower than those on commercial insurance.
- In 2020, 1.9 million Michiganders faced food insecurity, including 1 in 7 children.
- Medicaid Health Plan (MHP) enrollees are among those most vulnerable to food insecurity.
- MHPs may provide medically appropriate, costeffective alternatives to medical state plan services through In Lieu of Services (ILOS), which pay for services that address health-related social needs.
- ILOS can pay for home-delivered meals that meet the dietary needs of qualifying enrollees.

Proposed Investments

- \$7 million gross (\$2.5 million GF) to increase reimbursement rates for Vaccines For Children providers.
- \$10 million (\$3.5 million GF) to incentivize MHPs to impact food insecurity through ILOS.
- \$3 million (\$1.6 million GF) to improve program monitoring, evaluation, and accountability.

Outcomes

- Reduce health disparities.
- Increase childhood vaccination rates.
- Reduce food insecurity.
- Ensure health plan compliance with new contractual requirements.

Medicaid Community Reentry



Description

- Michigan will be formally seeking federal approval of a five-year Section 1115 demonstration to improve the transition of incarcerated individuals back into the community.
- Federal opportunity provides state Medicaid programs the flexibility to cover a package of prerelease services for up to 90 days for those returning to the community.
- Includes case management, Medication Assisted Treatment and counseling, and prescription medications.
- Targets a population that has been historically underserved and adversely affected by persistent poverty and inequality.

Proposed Investment

 \$30.5 million gross (\$5.6 million GF) to implement a Medicaid community reentry program upon approval of the federal waiver.

Outcomes

- Increase access to services prior to release and continuity of care upon transition into the community.
- Improve health outcomes.
- Lower risk of recidivism.

Healthy Moms, Healthy Babies



One-Time

\$10.4M Gross

\$8.9M GF

Description

- Maternal Infant Health Program (MIHP) is a statewide, evidence-based Medicaid-funded home visitation program for pregnant and postpartum people, infants, and caregivers.
- MIHP serves more than 15,000 Medicaid-eligible pregnant people and 20,000 infants, annually.
- There are currently 68 MIHP agencies representing 98 sites across the state.
- Increase Medicaid rate to doulas for longer deliveries, increase reimbursed number of doula visits, increase the number of doula trainings and continuing education opportunities, and support doula connections.
- Further expand access to CenteringPregnancy.
- Regional Perinatal Quality Collaboratives issue funds directly to communities for local efforts to improve maternal and infant health.

Proposed Investment

- \$3.3 million (\$918,700 GF) to increase reimbursement rates to MIHP service providers for additional care management services.
- \$2 million (\$545,100 GF) for increases in Medicaid reimbursement for doula care.
- \$2.9 million one-time (\$1.4 million GF) for doula training and outreach.
- \$7.5 million one-time GF to continue state grants for CenteringPregnancy and the Regional Perinatal Quality Collaboratives.

Outcomes

- Achieve equitable birth outcomes.
- Provide enhanced services to more than 11,000 individuals.
- Decrease health and racial disparities.



Michigan Behavioral Health Services







Residential Treatment



Inpatient Hospital Care



Early Intervention



Outpatient Care





Prevention





Michigan's Specialty Behavioral Health System

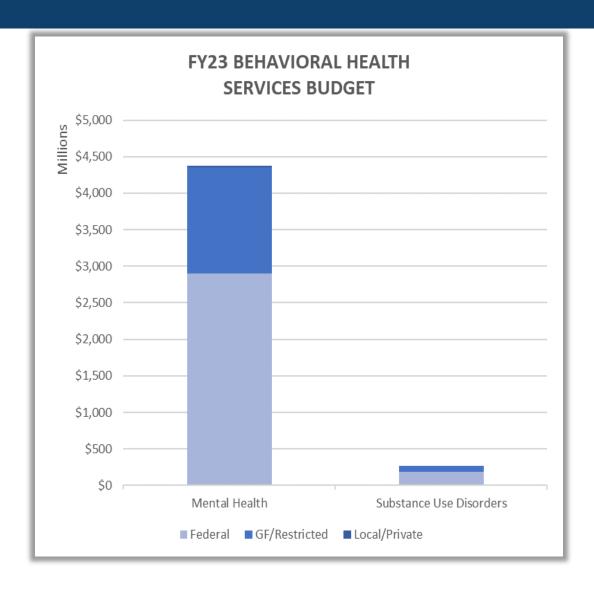


- 10 Medicaid Pre-paid Inpatient Health Plans (PIHP).
- 46 Community Mental Health Services Programs (CMHSPs).
- Traditional populations served:
 - Any individual experiencing crisis.
 - Adults with serious mental illness (SMI).
 - Children with serious emotional disturbance (SED).
 - Adults and children with intellectual and developmental disabilities (IDD).
 - Individuals experiencing substance use disorders (SUD).
- Certified Community Behavioral Health Clinics (CCBHCs) represent a new frontier that expands the traditional landscape to include individuals with mild/moderate mental health needs as well.



