



Michigan Department of Health & Human Services

Overview of the Section 298 Initiative

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House Appropriations Sub-Committee for Health and Human Services

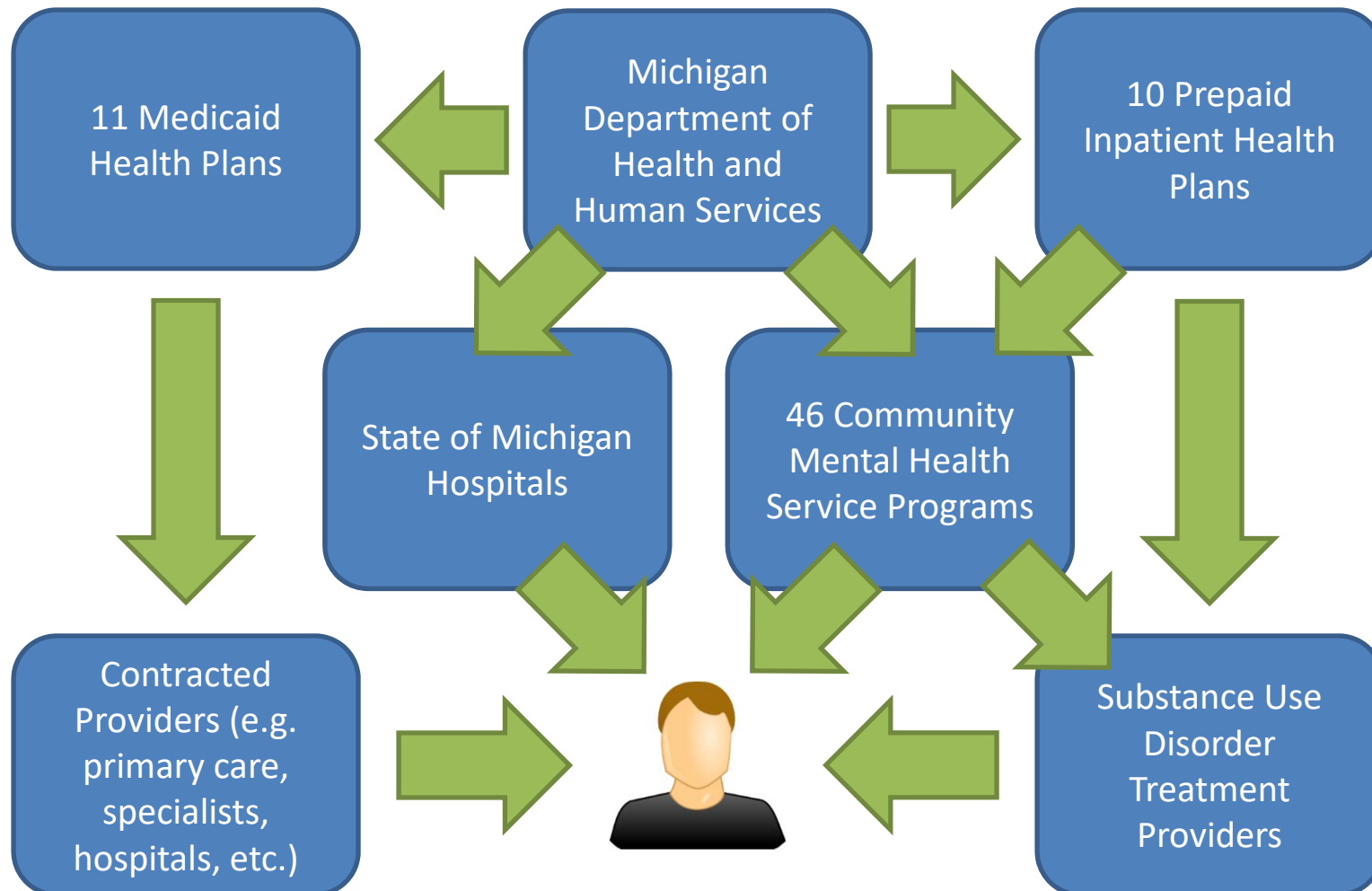
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Putting people first, with the goal of helping all Michiganders lead healthier and more productive lives, no matter their stage in life.

