

# *Michigan Department of Health and Human Services Update*

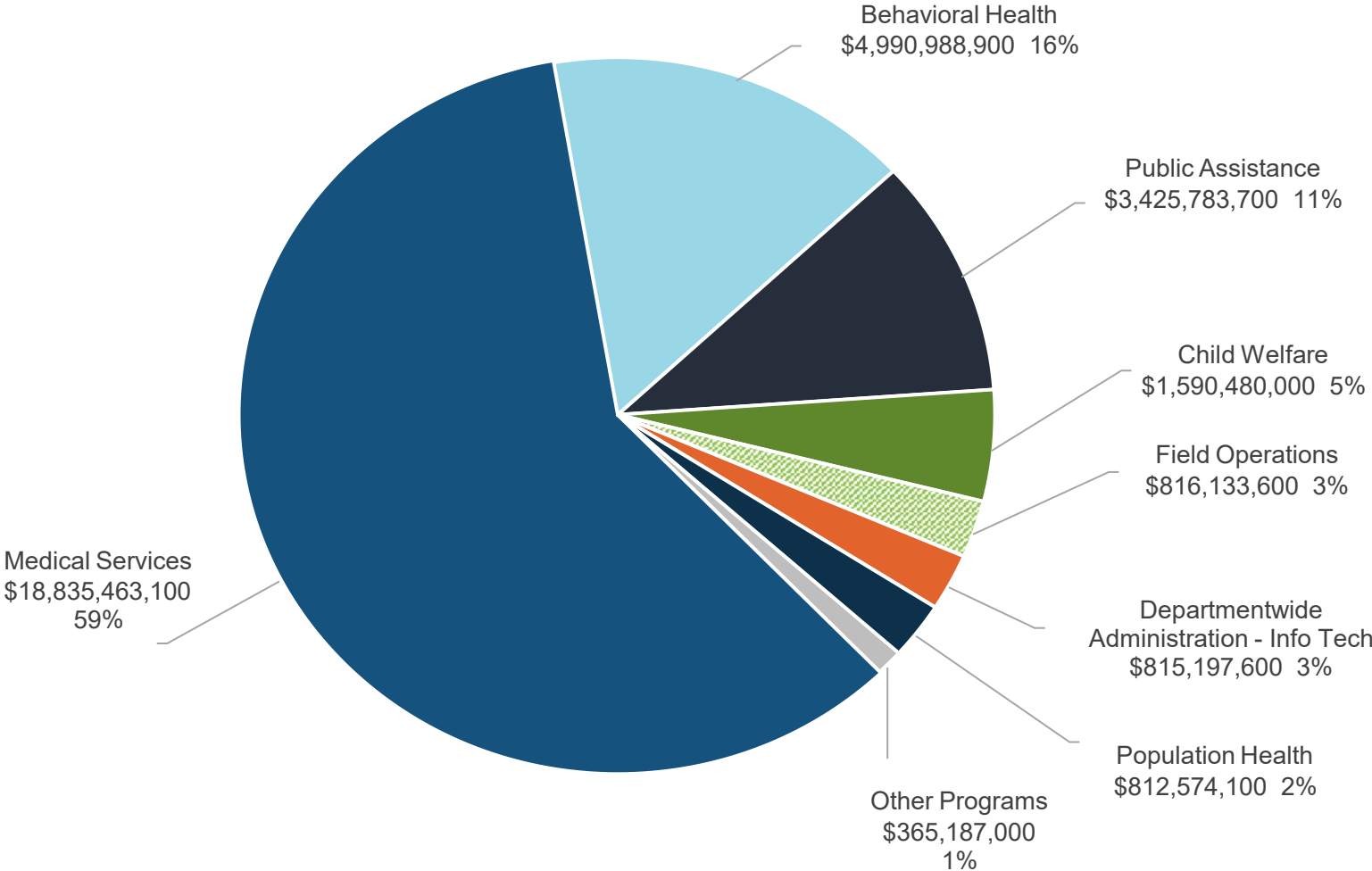
**Farah A. Hanley, Chief Deputy Director for Health  
Michigan Department of Health and Human Services**

October 13, 2022

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- II. Administrative Priorities
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# FY 2022 DHHS Budget by Program Areas



**Three-quarters** of the **\$31.7 billion** DHHS budget supports **medical and behavioral health services**, most of which are provided through **Medicaid** and the **Healthy Michigan Plan**.

Source: House Fiscal Agency: December 2021 Budget Briefing

# Impact in Numbers



Michigan Department of Health & Human Services

2021



1,887 children adopted and  
2,575 children safely reunified with parents.



180,000 test kits were distributed to keep families safe and kids in in-person learning through the MI Backpack Program.



More than 6 million residents received the COVID-19 vaccine and were better protected from severe illness.



Dental benefits provided to 1.1 million children.



3.2 million residents received assistance to put food on the table, afford child care and keep the heat on at home.