By the Numbers





- Approximately 290,000 Medicaid beneficiaries received specialty behavioral health services through one of the department's 10 contracted Prepaid Inpatient Health Plans (PIHPs) in FY 2023.
 - 221,500 adults.
 - 68,900 children.
 - 17,000 children with a dual diagnosis (SED and IDD).
 - **55,000** individuals who met the Michigan Mental Health Code definition of IDD.
 - 66,000 Medicaid beneficiaries served by a CCBHC.
 - 3,900 individuals served in Behavioral Health Homes.
 - 4,900 individuals served in Opioid Health Homes.
 - 54,400 individuals received SUD treatment services.
- Total served through the CMHSPs (regardless of payer): More than 316,000 people in 2023.

CCBHC Background and Timeline



Michigan and Kentucky authorized to join demonstration as a result of the CARES Act.

Michigan is one of eight states.

2020

CCBHC demonstration extended through FY 2027 and site expansion authorized by the bipartisan Safer Communities Act.

2022

FY 2025 budget recommendation proposes additional expansion of the demonstration.

2024

2021

Demonstration launched on Oct. 1, 2021.

13 sites in Michigan.

2023

Demonstration expanded Oct. 1, 2023.

17 additional sites in Michigan.

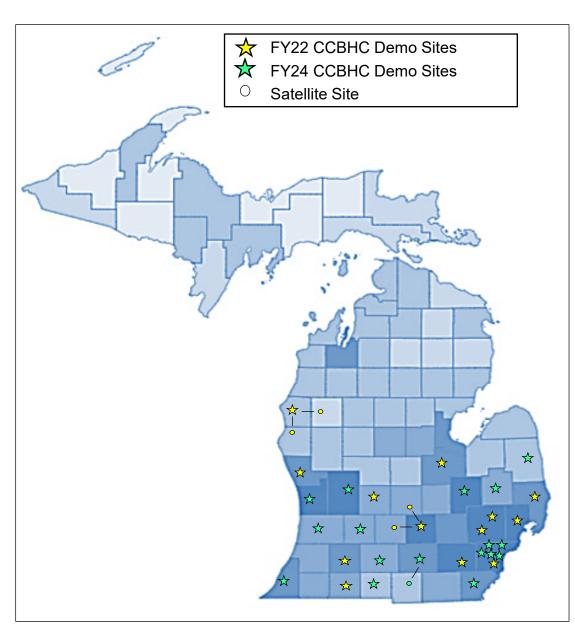
CCBHC Demonstration



CCBHCs are nonprofit or local government agencies that provide comprehensive and coordinated outpatient behavioral health services.

CCBHCs:

- Serve all Michiganders with a mental health and/or substance use disorder regardless of severity, insurance status or ability to pay.
- Meet robust certification criteria.
- Adhere to stringent quality and cost reporting requirements.
- Are reimbursed using a state-developed prospective payment system model (CMS demonstration only).



