



# STATE OF MICHIGAN PROCUREMENT

## Department of Health and Human Services

235 South Grand Avenue, Lansing, MI 48913

P.O. Box 30037, Lansing, MI 48909

### NOTICE OF CONTRACT

NOTICE OF CONTRACT NO. **MA 200000002098**

between

THE STATE OF MICHIGAN

and

<b>CONTRACTOR</b>	Mid-State Health Network
	530 West Ionia Street, Suite F
	Lansing, MI 48933
	Joseph Sedlock
	517-253-7525
	Joseph.sedlock@midstatehealthnetwork.org
	CV0054910

<b>STATE</b>	<b>Program Manager</b>	Jeff Wieferich	MDHHS
		517-335-0499	
		wieferichj@michigan.gov	
	<b>Contract Administrator</b>	Lance Kingsbury	MDHHS
		517-335-8170	
		kingsburyl@michigan.gov	

CONTRACT SUMMARY			
<b>DESCRIPTION:</b> Prepaid Inpatient Health Plan (PIHP)			
INITIAL EFFECTIVE DATE	INITIAL EXPIRATION DATE	INITIAL AVAILABLE OPTIONS	EXPIRATION DATE BEFORE CHANGE(S) NOTED BELOW
October 1, 2020	September 30, 2021	Seven, one-year	September 30, 2021
PAYMENT TERMS		DELIVERY TIMEFRAME	
Net 45		As Needed	
ALTERNATE PAYMENT OPTIONS			EXTENDED PURCHASING
<input type="checkbox"/> P-card <input type="checkbox"/> Payment Request (PRC) <input type="checkbox"/> Other			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
MINIMUM DELIVERY REQUIREMENTS			
N/A			
MISCELLANEOUS INFORMATION			
N/A			
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION		\$580,591,282.00	

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# STATE OF MICHIGAN

## STANDARD CONTRACT TERMS

This STANDARD CONTRACT ("**Contract**") is agreed to between the State of Michigan (the "**State**") and Mid-State Health Network ("**Contractor**"). This Contract is effective on October 1, 2020 ("**Effective Date**"), and unless terminated, expires on September 30, 2021.

This Contract may be renewed for up to seven additional, one-year periods. Renewal is at the sole discretion of the State and will automatically extend the Term of this Contract. The State will document its exercise of renewal options via Contract Change Notice.

The parties agree as follows:

1. **Duties of Contractor.** Contractor must perform the services and provide the deliverables described in **Schedule A – Statement of Work** (the "**Contract Activities**"). An obligation to provide delivery of any commodity is considered a service and is a Contract Activity.

Contractor must furnish all labor, equipment, materials, and supplies necessary for the performance of the Contract Activities, and meet operational standards, unless otherwise specified in Schedule A.

Contractor must: (a) perform the Contract Activities in a timely, professional, safe, and workmanlike manner consistent with standards in the trade, profession, or industry; (b) meet or exceed the performance and operational standards, and specifications of the Contract; (c) provide all Contract Activities in good quality, with no material defects; (d) not interfere with the State's operations; (e) obtain and maintain all necessary licenses, permits or other authorizations necessary for the performance of the Contract; (f) cooperate with the State, including the State's quality assurance personnel, and any third party to achieve the objectives of the Contract; (g) return to the State any State-furnished equipment or other resources in the same condition as when provided when no longer required for the Contract; (h) not make any media releases which contain specific reference to MDHHS without prior written authorization from the State; (i) assign to the State any claims resulting from state or federal antitrust violations to the extent that those violations concern materials or services supplied by third parties toward fulfillment of the Contract; (j) comply with all State physical and IT security policies and standards will be made available upon request, the publicly available IT security policies can be found here: [https://www.michigan.gov/dtmb/0,5552,7-358-82547\\_56579\\_56755---,00.html](https://www.michigan.gov/dtmb/0,5552,7-358-82547_56579_56755---,00.html); and (k) provide the State priority in performance of the Contract except as mandated by federal disaster response requirements. Any breach under this paragraph is considered a material breach.

Contractor must also be clearly identifiable while on State property by wearing identification issued by the State, and clearly identify themselves whenever making contact with the State.

2. **Notices.** All notices and other communications required or permitted under this Contract must be in writing and will be considered given and received: (a) when verified by written receipt if sent by courier; (b) when actually received if sent by mail without verification of receipt; or (c) when verified by automated receipt or electronic logs if sent by facsimile or email.

If to State:	If to Contractor:
Lance Kingsbury 235 South Grand Avenue Lansing, MI 48913 Kingsburyl@michigan.gov 517-335-8170	Joseph Sedlock 530 West Ionia Street, Suite F Lansing, MI 48933 Joseph.sedlock@midstatehealthnetwork.org 517-253-7525

3. **Contract Administrator.** The Contract Administrator for each party is the only person authorized to modify any terms of this Contract, and approve and execute any change under this Contract (each a "**Contract Administrator**"):

State:	Contractor:
Lance Kingsbury 235 South Grand Avenue Lansing, MI 48913	Joseph Sedlock 530 West Ionia Street, Suite F Lansing, MI 48933

Kingsburyl@michigan.gov 517-335-8170	Joseph.sedlock@midstatehealthnetwork.org 517-253-7525
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4. **Program Manager.** The Program Manager for each party will monitor and coordinate the day-to-day activities of the Contract (each a “**Program Manager**”):

State:	Contractor:
Jeff Wieferich 320 South Walnut Street Lansing, MI 48913 wieferichj@michigan.gov 517-335-0499	Joseph Sedlock 530 West Ionia Street, Suite F Lansing, MI 48933 Joseph.sedlock@midstatehealthnetwork.org 517-253-7525

5. **Reserved.**

6. **Insurance Requirements.** Contractor, at its sole expense, must maintain the insurance coverage identified below. All required insurance must protect the State from claims that arise out of, are alleged to arise out of, or otherwise result from Contractor's or subcontractor's performance.

Required Limits	Additional Requirements
<b>Commercial General Liability Insurance</b>	
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Personal & Advertising Injury \$2,000,000 General Aggregate \$2,000,000 Products/Completed Operations	
<b>Automobile Liability Insurance</b>	
<u>Minimum Limits:</u> \$1,000,000 Per Accident	Contractor must have their policy include Hired and Non-Owned Automobile coverage.
<b>Workers' Compensation Insurance</b>	
<u>Minimum Limits:</u> Coverage according to applicable laws governing work activities	Waiver of subrogation, except where waiver is prohibited by law.
<b>Employers Liability Insurance</b>	
<u>Minimum Limits:</u> \$500,000 Each Accident \$500,000 Each Employee by Disease \$500,000 Aggregate Disease	
<b>Privacy and Security Liability (Cyber Liability) Insurance</b>	
<u>Minimum Limits:</u> \$1,000,000 Each Occurrence \$1,000,000 Annual Aggregate	Contractor must have their policy cover information security and privacy liability, privacy notification costs, regulatory defense and penalties, and website media content liability.
<b>Professional Liability (Errors and Omissions) Insurance</b>	
<u>Minimum Limits:</u> \$3,000,000 Each Occurrence	



\$3,000,000 Annual Aggregate	
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If any required policies provide claims-made coverage, the Contractor must: (i) provide coverage with a retroactive date before the Effective Date of the Contract or the beginning of Contract Activities; (ii) maintain coverage and provide evidence of coverage for at least three (3) years after completion of the Contract Activities; and (iii) if coverage is cancelled or not renewed, and not replaced with another claims-made policy form with a retroactive date prior to the Effective Date of this Contract, Contractor must purchase extended reporting coverage for a minimum of three (3) years after completion of work.

Contractor must: (i) provide insurance certificates to the Contract Administrator, containing the agreement or delivery order number, at Contract formation and within twenty (20) calendar days of the expiration date of the applicable policies; (ii) require that subcontractors maintain the required insurances contained in this Section; (iii) notify the Contract Administrator within five (5) business days if any policy is cancelled; and (iv) waive all rights against the State for damages covered by insurance. Failure to maintain the required insurance does not limit this waiver.

This Section is not intended to and is not to be construed in any manner as waiving, restricting or limiting the liability of either party for any obligations under this Contract (including any provisions hereof requiring Contractor to indemnify, defend and hold harmless the State).

7. **Reserved.**

8. **Reserved.**

9. **Independent Contractor.** Contractor is an independent contractor and assumes all rights, obligations and liabilities set forth in this Contract. Contractor, its employees, and agents will not be considered employees of the State. No partnership or joint venture relationship is created by virtue of this Contract. Contractor, and not the State, is responsible for the payment of wages, benefits and taxes of Contractor's employees and any subcontractors. Prior performance does not modify Contractor's status as an independent contractor. Contractor hereby acknowledges that the State is and will be the sole and exclusive owner of all right, title, and interest in the Contract Activities and all associated intellectual property rights, if any. Such Contract Activities are works made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent any Contract Activities and related intellectual property do not qualify as works made for hire under the Copyright Act, Contractor will, and hereby does, immediately on its creation, assign, transfer and otherwise convey to the State, irrevocably and in perpetuity, throughout the universe, all right, title and interest in and to the Contract Activities, including all intellectual property rights therein.

10. **Subcontracting.** Contractor must: (a) be the sole point of contact regarding all contractual matters, including payment and charges for all Contract Activities; (b) make all payments to the subcontractor; and (c) incorporate the terms and conditions contained in this Contract in any subcontract with a subcontractor. Contractor remains responsible for the completion of the Contract Activities, compliance with the terms of this Contract, and the acts and omissions of the subcontractor. The State, in its sole discretion, may require the replacement of any subcontractor.

11. **Staffing.** The State's Contract Administrator may require Contractor to remove or reassign personnel who are providing services under this Contract by providing a notice to Contractor.

12. **Background Checks.** Pursuant to Michigan law, all agencies subject to IRS Pub. 1075 are required to ask the Michigan State Police to perform fingerprint background checks on all employees, including Contractor and Subcontractor employees, who may have access to any database of information maintained by the federal government that contains confidential or personal information, including, but not limited to, federal tax information. Further, pursuant to Michigan law, any agency described above is prohibited from providing Contractors or Subcontractors with the result of such background check. For more information, please see Michigan Public Act 427 of 2018. Upon request, or as may be specified in Schedule A, Contractor must perform background checks on all employees and subcontractors and its employees prior to their assignment. The scope is at the discretion of the State and documentation must be provided as requested. Contractor is responsible for all costs associated with the requested background checks. The State, in its sole discretion, may also perform background checks.

13. **Assignment.** Contractor may not assign this Contract to any other party without the prior approval of the State. Upon notice to Contractor, the State, in its sole discretion, may assign in whole or in part, its rights or responsibilities under this Contract to any other party. If the State determines that a novation of the Contract to a third party is necessary, Contractor will agree to the novation and provide all necessary documentation and signatures.

14. **Change of Control.** Contractor will notify within 30 days of any public announcement or otherwise once legally permitted to do so, the State of a change in Contractor's organizational structure or ownership. For purposes of this

Contract, a change in control means any of the following: (a) a sale of more than 50% of Contractor's stock; (b) a sale of substantially all of Contractor's assets; (c) a change in a majority of Contractor's board members; (d) consummation of a merger or consolidation of Contractor with any other entity; (e) a change in ownership through a transaction or series of transactions; (f) or the board (or the stockholders) approves a plan of complete liquidation. A change of control does not include any consolidation or merger effected exclusively to change the domicile of Contractor, or any transaction or series of transactions principally for bona fide equity financing purposes.

In the event of a change of control, Contractor must require the successor to assume this Contract and all of its obligations under this Contract.

15. **Ordering.** Contractor is not authorized to begin performance until receipt of authorization as identified in Schedule A.
16. **Acceptance.** Contract Activities are subject to inspection and testing by the State within 30 calendar days of the State's receipt of them ("**State Review Period**"), unless otherwise provided in Schedule A. If the Contract Activities are not fully accepted by the State, the State will notify Contractor by the end of the State Review Period that either: (a) the Contract Activities are accepted but noted deficiencies must be corrected; or (b) the Contract Activities are rejected. If the State finds material deficiencies, it may: (i) reject the Contract Activities without performing any further inspections; (ii) demand performance at no additional cost; or (iii) terminate this Contract in accordance with Section 23, Termination for Cause.

Within 14 business days from the date of Contractor's receipt of notification of acceptance with deficiencies or rejection of any Contract Activities, Contractor must cure, at no additional cost, the deficiency and deliver unequivocally acceptable Contract Activities to the State. If acceptance with deficiencies or rejection of the Contract Activities impacts the content or delivery of other non-completed Contract Activities, the parties' respective Program Managers must determine an agreed to number of days for re-submission that minimizes the overall impact to the Contract. However, nothing herein affects, alters, or relieves Contractor of its obligations to correct deficiencies in accordance with the time response standards set forth in this Contract.

If Contractor is unable or refuses to correct the deficiency within the time response standards set forth in this Contract, the State may cancel the order in whole or in part. The State, or a third party identified by the State, may perform the Contract Activities and recover the difference between the cost to cure and the Contract price plus an additional 10% administrative fee.

17. **Reserved.**
18. **Reserved.**
19. **Reserved.**
20. **Terms of Payment.** Contractor may only charge for Contract Activities performed as specified in Schedule A. The State is exempt from State sales tax for direct purchases and may be exempt from federal excise tax, if Services purchased under this Agreement are for the State's exclusive use. All prices are exclusive of taxes, and Contractor is responsible for all sales, use and excise taxes, and any other similar taxes, duties and charges of any kind imposed by any federal, state, or local governmental entity on any amounts payable by the State under this Contract.

The State has the right to withhold payment of any disputed amounts until the parties agree as to the validity of the disputed amount. The State will notify Contractor of any dispute within a reasonable time. Payment by the State will not constitute a waiver of any rights as to Contractor's continuing obligations, including claims for deficiencies or substandard Contract Activities. Contractor's acceptance of final payment by the State constitutes a waiver of all claims by Contractor against the State for payment under this Contract, other than those claims previously filed in writing on a timely basis and still disputed.

The State will only disburse payments under this Contract through Electronic Funds Transfer (EFT). Contractor must register with the State at <http://www.michigan.gov/SIGMAVSS> to receive electronic fund transfer payments. If Contractor does not register, the State is not liable for failure to provide payment. Without prejudice to any other right or remedy it may have, the State reserves the right to set off at any time any amount then due and owing to it by Contractor against any amount payable by the State to Contractor under this Contract.

21. **Liquidated Damages.** Liquidated damages, if applicable, will be assessed as described in Schedule A.
22. **Stop Work Order.** The State may suspend any or all activities under the Contract at any time. The State will provide Contractor a written stop work order detailing the suspension. Contractor must comply with the stop work order upon receipt. Within 90 calendar days, or any longer period agreed to by Contractor, the State will either: (a) issue a notice

authorizing Contractor to resume work, or (b) terminate the Contract or delivery order. The State will not pay for Contract Activities, Contractor's lost profits, or any additional compensation during a stop work period.

- 23. Termination for Cause.** The State may terminate this Contract for cause, in whole or in part, if Contractor, as determined by the State: (a) endangers the value, integrity, or security of any location, data, or personnel; (b) becomes insolvent, petitions for bankruptcy court proceedings, or has an involuntary bankruptcy proceeding filed against it by any creditor; (c) engages in any conduct that may expose the State to liability; (d) breaches any of its material duties or obligations; or (e) fails to cure a breach within the time stated in a notice of breach. Any reference to specific breaches being material breaches within this Contract will not be construed to mean that other breaches are not material.

If the State terminates this Contract under this Section, the State will issue a termination notice specifying whether Contractor must: (a) cease performance immediately, or (b) continue to perform for a specified period. If it is later determined that Contractor was not in breach of the Contract, the termination will be deemed to have been a Termination for Convenience, effective as of the same date, and the rights and obligations of the parties will be limited to those provided in Section 24, Termination for Convenience.

The State will only pay for amounts due to Contractor for Contract Activities accepted by the State on or before the date of termination, subject to the State's right to set off any amounts owed by the Contractor for the State's reasonable costs in terminating this Contract.

- 24. Termination for Convenience.** The State may immediately terminate this Contract in whole or in part without penalty and for any reason, including but not limited to, appropriation or budget shortfalls. The termination notice will specify whether Contractor must: (a) cease performance of the Contract Activities immediately, or (b) continue to perform the Contract Activities in accordance with Section 25, Transition Responsibilities. If the State terminates this Contract for convenience, the State will pay all reasonable costs, as determined by the State, for State approved Transition Responsibilities.
- 25. Transition Responsibilities.** Upon termination or expiration of this Contract for any reason, Contractor must, for a period of time specified by the State (not to exceed 180 calendar days), provide all reasonable transition assistance requested by the State, to allow for the expired or terminated portion of the Contract Activities to continue without interruption or adverse effect, and to facilitate the orderly transfer of such Contract Activities to the State or its designees. Such transition assistance may include, but is not limited to: (a) continuing to perform the Contract Activities at the established Contract rates and local match requirements; (b) taking all reasonable and necessary measures to transition performance of the work, including all applicable Contract Activities, training, equipment, software, leases, reports and other documentation, to the State or the State's designee; (c) taking all necessary and appropriate steps, or such other action as the State may direct, to preserve, maintain, protect, or return to the State all materials, data, property, and confidential information provided directly or indirectly to Contractor by any entity, agent, vendor, or employee of the State; (d) transferring title in and delivering to the State, at the State's discretion, all completed or partially completed deliverables prepared under this Contract as of the Contract termination date; and (e) preparing an accurate accounting from which the State and Contractor may reconcile all outstanding accounts (collectively, "**Transition Responsibilities**"). This Contract will automatically be extended through the end of the transition period.
- 26. General Indemnification.** To the extent permitted by law, Contractor must defend, indemnify and hold the State, its departments, divisions, agencies, offices, commissions, officers, and employees harmless, without limitation, from and against any and all actions, claims, losses, liabilities, damages, costs, attorney fees, and expenses (including those required to establish the right to indemnification), arising out of or relating to: (a) any breach by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable) of any of the promises, agreements, representations, warranties, or insurance requirements contained in this Contract; (b) any infringement, misappropriation, or other violation of any intellectual property right or other right of any third party; (c) any bodily injury, death, or damage to real or tangible personal property occurring wholly or in part due to action or inaction by Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable); and (d) any acts or omissions of Contractor (or any of Contractor's employees, agents, subcontractors, or by anyone else for whose acts any of them may be liable).

The State will notify Contractor in writing if indemnification is sought; however, failure to do so will not relieve Contractor, except to the extent that Contractor is materially prejudiced. Contractor must, to the satisfaction of the State, demonstrate its financial ability to carry out these obligations.

The State is entitled to: (i) regular updates on proceeding status; (ii) participate in the defense of the proceeding; (iii) employ its own counsel; and to (iv) retain control of the defense if the State deems necessary. Contractor will not, without the State's written consent (not to be unreasonably withheld), settle, compromise, or consent to the entry of any judgment in or otherwise seek to terminate any claim, action, or proceeding. To the extent that any State employee, official, or law may be involved or challenged, the State may, at its own expense, control the defense of that portion of the claim.

Any litigation activity on behalf of the State, or any of its subdivisions under this Section, must be coordinated with the Department of Attorney General. An attorney designated to represent the State may not do so until approved by the Michigan Attorney General and appointed as a Special Assistant Attorney General.

Nothing in this **Section 26** as it relates to indemnification will be construed as a waiver of any governmental immunity for Contractor or its employees as provided by statute or modified by court decisions

- 27. Infringement Remedies.** If, in either party's opinion, any piece of equipment, software, commodity, or service supplied by Contractor or its subcontractors, or its operation, use or reproduction, is likely to become the subject of a copyright, patent, trademark, or trade secret infringement claim, Contractor must, at its expense: (a) procure for the State the right to continue using the equipment, software, commodity, or service, or if this option is not reasonably available to Contractor, (b) replace or modify the same so that it becomes non-infringing; or (c) accept its return by the State with appropriate credits to the State against Contractor's charges and reimburse the State for any losses or costs incurred as a consequence of the State ceasing its use and returning it.
- 28. Limitation of Liability and Disclaimer of Damages.** **IN NO EVENT WILL THE STATE'S AGGREGATE LIABILITY TO CONTRACTOR UNDER THIS CONTRACT, REGARDLESS OF THE FORM OF ACTION, WHETHER IN CONTRACT, TORT, NEGLIGENCE, STRICT LIABILITY OR BY STATUTE OR OTHERWISE, FOR ANY CLAIM RELATED TO OR ARISING UNDER THIS CONTRACT, EXCEED THE MAXIMUM AMOUNT OF FEES PAYABLE UNDER THIS CONTRACT.** The State is not liable for consequential, incidental, indirect, or special damages, regardless of the nature of the action.
- 29. Disclosure of Litigation, or Other Proceeding.** Contractor must notify the State within 14 calendar days of receiving notice of any litigation, investigation, arbitration, or other proceeding (collectively, "**Proceeding**") involving Contractor, a subcontractor, or an officer or director of Contractor or subcontractor, that arises during the term of the Contract, including: (a) a criminal Proceeding; (b) a parole or probation Proceeding; (c) a Proceeding under the Sarbanes-Oxley Act; (d) a civil Proceeding involving: (1) a claim that might reasonably be expected to adversely affect Contractor's viability or financial stability; or (2) a governmental or public entity's claim or written allegation of fraud; or (e) a Proceeding involving any license that Contractor is required to possess in order to perform under this Contract.
- 30. Reserved.**
- 31. State Data.**
- a. Ownership. The State's data ("**State Data**," which will be treated by Contractor as Confidential Information) includes: (a) the State's data collected, used, processed, stored, or generated as the result of the Contract Activities; (b) personally identifiable information ("**PII**") collected, used, processed, stored, or generated as the result of the Contract Activities, including, without limitation, any information that identifies an individual, such as an individual's social security number or other government-issued identification number, date of birth, address, telephone number, biometric data, mother's maiden name, email address, credit card information, or an individual's name in combination with any other of the elements here listed; and, (c) personal health information ("**PHI**") collected, used, processed, stored, or generated as the result of the Contract Activities, which is defined under the Health Insurance Portability and Accountability Act (HIPAA) and its related rules and regulations. State Data is and will remain the sole and exclusive property of the State and all right, title, and interest in the same is reserved by the State. This Section survives the termination of this Contract.
  - b. Contractor Use of State Data. Contractor is provided a limited license to State Data for the sole and exclusive purpose of providing the Contract Activities, including a license to collect, process, store, generate, and display State Data only to the extent necessary in the provision of the Contract Activities. Contractor must: (a) keep and maintain State Data in strict confidence, using such degree of care as is appropriate and consistent with its obligations as further described in this Contract and applicable law to avoid unauthorized access, use, disclosure, or loss; (b) use and disclose State Data solely and exclusively for the purpose of providing the Contract Activities, such use and disclosure being in accordance with this Contract, any applicable Statement of Work, and applicable law; and (c) not use, sell, rent, transfer, distribute, or otherwise disclose or make available State Data for Contractor's own purposes or for the benefit of anyone other than the State without the State's prior written consent. This Section survives the termination of this Contract.
  - c. Extraction of State Data. Contractor must, within five business days of the State's request, provide the State, without charge and without any conditions or contingencies whatsoever (including but not limited to the payment of any fees due to Contractor), an extract of the State Data in the format specified by the State.
  - d. Backup and Recovery of State Data. Unless otherwise specified in Schedule A, Contractor is responsible for maintaining a backup of State Data and for an orderly and timely recovery of such data. Unless otherwise described

in Schedule A, Contractor must maintain a contemporaneous backup of State Data that can be recovered within a reasonable time.