3 million residents received health care coverage, including 1.2 million children.



41,239 calls, texts and chats received to connect people to behavioral health resources.



# *Administrative Priorities*





*All Michiganders Deserve Access to Safe, Affordable, and Accessible Healthcare*

## Purpose

- To reflect the prioritization of improving **behavioral and physical health services**, the department restructured its internal organization.
- MDHHS will have **one voice** related to **adult physical and behavioral health** services.
- MDHHS will improve and build upon **coordination** and **oversight** of **children's behavioral health services**.

## Benefits

- Improved **coordination of services** and **leverage expertise** in these areas.
- Increased **contract oversight** and **financial management**.
- Additional investments will be made in **workforce development** and **staffing**.

- The Health and Aging Services Administration became the **Behavioral and Physical Health and Aging Services Administration** which oversees:
  - Medicaid.
  - Aging services.
  - Community-based services for adults with **intellectual and developmental disabilities, serious mental illness, and substance use disorders.**
- Certain behavioral health operations were aligned within BPHASA to avoid duplication, including customer service, managed care contract management, site reviews and financial management.



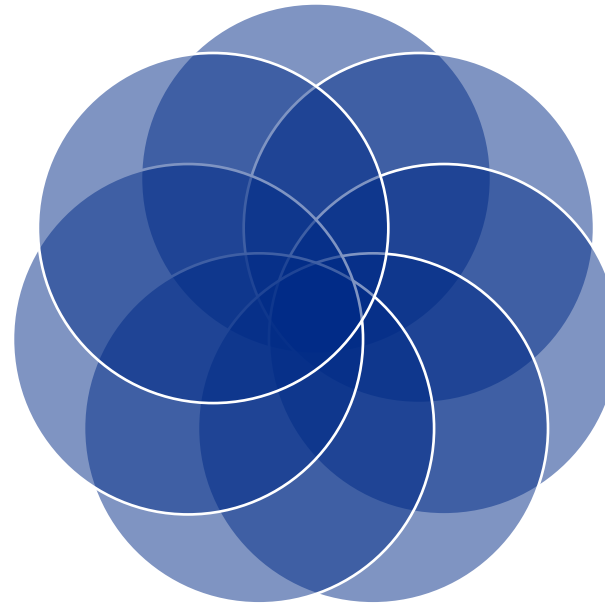


Builds upon past work to **improve coordination and oversight** of children's behavioral health services.

Works hand-in-hand with other MDHHS administrations to **maximize use of all statewide resources**.

Proactively **restructures the delivery of specialty health services** to better serve children, youth, and families.

Establishes a **clinical review team** to remove barriers and secure access to care as it's needed.



Recognizes that **services must be specific** to the needs of children, youth and families.

Ensures youth receive **appropriate services when they are needed**, rather than turning to an emergency room setting.

Emphasizes the importance of **including families** in addressing the health needs of children and youth.