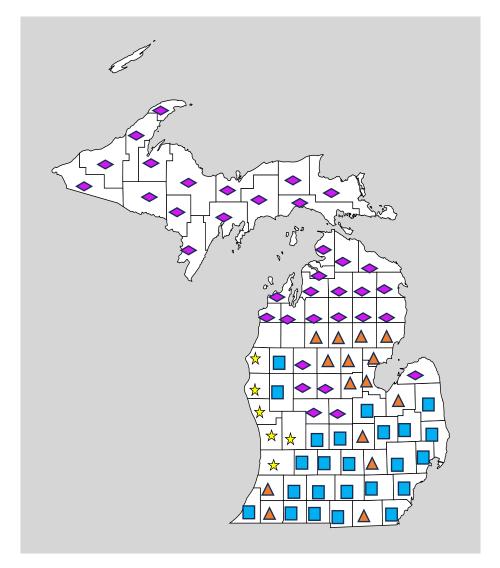
CCBHC Demonstration Sites

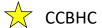
- Arab Community Center for Economic and Social Services (Wayne).
- Barry County CMH Authority (Barry).
- CEI CMH (Clinton, Eaton, Ingham).
- CNS Healthcare (Oakland).
- · CNS Healthcare (Wayne).
- Community Mental Health of Ottawa County (Ottawa).
- · Development Centers, Inc. (Wayne).
- · Easter Seals Michigan (Oakland).
- · Elmhurst Home (Wayne).
- · Genesee Health System (Genesee).
- HealthWest (Muskegon).
- Integrated Services of Kalamazoo (Kalamazoo).
- Lapeer County Community Mental Health (Lapeer).
- · LifeWays (Jackson and Hillsdale).
- · Macomb County CMH (Macomb).
- Monroe Community Mental Health Authority (Monroe).
- Network180 (Kent).
- OnPoint (Allegan).
- · Pines Behavioral Health Services (Branch).
- Pivotal (St. Joseph).
- Riverwood Center (Berrien).
- · Saginaw County CMH (Saginaw).
- Sanilac Community Mental Health (Sanilac).
- · Southwest Counseling Solutions (Wayne).
- St. Clair County CMH (St. Clair).
- Summit Pointe (Calhoun).
- The Guidance Center (Wayne).
- The Right Door (Ionia).
- · Washtenaw County CMH (Washtenaw).
- West Michigan CMH (Mason, Lake, Oceana).

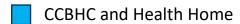
Transformative Programs Across Michigan



March 2024







Behavioral and Opioid Health Home



Opioid Health Home

Key Features of the CCBHC Model



Staffing

- Comprehensive staffing model, including peer supports.
- · Needs assessment.
- Training requirements.

Scope of Services

- Nine core services.
- Person-centered, familycentered, recovery-oriented care.
- Required evidence-based practices.

Availability and Accessibility of Services

- Timely and meaningful access.
- Service delivery in the community.
- Eligibility for all.
- 24/7/365 crisis response services.

Quality and Other Reporting

- Annual reporting on quality measures and operational costs.
- Required quality improvement plan.
- Quality bonus payment structure.

Care Coordination

- Agreements with community services and health systems.
- Accountability for care coordination.
- Activity, not a service.

Organizational Authority and Governance

- Appropriate accreditation and licensure.
- Required consumer representation in governance.

Core CCBHC Services



24/7/365 behavioral health crisis services, including mobile crisis teams.

Immediate screening and risk assessment.

Patientcentered treatment planning. Outpatient mental health and substance use services.

Outpatient clinic primary care screening and monitoring.

Targeted case management.

Psychiatric rehabilitation services.

Peer support, counseling, and family support.

Intensive mental health care for active-duty military and veterans.

CCBHC Financing



Prospective Payment System (PPS)

- Model involves a cost-informed reimbursement structure for CCBHC services.
- PPS = a <u>daily</u> clinic-based rate.
- Unique to each CCBHC.
- Derived from a clinic-specific cost report.
- Paid for each daily visit, <u>no matter the number of services</u> <u>provided in that visit or the intensity of those services.</u>

Quality Bonus Payment (QBP)

