

January 15, 2025

POSITION STATEMENT ON BEHAVIORAL HEALTH SYSTEM DESIGN

Background on Collaborating Organizations

Incompass Michigan is a statewide network of comprehensive human service providers, both public and private sector, working together to support independence and achieve inclusive communities across the entire state.

Michigan Assisted Living Association (MALA) is a nonprofit organization representing a broad range of community-based providers supporting individuals with disabilities and older adults throughout Michigan.

We recognize the need to continuously improve the current behavioral health system in our state; we must also acknowledge that our system is dependent on a strong, thriving provider network – and network adequacy and sustainability must be a priority.

Urgent Need for Stakeholder Dialogue

Our organizations strongly recommend that representatives from the Michigan Legislature, MDHHS and other stakeholders initiate discussions in early 2025 related to potential behavioral health system design changes. From our perspective, the dialogue should focus on the various considerations outlined in this position statement.

Michigan's Current System

The Michigan Department of Health and Human Services (MDHHS) currently contracts with 10 Prepaid Inpatient Health Plans (PIHPs), which then contract with 46 Community Mental Health Service Programs (CMHSPs). The CMHSPs, in turn, contract with direct service providers. The PIHPs and CMHSPs deliver behavioral health and substance abuse services to Medicaid-eligible individuals under Michigan's State Plan and various waivers, including the Habilitation Supports Waiver, Children's Waiver, and Serious Emotional Disturbance Waiver.

Michigan's behavioral health system has evolved from a pre-existing Community Mental Health system, (mandated by state law since the 1970s, into a managed care model shortly after the advent of Medicaid managed care in 1996. Michigan's prepaid inpatient health plans began functioning as specialty plans in 2002.

Community Mental Health Service Programs should continue to play a prominent role in the system of care in Michigan, as a vital stakeholder in a framework with public oversight; but with higher funding

levels for direct services achieved through administrative efficiencies. We believe focusing on the administrative layer of the system in which PIHPs contract with CMHSPs will result in greater access to services and supports that can be provided through public / private partnerships, promote statewide uniformity and consistency, and lead to enhanced quality of services to individuals with disabilities.

Core Values to Guide Systems Change

We support efforts to design the behavioral health system inclusive of the following core values:

- Person-Centered Care— the needs and rights of persons served should drive the system
- Consumer Choice— a full continuum of comprehensive services and provider options, including employment, that address social determinants of health
- Quality— utilization of evidence-based and best practices to promote improved outcomes – with provider accountability for those outcomes
- Transparency— in all aspects of service delivery and management, with a sense of stewardship that keeps resources connected as closely as possible to individuals being served
- Efficiency—reduce layers of administration with reallocation of savings to services; also optimize coordination of care for a more seamless consumer experience

Key Concepts

We also embrace the following key concepts:

- Access to emergency services, including a connection to crisis care and mental health supports within 24 hours
- Consistency and statewide equity are critical – all individuals have the right to a baseline of services, and a full continuum of care supporting the whole person
 - Access to a comprehensive array of community-based services is foundational to a healthy behavioral health system. This array must include specialized residential supports, respite, community living support, employment services and vocational supports, transportation, supports coordination, and specialized nursing. These services address critical social determinants of health, providing economic stability, social connections, and a sense of self-worth
 - The system must retain an adequately funded safety net in every community for Michigan’s most vulnerable residents
- The system must ensure portability of access throughout the state; and consistency of benefits, contracts, training reciprocity, outcome measurement, utilization management, accountability measures, and care coordination among all involved in an individual’s plan of care
- With respect to equity, Michigan is obligated to establish funding at a level that allows for payment of livable wages to those who provide direct care and support for community-based services for people with disabilities
 - Direct support staff are also deserving of a legitimate career pathway, and we must invest in professionalizing this field
 - Our members deeply appreciate the dedicated direct support workforce and the impact they have on persons served, and system design must support a culture of elevated respect for this profession

- Equity also brings timely and consistent due process that resides with the State, through robust recipient rights and appeals / grievance procedures, focused on consumer protection, that resides with the State, in the spirit of a conflict-free system
- Conflict Free Access and Planning - providers of service planning should not also provide direct service to the same beneficiary. Program administrators should conduct Utilization Management (ensuring medical necessity and authorizing services scope, duration & intensity as requested in the person-centered plan of service), and contract with an adequate network for providers of both service planning and service delivery to offer a full array of choices to beneficiaries.
- Data driven decision making – a redesigned system should include broadly acknowledged quality indicators demonstrating the value of care, with efficient data collection mechanisms supporting robust analysis and accountability
- Our system should include public / private partnerships to leverage the strength and assets of both sectors

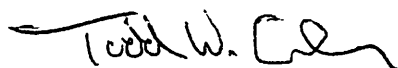
Impact of Services

The community engagement created by service providers throughout the State makes efficient use of limited resources to align with community health needs in all 83 Michigan counties. All community members benefit when new perspectives are gained relative to the role of providers, the dedicated people we employ, and the amazing individuals we support. The impact of community-based supports on individuals' behavioral health and physical health and the resulting savings in overall health costs is well-documented but frequently overlooked in dialogs about system redesign. The collaboration of stakeholders within our network, public and private, helps to improve the effectiveness of health initiatives and elevate the focus on social determinants of health.

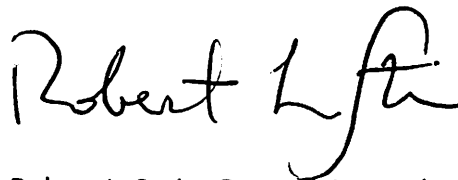
Statewide System of Support

The providers who comprise our statewide network are also employers, generating economic and social impact, employing over 50,000 full and part-time staff. Our services connect hundreds of thousands of Michigan residents with disabilities and other barriers to their community, and to basic human dignity – where they live, where they work, and as they age. We are willing to prove our value in this regard, and be held accountable for outcomes, with proper funding, care infrastructure, and data collection that demonstrates impact and return-on-investment without creating needless administrative burden that draws focus away from service delivery. We embrace the change inherent in an evolved managed care system – as long as change leads to better supports for persons served.

Respectfully submitted,



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