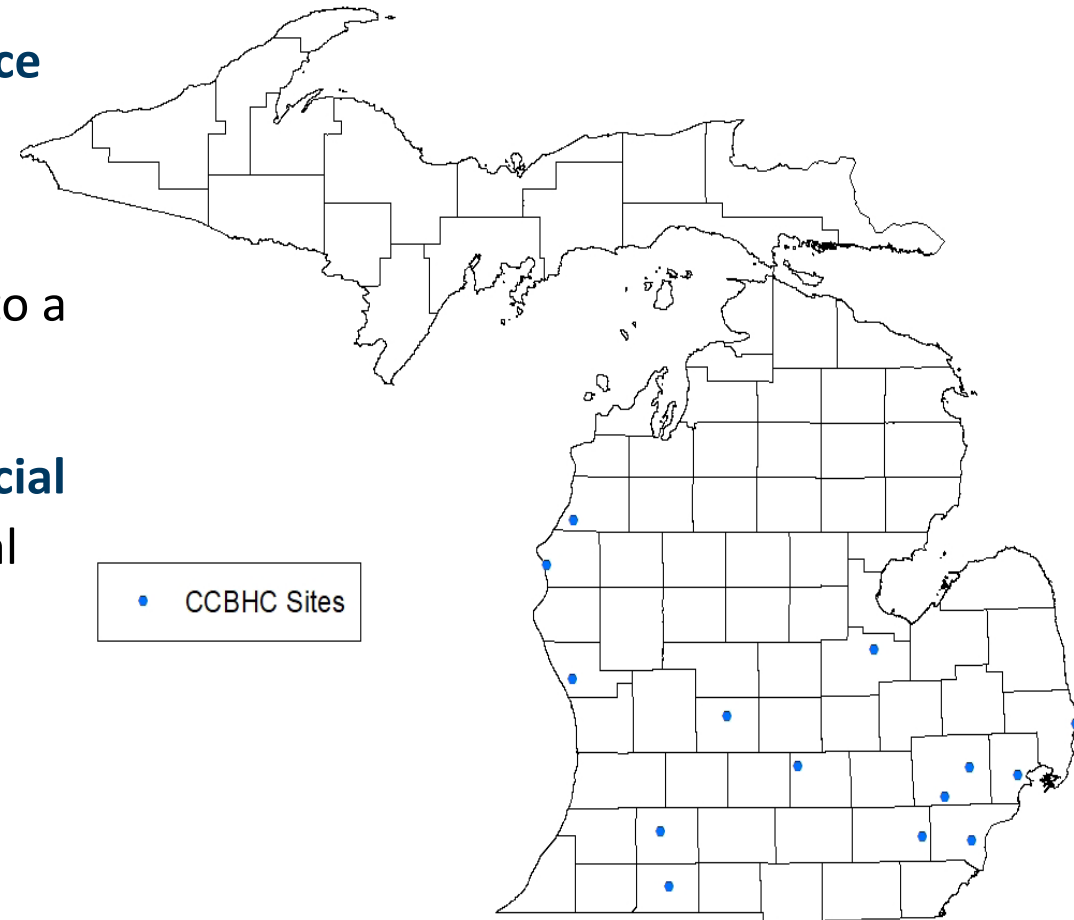


# *Policy Priorities*

# Behavioral Health: *Certified Community Behavioral Health Clinics (CCBHCs)*

## Michigan launched its CCBHC Demonstration on October 1, 2021.

- Serve all Michiganders with a **mental health and/or substance use disorder** regardless of severity or insurance or ability to pay.
- To expand access, over **18,000 Michiganders** were assigned to a CCBHC (over 90% are Medicaid beneficiaries).
- Provide a **comprehensive** set of **physical, behavioral, and social services** and facilitate coordination of physical and behavioral health care.
- Reimbursed at an **enhanced Medicaid prospective payment** system rate.
- Meet stringent **state-based certification** criteria.



## Context

- Nearly **68%** of adults with mental disorders have another medical condition.
- **Excessive demand** and **persistent waitlists** for **inpatient psychiatric services** at state operated hospitals.
- **Long admission delays** resulting in patients waiting in emergency rooms pending placement in a state facility.

## Response

The FY 2023 budget invests **\$58 million** to implement immediate structural improvements to:

- Expand behavioral health **inpatient community-based treatment programs**.
- Fund staff and operational costs for **two new units at the Hawthorn Center**.
- Expands **Behavioral Health Homes** to new counties.

### Context

- MDHHS is diligently working to **reduce unnecessary congregate care setting placements**.
- Placement stability in family-like settings is critical to ensuring **positive outcomes** for youth in foster care.
- Day treatment programs allow youth to receive **intensive treatment** while remaining in a family-like setting.
- Youth can **practice** the **skills** learned during treatment in real-time each evening when they return home.

### Response

- The FY 2023 budget invests **\$2.4 million** to implement a pilot to provide **day treatment** for youth who require more intensive support than what is available through conventional outpatient treatment programs.