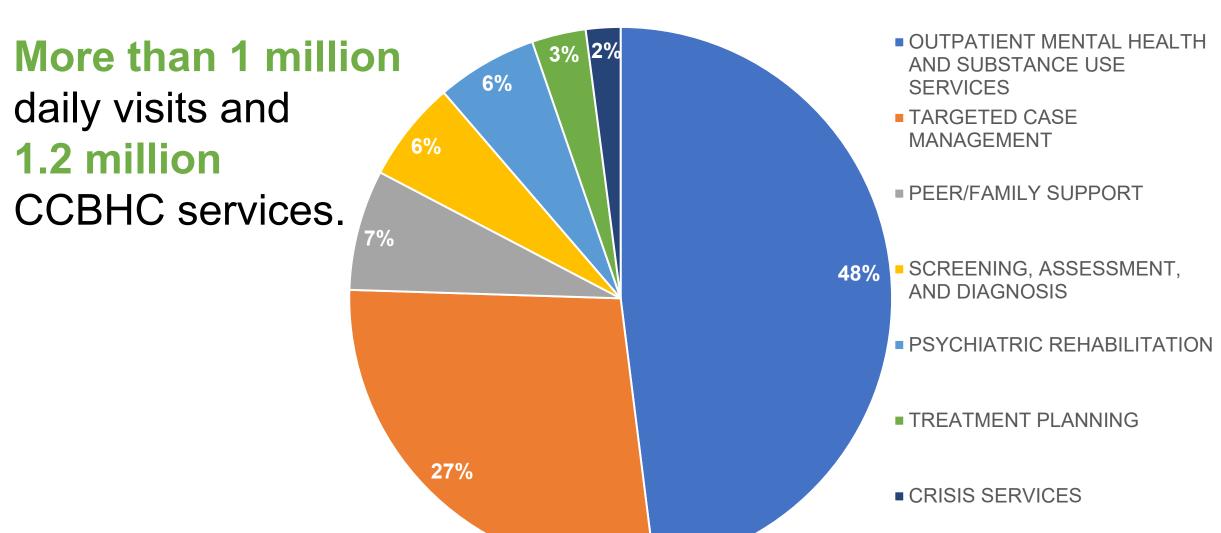
- A QBP is made available to CCBHC providers to incentivize quality and outcomes.
- To receive the QBP, CCBHCs must meet or exceed a defined set of performance benchmarks.

PPS Calculation:

Total Allowable CCBHC Costs
of CCBHC Daily Visits Per Year

CCBHC Services Provided FY 2023





FY 2023: Community Impact



The 13 sites participating in the Medicaid demonstration served:

75,006 distinct individuals including:

66,072 Medicaid.

8,934 non-Medicaid.

74% adults.

26% children.

2,171 individuals with military involvement.

8,012 individuals with co-occurring mental health and substance use disorder.

5,264 individuals with co-occurring mental health diagnosis and IDD.

Over 17,000 Medicaid members received CCBHC services in a county different than their residence.

FY 2023: Outcomes



Increased Access to Services

15% of Medicaid daily visits served beneficiaries with mild to moderate behavioral health needs.

8,934 individuals **without** Medicaid received CCBHC services in FY 2023, **19%** of whom were children under 18.

82% of Michiganders now live in a county with 24/7 mobile crisis response

58% of all CCBHC service recipients received at least one telehealth visit.

Improved Community Partnerships

Expanded services to children in schools and service delivery in the community.

Fostered formal partnerships with community organizations, improving care coordination and streamlining transitions between services.

Nationwide Outcomes of CCBHCs



Expanded Access to Care

CCBHCs and grantees are, on average, serving more than 900 people per clinic than prior to CCBHC implementation, representing a 23% increase.

Alleviating Workforce Shortage

An estimated 11,240 new staff positions were added across all 450 active CCBHCs and grantees (as of August 2022).

Expanded Access to Medication Assisted Treatment (MAT)

82% of CCBHCs and grantees use one or more forms of MAT for opioid use disorder, compared to only 56% of substance use clinics nationwide that provide any MAT services.

Coordination with Primary Care

CCBHCs also engage in numerous activities to coordinate and integrate care, from electronic information sharing with care coordination partners to co-locating.

Crisis Services and Supports for All

Increased crisis services, including mobile crisis, to all populations.

Collaboration with Justice Systems

96% of all CCBHCs are engaged with the justice system via court partnerships, training and reentry programs.

Meeting Children, Youth and Families in the Community

94% of CCBHCs deliver services directly to children and youth; 79% deliver services on site at schools.

Addressing Health Disparities

CCBHCs focus on population health and work to reduce health disparities in their communities.

CCBHC



Description

- The CCBHC model increases access to a comprehensive array of behavioral health services by serving all individuals with a behavioral health diagnosis, regardless of insurance or ability to pay.
- 13 sites joined in 2021.
- 17 more clinics have been certified and approved to join.
- Expanding to additional sites will offer a sustainable model to provide high quality services to Michigan's most vulnerable populations.

Proposed Investment

- \$191.5 million gross (\$34.6 million GF) to expand to additional sites.
- \$800,000 gross (\$500,000 GF) to provide program oversight and quality monitoring, technical assistance, and financial operations.
- \$1 million gross (\$500,000 GF) to support actuarial and contractual costs related to the development of CCBHC rates.

<u>Outcomes</u>

- Serve an estimated 50,000 more people.
- Increase follow-up care after emergency visits for mental health and substance use disorders.