- e. Loss or Compromise of Data. In the event of any act, error or omission, negligence, misconduct, or breach on the part of Contractor that compromises or is suspected to compromise the security, confidentiality, or integrity of State Data or the physical, technical, administrative, or organizational safeguards put in place by Contractor that relate to the protection of the security, confidentiality, or integrity of State Data, Contractor must, as applicable: (a) notify the State as soon as practicable but no later than twenty-four (24) hours of becoming aware of such occurrence; (b) cooperate with the State in investigating the occurrence, including making available all relevant records, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by the State; (c) in the case of PII or PHI, at the State's sole election, (i) with approval and assistance from the State, notify the affected individuals who comprise the PII or PHI as soon as practicable but no later than is required to comply with applicable law, or, in the absence of any legally required notification period, within five calendar days of the occurrence; or (ii) reimburse the State for any costs in notifying the affected individuals; (d) in the case of PII, provide third-party credit and identity monitoring services to each of the affected individuals who comprise the PII for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than twenty-four (24) months following the date of notification to such individuals; (e) perform or take any other actions required to comply with applicable law as a result of the occurrence; (f) pay for any costs associated with the occurrence, including but not limited to any costs incurred by the State in investigating and resolving the occurrence, including reasonable attorney's fees associated with such investigation and resolution; (g) without limiting Contractor's obligations of indemnification as further described in this Contract, indemnify, defend, and hold harmless the State for any and all claims, including reasonable attorneys' fees, costs, and incidental expenses, which may be suffered by, accrued against, charged to, or recoverable from the State in connection with the occurrence; (h) be responsible for recreating lost State Data in the manner and on the schedule set by the State without charge to the State; and (i) provide to the State a detailed plan within ten (10) calendar days of the occurrence describing the measures Contractor will undertake to prevent a future occurrence. Notification to affected individuals, as described above, must comply with applicable law, be written in plain language, not be tangentially used for any solicitation purposes, and contain, at a minimum: name and contact information of Contractor's representative; a description of the nature of the loss; a list of the types of data involved; the known or approximate date of the loss; how such loss may affect the affected individual; what steps Contractor has taken to protect the affected individual; what steps the affected individual can take to protect himself or herself; contact information for major credit card reporting agencies; and, information regarding the credit and identity monitoring services to be provided by Contractor. The State will have the option to review and approve any notification sent to affected individuals prior to its delivery. Notification to any other party, including but not limited to public media outlets, must be reviewed and approved by the State in writing prior to its dissemination. The parties agree that any damages relating to a breach of this **Section 31** are to be considered direct damages and not consequential damages. This section survives termination or expiration of this Contract.
- f. State's Governance, Risk and Compliance (GRC) platform. Contractor is required to assist the State with its security accreditation process through the development, completion and ongoing updating of a system security plan using the State's automated GRC platform and implement any required safeguards or remediate any security vulnerabilities as identified by the results of the security accreditation process.

**32. Non-Disclosure of Confidential Information.** The parties acknowledge that each party may be exposed to or acquire communication or data of the other party that is confidential, privileged communication not intended to be disclosed to third parties. The provisions of this Section survive the termination of this Contract.

- a. Meaning of Confidential Information. For the purposes of this Contract, the term "**Confidential Information**" means all information and documentation of a party that: (a) has been marked "confidential" or with words of similar meaning, at the time of disclosure by such party; (b) if disclosed orally or not marked "confidential" or with words of similar meaning, was subsequently summarized in writing by the disclosing party and marked "confidential" or with words of similar meaning; and, (c) should reasonably be recognized as confidential information of the disclosing party. The term "Confidential Information" does not include any information or documentation that was: (a) subject to disclosure under the Michigan Freedom of Information Act (FOIA); (b) already in the possession of the receiving party without an obligation of confidentiality; (c) developed independently by the receiving party, as demonstrated by the receiving party, without violating the disclosing party's proprietary rights; (d) obtained from a source other than the disclosing party without an obligation of confidentiality; or, (e) publicly available when received, or thereafter became publicly available (other than through any unauthorized disclosure by, through, or on behalf of, the receiving party). For purposes of this Contract, in all cases and for all matters, State Data is deemed to be Confidential Information.
- b. Obligation of Confidentiality. The parties agree to hold all Confidential Information in strict confidence and not to copy, reproduce, sell, transfer, or otherwise dispose of, give or disclose such Confidential Information to third

parties other than employees, agents, or subcontractors of a party who have a need to know in connection with this Contract or to use such Confidential Information for any purposes whatsoever other than the performance of this Contract. The parties agree to advise and require their respective employees, agents, and subcontractors of their obligations to keep all Confidential Information confidential. Disclosure to a subcontractor is permissible where: (a) use of a subcontractor is authorized under this Contract; (b) the disclosure is necessary or otherwise naturally occurs in connection with work that is within the subcontractor's responsibilities; and (c) Contractor obligates the subcontractor in a written contract to maintain the State's Confidential Information in confidence. At the State's request, any employee of Contractor or any subcontractor may be required to execute a separate agreement to be bound by the provisions of this Section.

- c. Cooperation to Prevent Disclosure of Confidential Information. Each party must use its best efforts to assist the other party in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limiting the foregoing, each party must advise the other party immediately in the event either party learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Contract and each party will cooperate with the other party in seeking injunctive or other equitable relief against any such person.
- d. Remedies for Breach of Obligation of Confidentiality. Each party acknowledges that breach of its obligation of confidentiality may give rise to irreparable injury to the other party, which damage may be inadequately compensable in the form of monetary damages. Accordingly, a party may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies which may be available, to include, in the case of the State, at the sole election of the State, the immediate termination, without liability to the State, of this Contract or any Statement of Work corresponding to the breach or threatened breach.
- e. Surrender of Confidential Information upon Termination. Upon termination of this Contract or a Statement of Work, in whole or in part, each party must, within five calendar days from the date of termination, return to the other party any and all Confidential Information received from the other party, or created or received by a party on behalf of the other party, which are in such party's possession, custody, or control; provided, however, that Contractor must return State Data to the State following the timeframe and procedure described further in this Contract. Should Contractor or the State determine that the return of any Confidential Information is not feasible, such party must destroy the Confidential Information and must certify the same in writing within 5 calendar days from the date of termination to the other party. However, either Party's legal ability to destroy either Party's data may be restricted by its retention and disposal schedule, in which case either Party's Confidential Information will be destroyed after the retention period expires.

### **33. Data Privacy and Information Security.**

- a. Undertaking by Contractor. Without limiting Contractor's obligation of confidentiality as further described, Contractor is responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (a) ensure the security and confidentiality of the State Data; (b) protect against any anticipated threats or hazards to the security or integrity of the State Data; (c) protect against unauthorized disclosure, access to, or use of the State Data; (d) ensure the proper disposal of State Data; and (e) ensure that all employees, agents, and subcontractors of Contractor, if any, comply with all of the foregoing. In no case will the safeguards of Contractor's data privacy and information security program be less stringent than the safeguards used by the State, and Contractor must at all times comply with all applicable State IT policies and standards (the publicly available IT security policies can be found here: [https://www.michigan.gov/dtmb/0,5552,7-358-82547\\_56579\\_56755---,00.html](https://www.michigan.gov/dtmb/0,5552,7-358-82547_56579_56755---,00.html)).
- b. Audit by Contractor. No less than annually, Contractor must conduct a comprehensive independent third-party audit of its data privacy and information security program and provide such audit findings to the State.
- c. Right of Audit by the State. Without limiting any other audit rights of the State, the State has the right to review Contractor's data privacy and information security program prior to the commencement of Contract Activities and from time to time during the term of this Contract. During the providing of the Contract Activities, on an ongoing basis from time to time and without notice, the State, at its own expense, is entitled to perform, or to have performed, an on-site audit of Contractor's data privacy and information security program. In lieu of an on-site audit, upon request by the State, Contractor agrees to complete, within 45 calendar days of receipt, an audit questionnaire provided by the State regarding Contractor's data privacy and information security program.
- d. Audit Findings. Contractor must implement any required safeguards as identified by the State or by any audit of Contractor's data privacy and information security program.

- e. State's Right to Termination for Deficiencies. The State reserves the right, at its sole election, to immediately terminate this Contract or a Statement of Work without limitation and without liability if the State determines that Contractor fails or has failed to meet its obligations under this Section.

34. **Reserved.**

35. **Reserved.**

36. **Records Maintenance, Inspection, Examination, and Audit.** The State or its designee may audit Contractor to verify compliance with this Contract. Contractor must retain and provide to the State or its designee and the auditor general upon request, all financial and accounting records related to the Contract through the term of the Contract and for four years after the latter of termination, expiration, or final payment under this Contract or any extension ("**Audit Period**"). If an audit, litigation, or other action involving the records is initiated before the end of the Audit Period, Contractor must retain the records until all issues are resolved.

Within 10 calendar days of providing notice, the State and its authorized representatives or designees have the right to enter and inspect Contractor's premises or any other places where Contract Activities are being performed, and examine, copy, and audit all records related to this Contract. Contractor must cooperate and provide reasonable assistance. If any financial errors are revealed, the amount in error must be reflected as a credit or debit on subsequent invoices until the amount is paid or refunded. Any remaining balance at the end of the Contract must be paid or refunded within 45 calendar days.

This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.

37. **Warranties and Representations.** Contractor represents and warrants: (a) Contractor is the owner or licensee of any Contract Activities that it licenses, sells, or develops and Contractor has the rights necessary to convey title, ownership rights, or licensed use; (b) all Contract Activities are delivered free from any security interest, lien, or encumbrance and will continue in that respect; (c) the Contract Activities will not infringe the patent, trademark, copyright, trade secret, or other proprietary rights of any third party; (d) Contractor must assign or otherwise transfer to the State or its designee any manufacturer's warranty for the Contract Activities; (e) the Contract Activities are merchantable and fit for the specific purposes identified in the Contract; (f) the Contract signatory has the authority to enter into this Contract; (g) all information furnished by Contractor in connection with the Contract fairly and accurately represents Contractor's business, properties, finances, and operations as of the dates covered by the information, and Contractor will inform the State of any material adverse changes; (h) all information furnished and representations made in connection with the award of this Contract is true, accurate, and complete, and contains no false statements or omits any fact that would make the information misleading; and that (i) Contractor is neither currently engaged in nor will engage in the boycott of a person based in or doing business with a strategic partner as described in 22 USC 8601 to 8606. A breach of this Section is considered a material breach of this Contract, which entitles the State to terminate this Contract under Section 23, Termination for Cause.
38. **Conflicts and Ethics.** Contractor will uphold high ethical standards and is prohibited from: (a) holding or acquiring an interest that would conflict with this Contract; (b) doing anything that creates an appearance of impropriety with respect to the award or performance of the Contract; (c) attempting to influence or appearing to influence any State employee by the direct or indirect offer of anything of value; or (d) paying or agreeing to pay any person, other than employees and consultants working for Contractor, any consideration contingent upon the award of the Contract. Contractor must immediately notify the State of any violation or potential violation of these standards. This Section applies to Contractor, any parent, affiliate, or subsidiary organization of Contractor, and any subcontractor that performs Contract Activities in connection with this Contract.
39. **Compliance with Laws.** Contractor must comply with all federal, state and local laws, rules and regulations.
40. **Reserved.**
41. **Reserved.**
42. **Nondiscrimination.** Under the Elliott-Larsen Civil Rights Act, 1976 PA 453, MCL 37.2101, *et seq.*, the Persons with Disabilities Civil Rights Act, 1976 PA 220, MCL 37.1101, *et seq.*, and [Executive Directive 2019-09](#), Contractor and its subcontractors agree not to discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex (as defined in Executive Directive 2019-09), height, weight, marital status, partisan considerations, any mental or physical disability, or genetic information that is unrelated to the person's ability to perform the duties of a particular job or position. Breach of this covenant is a material breach of this Contract.

- 43. Unfair Labor Practice.** Under MCL 423.324, the State may void any Contract with a Contractor or subcontractor who appears on the Unfair Labor Practice register compiled under MCL 423.322.
- 44. Governing Law.** This Contract is governed, construed, and enforced in accordance with Michigan law, excluding choice-of-law principles, and all claims relating to or arising out of this Contract are governed by Michigan law, excluding choice-of-law principles. Any dispute arising from this Contract must be resolved in Michigan Court of Claims. Contractor consents to venue in Ingham County, and waives any objections, such as lack of personal jurisdiction or *forum non conveniens*. Contractor must appoint agents in Michigan to receive service of process.
- 45. Non-Exclusivity.** Nothing contained in this Contract is intended nor will be construed as creating any requirements contract with Contractor. This Contract does not restrict the State or its agencies from acquiring similar, equal, or like Contract Activities from other sources.
- 46. Force Majeure.** Neither party will be in breach of this Contract because of any failure arising from any disaster or acts of god that are beyond their control and without their fault or negligence. Each party will use commercially reasonable efforts to resume performance. Contractor will not be relieved of a breach or delay caused by its subcontractors. If immediate performance is necessary to ensure public health and safety, the State may immediately contract with a third party.
- 47. Dispute Resolution.** The parties will endeavor to resolve any Contract dispute in accordance with this provision. The dispute will be referred to the parties' respective Contract Administrators or Program Managers. Such referral must include a description of the issues and all supporting documentation. The parties must submit the dispute to a senior executive if unable to resolve the dispute within 15 business days. The parties will continue performing while a dispute is being resolved, unless the dispute precludes performance. A dispute involving payment does not preclude performance.

Litigation to resolve the dispute will not be instituted until after the dispute has been elevated to the parties' senior executive and either concludes that resolution is unlikely or fails to respond within 15 business days. The parties are not prohibited from instituting formal proceedings: (a) to avoid the expiration of statute of limitations period; (b) to preserve a superior position with respect to creditors; or (c) where a party makes a determination that a temporary restraining order or other injunctive relief is the only adequate remedy. This Section does not limit the State's right to terminate the Contract

- 48. Media Releases.** Any news releases (including promotional literature and commercial advertisements) which contains specific reference to MDHHS and pertain to the Contract must not be made without prior written State approval, and then only in accordance with the explicit written instructions of the State.
- 49. Website Incorporation.** The State is not bound by any content on Contractor's website unless expressly incorporated directly into this Contract.
- 50.** All Schedules and Exhibits that are referenced herein and attached hereto are hereby incorporated by reference. The following Schedules are attached hereto and incorporated herein:

<b>Schedule A</b>	Statement of Work
<b>Schedule B</b>	Business Associate Addendum
<b>Schedule C</b>	Definitions
<b>Schedule D</b>	PIHP/MHP Model Agreement
<b>Schedule E</b>	Reporting Requirements
<b>Schedule F</b>	Medicaid Mental Substance Use Disorder Authorization and Payment Responsibility Grid
<b>Schedule G</b>	Local Funding Obligation Schedule
<b>Schedule H</b>	Behavioral Health Capitation Rate Certification

- 51. Entire Agreement and Order of Precedence.** This Contract, which includes Schedule A – Statement of Work, and schedules and exhibits which are hereby expressly incorporated, is the entire agreement of the parties related to the Contract Activities. This Contract supersedes and replaces all previous understandings and agreements between the parties for the Contract Activities. If there is a conflict between documents, the order of precedence is: (a) first, this Contract, excluding its schedules, exhibits, and Schedule A – Statement of Work; (b) second, Schedule A – Statement of Work as of the Effective Date; and (c) third, schedules expressly incorporated into this Contract as of the Effective Date. NO TERMS ON CONTRACTOR'S INVOICES, ORDERING DOCUMENTS, WEBSITE, BROWSE-WRAP, SHRINK-WRAP, CLICK-WRAP, CLICK-THROUGH OR OTHER NON-NEGOTIATED TERMS AND CONDITIONS



PROVIDED WITH ANY OF THE CONTRACT ACTIVITIES WILL CONSTITUTE A PART OR AMENDMENT OF THIS CONTRACT OR IS BINDING ON THE STATE FOR ANY PURPOSE. ALL SUCH OTHER TERMS AND CONDITIONS HAVE NO FORCE AND EFFECT AND ARE DEEMED REJECTED BY THE STATE, EVEN IF ACCESS TO OR USE OF THE CONTRACT ACTIVITIES REQUIRES AFFIRMATIVE ACCEPTANCE OF SUCH TERMS AND CONDITIONS.

- 52. **Severability.** If any part of this Contract is held invalid or unenforceable, by any court of competent jurisdiction, that part will be deemed deleted from this Contract and the severed part will be replaced by agreed upon language that achieves the same or similar objectives. The remaining Contract will continue in full force and effect.
- 53. **Waiver.** Failure to enforce any provision of this Contract will not constitute a waiver.
- 54. **Survival.** The provisions of this Contract that impose continuing obligations, including warranties and representations, termination, transition, insurance coverage, indemnification, and confidentiality, will survive the expiration or termination of this Contract.
- 55. **Contract Modification.** This Contract may not be amended except by signed agreement between the parties (a "**Contract Change Notice**"). Notwithstanding the foregoing, no subsequent Statement of Work or Contract Change Notice executed after the Effective Date will be construed to amend this Contract unless it specifically states its intent to do so and cites the section or sections amended.

## Federal Provisions Addendum

This addendum applies to purchases that will be paid for in whole or in part with funds obtained from the federal government. The provisions below are required, and the language is not negotiable. If any provision below conflicts with the State's terms and conditions, including any attachments, schedules, or exhibits to the State's Contract, the provisions below take priority to the extent a provision is required by federal law; otherwise, the order of precedence set forth in the Contract applies. Hyperlinks are provided for convenience only; broken hyperlinks will not relieve Contractor from compliance with the law.

### 1. Equal Employment Opportunity

If this Contract is a "federally assisted construction contract" as defined in [41 CFR Part 60-1.3](#), and except as otherwise may be provided under [41 CFR Part 60](#), then during performance of this Contract, the Contractor agrees as follows:

(1) The Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, sexual orientation, gender identity, or national origin. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, religion, sex, sexual orientation, gender identity, or national origin. Such action shall include, but not be limited to the following:

Employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided setting forth the provisions of this nondiscrimination clause.

(2) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, or national origin.

(3) The Contractor will not discharge or in any other manner discriminate against any employee or applicant for employment because such employee or applicant has inquired about, discussed, or disclosed the compensation of the employee or applicant or another employee or applicant. This provision shall not apply to instances in which an employee who has access to the compensation information of other employees or applicants as a part of such employee's essential job functions discloses the compensation of such other employees or applicants to individuals who do not otherwise have access to such information, unless such disclosure is in response to a formal complaint or charge, in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or is consistent with the Contractor's legal duty to furnish information.

(4) The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided advising the said labor union or workers' representatives of the Contractor's commitments under this section, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(5) The Contractor will comply with all provisions of [Executive Order 11246](#) of September 24, 1965, and of the rules, regulations, and relevant orders of the Secretary of Labor.

(6) The Contractor will furnish all information and reports required by [Executive Order 11246](#) of September 24, 1965, and by rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to his books, records, and accounts by the administering agency and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.

(7) In the event of the Contractor's noncompliance with the nondiscrimination clauses of this contract or with any of the said rules, regulations, or orders, this Contract may be canceled, terminated, or suspended in whole or in part and the Contractor may be declared ineligible for further Government contracts or federally assisted construction contracts in accordance with procedures authorized in [Executive Order 11246](#) of September 24, 1965, and such other sanctions may be imposed and remedies invoked as provided in [Executive Order 11246](#) of September 24, 1965, or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.

(8) The Contractor will include the portion of the sentence immediately preceding paragraph (1) and the provisions of paragraphs (1) through (8) in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of [Executive Order 11246](#) of September 24, 1965, so that such provisions will be binding upon each subcontractor or vendor. The Contractor

will take such action with respect to any subcontract or purchase order as the administering agency may direct as a means of enforcing such provisions, including sanctions for noncompliance:

Provided, however, that in the event a Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the administering agency, the Contractor may request the United States to enter into such litigation to protect the interests of the United States.

The applicant further agrees that it will be bound by the above equal opportunity clause with respect to its own employment practices when it participates in federally assisted construction work: *Provided*, that if the applicant so participating is a State or local government, the above equal opportunity clause is not applicable to any agency, instrumentality or subdivision of such government which does not participate in work on or under the contract.

The applicant agrees that it will assist and cooperate actively with the administering agency and the Secretary of Labor in obtaining the compliance of contractors and subcontractors with the equal opportunity clause and the rules, regulations, and relevant orders of the Secretary of Labor, that it will furnish the administering agency and the Secretary of Labor such information as they may require for the supervision of such compliance, and that it will otherwise assist the administering agency in the discharge of the agency's primary responsibility for securing compliance.

The applicant further agrees that it will refrain from entering into any contract or contract modification subject to Executive Order 11246 of September 24, 1965, with a contractor debarred from, or who has not demonstrated eligibility for, Government contracts and federally assisted construction contracts pursuant to the Executive Order and will carry out such sanctions and penalties for violation of the equal opportunity clause as may be imposed upon contractors and subcontractors by the administering agency or the Secretary of Labor pursuant to Part II, Subpart D of the Executive Order. In addition, the applicant agrees that if it fails or refuses to comply with these undertakings, the administering agency may take any or all of the following actions: Cancel, terminate, or suspend in whole or in part this grant (contract, loan, insurance, guarantee); refrain from extending any further assistance to the applicant under the program with respect to which the failure or refund occurred until satisfactory assurance of future compliance has been received from such applicant; and refer the case to the Department of Justice for appropriate legal proceedings.

## **2. Davis-Bacon Act (Prevailing Wage)**

If this Contract is a **prime construction contracts** in excess of \$2,000, the Contractor (and its Subcontractors) must comply with the Davis-Bacon Act ([40 USC 3141-3148](#)) as supplemented by Department of Labor regulations ([29 CFR Part 5](#), "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"), and during performance of this Contract the Contractor agrees as follows:

- (1) All transactions regarding this contract shall be done in compliance with the Davis-Bacon Act (40 U.S.C. 3141- 3144, and 3146-3148) and the requirements of 29 C.F.R. pt. 5 as may be applicable. The contractor shall comply with 40 U.S.C. 3141-3144, and 3146-3148 and the requirements of 29 C.F.R. pt. 5 as applicable.
- (2) Contractors are required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor.
- (3) Additionally, contractors are required to pay wages not less than once a week.