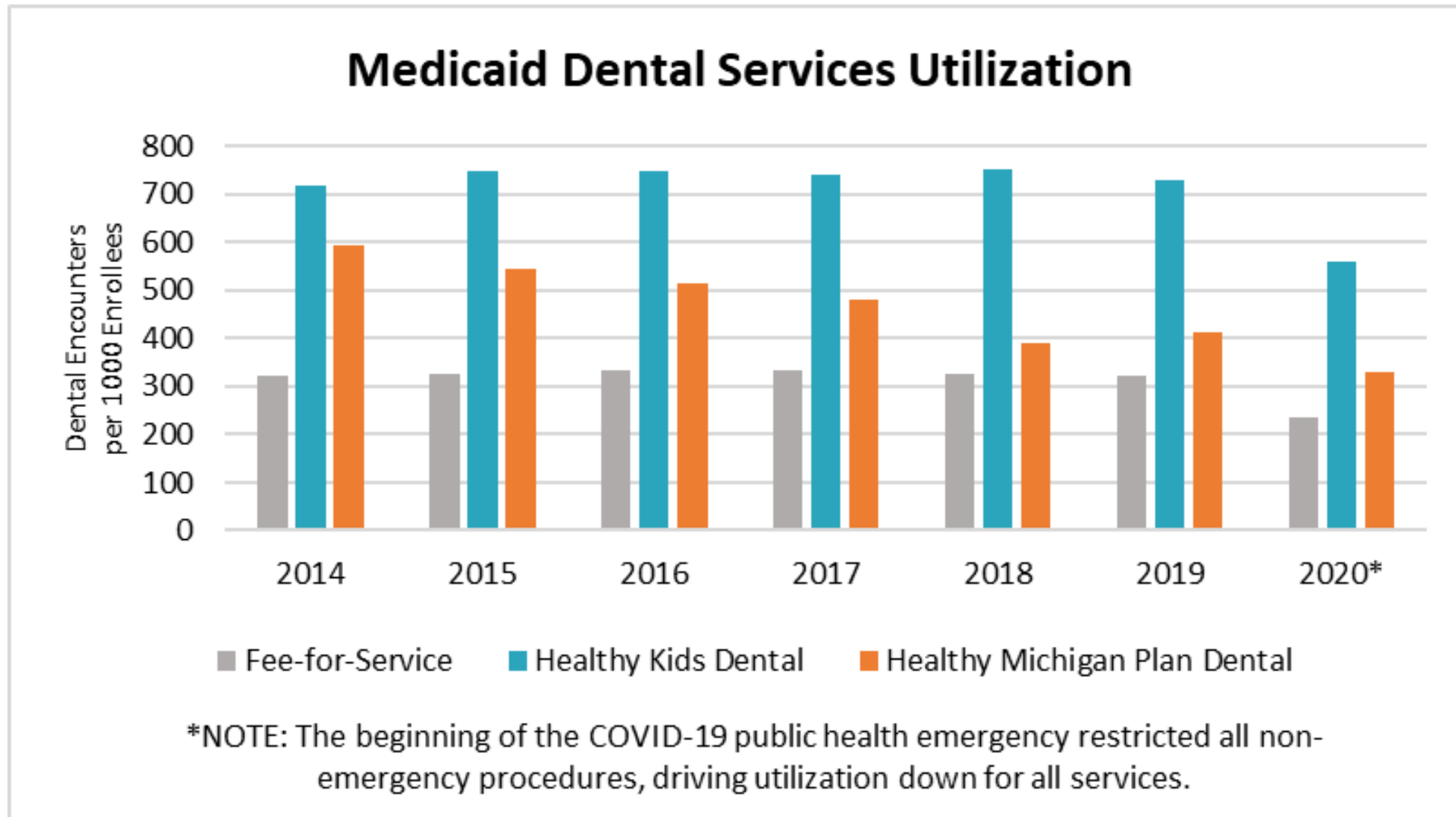


## **Plan: A new state psychiatric hospital**

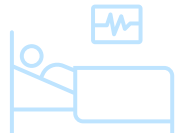
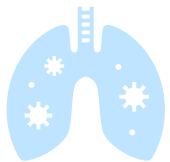
The FY 2023 budget invests \$325 million for a new adult and child state psychiatric hospital campus to replace two existing facilities.

The new build will improve the quality and efficiency of services.

It is anticipated that the build will be completed by 2025/2026.



- **Medicaid Primary Care Rate Increase** – \$56.1 million, \$15.0 million GF/GP
- **Community Health Workers** – \$28.3 million, \$10.0 million GF/GP
- **Medicaid Methadone Bundled Services Rate Increase** – \$16.2 million, \$4.1 million GF/GP
- **Vaccine Administration Rate Increase** – \$14.4 million, \$4.5 million GF/GP
- **Medicaid Private Duty Nursing Rate Increase** – \$7.8 million, \$2.8 million GF/GP
- **Medicaid Mental Health Local Match Phase-Out** – \$5.1 million GF/GP
- **CMH Guardian/Conservator Costs** – \$5.0 million GF/GP
- **PACE Site Expansions and Fiscal Relief** – \$4.7 million, \$1.6 million GF/GP
- **Michigan Crisis And Access Line (MiCAL)** – \$3.0 million GF/GP
- **Hospice Room and Board Increase** – \$1.7 million GF/GP
- **Centralized Administrative Support for State Psychiatric Hospital Activities** – \$1.1 million GF/GP, 8.0 FTEs



# Infant and Maternal Health:

## *Expanded Medicaid Coverage for Moms & Babies*

### Context

- Access to high quality health care services is a critical component of statewide efforts in addressing maternal morbidity and mortality rates in Michigan.
- As of January 2018, Michigan's Maternal Mortality Surveillance (MMMS) Committee found that approximately **50% of maternal deaths in Michigan were preventable**.
- Additionally, among pregnancy-related deaths in Michigan the committee found **persistent racial disparities**.

### Response

- The Centers for Medicare and Medicaid Services (CMS) approved the state's request to **expand Medicaid coverage for a full 12-month postpartum** period to ensure the health and well-being of moms and babies across Michigan.
- The approximately \$20 million budgeted for this expansion will benefit an estimated **35,000 pregnant and postpartum women in Michigan annually**.
- The FY23 budget also includes \$1.2 million to increase access to **doula care** for high-risk families.



## ***Plan: Michigan Essential Health Provider Loan Repayment Program***

The FY 2023 budget invests \$10 million to expand the Michigan Essential Health Provider Loan Repayment Program to eligible behavioral health practitioners working in federally designated health professional shortages areas (HPSA).

## ***Plan: Workforce Development Funds***

The FY 2023 budget invests \$5 million in workforce development funds to bolster efforts to enhance and diversify Michigan's healthcare workforce.

