2022 Behavioral Health Legislation

AAoM Position and Considerations

March 2022

The Autism Alliance of Michigan (AAoM) leads collaborative efforts across the state that will improve the quality of life for individuals with autism through education, access to comprehensive services, community awareness, inclusion efforts, and coordinated advocacy.

Staffed by autism professionals and specialists covering education, clinical, insurance, employment, legal, safety and the systems to deliver those services, the Autism Navigator program is the only program in the state offering support regardless of insurance, geography or need. Free assistance is available to target the unique needs of Michigan families living with autism throughout the state

The AAoM Navigator Program has served over 8000 families since inception, trained 27,000 first responders and partnered with 1500 healthcare providers across the state. Through this work, we have identified gaps in the delivery and accessibility of care for children and adults.

As such, AAoM is in a unique position to observe, from a statewide perspective, the many challenges faced by families living with autism. AAoM supports improved access to and quality of services within the public community mental health system, including initiatives to address adequate and equitable funding, accountability, consistency, and transparency across the state. Where you live very much matters when it comes to quality of and access to autism services. Further, support for a continuous improvement plan for health care delivery and the quality of care. That the recipient population – both publicly and privately insured – should see continuous improvement in services as a matter of process improvement and as medically proven advancements in health care treatments and therapies and health care services improves.

Unmet psychiatric needs and treatment, a shortage of providers, a strained and underfunded direct support professional supply and ultimately a ballooning of crisis care in both psychiatric facilities and emergency rooms all spell out the need for Michigan to maximize resources and implement a system to improve overall mental health support and services for recipients and families. Those flaws are diminishing care for the State's most vulnerable and in-need residents. Further, those diminishments are exacerbating the inefficiencies and cost of care to all Michigan residents.

To improve treatment in Michigan, children must have increased access to treatment, mild to moderate cases must be more diligently addressed, more humanitarian practices must be implemented and there must be oversight of the mental health system's functionality and success. Finally, there must be a resolution process to address system deficiencies.

Legislation and resulting system change cannot be change for the sake of change. The end game – for the purposes here or any legislated health care system changes – must improve the delivery of and access to care. Further, those improvements need to hold or continue a positive trajectory. The integration package discussed here must yield better care, consistency and better outcomes – upon implementation and over time.

Current Market Highlights

Market Advantages

- Wrap around services through Community Mental Health (CMHs)
- Knowledge of the local recipient community
- Certified Community Behavioral Health Clinics as a model for care management

Challenges

- A lack of sufficient providers
- A proportionately high number of crisis mental health cases, resulting from years of limited, ineffective preventive care and transition services to reduce recidivism
- A high number of disenfranchised mental health care recipients who are also not getting the care they are entitled to under Federal Medicaid Law (KB)
- Inefficient treatment delivery to school-age children; children in K-12 schools are currently forced to receive medically necessary behavioral health interventions outside of classroom hours, creating significant challenges for families and limiting scope/intensity of care
- Under-developed telehealth services
- A lack of consistent access to care across geographies

System and Care Issues to Address

- Consistent measurement of standardized data of public mental health care across the state of Michigan.
- Single point or team collaborative treatment oversight for health care recipients
- Improved recipient rights processes and resolutions
- Movement to person-centered care
- Direct care worker compensation, training, and credentialing
- Home health compensation / payment
- Dept vs. CMH payment / control policies standards
- Who upholds and is liable for federal Medicaid law?
- Performance metrics to reduce the number of overall crisis cases
- Performance metrics to increase prevention of crisis and psychiatric facility needs
- Reduce unmanaged Medicaid-covered psychiatric cases in hospitals

Behavioral Health System Changes Must Address the Following

Administration

- Single responsible and accountable entity to uphold standards and consistency of care, fidelity of implementation of quality services and support, and federal Medicaid law
- All care delivery entities must be accountable to that single entity
- Single point of inquiry and resolution for patients
- The savings from the management and reduction of administrative costs must be directed into providing care and demonstrate a net increase in access to care