## **3. Copeland "Anti-Kickback" Act**

If this Contract is a contract for construction or repair work in excess of \$2,000 where the Davis-Bacon Act applies, the Contractor must comply with the Copeland "Anti-Kickback" Act ([40 USC 3145](#)), as supplemented by Department of Labor regulations ([29 CFR Part 3](#), "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"), which prohibits the Contractor and subrecipients from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled, and during performance of this Contract the Contractor agrees as follows:

- (1) Contractor. The Contractor shall comply with 18 U.S.C. §874, 40 U.S.C. § 3145, and the requirements of 29 C.F.R. pt. 3 as may be applicable, which are incorporated by reference into this contract.
- (2) Subcontracts. The Contractor or Subcontractor shall insert in any subcontracts the clause above and such other clauses as FEMA or the applicable federal awarding agency may by appropriate instructions require, and also a clause requiring the Subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for the compliance by any subcontractor or lower tier subcontractor with all of these contract clauses.
- (3) Breach. A breach of the contract clauses above may be grounds for termination of the contract,

and for debarment as a Contractor and Subcontractor as provided in 29 C.F.R. § 5.12.

#### **4. Contract Work Hours and Safety Standards Act**

If the Contract is in excess of \$100,000 and involves the employment of mechanics or laborers, the Contractor must comply with [40 USC 3702](#) and [3704](#), as supplemented by Department of Labor regulations ([29 CFR Part 5](#)), as applicable, and during performance of this Contract the Contractor agrees as follows:

- (1) Overtime requirements. No Contractor or Subcontractor contracting for any part of the contract work which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (2) Violation; liability for unpaid wages; liquidated damages. In the event of any violation of the clause set forth in paragraph (1) of this section the Contractor and any Subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such Contractor and Subcontractor shall be liable to the United States (in the case of work done under contract for the District of Columbia or a territory, to such District or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (1) of this section, in the sum of \$27 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (1) of this section.
- (3) Withholding for unpaid wages and liquidated damages. The State shall upon its own action or upon written request of an authorized representative of the Department of Labor withhold or cause to be withheld, from any moneys payable on account of work performed by the Contractor or Subcontractor under any such contract or any other Federal contract with the same prime contractor, or any other federally-assisted contract subject to the Contract Work Hours and Safety Standards Act, which is held by the same prime contractor, such sums as may be determined to be necessary to satisfy any liabilities of such contractor or subcontractor for unpaid wages and liquidated damages as provided in the clause set forth in paragraph (2) of this section.
- (4) Subcontracts. The Contractor or Subcontractor shall insert in any subcontracts the clauses set forth in paragraph (1) through (4) of this section and also a clause requiring the Subcontractors to include these clauses in any lower tier subcontracts. The prime contractor shall be responsible for compliance by any subcontractor or lower tier subcontractor with the clauses set forth in paragraphs (1) through (4) of this section.

#### **5. Rights to Inventions Made Under a Contract or Agreement**

If the Contract is funded by a federal "funding agreement" as defined under [37 CFR §401.2 \(a\)](#) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with [37 CFR Part 401](#), "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

#### **6. Clean Air Act and the Federal Water Pollution Control Act**

If this Contract is in excess of \$150,000, the Contractor must comply with all applicable standards, orders, and regulations issued under the Clean Air Act ([42 USC 7401-7671q](#)) and the Federal Water Pollution Control Act ([33 USC 1251-1387](#)), and during performance of this Contract the Contractor agrees as follows:

##### Clean Air Act

1. The Contractor agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended, 42 U.S.C. § 7401 et seq.
2. The Contractor agrees to report each violation to the State and understands and agrees that the State will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency or the applicable federal awarding agency, and the appropriate Environmental Protection Agency Regional Office.
3. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA or the applicable federal awarding agency.

## Federal Water Pollution Control Act

1. The Contractor agrees to comply with all applicable standards, orders, or regulations issued pursuant to the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq.
2. The Contractor agrees to report each violation to the State and understands and agrees that the State will, in turn, report each violation as required to assure notification to the Federal Emergency Management Agency or the applicable federal awarding agency, and the appropriate Environmental Protection Agency Regional Office.
3. The Contractor agrees to include these requirements in each subcontract exceeding \$150,000 financed in whole or in part with Federal assistance provided by FEMA or the applicable federal awarding agency.

## **7. Debarment and Suspension**

A "contract award" (see [2 CFR 180.220](#)) must not be made to parties listed on the government-wide exclusions in the [System for Award Management](#) (SAM), in accordance with the OMB guidelines at [2 CFR 180](#) that implement [Executive Orders 12549](#) ([51 FR 6370; February 21, 1986](#)) and 12689 ([54 FR 34131; August 18, 1989](#)), "Debarment and Suspension." SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than [Executive Order 12549](#).

- (1) This Contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000. As such, the Contractor is required to verify that none of the Contractor's principals (defined at 2 C.F.R. § 180.995) or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).
- (2) The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.
- (3) This certification is a material representation of fact relied upon by the State. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the State, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.
- (4) The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

## **8. Byrd Anti-Lobbying Amendment**

Contractors who apply or bid for an award of **\$100,000 or more** shall file the required certification in Exhibit 1 – Byrd Anti-Lobbying Certification below. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, officer or employee of Congress, or an employee of a Member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. § 1352. Each tier shall also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the recipient who in turn will forward the certification(s) to the awarding agency.

## **9. Procurement of Recovered Materials**

Under [2 CFR 200.322](#), Contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act.

- (1) In the performance of this contract, the Contractor shall make maximum use of products containing recovered materials that are EPA-designated items unless the product cannot be acquired—
  - a. Competitively within a timeframe providing for compliance with the contract performance schedule;
  - b. Meeting contract performance requirements; or
  - c. At a reasonable price.
- (2) Information about this requirement, along with the list of EPA- designated items, is available at EPA's Comprehensive Procurement Guidelines web site, <https://www.epa.gov/smm/comprehensive-procurement-guideline-cpg-program>.
- (3) The Contractor also agrees to comply with all other applicable requirements of Section 6002 of the Solid Waste Disposal Act.

## **10. Additional FEMA Contract Provisions.**

The following provisions apply to purchases that will be paid for in whole or in part with funds obtained from the Federal Emergency Management Agency (FEMA):

- (1) Access to Records. The following access to records requirements apply to this contract:
  - a. The Contractor agrees to provide the State, the FEMA Administrator, the Comptroller General of the United States, or any of their authorized representatives access to any books, documents, papers, and records of the Contractor which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions.
  - b. The Contractor agrees to permit any of the foregoing parties to reproduce by any means whatsoever or to copy excerpts and transcriptions as reasonably needed.
  - c. The Contractor agrees to provide the FEMA Administrator or his authorized representatives access to construction or other work sites pertaining to the work being completed under the contract.
  - d. In compliance with the Disaster Recovery Act of 2018, the State and the Contractor acknowledge and agree that no language in this contract is intended to prohibit audits or internal reviews by the FEMA Administrator or the Comptroller General of the United States.
- (2) Changes. See the provisions regarding modifications or change notice in the Contract Terms.
- (3) DHS Seal, Logo, And Flags

The Contractor shall not use the DHS seal(s), logos, crests, or reproductions of flags or likenesses of DHS agency officials without specific FEMA pre-approval.
- (4) Compliance with Federal Law, Regulations, and Executive Orders

This is an acknowledgement that FEMA financial assistance will be used to fund all or a portion of the contract. The Contractor will comply with all applicable Federal law, regulations, executive orders, FEMA policies, procedures, and directives.
- (5) No Obligation by Federal Government

The Federal Government is not a party to this contract and is not subject to any obligations or liabilities to the State, Contractor, or any other party pertaining to any matter resulting from the Contract."
- (6) Program Fraud and False or Fraudulent Statements or Related Acts

The Contractor acknowledges that 31 U.S.C. Chap. 38 (Administrative Remedies for False Claims and Statements) applies to the Contractor's actions pertaining to this contract.

### Byrd Anti-Lobbying Certification

Contractor must complete this certification if the purchase will be paid for in whole or in part with funds obtained from the federal government and the purchase is greater than \$100,000.

#### APPENDIX A, 44 C.F.R. PART 18 – CERTIFICATION REGARDING LOBBYING

##### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, \_\_\_\_\_, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

E-SIGNED by Joseph Sedlock  
on 2020-09-25 11:09:38 EDT

\_\_\_\_\_  
Signature of Contractor's Authorized Official

**Joseph Sedlock**

\_\_\_\_\_  
Name and Title of Contractor's Authorized Official

**2020-09-25 11:09:38 UTC**

\_\_\_\_\_  
Date



# STATE OF MICHIGAN

Contract No.  
Prepaid Inpatient Health Plan (PIHP)

## **SCHEDULE A STATEMENT OF WORK CONTRACT ACTIVITIES**

The State hereby enters into a Contract with the specialty Prepaid Inpatient Health Plan (PIHP) Contractor identified on the signature page of this Contract.

### **BACKGROUND**

Under approval granted by the Centers for Medicare and Medicaid Services (CMS), the Michigan Department of Health and Human Services (MDHHS) operates a 1115 Behavioral Health Demonstration Waiver. Under this waiver, selected Medicaid State plan specialty services related to mental health and developmental disability services, as well as certain covered substance abuse services, have been “carved out” (removed) from Medicaid primary physical health care plans and arrangements.

CMS has also approved a 1115 Demonstration Waiver titled the Healthy Michigan Plan (HMP) which provides health care coverage for adults who become eligible for Medicaid under section 1902(2) (10)(A)(i)(VIII) of the Social Security Act. In Michigan, the 1115 Behavioral Health Demonstration Waiver and the Healthy Michigan Plan are managed on a shared risk basis by specialty PIHP contractors, selected through the Application for Participation (AFP) process which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4899-180903--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4899-180903--,00.html)

Services provided under the behavioral health managed care program include treatment for people with serious mental illness (SMI), Serious Emotional Disturbance (SED), substance use disorder (SUD) and intellectual and developmental disabilities (I/DD). Mental health services include State plan and Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, 1915(i) Waiver services and 1915(c) Waiver services:

- Children’s Waiver Program (CWP)
- Habilitation Supports Waiver (HSW)
- Serious Emotional Disturbance (SED) Waiver

All the substance abuse services are covered under the State plan (or alternative benefit plan (ABP)) for the HMP population.

### **SCOPE**

The purpose of this Contract is to obtain the services of the Contractor to manage the 1115 Behavioral Health Demonstration Waiver Program, the Healthy Michigan Plan and relevant approved Waivers in a designated service area and to provide a comprehensive array of specialty mental health and substance abuse services and supports as indicated in this Contract. The Contractor must manage its responsibilities in a manner that promotes maximum value, efficiency and effectiveness consistent with State and federal statute and applicable waiver standards. This include limiting managed care administrative duplication thereby reducing avoidable costs while maximizing the Medical Loss Ratio (MLR). The Contractor must actively manage behavioral health services area using standardized methods and measures for determination of need and appropriate delivery of service. The Contractor must ensure that cost variances in services are supported by quantifiable measures of need to ensure accountability, value and efficiency. The Contractor must minimize duplication of contracts and reviews for providers contracting with multiple Community Mental Health Services Programs (CMHSPs) in the service area.

### **RESPONSIBILITIES OF THE STATE**

The State will administer this Contract with the Contractor, monitor Contract performance, and perform the following activities:

1. Notify the Contractor of the name, address, and telephone number, if available, of all Medicaid, MI Child and Healthy Michigan eligibles in the service area. The Contractor will be notified of changes, as they are known to the State.
2. The State has the authority to take whatever action is necessary to address repeated health and welfare issues or emergencies or the Contractor’s failure to provide medically necessary services timely.

### **REQUIREMENTS**

Contractor must provide Deliverables/Services and staff, and otherwise do all things necessary or incidental to the performance requirements and performance of work, pursuant to the requirements set forth in this Contract. Contractor must comply with all provisions of Medicaid policy applicable to Contractors unless provisions of this Contract stipulate otherwise. All policies, procedures, operational plans, and clinical guidelines followed by the Contractor must be in writing and available to the State and Centers for CMS upon request. All medical records, report formats, information systems, liability policies, provider network information and other detail specific to performing the contracted services must be available to the State and CMS upon



request.

The Contractor must have sufficient administrative staff and organizational components to comply with the responsibilities reflected in this Contract. The Contractor must ensure that all staff has training, education, experience, licensing, or certification appropriate to their position and responsibilities.

## **1. General Requirements**

The following sections provide an explanation of the specifications and expectations that the Contractor must meet and the services that must be provided under the Contract. The Contractor and its provider network are not, however, constrained from supplementing this with additional services or elements deemed necessary to fulfill the intent of the Medicaid Managed Specialty Services and Supports Program (MMSSSP) and the Flint 1115 Waiver.

### **A. Service Area**

#### **1. Targeted Geographical Area for Implementation**

- a. The Contractor must manage the 1115 Behavioral Health Demonstration Waiver Program and the Healthy Michigan Plan under the terms of this Contract for your geographic service area. Counties included in each service area can be found at the following website:  
[https://www.michigan.gov/documents/PIHPDIRECTOR\\_97962\\_7.pdf](https://www.michigan.gov/documents/PIHPDIRECTOR_97962_7.pdf)

#### **2. Target Population**

- a. The Contractor must serve Medicaid beneficiaries in the service area described in 1.A.1 above who require the Medicaid services included under: the 1115 Behavioral Health Demonstration Waiver; who are eligible for the Healthy Michigan Plan, the 1915(i) State Plan Benefit the Flint 1115 Waiver or Community Block Grant, who are enrolled in the 1915(c) HSW, one of the three 1915(c) waivers (HSW, CWP, SED); who are enrolled in the MICHild program; or for whom the Contractor has assumed or been assigned County of Financial Responsibility (COFR) status under Chapter 3 of the Mental Health Code.

#### **3. Home and Community Character**

- a. The Contractor must assure that the residential (adult foster care, specialized residential, provider owned/controlled) and non-residential services (skill building, supported employment, community living supports, prevocational, out of home non-vocational) where individuals are supported by funds from the Medicaid 1915(c) waiver programs (Habilitation Supports Waiver, Children's Waiver, and Children's SED Waiver) maintain a home and community character setting as required by federal regulation and the resultant, Michigan-specific, Home and Community Based Services State Transition Plan.

### **B. Customer Services Standards**

#### **1. Introduction**

The Contractor must establish a Customer Services Unit. Contractor must convey an atmosphere that is welcoming, helpful and informative. These standards apply to the Contractor and to any entity to which the Contractor has delegated the customer service function.

#### **2. Functions**

- a. Welcome and orient individuals to services and benefits available, and the provider network.
- b. Provide information about how to access behavioral health, primary health, and other community services.
- c. Provide information about how to access the various rights processes.
- d. Provide the "Your Rights When Receiving Mental Health Services in Michigan" booklet. Reference the following website for more information: <https://cmham.org/services/bookstore/>
- e. Help individuals with problems and inquiries regarding benefits.
- f. Assist people with and oversee local complaint and grievance processes.
- g. Track and report patterns of problem areas for the organization.

#### **3. Requirements**

The Contractor must:

- a. Establish a Customer Services Unit with a minimum of one FTE (full-time equivalent).
- b. Establish a toll-free customer service telephone line with access to alternative telephonic communication methods (such as teletypewriter (TTY)).
- c. Publish customer service numbers in agency brochures and public information material.
- d. Ensure initial calls are answered by a live voice during normal business hours, a minimum of eight hours daily, Monday through Friday, excluding observed holidays.
- e. Publish how to access Customer Services information outside of normal business hours in the Customer Services Handbook and on the Contractor website.
- f. Provide each beneficiary a Customer Services Handbook within a reasonable time.
- g. Post the customer handbook on the Contractor website.
- h. Provide the Customer Services Handbook to the beneficiary by one of the following:
  - i. mailing a printed copy to the beneficiary's mailing address,
  - ii. emailing an electronic version after obtaining the beneficiary's written approval,
  - iii. notifying the beneficiary by providing a written statement that identifies where the handbook can be found

- on the website.
  - iv. Other alternate distribution based on the request of the beneficiary
- i. Provide, upon request, each affiliate CMHSP's current organizational chart, list of Board members, board meeting schedule and minutes and annual report.
- j. Upon request, assist beneficiaries with filing grievance and appeals, accessing local dispute resolution processes, and coordinating with Fair Hearing Officers and the local Office of Recipient Rights (ORR). See Section L. Grievance and Appeals Process for Beneficiaries.
- k. Ensure staff are trained and possess current, working knowledge in the following areas:
  - i. The populations served (serious mental illness, serious emotional disturbance, developmental disability and substance use disorder) and eligibility criteria for various benefits plans (e.g., Medicaid, Healthy Michigan Plan, MICHild)
  - ii. Service array, medical necessity requirements and eligibility for and referral to specialty services
  - iii. Person-centered planning
  - iv. Self-determination
  - v. Recovery and Resiliency
  - vi. Peer Specialists
  - vii. Grievance and appeals, Fair Hearings, local dispute resolution processes, and Recipient Rights. The Contractor must ensure that newly hired staff be trained in Recipient Rights within 30 days of hire.
  - viii. Limited English Proficiency (LEP) and cultural competency
  - ix. Information on covered items and services and benefits not covered under this Contract
  - x. The Public Behavioral Health System
  - xi. Customer services functions and beneficiary rights and protections in accordance with federal regulations.
  - xii. Community resources (e.g. advocacy organizations, housing options, schools, public health agencies)
  - xiii. Public Health Code, Mental Health Code and Medicaid Provider Manual
- 4. Customer Services Handbook Requirements
 

The Contractor must comply with 42 CFR 438.10, including the following:

  - a. Include the date of publication and version number in each Customer Services Handbook.
  - b. Provide a current version of the Customer Services Handbook to the beneficiary upon first request of service and annually thereafter, or sooner if substantial revisions have been made.
  - c. The topics with asterisks (\*) below must use the standard language templates (which can be found on the [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_44561---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_44561---,00.html)).
  - d. Ensure all information contained in the Customer Services Handbook is easily understood.
  - e. The information must be available in the prevalent non-English language(s) spoken in the Contractor's service area.
  - f. Obtain State approval, in writing, prior to publishing original and revised editions of the Customer Services Handbook.
  - g. Produce supplemental materials to the Customer Services Handbook, as needed, to ensure compliance with Contractual Requirements (e.g. inserts/stickers).
  - h. Use the State's description for each Medicaid covered service.
  - i. Include the following contact information for Medicaid Health Plans or Medicaid fee-for-service programs:
    - i. Plan/program name
    - ii. locations
    - iii. telephone numbers
  - j. Include the following topics in the Customer Services Handbook:
    - i. Topics Requiring use of MDHHS Template Language (which can be found on the [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_44561---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_44561---,00.html)):
      - 1. \*Template #1: Confidentiality and Family Access to Information
      - 2. \*Template #2: Coordination of Care
      - 3. \*Template #3: Emergency and After-Hours Access to Services
      - 4. \*Template #4: Definition of Terms
      - 5. \*Template #5: Grievance and Appeals Process
      - 6. \*Template #6: Accessibility and Accommodations
      - 7. \*Template #7: Payment for Services
      - 8. \*Template #8: Person-Centered Planning
      - 9. \*Template #9: Recipient Rights
      - 10. \*Template #10: Recovery and Resiliency
      - 11. \*Template #11: Service Array
      - 12. \*Template #12: Service Authorization
      - 13. \*Template #13: Tag Lines

14. \*Template #14: Fraud, Waste and Abuse
  - ii. Other Required Topics (not necessarily in this order)
    1. Benefits Provided by the Contractor
    2. How and where to access any benefits provided
    3. Access to out-of-network services
    4. Affiliate the names, addresses and phone numbers of the following personnel:
      - a. Executive director
      - b. Medical director
      - c. Recipient rights officer
      - d. Customer services
      - e. Emergency
    5. Community resource list (and advocacy organizations) Index
    6. Right to information about Contractor operations (e.g., organizational chart, annual report) Services not covered under contract
    7. Welcome to PIHP
    8. What are customer services and what it can do for the individual; hours of operation and process for obtaining customer assistance after hours?
  - iii. Other Suggested Topics
    1. Customer services phone number in the footer of each page
    2. Safety information
    3. Web Address
- C. Payment Reform
1. Behavioral Health Integration
    - a. Contractor recognizes the importance of integrating both physical health and behavioral health services in order to effectively address beneficiary needs and improve health status.
    - b. Contractor agrees to work with the State to develop initiatives to better integrate services covered by Contractor and the MHP(s) serving Contractor's beneficiaries and to provide incentives to support behavioral health integration.
    - c. Contractor agrees to collaborate with MHPs and the State to develop shared metrics to measure the quality of care provided to beneficiaries jointly served by the Contractor and MHPs.
  2. Data Reporting
    - a. In order to continually improve the performance of its contracted providers, Contractor must collect and report data in a consistent and coordinated manner in collaboration with the State.
    - b. Contractor agrees to work collaboratively with the State and with other Contractors to develop standard measure specifications, data collection processes, baseline data, and reports that will be provided to contracted providers and the State.
  3. Responsibility for Payment of Authorized Services
    - a. The Contractor will be responsible for payment for services that the Contractor authorizes, including Medicaid substance use disorder services. This provision presumes the Contractor and its subcontractors are fulfilling their responsibility to individuals according to terms specified in the Contract.
    - b. Services must not be delayed or denied as a result of a dispute of payment responsibility between two or more subcontractors. In the event there is an unresolved dispute between the Contractor and subcontractor(s), either one may request the State's involvement to resolve the dispute and make a determination. Likewise, services must not be delayed or denied as a result of a dispute of payment responsibility between the Contractor and the subcontractor.
    - c. The Contractor, or their designee, must be contacted for authorization for post-stabilization care. The Contractor is financially responsible for post-stabilization specialty care services obtained which are pre-approved by the Contractor, or their designee, if authorization is delegated to it by the Contractor.
    - d. The Contractor is also responsible for post-stabilization care services when they are administered to maintain, improve, or resolve the beneficiary's stabilized condition when:
      - i. The Contractor does not respond to a request for pre-approval within one hour
      - ii. The Contractor cannot be contacted or
      - iii. The Contractor's representative and the treating physician cannot reach an agreement concerning the beneficiary's care and a Contractor physician is not available for consultation. In this situation, the Contractor must give the treating physician the opportunity to consult with a Contractor physician and the treating physician may continue with care of the patient until a Contractor physician is reached or one of the criteria of 42 CFR 422.133(c)(3) is met.
    - e. When the State office in the Contractor's service area places a child outside of the service area on a non-permanent basis and the child needs specialty supports and services, the Contractor retains responsibility for services unless the family relocates to another service area, in which case responsibility transfers to the Contractor where the family has relocated.