## ***Plan: Mental Health Care for First Responders***

The FY 2023 budget restores \$2.5 million for first responder post-traumatic stress syndrome and other mental health conditions.



## Context

- Direct care workers (DCWs) provide **essential skilled** long-term care and support to **individuals with disabilities** and **older adults**.
- **165,000** DCWs in Michigan.
- **Low Median Hourly Wage Range:** \$11.85-\$15.18. Well below the average starting wage at a fast-food restaurant.
- **Turnover Rate:** estimated 75.5% on average statewide.

## Response

### April 2020 - February 2021

- **\$2 an hour premium pay increase** for skilled Nursing Facility (SNF) and Aging DCWs.

### March 2021 – September 2021

- **\$2.25 an hour premium pay increase** for SNF, Homes for the Aged (HFA), Adult Foster Care (AFC), and Aging DCWs.
- **\$2.00 an hour premium pay increase** for Child Caring Institutions (CCI).

### FY 2022

- Approved **ongoing wage increase** for direct care workers in long term care settings (\$2.35) and child caring institutions (\$2.00).

- Health Care and Human Services Steering Committee
  - Representation from all department administrations
  - Survey on Workforce Initiatives – Internal and External Focus
  - Loan Repayment Programs
  - University Partnerships and Student Rotations
  - Marketing and Recruitment Campaigns
  - Talent Pipeline Management Projects



## THE GOAL OF MICHIGAN'S ROADMAP TO HEALTHY, RESILIENT COMMUNITIES IS TO:

Improve the health and social outcomes of all Michigan residents while working to achieve health equity by eliminating disparities and barriers to social and economic opportunity.



