



AGENDA

SUD Program Directors Meeting

April 19, 2016

10:00 - 12:00

5250 Lovers Lane Suite 200

For Callins:

Dial: 855-528-6413 Room: 2 Pwd: 1234

I. Welcome/Introductions

Mindie Smith

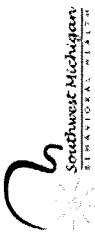
II. Updates Overview

- A. PA2 Reporting and Planning
- B. Financials
- C. Share Point Access
- D. Evidence Based Practice Updates
- E. SUD Treatment RFP
- F. Naloxone Project Update
- G. Governor's Proposed Budget Update
- H. Training Plan: SBIRT, CBT
- I. Integrated Health Project
- J. Treatment Plans
- K. Case Management Utilization
- L. Encounter Reporting
- M. Misc.

III. Next Meeting

June 21, 2016 10:00-12:00

5250 Lovers Lane Ste. 200 Portage, MI 49002



Substance Abuse Revenue & Expense Analysis Fiscal Year 2016
October 1, 2015 - February 29, 2016

	MEDICAID			Healthy MI			MI Child		
	Budgeted YTD Revenue	Actual YTD Revenue	Fav (Unfav) Expense	Budgeted YTD Revenue	Actual YTD Revenue	Fav (Unfav) Expense	Budgeted YTD Revenue	Actual YTD Revenue	Fav (Unfav) Expense
Barry	54,602	34,108	52,049 (17,941)	49,397	45,630	117,634 (72,003)	433	385	0 385
Berrien	144,701	143,049	148,391 (5,342)	130,907	170,137	182,704 (12,567)	966	785	0 785
Branch	41,749	35,882	61,006 (25,124)	37,769	41,379	54,229 (12,850)	373	310	0 310
Calhoun	125,627	148,658	163,182 (14,524)	113,651	164,413	176,426 (12,013)	810	572	0 572
Cass	48,257	40,900	69,981 (29,080)	43,657	47,263	92,583 (45,320)	348	289	0 289
Kazoo	230,990	190,731	83,537 107,194	208,970	246,059	203,761 42,299	1,317	1,096	0 1,096
St. Joe	56,557	52,759	27,302 25,457	51,166	62,323	99,711 (37,388)	503	326	0 326
Van Buren	70,368	70,587	9,325 61,262	63,660	84,139	39,620 44,519	532	570	0 570
DRM	687,500	722,215	611,695 110,520	1,022,472	1,511,264	1,069,353 441,911	0	0	0 0
Admin/Access	0	0	0 0	0	0	0 0	0	0	0 0
GRAND TOTAL	1,460,351	1,438,889	1,226,467 212,422	1,721,648	2,372,608	2,036,021 336,587	5,281	4,332	0 4,332

	BLOCK GRANT			Current Year PAZ			PAZ Carryforward	
	Budgeted YTD Revenue	Actual YTD Revenue	Fav (Unfav) Expense	Budgeted YTD Revenue	Actual YTD Revenue	Fav (Unfav) Expense	Prior Year Balance	YTD Balance
Barry	126,451	126,451	61,495 64,956	21,618	30,590	11,092 19,497	290,355	290,355
Berrien	335,109	335,109	188,975 146,133	223,240	166,005	144,361 21,643	352,314	352,314
Branch	96,686	96,686	47,168 49,519	25,833	30,033	9,557 20,476	285,453	285,453
Calhoun	290,936	290,936	174,849 116,087	226,313	146,223	145,753 470	686,608	686,608
Cass	111,757	111,757	42,744 69,012	18,200	29,747	15,336 14,411	216,833	216,833
Kazoo	534,947	534,947	362,958 171,989	345,438	296,795	219,008 77,787	2,169,811	2,169,811
St. Joe	130,979	130,979	109,249 21,730	51,227	40,340	25,668 14,672	266,326	266,326
Van Buren	162,963	162,963	87,944 75,020	60,185	62,815	15,751 47,064	74,902	74,902
DRM	312,500	312,500	527,803 (215,303)	0	0	0 0	0	0
PFS	63,333	63,333	0 63,333	0	0	0 0	0	0
SDA	53,425	53,425	48,330 5,095	0	0	0 0	0	0
Admin/Access	91,945	91,945	63,529 28,416	0	0	0 0	0	0
GRAND TOTAL	2,311,030	2,311,030	1,715,044 595,986	972,055	802,546	586,526 216,020	4,342,600	4,342,600