- f. In accordance with 42 CFR 438.114(c)(1)(ii)(B), the Contractor is prohibited from denying payment for treatment obtained by an enrollee when a representative of the Contractor instructs the enrollee to seek emergency services.
  - g. In accordance with 42 CFR 438.114(d)(2), the Contractor may not hold an enrollee who has an emergency medical condition liable for payment of subsequent screening and treatment needed to diagnose the specific condition or stabilize the patient.
- 4. Medicaid Services Verification
 

Contractor must perform annual verification of Medicaid claims in accordance with Medicaid Services Verification: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html) and must be finalized no later than December 31.
- D. Contract Remedies and Sanctions
  - 1. The State will utilize a variety of means to assure compliance with Contract requirements and with the provisions of Section 330.1232b of Michigan's Mental Health Code. The State will pursue remedial actions and possibly sanctions as needed to resolve outstanding contract violations and performance concerns. The application of remedies and sanctions shall be a matter of public record. If action is taken under the provisions of Section 330.1232b of the Mental Health Code, an opportunity for a hearing will be afforded the Contractor, consistent with the provisions of Section 330.1232b.(6).
  - 2. The pursuance of any of remedial actions does not require a Contract amendment. The Contract Compliance notice to the Contractor is sufficient authority. The use of remedies and sanctions will typically follow a progressive approach, but the State reserves the right to deviate from the progression as needed to seek correction of serious, or repeated patterns of substantial non-compliance or performance problems. The Contractor can utilize the dispute resolution provision of the Contract to dispute a Contract compliance notice issued by the State.
  - 3. Before imposing a sanction on a Contractor, the State will provide Contractor with timely written Contract compliance notice that explains both of the following:
    - a. The compliance issue along with its statutory/regulatory/contractual basis and the objective evidence upon which the finding of fault is based.
    - b. The opportunity for a hearing to contest or dispute the State's findings and intended sanction, prior to the imposition of the sanction. A hearing under this Section is subject to the provisions governing a contested case under the Administrative Procedures Act of 1969, 1969 Public Act (PA) 306, MCL 24.201 to 24.328, unless otherwise agreed to in the specialty prepaid health plan contract.
  - 4. The State may do any of the following:
    - a. Require a plan of correction and specified status reports that becomes a Contract performance objective.
    - b. Impose a direct dollar penalty and make it a non-matchable Contractor administrative expense and reduce earned savings from that fiscal year by the same dollar amount.
    - c. Delay up to 25% of scheduled payment amount to the Contractor until compliance is achieved.
      - i. The State may apply this sanction in a subsequent payment cycle and will give prior written notice to the Contractor
    - d. Initiate Contract termination.
- E. Access and Availability
  - 1. Provider Network Services
 

The Contractor is responsible for maintaining and continually evaluating an effective provider network adequate to fulfill the obligations of this contract. The Contractor remains the accountable party for the Medicaid beneficiaries in its service area, regardless of the functions it has delegated to its provider networks. In this regard and in compliance with 42 CFR Parts 438.414; 438.10(g)(2)(xi)(C)(D)(E) and 457.1260, the Contractor must:

    - a. Maintain a regular means of communicating and providing information on changes in policies and procedures to its providers. This may include guidelines for answering written correspondence to providers, offering provider-dedicated phone lines, and a regular provider newsletter.
    - b. Have clearly written mechanisms to address provider grievances and complaints, and an appeal system to resolve disputes.
    - c. Provide a copy of the Contractor's prior authorization policies to the provider when the provider joins the Contractor's provider network. The Contractor must notify providers of any changes to prior authorization policies.
    - d. Provide a copy of the Contractor's grievance, appeal and fair hearing procedures and timeframes to the provider when the provider joins the Contractor's provider network. The Contractor must notify providers of any changes to those procedures or timeframes.
    - e. Provide to the State, in the format specified by the State, provider agency information profiles that contain a complete listing and description of the provider network available to recipients in the service area.
    - f. Assure that services are accessible, taking into account travel time, availability of public transportation, and other factors that may determine accessibility.
    - g. Assure that network providers do not segregate beneficiaries in any way from other individuals receiving their services.
  - 2. Network Requirements

- a. Contractor must maintain a network of qualified providers in sufficient numbers, mix, and geographic locations throughout their respective service area for the provision of all covered services. The Contractor may also utilize qualified providers from outside Contractor's service area for the provision of covered services.
  - b. Contractor must consider anticipated enrollment and expected utilization of services.
  - c. Contractor must provide documentation on which the State bases its certification that the Contractor complied with the State's requirements for availability and accessibility of services, including the adequacy of the provider network as referenced in 42 CFR Parts 438.604(a)(5); 438.606; 438.207(b) and 438.206.
  - d. Contractor must submit any other data, documentation, or information relating to the performance of the entity's obligations as required by the State as referenced in 42 CFR Parts 438.604(b) and 438.606.
3. Changes in Provider Network
  - a. The Contractor must notify the State within seven days of any changes to the composition of the provider network organizations that negatively affect access to care. The Contractor must have procedures to address changes in its network that negatively affect access to care. Changes in provider network composition that MDHHS determines to negatively affect recipient access to covered services may be grounds for sanctions.
  - b. Contractor must have written procedures to address network changes that negatively affect beneficiaries' access to care; the State may apply sanctions to the Contractor if a network change that negatively affects beneficiaries' access to care is not reported timely, or the Contractor is not willing or able to correct the issue.
4. Out of Network Providers
  - a. Contractor must provide adequate and timely access to, and authorize and reimburse Out-of-Network providers and cover Medically Necessary services for beneficiaries if such services could not reasonably be obtained by a Network Provider on a timely basis inside or outside the State of Michigan. The Contractor must cover such Out-of-Network services for as long as the Contractor's Provider Network is unable to provide adequate access to covered Medically Necessary services for the identified beneficiary(s).
  - b. If Contractor cannot reasonably provide access to non-emergent Covered Services by a Network Provider within access requirements of this Contract, Contractor must include in its service authorization decision, the provision of Covered Services Out-of-Network.
  - c. Contractor must coordinate with Out-of-Network providers with respect to payment and follow all applicable MDHHS policies to ensure the beneficiary is not liable for costs greater than would be expected for in network services including a prohibition on balance billing in compliance with 42 CFR 438.106, 42 CFR 438.116 and the Medicaid Provider Manual.
  - d. Contractor must comply with all related Medicaid Policies regarding authorization and reimbursement for Out-of-Network providers.
    - i. Contractor must pay Out-of-Network Medicaid providers' claims at established Medicaid fees in effect on the date of service.
    - ii. If Michigan Medicaid has not established a specific rate for the Covered Service, the Contractor must follow Medicaid Policy to determine the correct payment amount.
5. 1115 Behavioral Health Demonstration Waiver and Healthy Michigan Programs
  - a. Services may be provided at or through Contractor service sites or contractual provider locations. Unless otherwise noted in the Michigan Medicaid Provider Manual, mental health and intellectual/developmental disabilities services may also be provided in other locations in the community, including the beneficiary's home, according to individual need and clinical appropriateness.
6. Provider Procurement
  - a. The Contractor is responsible for the development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this Contract. Where the Contractor and its provider network fulfill these responsibilities through subcontracts, they must adhere to applicable provisions of federal procurement requirements as specified in 2 CFR 200. In complying with these requirements and in accordance with 42 CFR 438.12, the Contractor:
    - i. May not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification
    - ii. Must give those providers not selected for inclusion in the network written notice of the reason for its decision
    - iii. Is not required to contract with providers beyond the number necessary to meet the needs of its beneficiaries and is not precluded from using different practitioners in the same specialty. Nor is the Contractor prohibited from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to its beneficiaries. In addition, the Contractor's selection policies and procedures cannot discriminate against particular providers that serve high-risk populations or specialize in conditions that require costly treatments. Also, the Contractor must ensure that it does not employ or contract with providers excluded from participation in federal health care programs under either Section 1128

or Section 1128A of the Social Security Act.

7. Access Standards
  - a. The Contractor must ensure timely access to supports and services in accordance with the Access Standards which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html) and the following timeliness standards, and report its performance on the standards in accordance with Schedule E of this Contract.
  - b. Have written policies guaranteeing each beneficiary's right to request and receive a copy of their medical records, and to request that they be amended or corrected.
8. Person Centered Planning
  - a. The Michigan Mental Health Code, MCL 330.1712, establishes the right for all individuals to have an Individual Plan of Service (IPS) developed through a person-centered planning process. The Contractor must implement person-centered planning in accordance with the MDHHS Person-Centered Planning Policy which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html). In accordance with 42 CFR 438.208(b)(2)(i), the person-centered planning process must include coordination of services between settings of care which includes appropriate discharge planning for short and long-term hospitalizations. This provision is not a requirement of Substance Use Disorder Services.
9. Cultural Competence
  - a. The supports and services provided by the Contractor (both directly and through contracted providers) must demonstrate an ongoing commitment to linguistic and cultural competence that ensures access and meaningful participation for all people in the service area. Such commitment includes acceptance and respect for the cultural values, beliefs and practices of the community, as well as the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services.
  - b. To effectively demonstrate such commitment, it is expected that the Contractor has five components in place: (1) a method of community assessment; (2) sufficient policy and procedure to reflect the Contractor's value and practice expectations; (3) a method of service assessment and monitoring; (4) ongoing training to assure that staff are aware of, and able to effectively implement, policy; and (5) the provision of supports and services within the cultural context of the recipient.
  - c. The Contractor must participate in the State's efforts to promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds.
10. Self-Direction
  - a. It is the expectation that Contractor will assure compliance among their network of service providers all elements of Participant-Directed Services outlined in the 1915(i)(1)(G)(iii), 1915(c) Appendix E HCBS waiver authorities and the Self-Directing Services Policy which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html). This provision is not a requirement of Substance Use Disorder Services.
11. Choice
  - a. In accordance with 42 CFR 438.6, the Contractor must assure that the beneficiary is allowed to choose his or her health care professional, i.e., physician, therapist, etc. to the extent possible and appropriate.
12. Second Opinion
  - a. If the beneficiary requests, the Contractor must provide for a second opinion from a qualified health care professional within the network, or arrange for the ability of the beneficiary to obtain one outside the network, at no cost to the beneficiary.
13. Denials by a Qualified Professional
  - a. The Contractor must assure that any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested, must be made by a health care professional who has appropriate clinical expertise in treating the beneficiary's condition.
14. Recovery Policy
  - a. All Supports and Services provided to individuals with mental illness, including those with co-occurring conditions, must be based in the principles and practices of recovery outlined in the Michigan Recovery Council document Recovery Policy and Practice Advisory which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).
15. Nursing Home Placements
  - a. The Contractor agrees to provide medically necessary Medicaid specialty services to facilitate placement from, or divert admissions to, a nursing home for eligible beneficiaries determined by the OBRA screening assessment to have a mental illness and/or developmental disability and in need of placement and/or services.
16. Nursing Home Mental Health Services
  - a. Residents of nursing homes with mental health needs must be given the same opportunity for access to Contractor services as other individuals covered by this Contract.
17. Payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
  - a. When the Contractor pays FQHCs and RHCs for specialty services included in the specialty services waivers, the Contractor must ensure that payments are no less than amounts paid to non-FQHC and non-RHCs for



similar services.

18. Indian Health Service/Tribally Operated Facility or program/Urban Indian Clinic (I/T/U)
  - a. The Contractor is required to pay any Indian Health Service, Tribal Operated Facility Organization/Program/Urban Indian Clinic (I/T/U), or I/T/U contractor, whether participating in the Contractor provider network or not, for Contractor authorized medically necessary covered Medicaid managed care services provided to Medicaid beneficiary/Indian beneficiaries who are eligible to receive services from the I/T/U provider either (1) at a rate negotiated between the Contractor and the I/T/U provider, or (2) if there is no negotiated rate, at a rate not less than the level and amount of payment that would be made if the provider were not an I/T/U provider.
19. Persons Associated with the Corrections System
  - a. Under an arrangement between the Michigan Department of Corrections (MDOC) and MDHHS, the Contractor must be responsible for medically necessary community-based substance use disorder treatment services for individuals under the supervision of the MDOC once those individuals are no longer incarcerated. These individuals are typically under parole or probation orders and excludes individuals referred by court and services through local community corrections (PA 511) systems.
  - b. Referrals, Screening and Assessment
    - i. Individuals under MDOC supervision are considered a priority population for assessment and admission for substance use disorder treatment services due to the public safety needs related to their MDOC involvement. The Contractor must ensure timely access to supports and services in accordance with this Contract.
    - ii. The Contractor must designate a point of contact within each Contractor catchment area for referral, screening and assessment problem identification and resolution. The position title and contact information will be provided to the State, which will provide the information to the MDOC Central Office Personnel. The Contractor must provide this contact information to MDOC Supervising Agents in their regions.
    - iii. The MDOC Supervising Agent will refer individuals in need of substance use disorder treatment through the established referral process at the Contractor. The Supervising Agent will make best efforts to obtain from the individual a signed Michigan Behavioral Health Standard Consent Form, MDHHS-5515, and provide it to the Contractor and/or designated access point along with any pertinent background information and the most recent MDOC Risk Assessment summary.
    - iv. The Supervising Agent will assist the individual in calling the Contractor or designated access point for a substance abuse telephonic screening for services. Individuals that are subsequently referred for substance use disorder treatment as a result of a positive screening must receive an in-person assessment. If the individual referred is incarcerated, the Supervising Agent will make best efforts to facilitate service initiation and appropriate contact with the Contractor/Designated Access Point. Provided that it is possible to do so, the Contractor must make best efforts to ensure the individual receives a telephonic, video or in-person screening for services at the designated location as arranged by MDOC Supervising Agent. The Contractor/designated access point may not deny an individual an in-person assessment via phone screening.
    - v. Assessments must be conducted in accordance with MDHHS-approved assessment instruments (if any) and admissions decisions based on MDHHS-approved medical necessity criteria included in this Contract. In the case of MDOC supervised individuals, these assessments should include consideration of the individual's presenting symptoms and substance use/abuse history prior to and during incarceration and consideration of their SUD treatment history while incarcerated. To the extent consistent with HIPAA, the Michigan Mental Health Code and 42 CFR Part 2, and with the written consent of the individual, the Contractor/designated provider will provide notice of an admission decision to the Supervising Agent within one business day, and if accepted, the name and contact information of the individual's treatment provider. If the individual is not referred for treatment services, the Contractor/designated access point will provide information regarding community resources such as AA/NA or other support groups to the individual.
    - vi. The Contractor will not honor Supervising Agent requests or proscriptions for level or duration of care, services or supports and must base admission and treatment decisions only on medical necessity criteria and professional assessment factors.
  - c. Plan of Service
    - i. The individualized master treatment plan must be developed in a manner consistent with the principles of person-centered planning as applicable to individuals receiving treatment for substance use disorders as defined in this Contract and applicable portions of Person-Centered Planning Policy (which can be found at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---\\_00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---_00.html)).
    - ii. The Contractor/designated provider agrees to inform the Supervising Agent when Medication Assisted Treatment (MAT) is being used, including medication type. If the medication type changes, the Contractor/designated provider must inform the Supervising Agent.

- d. Residential Services
  - i. If an individual referred for residential treatment does not appear for, or is determined not to meet, medical necessity criteria for that level of care, the Supervising Agent must be notified with one business day. If an individual is participating in residential treatment, the individual may not be given unsupervised day passes, furloughs, etc. without consultation with the Supervising Agent. Leaves for any non-emergent medical procedure should be reviewed/coordinated with the Supervising Agent. If an individual is absent from an off-site supervised therapeutic activity without proper authorization, the Contractor/designated provider must notify the Supervising Agent by the end of the day on which the absence occurred.
  - ii. The Contractor/designated provider may require individuals participating in residential treatment to submit to drug testing when returning from off property activities and any other time there is a suspicion of use. Positive drug test results and drug test refusals must be reported to the Supervising Agent.
  - iii. Additional reporting notifications for individuals receiving residential care include:
    - 1. Death of an individual under supervision.
    - 2. Relocation of an individual's placement for more than 24 hours.
    - 3. The Contractor/designated provider must immediately, and no more than one hour from awareness of the occurrence, notify the MDOC Supervising Agent any serious sentinel event by or upon an individual under MDOC supervision while on the treatment premises or while on authorized leaves.
    - 4. The Contractor/designated provider must notify the MDOC Supervising Agent of any criminal activity involving an MDOC supervised individual within one hour of learning of the activity.
- e. Service Participation
  - i. The Contractor must ensure the designated provider completes a monthly progress report on each individual on a template supplied by the MDOC and must ensure it is sent via encrypted email to the Supervising Agent by the fifth day of the following month.
  - ii. The Contractor/designated provider must not terminate any referred individual from treatment for violation of the program rules and regulations without prior notification to the individual's Supervising Agent, except in extreme circumstances. The Contractor/designated provider must collaborate with the MDOC for any non-emergency removal of the referred individual and allow the MDOC time to develop a transportation plan and a supervision plan prior to removal.
  - iii. The Contractor must ensure a recovery plan is completed and sent to the Supervising Agent within five business days of discharge. Recovery planning must include an offender's acknowledgment of the plan and the Contractor's referral of the offender to the prescribed aftercare services.
- f. Testimony
 

With a properly executed release inclusive of the court with jurisdiction, the Contractor and/or its designated provider, must provide testimony to the extent consistent with applicable law, including HIPAA and 42 CFR Part 2.
- g. Training
  - i. In support of the needs of programs providing services to individuals under MDOC supervision, the MDHHS will make available in-person training on criminogenic risk factors and special therapy concerns regarding the needs of this population.
  - ii. The Contractor must ensure its provider network delivers services to individuals served consistent with professional standards of practice, licensing standards, and professional ethics.
- h. Compliance Monitoring
 

The Contractor is not accountable to the MDOC under this Contract. The Contractor must permit the MDHHS, or its designee, to visit the Contractor to monitor Contractor provider network oversight activities for the individuals served under this section.
- i. Provider Network Oversight
 

The Contractor is solely responsible for the composition, compensation and performance of its contracted provider network. To the extent necessary, the Contractor must include performance requirements/standards based on existing regulatory or contractual requirements applicable to the MDOC-supervised population. Provider network oversight must be in compliance with applicable sections of this Contract.
- 20. Network Adequacy Standards.
 

Information regarding Network Adequacy Standards can be found at the following MDDHS website:  
[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)

  - a. Pursuant to 42 CFR Parts 438.68 and 457.1218, MDHHS created a Network Adequacy Standard policy (MSA 18-49) and corresponding procedural document to effectuate network adequacy standards for Michigan's specialty behavioral health delivery system. The Contractor must comply with the network adequacy standards set forth in the policy and procedure documents.
  - b. The Contractor has six months from the State's notice to comply with the standards set forth in this Contract requirement. The State will provide 90 days' written notice to the Contractor on any changes to the network



- adequacy procedure.
- c. The Contractor must submit a plan on how the standards will be effectuated. The Contractor must consider at least the following parameters for their plans:
  - i. Maximum time and distance
  - ii. Timely appointments
  - iii. Language, Cultural competence, and Physical accessibility
- 21. Intensive Crisis Stabilization Services (ICSS)
 

The Contractor must report its performance on the standards specific to ICSS for children on behalf of the enrolled programs in their geographic service area in accordance with Schedule E of this Contract.
- F. Covered Services
  - 1. General
    - a. Contractor must conform to professionally accepted standards of care and may not arbitrarily deny or reduce the amount, duration, or scope of a required service solely because of the diagnosis, type of illness, or condition of a beneficiary.
    - b. Contractor must operate consistent with all applicable Medicaid policies and publications for coverages and limitations. If new Medicaid services are added, expanded, eliminated, or otherwise changed, Contractor must implement the changes consistent with State direction and the terms of this Contract.
    - c. The Contractor will be responsible for the operation of the 1115 Behavioral Health Demonstration Waiver, the Healthy Michigan Plan, the 1915(i) State Plan Benefit, who are enrolled in one of the three 1915(c) waivers (Habilitation Supports Waiver, Children's Waiver Program, or the Waiver for Children with Serious Emotional Disturbances) and other public funding within its designated service area. Operation of the 1115 Behavioral Health Demonstration Waiver Program must conform to regulations applicable to the concurrent program and to each (i.e., 1115 Behavioral Health Demonstration Waiver and 1915 (c)) Waiver. The Contractor will also be responsible for development of the service delivery system and the establishment of sufficient administrative capabilities to carry out the requirements and obligations of this Contract. If the Contractor elects to subcontract, the Contractor must comply with applicable provisions of federal procurement requirements as specified in 2 CFR 200, except as waived for CMHSPs in the 1115 Behavioral Health Demonstration Waiver.
    - d. Contractor Reciprocity Standards
 

The Contractor will be responsible for the Reciprocity Standards policy which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html)
  - 2. 1115 Demonstration Waiver
    - a. State Plan Services: Under the 1115 Demonstration Waiver, the Contractor is responsible for providing the covered services as described in the Michigan Medicaid Provider Manual.
  - 3. 1915(c) Services
    - a. The Contractor is responsible for provision of certain enhanced community support services for those beneficiaries in the service area who are enrolled in one of the three Michigan's 1915(c) Home and Community Based Services Waivers. Covered services are described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter of the Michigan Medicaid Provider Manual.
  - 4. Healthy Michigan Plan
    - a. The Contractor is responsible for providing the covered services described in the Behavioral Health and Intellectual and Developmental Disability Supports and Services Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual as well as the additional Substance Use Disorder services and supports described in the Medicaid Provider Manual for individuals who are eligible for the Healthy Michigan Plan.
  - 5. MICHild
    - a. The Contractor must provide medically necessary defined mental health benefits to children enrolled in the MICHild program.
  - 6. Flint 1115 Waiver
    - a. The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a State-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021.
    - b. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the State plan. All such persons will have access to Targeted Case Management services under a fee for service contract between the State and Genesee Health Systems (GHS). The fee for service contract will provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.
  - 7. Institution for Mental Disease (IMD) Services
    - a. The Contractor is responsible for providing the covered services in an IMD up to 15 days per month per individual.