Overview of the Presentation

- Overview of the Current System
- History of the Section 298 Initiative
- Implementation of the Pilots
- Development of the Evaluation Process
- Implementation of the Policy Recommendations
- Questions

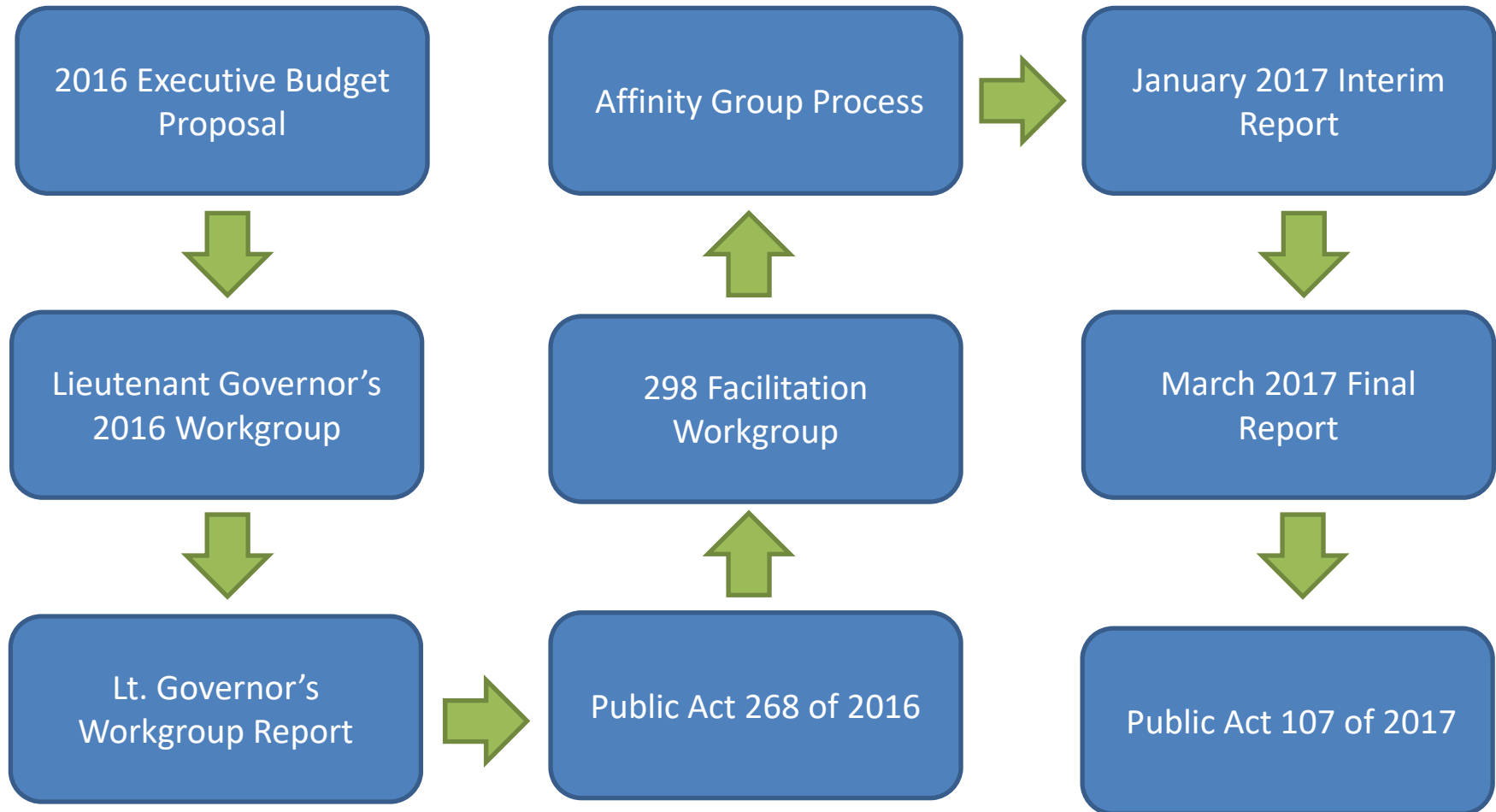
Overview of the Current System



Overview of the Current System

- Challenges with the Current System
 - How do we integrate care in a way that promotes better outcomes for Michiganders?
 - How do we deliver services in a way that is person-centered and supports self determination and recovery?
 - How do we channel more dollars into service delivery as opposed to administration?