Legend
 DRM - Detox, Residential, and Methadone
 PFS - Partnerships for Success
 SDA - State Disability Assistance



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

MEMORANDUM:

To: MACMHB Executive Board

From: Alan Bolter, Associate Director

Date: April 15, 2016

Re: Public Policy Update

FY17 House & Senate Budgets

On Tuesday, both the House and Senate reported their FY17 DHHS budget recommendations. See attached document for detail.

High Level Highlights – House Budget:

- Revised section 298 language
- Adds \$1.8 million to CMH non-Medicaid line
- Creates new boilerplate which requires minimum wage increases be included in Medicaid rate setting process – section 920
- Creates new boilerplate that prohibits DHHS and its contractual agents from requiring prior authorization for psychotropic medications and other protected classes of drugs – section 1704

House Section 298

Sec. 298 (1) The department shall work with a workgroup to make recommendations regarding the most effective financing model and policies for behavioral health services in order to improve the coordination of behavioral and physical health services for individuals with mental illnesses, intellectual and developmental disabilities, and substance use disorders. The workgroup shall include, but not limited to, the Michigan Assn. of Community Mental Health Boards, the Michigan Assn of Health Plans, and advocates for consumers of behavioral health services.

- (2) The workgroup shall consider the following goals in making its recommendations:
- (a) Core principles of person-centered planning, self-determination, and recovery orientation;
 - (b) Avoiding the return to a medical and institutional model of supports and services for individuals with behavioral health and developmental disability needs.
 - (c) Coordination of physical health and behavioral health care and services at the point at which the consumer receives that care and those services.

(3) The workgroup's recommendations shall include a detailed plan for the transition to any new financing model or policies recommended by the workgroup, including a plan to ensure continuity of care for consumers of behavioral health services in order to prevent current customers of behavioral health services from experiencing a disruption of services and supports. The workgroup shall consider the use of 1 or more pilot programs in areas with an appropriate number of consumers of behavioral health services and a range of behavioral health needs as part of that transition plan.

(4) The department shall provide, after each workgroup meeting, a status update on the workgroup's progress and, by December 1 of the current fiscal year, a final report on the workgroup's recommendations to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, and the state budget office.

(5) No funding that has been paid to the prepaid inpatient health plans in prior fiscal years from Medicaid mental health services, Medicaid substance use disorders services, Healthy Michigan plan - behavioral health, or autism services appropriation line items shall be transferred or paid to any other entity without specific legislative authorization through enactment of a budget act containing appropriate line item changes or authorizing boilerplate language.

High Level Highlights – Senate Budget:

- Revised section 298 language – section 296
- Creates new boilerplate which requires minimum wage increases be included in Medicaid rate setting process – section 1011 & add \$100 place holder.
- Includes lapse funds language from FY16 budget – section 1010
- Creates new boilerplate that creates a spend down workgroup to address the challenge and establish policy recommendations – section 1012
- Creates new boilerplate that prohibits DHHS and its contractual agents from requiring prior authorization for psychotropic medications and other protected classes of drugs – section 1875

Senate Section 298 Language

Sec. 296. By February 1 of the current fiscal year, the department shall submit a report to the senate and house appropriations committees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and the state budget office detailing a proposal to enhance services provided by PIHPs through the Medicaid mental Health services, Medicaid substance use disorder services, Health Michigan plan – behavioral health and autism services lines and reform payment processes with the result of more money going to high-value patient care. The report must include, but is not limited to, proposals on how to do all of the following;

- (a) Increase access to high-value community-based services and resident choice of provider.
- (b) Increase access to integrated behavioral and physical health services within community—based settings.
- (c) Identify and increase the utilization of high-value services and identify and decrease the of low-value services.
- (d) Integrated behavioral and physical health patient population risk stratification with opportunities for shared risk among contracted providers.
- (e) Align behavioral and physical health care providers' clinical and claims data sharing.