8. Early Periodic Screening, Diagnosis and Treatment (EPSDT)
  - a. Under Michigan's 1115 Behavioral Health Demonstration Waiver, the Contractor is responsible for the provision of specialty services Medicaid benefits, and must make these benefits available to beneficiaries referred by a primary EPSDT screener, to correct or ameliorate a qualifying condition discovered through the screening process.
  - b. While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the Contractor must assist beneficiaries in obtaining necessary transportation either through the State or through the beneficiary's Medicaid health plan.
9. Special Health Care Needs
  - a. Beneficiaries with special health care needs must have direct access to a specialist, as appropriate for the individual's health care condition, as specified in 42 CFR 438.208(c)(4).
10. Opioid Health Home (OHH) (Optional Benefit to be provided by approved Contactors)
  - a. The OHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with opioid use disorder who also have or are at risk of developing another chronic condition. For enrolled beneficiaries, the OHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop an individualized recovery care plan to best manage their care. The model will also elevate the role and importance of peer recovery coaches and community health workers to foster direct empathy and connection to improve overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary, and enrolled beneficiaries may opt out at any time.
  - b. OHH receives reimbursement for providing the following federally mandated core services:
    - i. Comprehensive care management
    - ii. Care coordination and health promotion
    - iii. Comprehensive transitional care
    - iv. Patient and family support
    - v. Referral to community and support services
  - c. The Contractor, serving as the Lead Entity (LE), must meet all requirements indicated in the Opioid Health Home State Plan Amendment, Medical Services administration (MSA) Policy 18-27, Opioid Health Home Handbook, and all other Medicaid laws, regulations, policies, and procedures (reference the following MDHHS website: [www.michigan.gov/OHH](http://www.michigan.gov/OHH)). The Contractor must utilize State Plan qualified Opioid Treatment Programs (OTPs) and Office Based Opioid Treatment providers (OBOTs) to execute the OHH via a "Hub and Spoke" system of care. Participation is voluntary and enrolled beneficiaries may opt-out at any time. The OHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with an opioid use disorder diagnosis.
  - d. The Contractor, serving as the LE, will be responsible for the administrative oversight, coordination, and provision of OHH services.
  - e. The Contractor is responsible for the selection and paneling of designated Opioid Health Home Partners (OHHPs), coordination of enrollment through the Waiver Support Application, payment, health information technology, coordination of services, and other requirements cited in the approved State Plan, Policy, and the OHH Handbook.
  - f. OHH providers will be required to enroll in the Contractor's provider panel.
  - g. The Contractor must execute a contract with OHHPs to ensure an adequate network of providers to meet the state plan defined requirements.
  - h. The Contractor must provide technical assistance and training to current and prospective OHHPs to successfully operationalize the OHH program.
  - i. Provider Types  
Eligible provider types for the OHH include OTPs and OBOT providers.
11. Behavioral Health Home (BHH) (Optional Benefit to be provided by approved Contactors)
  - a. BHH will provide comprehensive care management and coordination services to Medicaid beneficiaries with a serious mental illness or serious emotional disturbance. For enrolled beneficiaries, the BHH will function as the central point of contact for directing patient-centered care across the broader health care system. Beneficiaries will work with an interdisciplinary team of providers to develop a person-centered health action plan to best manage their care. The model will also elevate the role and importance of Peer Support Specialists and Community Health Workers to foster direct empathy and raise overall health and wellness. In doing so, this will attend to a beneficiary's complete health and social needs. Participation is voluntary and enrolled beneficiaries may opt-out at any time.
  - b. BHH receives reimbursement for providing the following federally mandated core services:
    - i. Comprehensive care management
    - ii. Care coordination and health promotion
    - iii. Comprehensive transitional care
    - iv. Patient and family support
    - v. Referral to community and support services

- c. The Contractor, serving as the LE, will be responsible for the administrative oversight, coordination, and provision of BHH services.
  - d. The Contractor must meet all requirements indicated in the BHH Handbook, and all other Medicaid laws, regulations, policies, and procedures (reference the following MDHHS website: [www.michigan.gov/BHH](http://www.michigan.gov/BHH))
  - e. The Contractor is responsible for the selection and paneling of designated Behavioral Health Home Partners (BHHs), coordination of enrollment through the Waiver Support Application, payment, health information technology, coordination of services, and other requirements cited in the approved State Plan, Policy, and the BHH Handbook.
  - f. The Contractor must execute a contract with BHHs to ensure an adequate network of providers to meet the state plan defined requirements.
  - g. The Contractor must provide technical assistance and training to current and prospective BHHs to successfully operationalize the BHH program.
- G. Contractor Governance and Board Requirements
- 1. For the purposes of this Contract, the designation as a Contractor applies to single county Community Mental Health Service Program or regional entities (organized under Section 1204b of the Mental Health Code or Urban Cooperation Act) serving the Contractor's service areas as defined by the State. The Contractor must either be a single county CMHSP, or a regional entity jointly and representatively governed by all CMHSPs in the service area pursuant to Section 204 or 205 of PA 258 of 1974, as amended in the Mental Health Code.
  - 2. Contractor Substance Use Disorder Oversight Policy Board  
The Contractor must establish a SUD Oversight Policy Board pursuant to Section 287 of PA 258 of 1974, as amended in the Mental Health Code.
  - 3. The Contractor must ensure that its provider network uses a specially-constituted committee, such as a behavior treatment plan review committee, to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions with individuals served by the public mental health system who exhibit seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of physical harm. The Committee must substantially incorporate the standards in the Standards for Behavior Treatment Plan Review Committees which can be found on the MDHHS website:  
[https://www.michigan.gov/documents/mdhhs/Technical\\_Requirement\\_for\\_Behavior\\_Treatment\\_Plans\\_P-1-4-1\\_638408\\_7.pdf](https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf).
  - 4. The Contractor must Provide timely notification to the Department, in writing, of any action by its governing board or any other funding source that would require or result in significant modification in the provision of services, funding or compliance with operational procedures.
- H. Behavioral/Physical Health Integration
- 1. Medicaid Health Plan (MHP) Agreements
    - a. Many Medicaid beneficiaries receiving services from the Contractor will be enrolled in an MHP for their health care services. The MHP is responsible for non-specialty level mental health services. It is therefore essential that the Contractor have a written, functioning Coordinating Agreement with each MHP serving any part of the Contractor's service area. The written Coordinating Agreement must describe the coordination arrangements, inclusive of but not limited to, the exchange of information, referral procedures, care coordination and dispute resolution. At a minimum, these arrangements must address the integration of physical and mental health services provided by the MHP and Contractor for the shared consumer base plans. A model Coordinating Agreement is provided in Schedule D. Contractors must, in collaboration with coordinating MHPs, update the Coordinating Agreement to incorporate any necessary remedies to improve continuity of care, care management, and the provision of health care services, at least annually.
  - 2. Integrated Physical and Mental Health Care
    - a. The Contractor must initiate affirmative efforts to ensure the integration of primary and specialty behavioral health services for Medicaid beneficiaries. These efforts must focus on persons that have a chronic condition such as a serious mental health illness, co-occurring substance use disorder, children with serious emotional disorders or a developmental disability and have been determined by the Contractor to be eligible for Medicaid Specialty Mental Health Services and Supports.
      - i. The Contractor must implement practices to encourage all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of current and past physical health care and referrals for appropriate services. The physical health assessment will be coordinated through the consumer's MHP as defined in H.1.
      - ii. As authorized by the consumer, the Contractor must include the results of any physical health care findings that relate to the delivery of specialty mental health services and supports in the PCP process.
      - iii. The Contractor must make its best effort to conduct an initial screening of each enrollee's needs, within 90 days of the effective date of enrollment for all new enrollees. The Contractor must make subsequent attempts to conduct an initial screening of each

enrollee's needs if the initial attempt to contact the enrollee is unsuccessful. Since the Contractor is not an enrollment model, screening once an individual presents for services would meet this agreement.

3. Primary Care Coordination

- a. In accordance with 42 CFR, the Contractor must take all appropriate steps to assure that substance use disorder treatment services are coordinated with primary health care. Care Coordinating Agreements or joint referral agreements, by themselves, are not sufficient to show that the Contractor has taken all appropriate steps related to coordination of care. Client treatment case file documentation is also necessary. Client treatment case files must include, at minimum, the primary care physician's name and address, a signed release of information for purposes of coordination, or a statement that the client has refused to sign a release.

I. Eligibility

1. Medicaid Eligibility

- a. The MDHHS MSA administers the Medicaid program in Michigan. Eligibility is determined by the State with the sole authority to determine whether individuals or families meet eligibility requirements.

2. 1915(c) Habilitation Supports Waiver

- a. The 1915(c) HSW and 1915(i) uses an "attrition management" model that allows PIHPs to "fill in behind" attrition with new beneficiaries up to the limits established in the CMS- approved waiver. MDHHS has allocated slots to each of the PIHPs. The process for filling a slot involves the following steps: 1) the PIHPs submit applications for Medicaid beneficiaries for enrollment based on vacant slots within the PIHP and includes required documentation that supports the eligibility for HSW; 2) MDHHS personnel reviews the PIHP enrollment applications; and 3) MDHHS personnel approves (within the constraint of the total yearly number of available waiver certificates and priority populations described in the CMS-approved waiver) those beneficiaries who meet the requirements described above.
- b. The State may reallocate an existing HSW slot from one Contractor to another if:
  - i. the Contractor has presented no suitable candidate for enrollment in the HSW within 60 days of the certificate being vacated and
  - ii. there is a high priority candidate (person exiting the ICF/ IID or at highest risk of needing ICF/ IID placement, or young adult aging off CWP) in another service area where no certificate is available.
- c. The State will review all disenrollments from the HSW.

3. 1915(c) Children's Waiver Program

- a. The Contractor must identify children who meet the eligibility criteria for the Children's Waiver Program Benefit Plan and submit to, the State, prescreens for those children. For children determined ineligible for the CWP, the Contractor, on behalf of the State, informs the family of its right to request a Medicaid fair hearing by providing written adequate notice of denial of the CWP to the family
- b. The Contractor must carry out administrative and operational functions delegated by State to the Contractor as specified in the CMS approved (c) waiver application. These delegated functions include level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.
- c. The Contractor must determine the appropriate Category of Care/Intensity of Care and the amount of publicly funded hourly care for each Children's Waiver Program recipient per the Medicaid Provider Manual.
- d. The Contractor must assure that services are provided in amount, scope, and duration as specified in the approved plan.
- e. The Contractor must comply with policy covering credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by the Contractor, as it pertains to the rendering of services within the Children's Waiver Program.
- f. The Contractor is responsible for ensuring that each provider, directly or contractually employed, credentialed or non-credentialed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications and requirements. .

4. 1915(c) Serious Emotional Disability Waiver (SEDW)

- a. The intent of this program is to provide Home and Community Based Waiver Services, as approved by Centers for Medicare and Medicaid Services (CMS) for children with Serious Emotional Disturbances Benefit Plan, along with state plan services in accordance with the Medicaid Provider Manual.
  - i. The Contractor must assess eligibility for the SEDW and submit applications to the State for those children the Contractor determines are eligible. For children determined ineligible for the SEDW, the Contractor, on behalf of the State, informs the family of its right to request a Medicaid fair hearing by providing written adequate notice of denial of the SEDW to the family.
  - ii. The Contractor must carry out administrative and operational functions delegated by the State to the Contractor as specified in the CMS approved (c) waiver application. These delegated functions include level of care determination; review of participant service plans; prior authorization of waiver services; utilization management; qualified provider enrollment; quality assurance and quality improvement activities.

- iii. The Contractor must assure that services are provided in amount, scope and duration as specified in the approved plan of service. Wraparound is a required service for all participants in the SEDW and the Contractor must assure sufficient service capacity to meet the needs of SEDW recipients.
    - iv. The Contractor must comply with credentialing, temporary/provisional credentialing and re-credentialing processes for those individuals and organizational providers directly or contractually employed by the Contractor, as it pertains to the rendering of services within the SEDW. The Contractor is responsible for ensuring that each provider, directly or contractually employed, credentialed or non-credentialed, meets all applicable licensing, scope of practice, contractual and Medicaid Provider Manual qualifications and requirements.
  - b. SEDW Child Welfare Project Procedural Requirements  
The Contractor must:
    - i. Develop local agreements with County local MDHHS offices outlining roles and responsibilities regarding the MDHHS SEDW Child Welfare Project.
    - ii. Identify a specific referral process for children identified as potentially eligible for the SEDW, with the assistance of local MDHHS workers, Contractor SEDW Coordinator, CMHSP SEDW Leads and Wraparound Supervisors.
    - iii. Participate in required SEDW Child Welfare Project State/Local technical assistance meetings and trainings.
    - iv. Collect and report, to the State, all data as requested by the State.
- J. Parity and Benefits
  - 1. The Contractor must ensure compliance with 42 CFR part 438, subpart K, Parity in Mental Health and Substance Use Disorder Benefits.
  - 2. The Contractor must use processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for mental health or substance use disorder benefits that are comparable to, and applied no more stringently than, the processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for medical/surgical benefits as identified by the State, in the same classification.
  - 3. The Contractor must not apply any financial requirement or treatment limitation to mental health or substance use disorder benefits in any classification that is more restrictive than the predominant financial requirement or treatment limitation of that type applied to substantially all medical/surgical benefits as identified by the State, in the same classification furnished to beneficiaries (whether or not the benefits are furnished by the same Managed Care Plan (MCP)).
  - 4. The Contractor may not apply any cumulative financial requirements for mental health or substance use disorder benefits in a classification (inpatient, outpatient, emergency care, prescription drugs) that accumulates separately from any established for medical/surgical benefits as identified by the State, in the same classification.
  - 5. The Contractor may not impose Non-Quantitative Treatment Limitation (NQTLs) for mental health or substance use disorder benefits in any classification unless, under the policies and procedures of the Contractor as written and in operation, any processes, strategies, evidentiary standards, or other factors used in applying the NQTL to mental health or substance use disorder benefits in the classification are comparable to, and are applied no more stringently than, the processes, strategies, evidentiary standards, or other factors used in applying the limitation for medical/surgical as identified by MDHHS, benefits in the classification.
- K. Quality Improvement and Program Development
  - 1. Utilization Management Incentives
    - a. The Contractor must assure that compensation to individuals or entities that conduct utilization management activities is not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any beneficiary.
  - 2. Quality Assessment/Performance Improvement Program (QAPIP) and Standards
    - a. The Contractor must have a fully operational QAPIP in place that meets the conditions specified in the Quality Assessment and Performance Improvement Program Technical Requirement which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).
    - b. External Quality Review
      - i. The State will arrange for an annual, external independent review of the quality and outcomes, timeliness of, and access to covered services provided by the Contractor. The Contractor must address the findings of the external review through its QAPIP. The Contractor must develop and implement performance improvement goals, objectives and activities in response to the external review findings as part of the Contractor's QAPIP. A description of the performance improvement goals, objectives and activities developed and implemented in response to the external review findings will be included in the Contractor's QAPIP and provided to the State upon request. The State may also require separate submission of an improvement plan specific to the findings of the external review.
  - 3. Annual Effectiveness Review
    - a. The Contractor must annually conduct an effectiveness review of its QAPIP. The effectiveness review must include analysis of whether there have been improvements in the quality of health care and services for beneficiary as a result of quality assessment and improvement activities and interventions carried out by the



Contractor. The analysis should take into consideration trends in service delivery and health outcomes over time and include monitoring of progress on performance goals and objectives. Information on the effectiveness of the Contractor's QAPIP must be provided annually to network providers and to recipients upon request. Information on the effectiveness of the Contractor's QAPIP must be provided to the State upon request.

4. Service and Utilization Management
  - a. The Contractor must perform utilization management functions sufficient to control costs and minimize risk while assuring quality care.
5. Other Quality Requirements
  - a. The Contractor must disseminate all practice guidelines it uses to all affected providers and, upon request, to beneficiaries. The Contractor must ensure decisions for utilization management, beneficiary education, coverage of services, and other areas to which the guidelines apply are consistent with the guidelines. The Contractor must assure services are planned and delivered in a manner that reflects the values and expectations contained in the following guidelines:
    - i. Inclusion Practice Guideline (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - ii. Housing Practice Guideline (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - iii. Consumerism Practice Guideline (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - iv. Personal Care in Non-Specialized Residential Settings (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - v. Family-Driven and Youth-Guided Policy and Practice Guideline (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - vi. Employment Works! Policy (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html))
    - vii. School-to-Community Transition  
The Contractor must ensure the CMHSPs participate in the development of school-to-community transition services for individuals with serious mental illness, serious emotional disturbance, or developmental disability. Participation must be consistent with the MDHHS Special Education-to-Community Transition Guideline which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html)
  - b. A Michigan Fidelity Assistance Support Team (MiFAST) review is required prior to implementation or use of specific Medicaid codes or modifiers. The specific Medicaid codes or modifiers are at the following link: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765-463726--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765-463726--,00.html). The Contractor is responsible for requesting/applying for a MiFAST review prior to the use or implementation of services to be reported under the previously listed codes. The State recognizes that MiFAST reviews can take some period of time to schedule and complete and recognizes that any findings require a reasonable period of correction. Therefore, the State will provide provisional approval to the Contractor for the use of the specified codes and/or modifiers provided that an application by the Contractor has been properly made. This provisional approval must continue until the MiFAST review process has completed. The outcome of the MiFAST review process, once completed, will terminate the State's provisional approval granted in this section. Once approved through the MiFAST process, continuing use of codes and/or modifiers is subject to MiFAST re-reviews that are conducted every two-to-three years and are required for continued use. There must be no provisional approval for use of codes and/or modifiers listed in this section once an initial MiFAST approval is provided. Should the MiFAST review result in a denial, the Contractor must discontinue use of the codes and/or modifiers listed in this section. The denial will not be applied retroactively and will not affect the validity of services reported under the codes and/or modifiers listed in this section, that were rendered during the period of provisional approval.
- L. Grievance and Appeals Process for Beneficiaries.
  1. Grievance and Appeals Policies and Procedures
    - a. Contractor must establish and maintain an internal process for the resolution of Grievances and Appeals from beneficiaries.
    - b. Contractor must have written policies and procedures governing the resolution of Grievances and Appeals; An beneficiary, or a third party acting on behalf of an beneficiary, may file a Grievance or Appeal, orally or in writing, on any aspect of Covered services as specified in the definitions of Grievance and Appeal. Unless a beneficiary requests an expedited resolution, an oral appeal must be followed by a written, signed appeal.
    - c. Contractor must seek the State's approval of Contractor's Grievance and Appeal policies prior to implementation. These written policies and procedures must meet the following requirements:
      - i. Except as specifically exempted in this Section, the Contractor must administer an internal Grievance and Appeal procedure according to the requirements of MCL 500.2213 and 42 CFR 438.400 – 438.424 (Subpart F).
      - ii. Contractor must cooperate with the Michigan Department of Insurance and Financial Services (DIFS) in the implementation of MCL 550.1901-1929, "Patient's Rights to Independent Review Act".

- iii. Contractor must have only one level of Appeal for beneficiaries. A beneficiary may file a Grievance and request an Appeal with the Contractor.
- iv. Contractor must make a determination on non-expedited Appeals not later than 30 Days after an Appeal is submitted in writing by the beneficiary. The 30 Day period may be tolled; however, for any period of time the beneficiary is permitted to take under the Medicaid Appeals procedure and for a period of time that must not exceed 14 Days if (1) the beneficiary requests the extension or (2) The Contractor shows that there is need for additional information and how the delay is in the beneficiary's interest. The Contractor may not toll (suspend) the time frame for Appeal decisions other than as described in this Section.
- v. Contractor must make a determination on Grievances within 90 Days of the submission of a Grievance.
- vi. If Contractor extends the timeframes not at the request of the beneficiary, it must:
  - 1. Make reasonable efforts to give the beneficiary prompt oral notice of the delay.
  - 2. Within two Days, provide the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file an Appeal if he or she disagrees with that decision.
  - 3. Resolve the Appeal as expeditiously as the beneficiary's health condition requires and not later than the date the extension expires.
- vii. If an Appeal is submitted by a third party, but does not include a signed document authorizing the third party to act as an authorized representative for the Beneficiary, the 30 Day time frame begins on the date an authorized representative document is received by the Contractor. The Contractor must notify the Beneficiary that an authorized representative form or document is required. For purposes of this Section, "third party" includes, but is not limited to, health care Providers.
- d. Recipient Rights Complaint Process  
Beneficiaries have the right to file recipient rights complaints under the authority of PA 258 of 1975 (the State Mental Health Code) related to Rights of Recipient in Chapter 7. Any complaints alleging violations of rights under Chapter 7 of the Mental Health Code by the Contractor must be forwarded to MDHHS Office of Recipient Rights for resolution. CMHSP Local Dispute Resolution Process can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).
- 2. Grievance and Appeal Procedure Requirements  
Contractor's internal Grievance and Appeal procedure must include the following components:
  - a. Contractor must give beneficiaries timely and adequate notice of an Adverse Benefit determination in writing consistent with the requirements in §438.02, 438.10, 438.404 and this Contract. The notice must explain the following:
    - i. The Adverse Benefit determination the Contractor has made or intends to make.
    - ii. The reasons for the Adverse Benefit Determination, including the right of the beneficiary to be provided, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to the beneficiary's Adverse Benefit Determination. Such information includes Medical Necessity criteria, and any processes, strategies, or evidentiary standards used in setting coverage limits.
    - iii. The beneficiary's right to request an Appeal of the Adverse Benefit Determination, including information on exhausting the Contractor's one level of Appeal and the right to request a State Fair Hearing.
    - iv. The procedures for exercising their Appeal rights, the circumstances under which an Appeal process can be expedited and how to request it.
    - v. The beneficiary's right to have benefits continue pending resolution of the Appeal, how to request that benefits be continued, and, if allowed under State policy, the circumstances under which the beneficiary may be required to pay the costs of these services.
  - b. Contractor must mail the Adverse Benefit Determination notice within the timeframes specified in 438.404(c).
  - c. Contractor must allow beneficiaries 60 Days from the date of the Adverse Benefit notice in which to file an Appeal.
  - d. Contractor must provide beneficiaries reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to interpreter services and toll-free numbers that have adequate TTY/TDD and interpreter capability.
  - e. Contractor must acknowledge receipt of each Grievance and Appeal
  - f. Contractor must ensure that the individuals who make decisions on Grievances and Appeals are individuals who:
    - i. Are not involved in any previous level of review or decision-making, nor a subordinate of any such individual; and
    - ii. Are health care professionals who have the appropriate clinical expertise in treating the beneficiary's condition when the Grievance or Appeal involves a clinical issue.
    - iii. Must take into account all comments, documents, records and other information submitted by the