History of the Section 298 Initiative



History of the Section 298 Initiative

- Results of the Workgroup Process
 - Shared vision for a “...coordinated system of supports and services...” that “...is consistent with stated core values, is seamless, maximizes percent of invested resources reaching direct services, and provides the highest quality of care and positive outcomes for the person and the community.”
 - 76 recommendations that focused on improvements to the current system at the service delivery level
 - Lack of consensus on a financing model for integration
 - Overarching recommendation that “...future state policymaking on physical health and behavioral health financing and integration should be partly informed and guided by the results of demonstrations and pilots...”

History of the Section 298 Initiative

- Section 298 Boilerplate Language
 - Implement up to three pilot projects and a demonstration project
 - Contract with one of the universities to evaluate the model
 - “...test how the state may better integrate behavioral and physical health delivery systems in order to improve behavioral and physical health outcomes, maximize efficiencies, minimize unnecessary costs, and achieve material increases in behavioral health services without increases in overall Medical spending.”
 - Reinvest all savings in behavioral health service delivery
 - Ensure that all Medicaid policy and waiver changes are only in effect for the duration of the pilots and demonstration project

Implementation of the Pilots

- Structure of the Pilots
 - Per the boilerplate, MDHHS will amend the contracts of MHPs within the pilot regions to add responsibilities for managing specialty behavioral health services.
 - Per the Mental Health Code, the CMHSP is the specialty provider for behavioral health services, and the MHPs must therefore contract with the local CMHSP for the delivery of specialty behavioral health services.
 - Per the Mental Health Code, CMHSPs in the pilot sites will be responsible for the management of publicly-funded Substance Use Disorder services.