**HEALTH EQUITY** – Ensuring continuous Medicaid coverage through the Healthy Moms Healthy Babies program.

**HOUSING STABILITY** – Connecting MSHDA resources with MDHHS programs.

**FOOD SECURITY** – Closed loop referral within MIBridges.

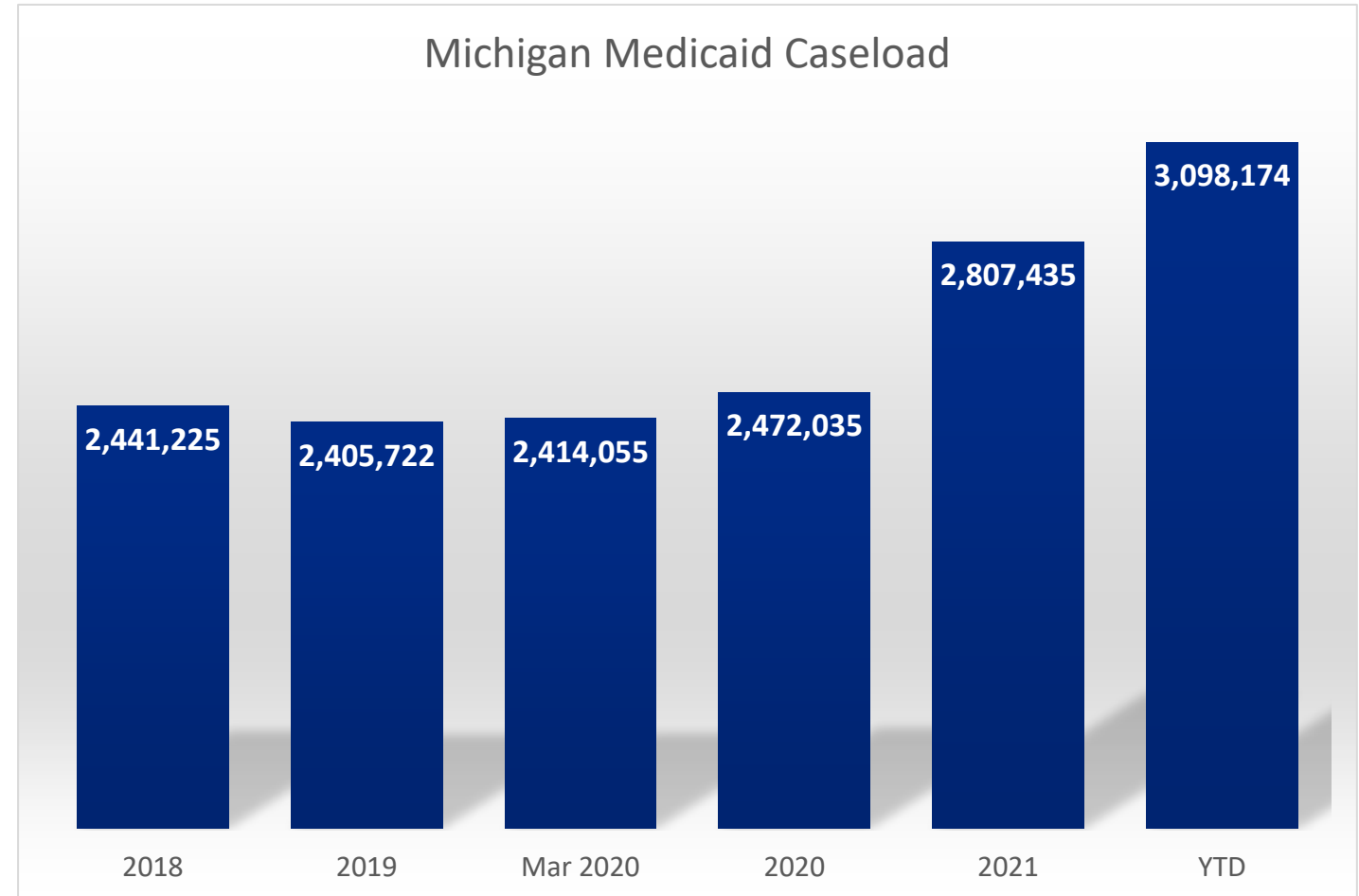




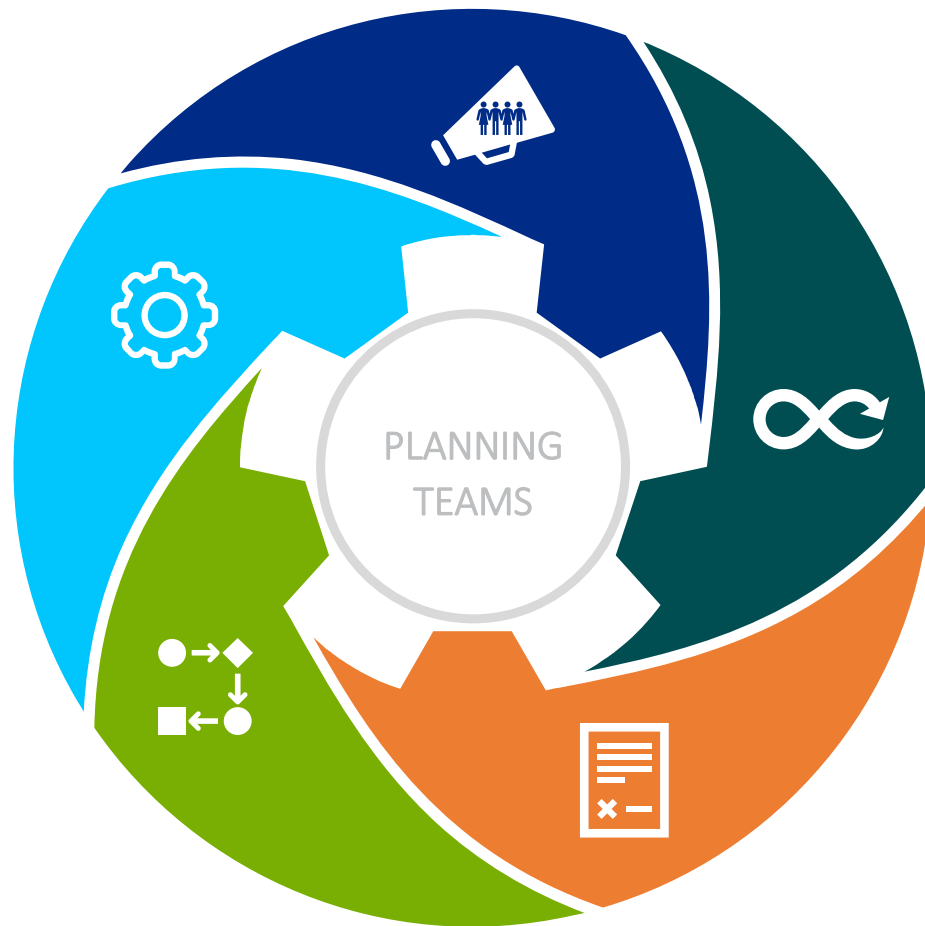
# *Thinking Ahead*

With the continuation of the **Public Health Emergency**, Medicaid redeterminations have been put on pause while individuals continue to receive continuous coverage.

Total **new cases** since March 2020: **724,754**



## Medicaid Project Management Structure for PHE Unwinding



### RENEWALS & REDETERMINATIONS

Charged with developing plan to restore eligibility and enrollment operations based on federal authorities available during “unwind” period.

### STAKEHOLDER ENGAGEMENT

Charged with developing stakeholder engagement strategy, primary beneficiary messaging, and resources for engagement.

### LEVEL OF CARE DETERMINATION REALIGNMENT

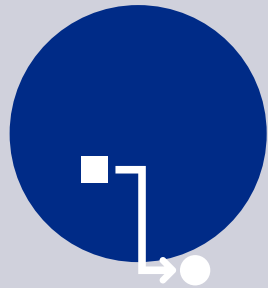
Charged with exploring impact of the PHE end to populations subject to Level of Care Determinations and recommending mitigation strategies.