- beneficiary or their representative without regard to whether such information was submitted or considered in the initial Adverse Benefit determination.
- g. Contractor must provide that oral inquiries seeking to Appeal an Adverse Benefit determination are treated as Appeals to establish the earliest possible filing date for the Appeal and must be confirmed in writing, unless the beneficiary or the Provider requests expedited resolution.
  - h. Contractor must provide the beneficiary a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments. Contractor must inform the beneficiary of the limited time available for this sufficiency in advance of the resolution timeframe for Appeals in the case of Expedited Appeal resolution.
  - i. Contractor must provide the beneficiary and his or her representative the beneficiary's case file, including medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Contractor in connection with the Appeal of the Adverse Benefit Determination. This information must be provided free of charge and sufficiently in advance of the resolution timeframe for Appeals.
  - j. Contractor must consider the beneficiary, his or her representative, or estate representative of a deceased beneficiary as parties to the Appeal.
  - k. Contractor must notify the beneficiary, in writing, of the Contractor's decision on the Grievance or Appeal.
3. Notice to Beneficiaries of Grievance Procedure
- a. Contractor must inform beneficiaries about the Contractor's internal Grievance procedures at the time of Initial Enrollment and any other time a beneficiary expresses dissatisfaction by filing a Grievance with the Contractor.
  - b. The internal Grievance procedures information must be included in the member handbook and must explain:
    - i. How to file a Grievance with the Contractor
    - ii. The internal Grievance resolution process
4. Notice to beneficiaries of Appeal Procedure
- a. Contractor must inform beneficiary of the Contractor's Appeal procedure at the time of Initial Enrollment, each time a service is denied, reduced, or terminated, and any other time a Contractor makes a decision that is subject to Appeal under the definition of Appeal in this Contract.
  - b. The Appeal procedure information must be included in the member handbook and must explain:
    - i. How to file an Appeal with the Contractor
    - ii. The internal Appeal process
    - iii. The member's right to a Fair Hearing with the State after the Contractor's one level Appeal process has been exhausted.
5. Contractor Decisions Subject to Appeal
- a. When the Contractor makes a decision subject to Appeal, as defined in this Contract, the Contractor must provide a written Adverse Benefit determination notice to the beneficiary and the requesting Provider, if applicable. The Contractor must mail the notice within the following timeframes:
  - b. For termination, suspension, or reduction of previously authorized Medicaid- Services, within the timeframes specified in 42 CFR §§ 431.211, 431.213, and 431.214.
  - c. For denial of payment, at the time of any action affecting the claim.
  - d. For standard service authorization decisions that deny or limit services, within the timeframe specified in § 438.210(d)(1).
  - e. If the Contractor meets the criteria set forth for extending the timeframe for standard service authorization decisions consistent with § 438.210(d)(1)(ii), the Contractor must:
    - i. Give the beneficiary written notice of the reason for the decision to extend the timeframe and inform the beneficiary of the right to file a Grievance if he or she disagrees with that decision; and
    - ii. Issue and carry out its determination as expeditiously as the beneficiary's health condition requires and no later than the date the extension expires.
  - f. For service authorization decisions not reached within the timeframes specified in § 438.210(d) (which constitutes a denial and is thus an adverse benefit determination), on the date that the timeframes expire.
  - g. For expedited service authorization decisions, within the timeframes specified in § 438.210(d)(2). Contractor must continue the beneficiary's benefits if all the following conditions apply:
    - i. The beneficiary files the request for an Appeal timely in accordance with 438.402(c)(1)(ii) and (c)(2)(ii)
    - ii. The Appeal involves the termination, suspension, or reduction of a previously authorized services
    - iii. The services were ordered by an authorized Provider
    - iv. The period covered by the original authorization has not expired; and the beneficiary timely files for continuation of benefits, meaning on or before the later of the following:
      - a. Within 10 Days of the Contractor's mailing the Adverse Benefit determination notice
      - b. The intended effective date of the Contractor's proposed Adverse Benefit determination notice.
  - b. If the Contractor continues or reinstates the beneficiary's benefits while the Appeal or State Fair Hearing is



- pending, the benefits must be continued until one of the following occurs:
    - i. The beneficiary withdraws the Appeal or request for State Fair Hearing.
    - ii. The beneficiary fails to request a State Fair Hearing and continuation of benefits within 10 Days after the Contractor mails an adverse resolution to the beneficiary's Appeal.
    - iii. A State Fair Hearing decision adverse to the beneficiary is made.
    - iv. The authorization expires or authorization service limits are met.
  - c. If the Contractor or State Fair Hearing Officer reverses a decision to deny, limit or delay services that were not furnished while the Appeal was pending, the Contractor must authorize or provide the disputed services promptly, and as expeditiously as the beneficiary's health condition requires, but no later than 72 hours from the date it receives notice reversing the determination.
  - d. If the Contractor or the State Fair Hearing Officer reverses a decision to deny authorization of services, and the beneficiary received the disputed services while the Appeal was pending, the Contractor must pay for those services.
6. Adverse Benefit Determination Notice
- a. Adverse Benefit determination notices involving Service Authorization Request decisions that deny or limit services must be made within the time frames described in this Contract. Adverse Benefit Determination Notices pursuant to claim denials must be sent on the date of claim denial for termination, suspension, or reduction of previously authorized Medicaid-Covered Services. Contractor must mail Adverse Benefit Determination Notices within the following timeframes:
    - i. At least 10 Days before the date of action, except as permitted under §§431.213 and 431.214.
    - ii. The Contractor may send an Adverse Benefit Determination Notice not later than the date of action if (less than 10 Days before as required above):
      - 1. The Contractor has factual information confirming the death of a beneficiary
      - 2. The beneficiary submits a signed written statement that:
        - a. He/she no longer requests the services or;
        - b. The beneficiary gives information that requires termination or reduction of services and indicates that he/she understands that service termination or reduction will result.
      - 3. The beneficiary has been admitted into an institution where he/she is ineligible under the plan for further services.
      - 4. The beneficiary's whereabouts are unknown and the post office returns the Contractor's mail directed to the beneficiary indicating no forwarding address.
      - 5. The Contractor verified, with MDHHS, that the beneficiary has been accepted for Medicaid services by another local jurisdiction, state, territory or commonwealth.
      - 6. A Change in the level of health care is prescribed by the beneficiary's Provider.
      - 7. The notice involves an Adverse Benefit Determination with regard to preadmission requirements.
    - iii. The Contractor may shorten the period of advance notice to five Days before the date of action if:
      - 1. The Contractor has facts indicating that action should be taken because of probable Fraud by the beneficiary; and
      - 2. The facts have been verified, if possible, through secondary sources.
  - b. The notice must include the following components:
    - i. The Adverse Benefit Determination the Contractor has taken or intends to take.
    - ii. The reasons for the Adverse Benefit Determination, including the right of the beneficiary to be provided, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to the beneficiary's Adverse Benefit Determination. Such information included medical criteria, behavioral health and any processes, strategies or evidentiary standards used in setting coverage limits. The beneficiary's right to request an Appeal, including information on exhausting the Contractor's one level of Appeal and the right to request a State Fair Hearing.
    - iii. An explanation of the Contractor's Appeal process.
    - iv. The beneficiary's right to request a Fair Hearing.
    - v. The circumstances under which expedited resolution is available and how to request it.
    - vi. The beneficiary's right to have benefits continue pending resolution of the Appeal and how to request that benefits be continued.
    - vii. Must be mailed in a timely manner in accordance with 438.404(c).
  - c. Written adverse action notices must also meet the following criteria:
    - i. Be translated for the individuals who speak prevalent non-English languages as defined by the Contract.
    - ii. Include language clarifying that oral interpretation is available for all languages and how the beneficiary can access oral interpretation services.
    - iii. Use easily understood language written below the 6.9 reading level.
    - iv. Use an easily understood format.

- v. Be available in Alternative Formats, and in an appropriate manner that takes into consideration those with special needs.
- 7. State Medicaid Appeal Process
  - a. The State must maintain a Fair Hearing process to ensure beneficiaries have the opportunity to Appeal decisions directly to the State. Any beneficiary dissatisfied with a State agency determination denying a beneficiary's request to transfer Contractors/disenroll has access to a State Fair Hearing.
  - b. Contractor must include the Fair Hearing process as part of the written internal process for resolution of Appeals and must describe the Fair Hearing process in the member handbook. The parties to the State Fair Hearing may include the Contractor as well as the beneficiary and her or his representative or the representative of a deceased beneficiary's estate.
  - c. A beneficiary may request a State Fair Hearing only after receiving notice that the Contractor has upheld its Adverse Benefit Determination.
    - i. If the Contractor fails to adhere to the required Appeals notice and timing requirements in 438.408, the beneficiary is deemed to have exhausted the Contractor's Appeals process.
  - d. The Contractor must allow the beneficiary 120 Days from date of the Contractor's Appeal resolution notice to request a State Fair Hearing.
- 8. Expedited Appeal Process
  - a. The Contractor must establish and maintain an expedited review process for appeals when the Contractor or provider, acting on behalf of the beneficiary, indicates that taking the time for a standard resolution could seriously jeopardize the beneficiary's life, physical or mental health, or ability to attain, maintain, or regain maximum function. 42 CFR 438.410(a)
  - b. Contractor's written policies and procedures governing the resolution of Appeals must include provisions for the resolution of Expedited Appeals as defined in the Contract. These provisions must include, at a minimum, the following requirements:
    - i. The beneficiary or Provider may file an Expedited Appeal either orally or in writing.
    - ii. The beneficiary or Provider must file a request for an Expedited Appeal within 10 Days of the Adverse Benefit Determination.
    - iii. Contractor must make a decision on the Expedited Appeal within 72 hours of receipt of the Expedited Appeal.
    - iv. Contractor must provide written notice of resolution in a format and language that, at a minimum, meets the standard described in accordance with 42 CFR 438.10.
    - v. If the Contractor denies the request for an Expedited Appeal, the Contractor must transfer the Appeal to the standard Appeal resolution timeframe and give the beneficiary written notice of the denial within two Days of the Expedited Appeal request.
    - vi. Contractor must not take any punitive actions toward a Provider who requests or supports an Expedited Appeal on behalf of a beneficiary.
- 9. Grievance and Appeals Records
 

The Contractor and its subcontractors as applicable, must maintain record of all Grievance and Appeals

  - a. The record of each Grievance and Appeal must contain, at a minimum all the following:
    - i. A general description of the reason for the Appeal or Grievance
    - ii. The date received
    - iii. The date of each review or, if applicable, review meeting
    - iv. Resolution at each level of the Appeal and/or Grievance
    - v. Date of resolution for each Appeal and/or Grievance
    - vi. Name of covered person for whom the Appeal or Grievance was filed
  - b. The record must be accurately maintained in a manner accessible to the State and available upon request to CMS
  - c. Grievance and appeal records must be retained for 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later
- M. Beneficiary Services
  - 1. Provider Directory
    - a. Contractor must maintain and publish a complete provider directory, including hospitals, pharmacies, medical suppliers, ancillary health providers, independent facilitators and fiscal intermediaries, in hard copy and web-based formats.
    - b. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after the Contractor receives updated provider information.
    - c. Directory must be made available in a prominent, readily accessible location in a machine-readable format, which can be electronically retained and printed.
    - d. Paper form requests must be fulfilled within five business days, without charge to the beneficiary.
    - e. Contractor provider directory must be organized by county.
    - f. Contractor's provider directory must contain, at a minimum, the following information:

- i. provider name
- ii. address
- iii. telephone number
- iv. website URL
- v. Services provided
- vi. hospital affiliations
- vii. whether the provider is accepting new patients
- viii. languages spoken, including American Sign Language (ASL)
- ix. cultural and linguistic capabilities
- x. days and hours of operation
- xi. whether the providers' office/facility has accommodations for people with physical disabilities

2. Written Materials

- a. Informative materials intended to be distributed through written or other media to beneficiaries or the broader community that describe the availability of covered services and supports and how to access those supports and services, including but not limited to provider directories, beneficiary handbooks, appeal and grievance notices, and denial and termination notices, must meet the following standards:
  - i. All such materials must be written at the 6.9 grade reading level when possible (i.e., in some situations it is necessary to include medications, diagnosis and conditions that do not meet the 4th grade level criteria).
  - ii. All materials must be in an easily understood language and format and use a font size no smaller than 12 point.
  - iii. The provider directory must be made available in paper form upon request and in an electronic form that can be electronically retained and printed. It must also be made available in a prominent and readily accessible location on the Contractor's website, in a machine-readable file and format. Information included in a paper provider directory must be updated at least monthly and electronic provider directories must be updated no later than 30 calendar days after the Contractor receives updated provider information.
  - iv. All materials shall be available in the languages appropriate to the people served within the Contractor's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the Contractor's Region. Such materials must be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2000 Federal Register Vol. 65, August 16, 2000). All such materials must be available in alternative formats in accordance with the Americans with Disabilities Act (ADA), at no cost to the beneficiary. Beneficiaries must be informed of how to access the alternative formats.
  - v. If the Contractor provides information electronically, it must inform the customer that the information is available in paper form without charge and upon request and provides it upon request within five business days.
  - vi. Material must not contain false, confusing, and/or misleading information.
  - vii. For consistency in the information provided to beneficiaries, the Contractor must use State developed definitions for managed care terminology, including: appeal, durable medical equipment, emergency medical condition, emergency medical transportation, emergency room care, emergency services, excluded services, grievance, habilitation services and devices, health insurance, home health care, hospice services, hospitalization, hospital outpatient care, physician services, prescription drug coverage, prescription drugs, primary care provider, rehabilitation services and devices, skilled nursing care, specialist, co-payment excluded services, health insurance, medically necessary, network, non-participating, plan preauthorization, participating provider, premium, provider and urgent care, as defined in the this Contract and/or Medicaid provider manual.
- b. Additional Information Requirements
  - i. To take into consideration the special needs of beneficiaries with disabilities or LEP, the Contractor must ensure that beneficiaries are notified that oral interpretation is available for any language, written information is available in prevalent languages, and auxiliary aids, such as and Teletypewriter/Text Telephone (TTY/TDY) and American Sign Language (ASL), and services are available upon request at no cost, and how to access those services as referenced in 42 CFR Parts 438.10(d)(3) and 438.10(d)(4). The Contractor must also ensure that beneficiaries are notified how to access alternative formats as defined in 42 CFR 438.10(d)(6)(iv).
  - ii. All written materials for potential beneficiaries must include taglines in the prevalent non-English languages in the Contractor's region, as well as large print, explaining the availability of written translations or oral interpretation to understand the information provided and the toll-free telephone number of the entity providing choice counseling services as required by §438.71(a) and as defined in 42 CFR Parts 438.10 (d)(3) and 431.10(d)(4). In accordance with 42 CFR Parts 438.10(d)(3);

438.10(d)(6) and 438.10(d)(6)(iv), Large print means printed in a font size no smaller than 18 point.

1. The Contractor must provide the following information to all beneficiaries who receive specialty supports and services:
  - a. A listing of contracted providers that identifies provider name as well as any group affiliation, locations, telephone numbers, web site URL (as appropriate), specialty (as appropriate), the provider's cultural capability, any non-English languages spoken, if the provider's office/facility has accommodations for people with physical disabilities, and whether they are accepting new beneficiaries. This includes any restrictions on the beneficiary's freedom of choice among network providers. The listing would be available in the format that is preferable to the beneficiary: written paper copy or on-line. The listing must be kept current and offered to each beneficiary annually.
  - b. Their rights and protections, as specified in Section L. Grievance and Appeals.
  - c. The amount, duration, and scope of benefits available under the Contract in sufficient detail to ensure that beneficiaries understand the benefits to which they are entitled.
  - d. Procedures for obtaining benefits, including authorization requirements.
  - e. The extent to which, and how, beneficiaries may obtain benefits and the extent to which, and how, after-hours crisis services are provided.
  - f. Annually (e.g., at the time of person-centered planning) provide to the beneficiary the estimated annual cost to the Contractor of each covered support and service he/she is receiving. Cost of Services provides principles and guidance for transmission of this information, this can be found at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---.00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---.00.html).
  - g. The Contractor is required to provide Explanation of Benefits (EOBs) to 5% of the consumers receiving services. The EOB distribution must comply with all State and Federal regulations regarding release of information as directed by MDHHS. MDHHS will monitor EOB distribution annually. A model Explanation of Benefits which can found at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---.00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---.00.html). The Contractor may, but is not required to, utilize the model template.
2. The Contractor must give each beneficiary written notice of a significant change in its applicable provider network including the addition of new providers and planned termination of existing providers.
3. The Contractor must make a good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by the terminated provider as defined in 42 CFR 438.10(f)(1).
4. The Contractor must provide information to beneficiaries about managed care and care coordination responsibilities of the Contractor, including:
  - a. Information on the structure and operation of the Managed Care Organization (MCO) or Contractor;
  - b. Upon request, physician incentive plans in use by the Contractor or network providers as set forth in 42 CFR 438.3(i).
  - c. The Contractor must provide information on how to contact their designated person or entity for coordination of services as referenced in 42 CFR 438.208(b)(1).

#### N. Provider Services

##### 1. Provider Credentialing

The Contractor must have written credentialing policies and procedures for ensuring that all providers rendering services to individuals are appropriately credentialed within the State and are qualified to perform their services. Credentialing must take place every two years. The Contractor must ensure that network providers residing and providing services in bordering states meet all applicable licensing and certification requirements within their state. The Contractor also must have written policies and procedures for monitoring its providers and for sanctioning providers who are out of compliance with the Contractor's standards. Reference the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---.00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---.00.html).

##### 2. Health Care Practitioner Discretions

The Contractor may not prohibit, or otherwise restrict a health care professional acting within their lawful scope of practice from advising or advocating in the following areas on behalf of a beneficiary who is receiving services under this Contract:

- a. Beneficiary's health status, medical care, or treatment options, including any alternative treatment that may be self-administered

- b. Any information the beneficiary needs in order to decide among all relevant treatment options
  - c. Risks, benefits, and consequences of treatment or non-treatment
  - d. Beneficiary's right to participate in decisions regarding his or her health care, including the right to refuse treatment, and to express preferences about future treatment decisions
3. Supports Intensity Scale
- The Contractor must:
- a. Ensure that each individual Michigan Medicaid-eligible, age 16 and older with an Intellectual/Developmental Disability, who are currently receiving case management or supports coordination or respite only services is assessed using the Supports Intensity Scale (SIS) at minimum of once every three years (or more or if the person experiences significant changes in their support needs). The SIS assessment is voluntary; however, the Contractor must document if the SIS assessment is declined. For newly eligible individuals, an assessment using the SIS must be completed within the first year of service to coincide with preplanning activities to enhance and support the person-centered planning process. The Contractor must assure that a proportioned number of assessments are completed each year to assure that all are done in the three-year cycle.
  - b. Ensure an adequate cadre of recognized SIS Assessors to complete the SIS assessment for all Medicaid eligible individuals with IDD within a three-year period. Provide for an adequate number of qualified assessors and Quality Leads to assure that all assessments are completed within the three-year time frame.
  - c. Participate in the State led SIS Steering Committee. Each Contractor must have an identified "lead" person serve on the committee to assure two-way communication between the Contractor and its designees and the State.
  - d. Assure SIS is administered by an independent assessor free of conflict of interest. It is acceptable for Interviewers to contract with or be employed by a Contractor, CMHSP, or other provider agency as deemed appropriate by the Contractor and consistent with avoidance of conflict of interest.
  - e. Collaborate with BHDDA to plan for and participate in stakeholder SIS related informational forums.
  - f. Collaborate with BHDDA in planning and provision of training to Supports Coordination/Care Management staff.
  - g. Ensure SIS assessors must meet State specified required criteria including, at a minimum, the following:
    - i. Bachelor's Degree in human services or four years of equivalent work experience in a related field
    - ii. At least one-year experience with individuals that have a developmental or intellectual disability
    - iii. Participation in a minimum of one Periodic Drift Review and one IRQR per year conducted by an AAIDD recognized SIS® Quality Lead
    - iv. Maintain annual Interviewer Reliability Qualification Review (IRQR) status at "Qualified" status as determined by an AAIDD recognized Quality Lead
    - v. Be evaluated as part of quality framework that includes AAIDD/MORC-SNAC/Online reports
    - vi. Participate in Michigan SIS® Assessor conference calls
    - vii. Attend annual Michigan SIS® Assessor Continuing Education. In addition, the Contractor must provide opportunities for all SIS assessors to participate in regional support, communication, mentorship, and educational opportunities to enhance their skill.
    - viii. Be independent from the current supports and services staff and may not report to the same department within the organization where the individual is being served. In addition, SIS Assessors will remain conflict free as evidenced by annual review and annual signing of the SIS Assessor Conflict Free Agreement.
    - ix. Must not facilitate a SIS® interview for an individual for whom they are providing another ongoing clinical service.
  - h. Ensure SIS Quality Leads monitor SIS Assessors compliance with the AAIDD quality and reliability standards and verify assessments are completed within the three-year time frame.
  - i. The SIS Quality Leads (QL) must meet State specified required criteria including, at a minimum, the following:
    - i. Maintain annual IRQR status of Qualified; Excellent for higher level as determined by an AAIDD recognized trainer
    - ii. Have experience conducting assessments for a range of individuals with varying needs and circumstances
    - iii. Participate in regular Quality Assurance and Drift Reviews to develop their skills
    - iv. Complete Quality Lead (QL) Training which will be provided by the State twice a year
  - j. Utilize the State's SISOnline system, the AAIDD web-based platform designed to support administering, scoring, and retrieving data and generating reports (<http://aidd.org/sis/sisonline>) within State specified time frames. The SIS data will be co-owned between the State and the Contractor. The following assurances are

- given:
- i. SIS data is entered into or collected using SISOnline system.
  - ii. Data Use Agreements (DUA's) and related tasks required for use of SIS online are completed.
  - iii. SIS-A integration into their Electronic Health Record (EHR).
  - iv. SIS data entered on behalf of the Contractor, including both detail and summary level data, is accessible to the State.
  - v. MDHHS will cover annual licensing fees, reports, and SISOnline maintenance.
4. Level of Care Utilization System (LOCUS)
- The Contractor must:
- a. Ensure that the LOCUS is incorporated into the initial assessment process for all individuals 18 and older seeking supports and services for a severe mental illness using one of the three State approved methods for scoring the tool:
    - i. Paper and pencil scoring
    - ii. Use of the online scoring system Service Manager, through Deerfield Behavioral Health, with cost covered by the State; or
    - iii. Use of software Service Manager purchased through Deerfield Behavioral Health with costs covered by the State.
  - b. Ensure that each individual 18 years and older with a severe mental illness has a LOCUS completed as part of any assessment and re-assessment process.
    - c. Identify a regional trainer that will support regional training needs and participate in BHDDA ongoing training and education activities that will support the ongoing use of the tool.
  - d. Collaborate with BHDDA for ongoing fidelity monitoring on the use of the tool.
  - e. Provide to the State the composite score for each LOCUS that is completed in accordance with the established reporting guidelines.
5. National Core Indicator (NCI) Surveys
- a. The Contractor must provide, to the State, the mailing addresses, pre-survey and background information, and demographics needed to schedule and conduct the face to face surveys for the identified survey participants in their service area.
  - b. The Contractor must coordinate appointments and, if required, obtain consent from beneficiaries.
  - c. The Contractor must disseminate the survey results to the stakeholders in their service area(s) and utilize the results in their quality improvement activities.
  - d. The Contractor must identify a specific individual to be the primary point of contact between the Contractor, its designees and the State.
6. Standardized SUD Assessment Process
- a. The State requires the use of SUD assessment tools that utilize the American Society of Addiction Medicine (ASAM) criteria. The selected assessment tool must:
    - i. collect all necessary information to provide a Diagnostic and Statistical Manual based diagnosis
    - ii. recommend ASAM placement needs
    - iii. be appropriate for the age of the individual
    - iv. comply with State-specified reporting requirements at the data element level identified within the waiver's standard terms and conditions (STCs).
  - b. The Contractor is responsible for ensuring the State approved assessment tool is implemented and fidelity is maintained.
  - c. The Contractor must honor network reciprocity requirements including valid SUD assessment tool results performed by a qualified provider under agreement with an alternate PIHP.
    - i. The Contractor must ensure appropriate release of information authorizations are executed.
  - d. The Contractor must ensure the assessment process is fully implemented by October 1, 2021.
    - i. After October 1, 2021, only the State approved assessment tool(s) will be authorized for use.
    - ii. All beneficiaries approved for SUD treatment services on and after October 1, 2021 must be assessed with the State approved assessment tool
    - iii. All beneficiaries approved for SUD treatment services prior to October 1, 2021, who remain in service after October 1, 2021, must be assessed with the State approved assessment tool at their next scheduled assessment
  - e. The Contractor must work with the State and its independent evaluators for data collection and reporting as detailed in the approved 1115 Behavioral Health Demonstration Waiver evaluation plan.
    - i. The Contractor must monitor the use of the approved assessment tool by sampling case files on review.
    - ii. An auditing tool will be provided by the State. This tool can be used to validate the level of care determination and to monitor compliance with the STCs. Cases where deviations from the assessment recommended level of care must be justified by the clinician with clinical notes attached to the assessment.
7. Claims Management System