Health Outcomes

- Standardized and annually-measured data on mental health outcomes
- Annual report on health outcomes. Report must illustrate improvements, problem areas and static practices. The report must include steps taken to achieve the stated improvements, how practices will continue improvement into the future, which practices are static and why, identify deficiencies and identify an action plan for those deficiencies
- Performance metrics should include the actual delivery of care and a reduction in provider waitlists (reference addition of substance use disorder (SUD) treatment in 2020 – metric 2e). Those metrics would specify the time to first treatment

Recipient Rights Enforcement

- Establish responsibility and accountability at the state level. Any decisions made by other government divisions or organizations must be endorsed by the accountable entity
- Create a single point of entry and resolution for recipients via an Ombudsman and Director of Recipient Rights (SB 598)
- Establish an entity (like the Behavioral Health Oversight Council in HB 4925) to provide analysis and adjudication
- Annual reports must be made available to the legislature and general public
- Establishment of a user friendly system to complaints and escalation for unresolved barriers to care

2021 – 22 Behavioral Health Legislation

The Autism Alliance of Michigan prioritizes the following in both the 2021-22 House and Senate Behavioral Health Integration Legislation

Streamlined access, delivery and continuum of care

- Patients' health needs change over time, geography and the evolution of their family structure. System changes must address patients' needs across their lifetimes
- Allow for progress of the medical / behavioral health as an industry. A new system or structure will not limit implementation of future innovations or evolutions in treatment
- Provide the least-complex person-centered delivery
- There must be a responsible party to oversee, direct or coordinate care
- The system must provide portability across state w/o loss of benefits
- Support for system navigation
- Measurement of outcomes via provider and recipient feedback

Accountability

- Management and accountability under a single entity or with required reporting to the Department, legislature and available to the general public
- Services / quality / efficiency must be measured and compared across the state. Provide enforcement to the accountable agency for gaps
- An entity that enables / manages requirements
- Accountable entity for the standardized / centralized accountability for health care administration and management. Responsibilities and action must be clearly designated for MDHHS, a Behavioral Health Advisory Council, Director of Recipient Rights and / or Ombudsman

- The responsible entity must demonstrate the highest possible delivery of care across the population in need of behavioral health.

Procurement Process and Care Delivery

- Federal law requires parity between physical and mental health care – this must be recognized in any integration legislation. Caps must be removed from the Medicaid Autism Applied Behavioral Analysis benefit.
- Intra-state geographic boundaries should not determine which services families do or do not receive
- A care delivery model that addresses prevention and access to the earliest care, reducing need for more intensive, expensive and resource-heavy services and support that lead to behavioral regression, psychiatric crisis and family destabilization
- Specifying the target of denial of services
- Move resources from administration to the delivery of care
- Payments to providers (fee for service or capitation) should yield the best quality care for the highest percentage of recipients throughout the life of the recipient.

System stability and sustainability

- Market-appropriate wages, support and career development for Direct Support Professionals
- Mild to moderate care and preventative care must be prioritized
- Limit growth in the need for psychiatric crisis care
- Specify the percentage in cost reductions, timeframe and impact to overall system stability and sustainability.

Services, Provider Network and Responsibility

- More resources to care – move from administration. Specify how is this measured and what is the ultimate goal in the reduction of administrative costs. What portion of cost “should” come from administration? Specify the percentage, timeframe
- Specific goals for increasing the provider network and delivery of care. Specific goals for access to additional providers. That could include changes in reimbursement rates, additional care delivery options and a reduction in recipient rights cases.
- Specificity to create the Behavioral Health Oversight Council, participants, inclusivity and balance of representation.
- Responsibility must be spelled out in either package on the powers of the Department, Ombudsman, Director of Recipient Rights, BHAC, SIP / ASO and ultimately legislative intervention
- Identify how or who will determine coverage of out of state services