### MEDICAID POLICY

Charged with assessing the 100+ promulgated PHE related policies, and recommending for maintenance, adaptations, or discontinuation.

### MARKETPLACE COORDINATION

Charged with developing a strategy to support and connect beneficiaries to the Marketplace in instances that the PHE end causes a lose in eligibility.



## Policy Review

Complete assessment of promulgated policy, waivers & SPAs leveraged during PHE. Determine additional authorities to leverage following PHE.



## Renewals and Redeterminations

Identify systems and operational impacts for renewals and redeterminations. Plan to phase in work and mitigate potential barriers.

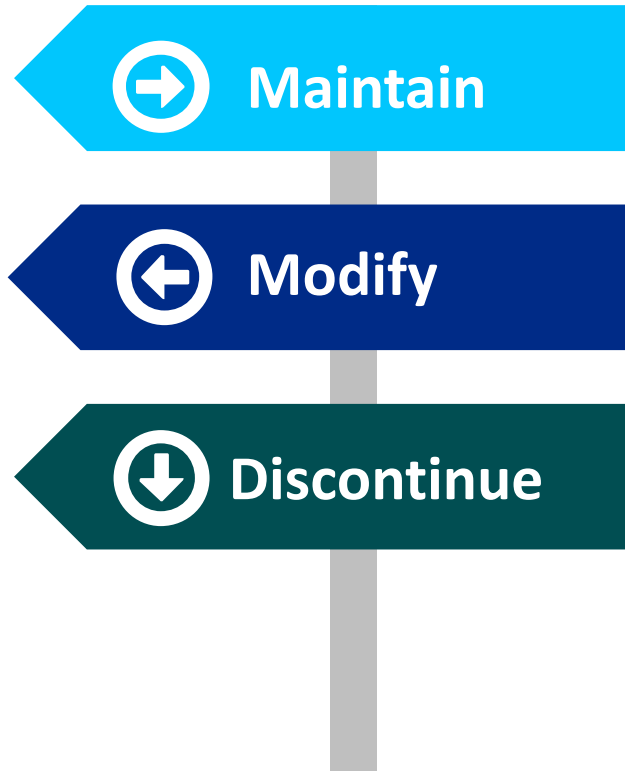


## Stakeholder Engagement

Identify information sharing methods, messages, and mechanisms to amplify through stakeholder partnerships.

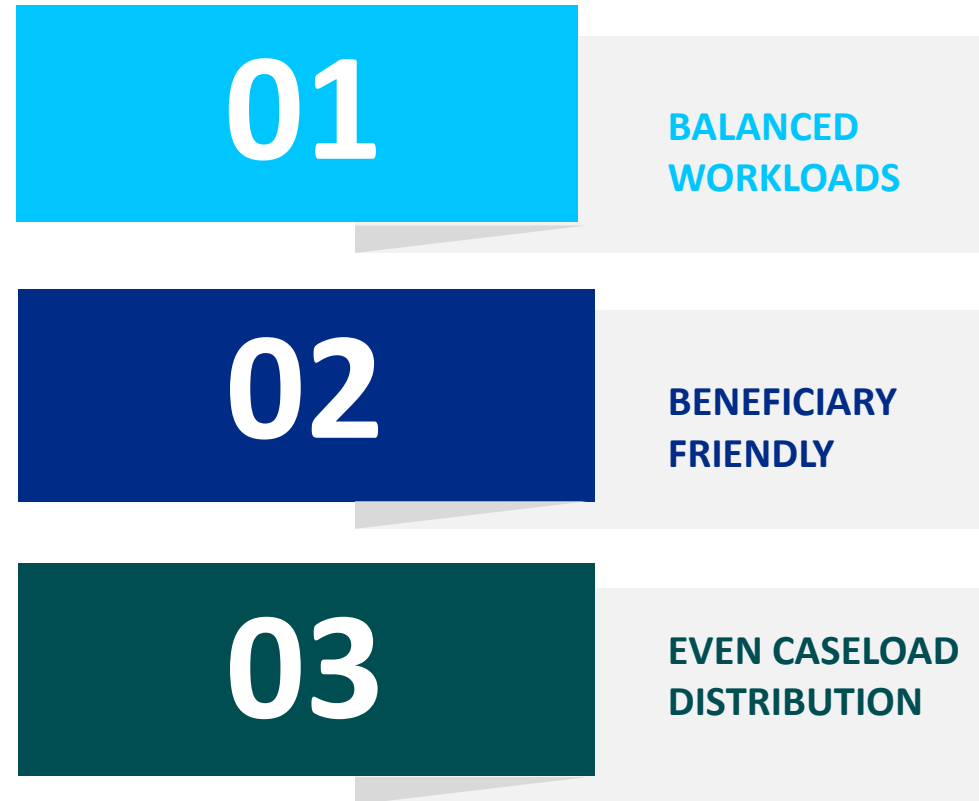


*Over 100 PHE related Medicaid policies must be reviewed*



All policies that are modified or discontinued will be fully promulgated.