- a. A valid claim is a claim for supports and services that the Contractor is responsible for under this Contract. It includes services authorized by the Contractor, and those like Medicare co-pays and deductibles that the Contractor may be responsible for regardless of their authorization.
- b. The Contractor must assure the timely payments to all providers for clean claims. This includes payment at 90% or higher of all clean claims from network subcontractors within 30 days of receipt, and at least 99% of all clean claims within 90 days of receipt, except services rendered under a subcontract in which other timeliness standards have been specified and agreed to by both parties.
- c. The Contractor must have an effective provider appeal process to promptly and fairly resolve provider-billing disputes
- d. **Post-Payment Review**  
The Contractor may utilize a post-payment review methodology to assure claims have been paid appropriately. Regardless of method, the Contractor must have a process in place to verify that services were provided.
- e. **Total Payment**  
The Contractor or its subcontractors must not require any co-payments, recipient pay amounts, or other cost sharing arrangements unless specifically authorized by the State. Subcontractors must not seek, nor accept, additional supplemental payment for services authorized by the Contractor.
- f. **Electronic Billing Capacity**  
The Contractor must be capable of accepting HIPAA compliant electronic billing for services billed to the Contractor, or the Contractor claims management agent, as stipulated in the Michigan Medicaid Provider Manual. The Contractor may require its providers to meet the same standard as a condition for payment.
- g. **Vouchers**  
Vouchers issued to individuals for the purchase of services provided by professionals may be utilized in non-contract agencies that have a written referral network agreement with the Contractor that specifies credentialing and utilization review requirements. Voucher rates for such services must be predetermined by the Contractor using the actual cost history for each service category and average local provider rates for like services. These rates represent total payment for services rendered. Those accepting vouchers may not require any additional payment from the individual. Voucher arrangements for purchase of individual-directed supports delivered by non-professional practitioners may be through a fee-for-service arrangement. The use of vouchers is not subject to the provisions of Section E.6 (Provider Procurement) and Section 4.7 (Disclosure of Subcontractors) of this Contract.
- h. **Programs with Community Inpatient Hospitals**  
Upon request from the State, the Contractor must develop programs for improving access, quality, and performance with providers. Such programs must include the State in the design methodology, data collection, and evaluation. The State and the Contractor will develop revised methods for the programs with community inpatient hospitals to ensure they comply with 42 CFR 438.6(d).
  - i. **Hospital Eligibility**  
Hospital eligibility is determined by the State. Community hospitals, including Institutes for Mental Disease, are eligible for Hospital Rate Adjustor (HRA) directed payments based on Contractor inpatient encounters. Out of State hospitals are not eligible. The hospital billing provider NPI on the original invoice must be enrolled in the state Medicaid management information system (CHAMPS).
  - ii. **Determination of the Hospital Payment Amount**  
Contractor reported community inpatient psychiatric encounters will be used by the State as the basis for determining an annual add-on rate. Directed payment allocations are based on room and board encounters, identified by billing provider NPI. Encounters accepted in CHAMPS during the prior quarter will be included in the directed payment for that quarter. Medicaid and Healthy Michigan Plan encounters will be included in allocation pool.
  - iii. **State Payment Process**  
The Contractor will receive a quarterly gross adjustment from the State. The amount of a quarterly payment to the Contractor will be equal to the total amount shown on the HRA directed payment instructions for the prior quarter.
  - iv. **Directed Payment Instructions**  
The State will provide directed payment instructions indicating the payment amount per hospital, at the PIHP level. Instructions will be provided to the Contractor prior to the end of the 1st month in each quarter.
  - v. **Contractor Payment Obligations and Payment Process**  
Payment is made by the Contractor to each hospital identified in the HRA directed payment instructions at the amount specified. Payments are quarterly with no minimum payment threshold. Payments are due to hospitals every three months within 10 State business days of the Contractor receiving the quarterly HRA gross adjustment from the State. The State acknowledges that payments can be made without a current contractual arrangement between the Contractor/affiliate



- CMHSPs and the hospital receiving an HRA payment. Contractor delegation to affiliate CMHSPs is not recommended.
- vi. Contractor Reporting Requirements  
Medicaid Utilization Net Cost (MUNC) and financial status reports will continue to include HRA payment revenue and payment information requirements.
8. MDHHS Standard Consent Form  
Michigan PA 129 of 2014 was enacted to promote the use and acceptance of a standard consent form. Contractor must implement a written policy that requires the provider network to use, accept, and honor the standard consent form created as a result of the Public Act (Form MDHHS-5515). Per PA 559 of 2016, the policy must recognize written consent is not always required.
  9. Trauma Policy  
The Contractor must develop a trauma-informed system in accordance with the MDHHS/BHDDA Trauma Policy (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_69588\\_87676\\_87692---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588_87676_87692---,00.html)).
  10. Substance Use Disorder (SUD) Services  
The Contractor must comply with the SUD Services Policy Manual (which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4871\\_45835\\_48569-133156--00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_45835_48569-133156--00.html)).
    - a. The Contractor must:
      - i. Develop comprehensive plans for substance use disorder treatment and rehabilitation services and substance use disorder prevention services consistent with guidelines established by the State.
      - ii. Review and comment to the Department of Licensing and Regulatory Affairs (LARA) on applications for licenses submitted by local treatment, rehabilitation, and prevention organizations (SUD Rules can be found at the following website: <https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Licensing%20and%20Regulatory%20Affairs&Bureau=Bureau%20of%20Community%20and%20Health%20Systems> (under the Substance Use Disorder Programs titled document)).
      - iii. Provide technical assistance for local substance use disorder service programs.
      - iv. Collect and transfer data and financial information from local programs to the LARA.
      - v. Annually evaluate and assess substance use disorder services in the State-designated community mental health entity in accordance with guidelines established by the State. (SUD Rules can be found at the following website: <https://ars.apps.lara.state.mi.us/AdminCode/DeptBureauAdminCode?Department=Licensing%20and%20Regulatory%20Affairs&Bureau=Bureau%20of%20Community%20and%20Health%20Systems> (under the Substance Use Disorder Programs titled document)).
      - vi. Follow financial requirements as described in this Contract and Schedule E.
      - vii. Follow progress reporting requirements as described in Schedule E.
      - viii. Enter into subcontracts with providers for SUD services.
      - ix. Ensure subcontractors are appropriately licensed for the service(s) provided in accordance with Michigan Public Health Code, PA 368 of 1978.
    - b. Provider Network Oversight Management
      - i. The provision of SUD treatment services must be based on the ASAM Level of Care (LOC) criteria.
        1. If the Contractor plans to purchase case management services or peer recovery and recovery support services, and only these services, from an agency that is not accredited per this Contract, the Contractor may request a waiver of the accreditation requirement.
      - ii. To ensure compliance with contractual and administrative rule requirements, fidelity to assessment process and ASAM LOC Criteria:
        1. Conducting an annual review of each network provider's program, policies, practices and clinical records.
        2. Documenting compliance with the purported LOC for each provider.
          - a. Include any corrective action that may have been taken and documentation that indicates all LOCs are available in the service area.
        3. Ensuring review documentation is available for the State during biennial Contractor site visits for comparison with State provider reviews.
    - c. Reimbursement for Services to Persons with Co-Occurring Disorders
      - i. SUD funds may be used to reimburse providers for integrated mental health and substance use disorder treatment services to persons with co-occurring substance use and mental health disorders.
      - ii. The Contractor may reimburse a Community Mental Health Services Program (CMHSP) or subcontractor for substance use disorders treatment services for such persons who are receiving mental health treatment services through the CMHSP or subcontractor.
      - iii. The Contractor may also reimburse a provider, other than a CMHSP or subcontractor, for substance use disorders treatment provided to persons with co-occurring substance use and mental health disorders.

- d. American Society of Addiction Medicine (ASAM) Level of Care (LOC) for Subcontractors
  - i. The Contractor must enter into subcontracts for SUD treatment with organizations that provide services based on the ASAM LOC only.
  - ii. The State Approved ASAM SUD treatment providers can be found at the following website:  
[https://www.michigan.gov/documents/mdhhs/SUD\\_Provider\\_ASAM\\_Database\\_-\\_Locked\\_606327\\_7.xlsx](https://www.michigan.gov/documents/mdhhs/SUD_Provider_ASAM_Database_-_Locked_606327_7.xlsx).
  - iii. The Contractor must ensure that to the extent licensing allows all the following LOCs are available for adult and adolescent populations:

Level of Care	ASAM Title
0.5	Early Intervention
1	Outpatient Services
2.1	Intensive Outpatient Services
2.5	Partial Hospitalization Services
3.1	Clinically Managed Low Intensity Residential Services
3.3*	Clinically Managed Population Specific High Intensity Residential Services
3.5	Clinically Managed High Intensity Residential Services
3.7	Medically Monitored Intensive Inpatient Services
OTP Level 1**	Opioid Treatment Program
1-WM	Ambulatory Withdrawal Management without Extended On-Site Monitoring
2-WM	Ambulatory Withdrawal Management with Extended On-Site Monitoring
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management

\* Not designated for adolescent populations      \*\*Adolescent treatment per federal guidelines

- iv. It is further required that all SUD treatment providers complete the MDHHS LOC Designation Questionnaire every two years and receive a formal designation for the LOC that is being offered.
11. Electronic Visit Verification (EVV)
    - a. The Contractor must ensure its subcontracts, or those of their CMHSP participants, comply with 42 CFR 1903(l) and the State's implementation timeline.
      - i. The Contractor must provide evidence of compliance upon request. Compliance must be in the form of either:
        1. An existing EVV system that meets State requirements as confirmed by the Contractor's on-site review.
        2. Participation in the State sponsored Statewide EVV system.
      - ii. Personal Care Services (PCS) includes community living support and respite services in a person's home, in a non-licensed setting.
      - iii. The Contractor must ensure its subcontracts, or those of their CMHSP participants, stipulates the EVV system supports self-directed arrangements and is minimally burdensome or disruptive to care.
  12. Critical Incidents
    - a. The Contractor must require all its residential treatment providers to prepare and file critical incident reports that include the following components:
      - i. Provider determination whether critical incidents are sentinel events.
      - ii. Following identification as a sentinel event, the provider must ensure that a root cause analysis or investigation takes place.
      - iii. Based on the outcome of the analysis or investigation, the provider must ensure that a plan of action is developed and implemented to prevent further occurrence of the sentinel event. The plan must identify who is responsible for implementing the plan, and how implementation will be monitored. Alternatively, the provider may prepare a rationale for not pursuing a preventive plan.
    - b. Requirements for reporting data on Sentinel Events are contained in Schedule E.
    - c. The Contractor must report the following incidents for beneficiaries enrolled in the CWP, SEDW, HSW and the 1115/1915(i) State Plan: Suicide; Non-suicide death; Arrest of Consumer; Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management; Hospitalization due to Injury or Medication Error: Hospitalization due to injury

related to the use of physical management. Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management.

O. Health Information Systems

1. A Contractor organized as a regional entity must ensure that health plan information technology functions are clearly defined and separately contracted from any other function provided by a CMHSP. A Contractor organized as a regional entity may have a single CMHSP perform Contractor health plan information technology functions on behalf of the regional entity if each of the following requirements are met:
  - a. The contract between the Contractor and the CMHSP clearly describes the CMHSP's contractual responsibility to the Contractor for the health plan information technology related functions.
  - b. The contract between the Contractor and the CMHSP for Contractor health plan information technology functions must be separate from other EHR functions performed as a CMHSP.
2. Contractor must ensure that all Health Information Systems used by the Contractor and/or its subcontractors have the capacity to fulfill the obligations of this Contract. The Contractor must maintain a health information system that collects, analyzes, integrates, and reports data and can achieve the objectives of this part. The system must provide information on areas including, but not limited to, utilization, claims, grievance and appeals, and disenrollment for other than loss of Medicaid eligibility. Contractor must develop, implement and maintain policies and procedures that describe how the Contractor will comply with the requirements of this section.
  - a. The Contractor must comply with the following:
    - i. Section 6504(a) of the Affordable Care Act, which requires that State claims processing and retrieval systems are able to collect data elements necessary to enable the mechanized claims processing and information retrieval systems in operation by the State to meet the requirements of section 1903(r)(1)(F) of the Act and as defined in 42 CFR 438.242(b)(1).
    - ii. Collect data on beneficiary and provider characteristics as specified by the State, and on all services furnished to beneficiaries through an encounter data system or other methods as may be specified by the State.
    - iii. Ensure that data received from providers is accurate and complete by:
      1. Verifying the accuracy and timeliness of reported data, including data from network providers is compensating on the basis of capitation payments.
      2. Screening the data for completeness, logic, and consistency.
      3. Collecting data from providers in standardized formats to the extent feasible and appropriate, including secure information exchanges and technologies utilized for State Medicaid quality improvement and care coordination efforts.
    - iv. Make all collected data available to the State and, upon request, to CMS.
  - b. Contractor must ensure all encounter data is complete and accurate for the purposes of rate calculations and quality and utilization management and must provide for:
    - i. Collection and maintenance of sufficient beneficiary encounter data to identify the provider who delivers any item(s) or service(s) to beneficiaries.
    - ii. Submission of beneficiary encounter data to the State at a frequency and level of detail to be specified by CMS and the State, based on program administration, oversight, and program integrity needs.
    - iii. Submission of all beneficiary encounter data that the State is required to report to CMS under § 438.818. Specifications for submitting encounter data to the State in standardized ASC X12N 837 and NCPDP formats.
3. Capabilities  
Health Information Systems capabilities are required for the following:
  - a. Monthly downloads of Medicaid eligible information
  - b. Individual registration and demographic information
  - c. Provider enrollment
  - d. Third party liability activity
  - e. Claims payment system and tracking
  - f. Grievance and complaint tracking
  - g. Tracking and analyzing services and costs by population group, and special needs categories as specified by the State
  - h. Encounter and demographic data reporting
  - i. Quality indicator reporting
  - j. HIPAA compliance
  - k. UBP compliance
  - l. Individual access and satisfaction
  - m. Utilization of Benefit Enrollment and Maintenance (834) and Payment Order Remittance Advice (820) reconciliation files as the primary source for eligibility determination for Contractor functions. Eligibility Inquiry and Response file (270/271) is intended as the primary tool for the CMHSP and provider system to determine eligibility
4. Beneficiary Service Records

The Contractor must ensure that providers establish and maintain a comprehensive individual service record system consistent with the provisions of MSA Policy Bulletins, and appropriate State and federal statutes. The Contractor must ensure that providers maintain in a legible manner, via hard copy or electronic storage/imaging, recipient service records necessary to fully disclose and document the quantity, quality, appropriateness, and timeliness of services provided. The records must be retained according to the retention schedules in place by the Department of Technology, Management and Budget (DTMB) General Schedule #20 at: [http://www.michigan.gov/dtmb/0,5552,7-150-9141\\_21738\\_31548-56101--,00.html](http://www.michigan.gov/dtmb/0,5552,7-150-9141_21738_31548-56101--,00.html) This requirement must be extended to all of the Contractor's provider agencies.

5. The Contractor must analyze claims and encounter data to create utilization reports. The utilization data must be detailed for each CMSHP and consolidated for the entire geographic service area. The Contractor must utilize this information to develop and update their risk management strategies and other health plan functions.
6. The Contractor must actively participate with the State to develop metrics the State will use to provide reports to the Contractor (i.e. benchmarking Contractor's data against Statewide data).
7. The Contractor must participate with the State and CMHSPs in activities to standardize and consistently submit encounter data when the CMHSP identified as the County of Financial Responsibility (COFR) is not part of the Contractor's geographic service area.

P. Legal Expenses

Sufficient documentation must be maintained to support the allowability of legal expenses. Invoices must contain sufficient detail to evidence allowability.

The following legal expenses are allowed:

1. Legal expenses required in the administration of the program on behalf of the State of Michigan or Federal Government.
2. Legal expenses relating to employer activities, labor negotiation, or in response to employment related issues or allegations, per 2 CFR 200.
3. Legal expenses incurred in the course of providing consumer care.
4. Legal expenses in response to enforcement action or audit findings issued by the State or CMS under the following circumstances:
  - a. The Contractor prevails and the action is reversed, or any contested adjustment is reduced by 50 percent or more; or
  - b. The Contractor enters into a settlement agreement with the State or CMS prior to any Hearing.

The following legal expenses are not allowed:

1. Legal expenses of responding to an action against the Contractor by MDHHS or CMS from initiating an enforcement action or issuing an audit finding, except those legal costs described above as allowable.
2. Legal expenses for the prosecution of claims against the State of Michigan or the Federal Government.
3. Legal expenses contingent upon recovery of costs from the State of Michigan or the Federal Government.

Q. Observance of State and Federal Laws and Regulations

1. General

- a. Contractor must comply with all State and federal laws, statutes, regulations, and administrative procedures and implement any necessary changes in policies and procedures as required by the State.
- b. Federal regulations governing contracts with risk-based managed care plans are specified in section 1903(m) of the Social Security Act and 42 CFR Part 434 and will govern this Contract.

2. Compliance with False Claims Acts

If the Contractor makes or receives annual payments under this Contract of at least \$5,000,000, it must make provisions for written policies for all employees of the entity, and of any subcontractor or agent, that provides detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.

3. Third Party Liability Requirements

Third Party Liability (TPL) refers to health insurers, self-insured plans, group health plans, service benefit plans, managed care organizations, pharmacy benefit managers, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service to pay for care and services available under the approved Medicaid state plan. Contractors are payers of last resort and will be required to identify and seek recovery from all other liable third parties in order to be made whole, including recoveries from any related court judgment or settlement if Contractor has been notified of the legal action. Contractor must follow the "Guidelines Used to Determine Cost Effectiveness and Time/Dollar Thresholds for Billing" as described in the Michigan State Medicaid Plan (which can be found at the following link: [https://www.michigan.gov/mdhhs/0,5885,7-339-71547\\_4860-225474--,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71547_4860-225474--,00.html)). Contractor may pursue cases below the thresholds at their discretion.

- a. Contractor must seek to identify and recover all sources of third-party funds based on industry standards and those outlined by MDHHS TPL Division.
- b. Contractor may retain all such collections as provided for in section 226a of the Michigan Mental Health Code as applicable. If third party resources are available and liability has been established, the Contractor is required to follow Medicaid policy, guidance, and all applicable State and federal statutes, the Medicaid Provider Manual,

- the State Plan, and the TPL Guidelines and Best Practices Guidance for cost avoiding Medicaid covered services.
- c. Contractor must follow Medicaid Policy, guidance and all applicable State and federal statutes regarding TPL. MDHHS TPL policy information can be found in federal regulations, Michigan Compiled Law, MDHHS Medicaid Provider Manual, Medicaid State Plan, and TPL Guidelines, and are available upon request. Contractor use of best practices is strongly encouraged by the State and are available in the TPL Guidelines and Best Practices Guidance. Contractor must develop and implement written policies describing its procedures for TPL recovery. The State will review Contractor's policies and procedures for compliance with this Contract and for consistency with TPL recovery requirements in 42 USC 1396(a) (25), 42 CFR 433 Subpart D.
  - d. Contractor must submit a Risk Mitigation Plan in a format required by the State, to address any risk identified in the MDHHS TPL Dashboard within 30 days of a State request. This requirement does not become effective until the Contractor has received two quarterly MDHHS TPL dashboards.
  - e. Contractor must report third party collections through encounter data submissions, and in aggregate, as required by the State.
  - f. Contractor must provide third party recovery data to MDHHS in the electronic format prescribed by the State.
  - g. Contractor must collect any payments available from other health insurers including Medicare and private health insurance for services provided to its members in accordance with Section 1902(a)(25) of the Social Security Act and 42 CFR 433 Subpart D and the Michigan Mental Health Code and Public Health Code as applicable.
  - h. The State will provide the Contractor with all known third party resources for its beneficiaries. This information is available real-time within CHAMPS or through Eligibility Inquiry and Response file 270 requests. The State will provide the most recent data to Contractor on the daily Enrollment/Eligibility 834 HIPAA file. The State will provide Contractor with a full history of known third party resources for beneficiaries through a secure file transfer process.
  - i. If Contractor denies a claim due to third party resources (other insurance), the Contractor must provide the other insurance carrier ID, if known, to the billing provider.
  - j. When a beneficiary is also enrolled in Medicare, Medicare will be the primary payer. Contractor must make the beneficiary whole by paying or otherwise covering all Medicare cost-sharing amounts incurred by the beneficiary such as coinsurance, co-pays and deductible whether the Contractor authorized the service or not.
  - k. If the State enters into a Coordination of Benefits Agreement (CBA) with Medicare for FFS, and if the Contractor is responsible for coordination of benefits for individuals dually eligible for Medicaid and Medicare, the State requires the Contractor to enter into a CBA with Medicare and participate in the automated claims crossover process.
  - l. Contractor must respond within 30 days of subrogation notification pursuant to MCL 400.106(10).
  - m. Contractor must cooperate with TPL subrogation best practices including, but not limited to:
    - i. Providing the State with most recent contact information of Contractor's assigned TPL staff including staff name(s), fax and telephone numbers.
    - ii. Informing the State, in writing, within 14 Days of vacancy or staffing change of assigned TPL staff.
    - iii. Reporting TPL quarterly subrogation activities to the State on a template developed by the State.
  - n. Contractor is prohibited from recovering loss directly from the beneficiary.
4. Confidentiality
    - a. The Contractor must maintain the confidentiality, security and integrity of beneficiary information that is used in connection with the performance of this Contract to the extent and under the conditions specified in HIPAA, the Michigan Mental Health Code (PA 258 of 1974, as amended), the Michigan Public Health Code (PA 368 of 1978 as amended), and 42 CFR Part 2.
    - b. All beneficiary information, medical records, data and data elements collected, maintained, or used in the administration of this Contract must be protected by the Contractor from unauthorized disclosure.
    - c. Contractor must provide safeguards that restrict the use or disclosure of information concerning beneficiaries to purposes directly connected with its administration of the Contract.
    - d. Contractor must have written policies and procedures for maintaining the confidentiality of data, including medical records, client information, and appointment records.
  5. Advance Directives Compliance
 

In accordance with 42 CFR 422.128 and 42 CFR 438.3(j), the Contractor must maintain written policies and procedures for advance directives. The Contractor must provide adult beneficiaries with written information on advance directive policies and a description of applicable State law and their rights under applicable laws. This information must be continuously updated to reflect any changes in State law as soon as possible but no later than 90 days after it becomes effective. The Contractor must inform individuals that grievances concerning noncompliance with the advance directive requirements may be filed with Customer Service. This must include prohibiting the Contractor from conditioning the provision of care based on whether or not the individual has executed an advance directive.
  6. Pro-Children Act
 

The Contractor must comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted

- by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor must assure that this language will be included in any sub-awards that contain provisions for children's services. The Contractor must assure, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this Contract will be delivered in a smoke-free facility or environment. Smoking will not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in residential facilities or in facilities or areas that are not under the control of the Contractor (e.g., a mall, residential facilities or private residence, restaurant or private work site), the activities or services must be smoke free.
7. Hatch Political Activity Act and Intergovernmental Personnel Act  
The Contractor must comply with the Hatch Political Activity Act, 5 USC 1501-1509, and 7324-7328, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728 - 4763. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.
  8. Limited English Proficiency
    - a. The Contractor must comply with the Office of Civil Rights Policy Guidance on the Title VI Prohibition Against Discrimination as it affects persons with Limited English Proficiency, 45 CFR 92.201 and Section 1557 of the Patient Protection and Affordable Care Act. The Contractor is expected to take reasonable steps to provide meaningful access to each individual beneficiary with limited English Proficiency, such as language assistance services, including but not limited to, services oral and written translation.
    - b. The Contractor must comply with all applicable federal requirements in Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities, as amended); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973, as amended; the Americans with Disabilities Act of 1990, as amended; and Section 1557 of the Patient Protection and Affordable Care Act.
  9. Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR PART 2  
To the extent that State and Contractor are HIPAA Covered Entities and/or Programs under 42 CFR Part 2, each agrees that it will comply with HIPAA's Privacy Rule, Security Rule, Transaction and Code Set Rule and Breach Notification Rule and 42 CFR Part 2 (as now existing and as may be later amended) with respect to all Protected Health Information and substance use disorder treatment information that it generates, receives, maintains, uses, discloses or transmits in the performance of its functions pursuant to this Agreement. To the extent that Contractor determines that it is a HIPAA Business Associate of the State and/or a Qualified Service Organization of the State, then the State and Contractor will enter into a HIPAA Business Associate Agreement and a Qualified Service Organization Agreement that complies with applicable laws and is in a form acceptable to both the State and Contractor.
    - a. The Contractor must not share any protected health data and information provided by the State that falls within HIPAA requirements except as permitted or required by applicable law or to a subcontractor as appropriate under this agreement.
    - b. The Contractor must ensure that any subcontractor will have the same obligations as the Contractor not to share any protected health data and information from the State that falls under HIPAA requirements in the terms and conditions of the subcontract.
    - c. The Contractor must only use the protected health data and information for the purposes of this Contract.
    - d. The Contractor must have written policies and procedures addressing the use of protected health data and information that falls under the HIPAA requirements. The policies and procedures must meet all applicable federal and State requirements including the HIPAA regulations. These policies and procedures must include restricting access to the protected health data and information by the Contractor's employees.
    - e. The Contractor must have a policy and procedure to immediately report to the State any suspected or confirmed unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware. The Contractor must work with the State to mitigate the breach and will provide assurances to the State of corrective actions to prevent further unauthorized uses or disclosures.
    - f. Failure to comply with any of these Contractual requirements may result in the termination of this Contract in accordance with Section 23 Termination for Cause in the Standard Contract Terms. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information by the Contractor received from the State or any other source.
    - g. The Contractor must enter into a business associate agreement should the State determine such an agreement is required under HIPAA.