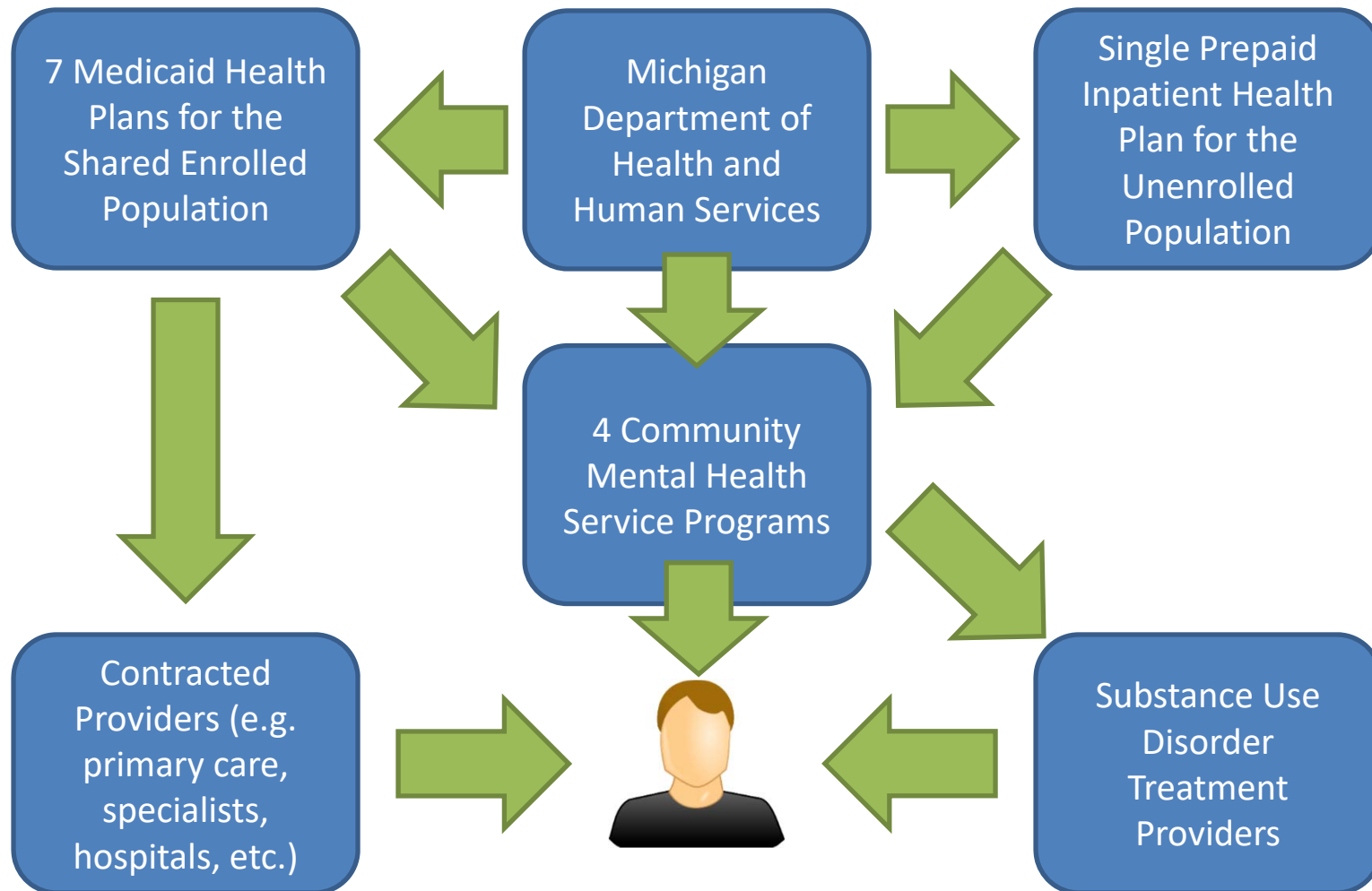
Implementation of the Pilots

- Structure of the Pilots
 - MHPs will be required to assure access to the required service array as defined under current policies and contracts. MHPs will also be responsible for ensuring compliance of CMHSPs and any other provider of specialty behavioral health services with all current public policy requirements.
 - Per the boilerplate, the pilots must operate for at least two years.

Implementation of the Pilots

- Fee for Service Population
 - MDHHS identified that approximately 25% of Medicaid population is not enrolled in an MHP for management of their physical health services. Concurrently, Michigan requires all specialty behavioral health services to be managed by a PIHP.
 - Given that this group is not enrolled in an MHP, it is not possible to integrate the payments through the MHPs for the pilots.
 - MDHHS staff have been evaluating options for the past several months to manage the specialty behavioral health benefits for the unenrolled population during the implementation of the pilots.
 - MDHHS determined that the best approach is contracting with a single existing PIHP for this purpose. MDHHS issued a Request for Proposals (RFP) to select a single PIHP in February 2019.

Implementation of the Pilots



Implementation of the Pilots

- Selection of the Pilot Sites
 - Pilot #1: Muskegon County Community Mental Health (HealthWest) and West Michigan Community Mental Health
 - Pilot #2: Genesee Health System
 - Pilot #3: Saginaw County Community Mental Health Authority

Development of the Evaluation Process

- What are we measuring?
 - Up to three pilot sites
 - A set of comparison sites
- What measures are we using?
 - Health
 - Wellness
 - Quality of life
- When are we measuring the pilots and demonstration project?
 - Baseline
 - Midway
 - End of pilots

Implementation of the Policy Recommendations

- The 298 Facilitation Workgroup made 76 recommendations to the Michigan legislature on the integration of physical health and behavioral health services.
- MDHHS conducted an analysis of all 76 recommendations, determined priorities for action, and developed action plans.
- MDHHS is continuing to evaluate the implementation of the policy recommendations.

Questions

What questions do you have?