Minimize impact on beneficiaries and eligibility workers by maintaining current renewal month



- When the PHE ends, many of the individuals enrolled in the Medicaid program today may no longer meet eligibility requirements.
- The loss of Medicaid eligibility/coverage has potential impacts:
  - Disruption in clinical care
  - Limited eligibility for other social service programs
  - Increased need for community-based services that are already stretched
- MDHHS Goal: Assure that individuals who continue to be eligible for Medicaid coverage **remain enrolled**, and those who are no longer eligible are **effectively transitioned to other health care coverage**.

**01**

**Leverage existing notices to reduce confusion**

**02**

**Meet beneficiaries where they are**

**03**

**Collaborate with providers and community partners**



# The public health emergency is ending



During the federal COVID-19 public health emergency (PHE) we stopped the Medicaid renewal process. Now that the federal PHE is ending, if you have Medicaid, MICHild, or Healthy Michigan Plan you may need to go through the renewal process. This is to find if you still qualify for free or low-cost Medicaid healthcare coverage.

## Now that the PHE is ending, you need to do 3 things:

1

**Update your address, phone number, and email address.**

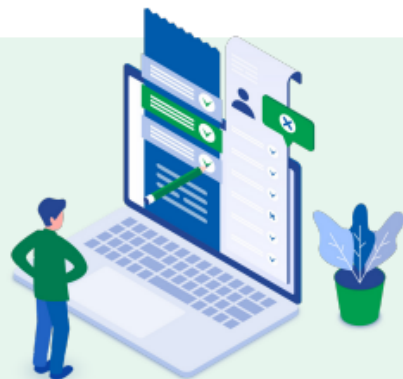
Learn more about what you need to do on the next page. ►

2

**Report any changes to your household or income**

3

**Check your mail. You may need to fill out a renewal form.**



### MI Bridges is here to help

The MI Bridges website can help you apply for benefits, find resources, and manage your case.

You can access MI Bridges anytime online at [michigan.gov/mibridges](https://michigan.gov/mibridges) to apply for:

- Healthcare coverage
- Food Assistance Program (FAP)
- Cash Assistance
- Child Development + Care (CDC)
- State Emergency Relief (SER) – including utilities, housing, and burial costs

MI Bridges can also help you search for state and local resources in your community. If you receive benefits, you can manage your case and renew benefits through your MI Bridges account.

# Draft Brochure

## Now that the PHE is ending, make sure to:

### 1 Update your address, phone number, and email address now

The best way to check and update your contact information is online at [michigan.gov/mibridges](https://michigan.gov/mibridges).

If you are the head of household and **have** a MI Bridges account:

- Log in to your MI Bridges account
- Make sure to report changes in both the profile section and the "Report Changes" area. Local office staff will use the "Report Changes" area to update the address for your case.
- Do not create an account if you already have one.

If you are the head of household and do **not** have a MI Bridges account:

- Go to the MI Bridges website at [michigan.gov/mibridges](https://michigan.gov/mibridges).
- Select "Register" and follow the steps to fill out your information.

You can also contact your local MDHHS office to make changes.



### 2 Report any changes to your household or income now

Report changes to the MDHHS by visiting [michigan.gov/mibridges](https://michigan.gov/mibridges). Or, contact your local MDHHS office.



### 3 Check your mail

To keep your coverage, you may need to complete a yearly renewal form. If you do, we will send one to you. To avoid gaps in healthcare coverage, please complete and return the form right away.

If you want to get electronic updates about your letters:

- Go to [michigan.gov/mibridges](https://michigan.gov/mibridges).
- Log in to your account.
- In your MI Bridges account settings, choose to get electronic updates. We'll tell you when you have a new letter in MI Bridges.



### If you get a renewal packet

If you get a renewal packet in the mail, be sure to fill it out, sign the forms, and return them by the due date with any proof we need, such as proof of income, assets, and expenses. For example, we may ask for pay stubs, bank statements, or utility bills.

You have about **60** days to respond once you get the renewal packet. If you get a Verification Checklist (Form 1010) in your packet, you have about **10** days to fill it out and send it back.

### Questions?

Call the Beneficiary Help Line toll free at **1-800-642-3195** (TTY: 1-866-501-5656). We are open Monday through Friday, 8 a.m. to 7 p.m.

### PHE Ending Toolkit

To learn more about the PHE ending, go to [michigan.gov/mdhhs/end-phe](https://michigan.gov/mdhhs/end-phe).



- Bolstering **recruitment and retention** efforts.
- Optimize **behavioral health care** access.
- Improve **children's behavioral health care** services.
- Preparing for the **next public health challenge**.
- Embarking on the **MiHealthyLife initiative**.
- Emphasis on improved quality of care through **long term care supports and services**.
- Expand and strengthen **SDoH** efforts.
- Building on **successful whole person efforts** through CCBHCs and Health homes.



Thank you!