- h. All recipient information, medical records, data and data elements collected, maintained, or used in the administration of this Contract must be protected by the Contractor from unauthorized disclosure as required by State and federal regulations. The Contractor must provide safeguards that restrict the use or disclosure of information concerning recipients to purposes directly connected with its administration of the contract.
  - i. The Contractor must have written policies and procedures for maintaining the confidentiality of all protected information.
- 10. Ethical Conduct  
State administration of this Contract is subject to the State of Michigan State Ethics Act: Act 196 of 1973, "Standards of Conduct for Public Officers and Employees. Act 196 of 1973 prescribes standards of conduct for public officers and employees." The State administration of this Contract is subject to the State of Michigan Governor's Executive Order No: 2001-03, "Procurement of Goods and Services from Vendors."
- 11. Conflict of Interest  
The Contractor and the State are subject to the federal and State conflict of interest statutes and regulations that apply to the Contractor under this Contract, including Section 1902(a)(4)(C) and (D) of the Social Security Act: 41 U.S.C. Chapter 21 (formerly Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. §423); 18 U.S.C. §207); 18 U.S.C. §208; 42 CFR §438.58; 45 CFR Part 92; 45 CFR Part 74; 1978 PA 566; and MCL 330.1222.
- 12. Human Subject Research  
The Contractor must comply with Protection of Human Subjects Act, 45 CFR, Part 46, subpart A, sections 46.101-124 and HIPAA. The Contractor must, prior to the initiation of the research, submit institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the State or in programs which receive funding from or through the State of Michigan, to the State's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the State's IRB can only accept the review and approval of another institution's IRB under a formally approved interdepartmental agreement. The manner of the review will be agreed upon between the State's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).
- 13. Fiscal Soundness of the Risk-Based Contractor  
Federal regulations require that the risk-based Contractor maintain a fiscally solvent operation and the State has the right to evaluate the ability of the Contractor to bear the risk of potential financial losses, or to perform services based on determinations of payable amounts under the Contract.
- 14. Medicaid Policy  
Contractor must comply with provisions of Medicaid policy developed under the formal policy consultation process, as established by the Medical Assistance Program.
- 15. Service Requirements  
The Contractor must limit Medicaid and MICHild services to those that are medically necessary and appropriate, and that conform to accepted standards of care. Contractor must operate the provision of their Medicaid services consistent with the applicable sections of the Social Security Act, the Code of Federal Regulations (CFR), the CMS/HCFR State Medicaid & State Operations Manuals, Michigan's Medicaid State Plan, and the Michigan Medicaid Provider Manual: Mental Health -Substance Abuse section. The Contractor must provide covered State plan or 1915(c) services (for beneficiaries enrolled in the 1915(c) Habilitation Supports Waiver) in sufficient amount, duration and scope to reasonably achieve the purpose of the service. Consistent with 42 CFR 440.210 and 42 CFR 440.220, services to recipients must not be reduced arbitrarily. Criteria for medical necessity and utilization control procedures that are consistent with the medical necessity criteria/service selection guidelines specified by the State and based on practice standards may be used to place appropriate limits on a service (CFR 42 sec.440.230).
- 16. Home and Community Based Setting (HCBS) Transition Implementation
  - a. In order to ensure compliance with the HCBS rule by March 17, 2023, the Contractor must complete the following: administer the survey process for new and existing providers, review and analyze data collected from the survey, notify providers of a need for corrective action (if required), develop a corrective action plan, ensure corrective action is implemented and monitor ongoing compliance.
  - b. The Contractor must ensure that all new providers of HCBS services complete the HCBS New Provider Survey. The Contractor may provide provisional approval to the new provider as long as the setting does not qualify for heightened scrutiny.
    - i. The Contractor must ensure that providers and beneficiaries receive the comprehensive HCBS survey within 90 days of the beneficiaries' IPOS.
  - c. The Contractor must ensure that all HCBS final rule requirements are met, as described in the Michigan Medicaid Provider Manual.
  - d. Effective October 1, 2017, the Contractor must not enter into new contracts with new providers of services covered by the Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) unless the provider has obtained provisional approval status through completion of the HCBS New Provider Survey, demonstrating that the provider does not require heightened scrutiny. Provisional approval allows a new provider or an existing provider with a new setting or service to provide services to HCBS participants pending the full survey process. Providers and participants will receive the comprehensive HCBS survey within 90 days of the individuals plan of service. Providers will complete the HCBS survey and cooperate with the Contractor to



demonstrate 100% compliance with the Federal HCBS rule and State requirements as promulgated by the MDHHS and documented in the Michigan Statewide Transition Plan. Failure to complete the provisional approval process and the ongoing compliance assessments will result in the exclusion from participating in Medicaid or Healthy Michigan Plan funded HCBS services. The Contractor must monitor their provider panel annually for ongoing compliance with the HCBS rule and implement a system to remove providers from the regions network due to failure to meet requirements of the rule. The Contractor must maintain documentation of this annual review and/or removal from its provider network. The Contractor must make all HCBS provider network status collected data available to the State and, upon request, to CMS.

17. Electronic Visit Verification (EVV)

In accordance with 42 CFR 1903(l), the Contractor must implement EVV for all Medicaid PCS that requires an in-home visit by a provider. This applies to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

R. Program Integrity

The State, MDHHS-Office of Inspector General (OIG) is responsible for overseeing the program integrity activities of the Contractor and all subcontracted entities.

1. General:

- a. To the extent consistent with applicable federal and State law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the Contractor must disclose protected health information to MDHHS-OIG or the Department of Attorney General upon their written request, without first obtaining authorization from the beneficiary to disclose such information.
- b. The Contractor must have administrative and management arrangements or procedures for compliance with 42 CFR 438.608. Such arrangements or procedures must identify any activities that will be delegated and how the Contractor will monitor those activities.
- c. The Contractor must provide prompt notification to the State, MDHHS BHDDA when it receives information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility including, changes in the beneficiary's residence and the death of a beneficiary.
- d. The Contractor that make or receive annual payments under this Contract of at least \$5,000,000, must make provision for written policies for all employees of the entity, and of any contractor or agent of the entity, that provide detailed information about the False Claims Act and other Federal and State laws described in section 1902(a)(68) of the Act, including information about rights of employees to be protected as whistleblowers.
- e. The Contractor must require all contracted providers that make or receive annual payments under this Contract of at least \$5,000,000 comply with Section 6032 of the Deficit Reduction Act (DRA) of 2005.
- f. The Contractor must have a program integrity compliance program as defined in 42 CFR 438.608. The program integrity compliance program must include the following:
  - i. Written policies and procedures that describe how the Contractor will comply with federal and State fraud, waste and abuse standards, and well publicized disciplinary standards for failure to comply.
  - ii. The designation of a compliance officer who reports directly to the Chief Executive Officer and the Board of Directors, and a compliance committee, accountable to the senior management or Board of Directors, with effective lines of communication to the Contractor's employees.
  - iii. Effective training and education for the compliance officer, senior management, and the Contractor's employees regarding fraud, waste and abuse, and the federal and State standards and requirements under this Contract. While the compliance officer may provide training to Contractor employees, "effective" training for the compliance officer means it cannot be conducted by the compliance officer himself/herself.
  - iv. Provisions for internal monitoring and auditing. Audits must include post payment reviews of paid claims to verify that services were billed appropriately (e.g., correct procedure codes, modifiers, quantities, etc.). Acceptable audit methodology examples include:
    1. Record review, including statistically valid random sampling and extrapolation to identify and recover overpayments made to providers
    2. Beneficiary interviews to confirm services rendered
    3. Provider self-audit protocols
    4. The frequency and quantity of audits performed should be dependent on the number of fraud, waste, and abuse complaints received as well as high risk activities identified through data mining and analysis of paid claims
  - v. Provisions for the Contractor's prompt response to detected offenses and for the development of corrective action plans. "Prompt response" is defined as action taken within 15 business days of receipt by the Contractor of the information regarding a potential compliance problem.
- f. Dissemination of the contact information (addresses and toll-free telephone numbers) for reporting fraud, waste or abuse to both the Contractor and the MDHHS-OIG. Dissemination of this information must be made to all Contractor subcontractors and members annually. The Contractor must indicate that reporting of fraud, waste or abuse may be made anonymously.

2. Triannual meetings will be held between MDHHS-OIG and all Contractor Compliance Officers to train and discuss fraud, waste and abuse.
3. Subcontracted Entities
  - a. The Contractor must include program integrity provisions and guidelines in all contracts with subcontracted entities.
  - b. If program integrity activities are delegated to subcontractors, the subcontract must contain the following:
    - i. designation of a compliance officer
    - ii. submission to the Contractor of quarterly reports detailing program integrity activities
    - iii. assistance and guidance by the Contractor with audits and investigations, upon request of the subcontracted entity
    - iv. provisions for routine internal monitoring
    - v. proper prompt response to potential offenses and implementation of corrective action plans
    - vi. appropriate and prompt reporting of fraud, waste and abuse to the Contractor
    - vii. implementation of training procedures regarding fraud, waste and abuse for the subcontracted entities' employees at all levels.
  - c. Annually, the Contractor must submit a list of subcontracted entities using the template created by MDHHS-OIG.
4. Investigations
  - a. The Contractor must investigate program integrity complaints/issues until it has determined that a suspicion of fraud exists, at which point the Contractor must contact MDHHS-OIG and pause any recoupment/recovery/administrative action regarding the issue.
  - b. To the extent consistent with applicable law, including but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the Contractor must cooperate fully in any investigation by MDHHS-OIG or the Department of Attorney General and any subsequent legal action that may result from such investigation.
5. Reporting Fraud, Waste or Abuse
  - a. Upon receipt of allegations involving fraud, waste, or abuse regardless of entity (i.e. Contractor, employee, subcontracted entity, provider, or member), the Contractor must perform a preliminary investigation. Upon completion of the preliminary investigation, if the Contractor determines a suspicion of fraud exists, the Contractor must promptly refer the matter to MDHHS-OIG. These referrals must be made using the Contractor fraud referral template and be shared with MDHHS-OIG via secure File Transfer Process (sFTP) using the Contractor's applicable MDHHS-OIG sFTP area.
  - b. The Contractor must report all suspicion of waste or abuse on the Quarterly Submission described in Section R.8. Quarterly Submissions below.
  - c. Questions regarding whether suspicions should be classified as fraud, waste or abuse should be presented to MDHHS-OIG for clarification prior to making the referral.
  - d. Documents containing protected health information or protected personal information must be submitted in a manner that is compliant with applicable federal and State privacy rules and regulations, including but not limited to HIPAA.
6. Overpayments
 

The Contractor must report overpayments due to fraud, waste, or abuse to MDHHS-OIG.

  - a. If the Contractor identifies an overpayment involving potential fraud prior to identification by MDHHS-OIG, the Contractor must obtain written consent from MDHHS-OIG prior to recovering the overpayment.
  - b. If the Contractor identifies an overpayment involving waste or abuse prior to identification by MDHHS-OIG, the Contractor must void or correct applicable encounters, recover the overpayment and report the overpayment on its quarterly submission (see Section R.8. Quarterly Submissions below).
  - c. If MDHHS-OIG identifies an overpayment to a provider prior to the Contractor identifying the overpayment, MDHHS-OIG will explore options in collaboration with the State, MDHHS BHDDA, up to and including recovering the overpayment from the Contractor.
  - d. If a network provider identifies an overpayment, they must:
    - i. Notify the Contractor, in writing, of the reason for the overpayment and the date the overpayment was identified.
    - ii. Return the overpayment to the Contractor within 60 calendar days of the date the overpayment was identified.
  - e. These overpayment provisions do not apply to any amount of a recovery to be retained under False Claims Act cases or through other investigations.
7. Quarterly Submissions
  - a. The Contractor must provide information on program integrity activities performed quarterly using the template provided by the MDHHS-OIG. Program integrity activities include, but are not limited to:
    - i. Tips/grievances received
    - ii. Data mining and analysis of paid claims, including audits performed based on the results

- iii. Audits performed
    - iv. Overpayments collected
    - v. Identification and investigation of fraud, waste and abuse (as these terms are defined in the "Definitions" section of this contract)
    - vi. Corrective action plans implemented
    - vii. Provider dis-enrollments
    - viii. Contract terminations
  - b. All program integrity activities performed each quarter must be reported to OIG according the following schedule:
    - i. Activities performed January through March must be reported by May 15; activities performed April through June must be reported by August 15; activities performed July through September must be reported by November 15; and activities performed October through December must be reported by February 15
  - c. The Contractor must provide MDHHS-OIG with documentation to support that these program integrity activities were performed by its subcontractors in its quarterly submission to the MDHHS-OIG.
  - d. The Contractor must maintain a list that contains all facility locations where services are provided, or business is conducted. This list must contain all NPI numbers assigned to the entity and what services the entity is subcontracted to provide. The Contractor must update this list in its quarterly submission.
8. MDHHS-OIG Sanctions
- When MDHHS-OIG sanctions providers, including for a credible allegation of fraud under 42 CFR § 455.23, the Contractor must, at minimum, apply the same sanction to the provider upon receipt of written notification of the sanction from MDHHS-OIG. The Contractor may pursue additional measures/remedies independent of the State.
9. MDHHS-OIG Onsite Reviews
- a. MDHHS-OIG may conduct onsite reviews of Contractor and/or its subcontracted entities.
  - b. To the extent consistent with applicable law, including, but not limited to 42 CFR Part 2, HIPAA, and the Michigan Mental Health Code, the Contractor is required to comply with MDHHS-OIG's requests for documentation and information related to program integrity and compliance.
10. Contractor Ownership and Control Interest
- a. A Contractor may not knowingly have a relationship of the type described in paragraph (c) of this section with the following:
    - i. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in nonprocurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549.
    - ii. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in paragraph (a)(i) of this section.
  - b. A Contractor may not have a relationship with an individual or entity that is excluded from participation in any Federal health care program under section 1128 or 1128A of the Act.
  - c. The relationships described in paragraph (a) of this section, are as follows:
    - i. A director, officer, or partner of the Contractor.
    - ii. A subcontractor of the Contractor, as governed by § 438.230.
    - iii. A person with beneficial ownership of 5 percent or more of the Contractor's equity.
    - iv. A network provider or person with an employment, consulting or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under its Contract with the State.
  - d. The Contractor must comply with the federal regulations to obtain, maintain, disclose, and furnish required information about ownership and control interests, business transactions, and criminal convictions as specified in 42 C.F.R. §455.104-106. In addition, the Contractor must ensure that any and all contracts, agreements, purchase orders, or leases to obtain space, supplies, equipment or services provided under the Medicaid agreement require compliance with 42 C.F.R. §455.104-106.
- S. Fiscal Audits and Compliance Examinations
- 1. Required Audit and Compliance Examination
 

The Contractor must submit to the State, a Financial Statement Audit and a Compliance Examination as described below. The Contractor must also submit a Corrective Action Plan for any audit or examination findings that impact State-funded programs, and the management letter (if issued) with a response.
  - 2. Financial Statement Audit
 

Contractor must submit to the State a Financial Statement Audit prepared in accordance with generally accepted auditing standards (GAAS).
  - 3. Compliance Examination
 

Contractor must submit a contract end date (September 30) Compliance Examination conducted in accordance with the American Institute of CPA's (AICPA's) Statements on Standards for Attestation Engagements (SSAE) 18

Attestation Standards – Clarification and Recodification AT-C Section 205, and the Compliance Examination Guidelines which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).

4. Due Date and Where to Send  
The required Financial Statement Audit, Compliance Examination, and any other required submissions (i.e. Corrective Action Plan and management letter with a response) must be submitted to the State within 30 days after receipt of the practitioner's reports, but no later than June 30 following the Contract year end by e-mail to [MDHHS-AuditReports@michigan.gov](mailto:MDHHS-AuditReports@michigan.gov). The required materials must be assembled as one document in a PDF file compatible with Adobe Acrobat (read only). The subject line must state the Contractor name and fiscal year end. The State reserves the right to request a hard copy of the materials if for any reason the electronic submission process is not successful.
5. Penalty  
If the Contractor does not submit the required Financial Statement Audit, Compliance Examination, and applicable Corrective Action Plans by the due date and an extension has not been approved by the State, the State may withhold from the current funding an amount equal to 5% of the audit year's grant funding (not to exceed \$200,000) until the required filing is received by the State. The State may retain the amount withheld if the Contractor is more than 120 days delinquent in meeting the filing requirements and an extension has not been approved by the State.
6. Management Decisions  
The State will issue a management decision on findings, comments, and questioned costs contained in the Contractor Financial Statement Audit and Compliance Examination Report. The management decision relating to the Financial Statement Audit will be issued within six months after the receipt of a complete and final reporting package. The management decision relating to the Compliance Examination will be issued within eight months after the receipt of a complete and final reporting package. The management decision will include whether or not the finding or comment is sustained; the reasons for the decision, and the expected Contractor action to repay disallowed costs, make financial adjustments, or take other action. Prior to issuing the management decision, the State may request additional information or documentation from the Contractor, including a request for practitioner verification or documentation, as a way of mitigating disallowed costs. The appeal process available to the Contractor relating to the State management decisions on Compliance Examination findings, comments, and disallowed costs can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).
7. Other Audits  
The State or federal agencies may also conduct or arrange for additional audits to meet their needs.
8. Reviews and Audits
  - a. The State and federal agencies may conduct reviews and audits of the Contractor regarding performance under this Contract. The State will make good faith efforts to coordinate reviews and audits to minimize duplication of effort by the Contractor and independent auditors conducting audits and compliance examinations.
  - b. These reviews and audits will focus on Contractor compliance with State and federal laws, rules, regulations, policies, and waiver provisions, in addition to Contract provisions and Contractor policy and procedure.
  - c. The State reviews and audits will be conducted according to the following protocols, except when conditions appear to be severe and warrant deviation or when State or federal laws supersede these protocols.
    - i. State Reviews
      1. As used in this section, a review is an examination or inspection by the State or its agent, of policies and practices, in an effort to verify compliance with requirements of this Contract.
      2. The State will schedule onsite reviews at mutually acceptable start dates to the extent possible, with the exception of those reviews for which advance announcement is prohibited by rule or federal regulation, or when the deputy director for the Health Care Administration determines that there is demonstrated threat to consumer health and welfare or substantial threats to access to care.
      3. Except as precluded in Standard Contract Terms 29. Disclosure of Litigation, or Other Proceeding above, the protocol and/or instrument to be used to review the Contractor, or a detailed agenda if no protocol exists, will be provided to the Contractor at least 30 days prior to the review.
      4. At the conclusion of the review, the State will conduct an exit conference with the Contractor. The purpose of the exit conference is to allow the State to present the preliminary findings and recommendations.
      5. Following the exit conference, the State will generate a report within 45 days identifying the findings and recommendations that require a response by the Contractor.
        - a. The Contractor will have 30 days to provide a Correction Action Plan (CAP) for achieving compliance. The Contractor may also present new information to the State that demonstrates it was in compliance with the questioned provisions at the time of

the review. (New information can be provided anytime between the exit conference and the CAP). When access or care to individuals is a serious issue, the Contractor may be given a much shorter period to initiate corrective actions, and this condition may be established, in writing, as part of the exit conference identified in (d) above. If, during a State on-site visit, the site review team member identified an issue that places a participant in imminent risk to health or welfare, the site review team would invoke an immediate review and response by the Contractor, which must be completed in seven calendar days.

- b. The State will review the CAP, seek clarifying or additional information from the Contractor as needed, and issue an approval of the CAP within 30 days of having required information from the Contractor. The State will take steps to monitor the Contractor's implementation of the CAP as part of performance monitoring.
- c. The State will protect the confidentiality of the records, data and knowledge collected for or by individuals or committees assigned a peer review function in planning the process of review and in preparing the review or audit report for public release.
- 6. State follow-up will be conducted to ensure that remediation of out-of-compliance issues occurs within 90 days after the CAP is approved by the State.
- ii. State Audits
  - 1. The State and/or federal agencies may inspect and audit any financial records of the entity or its subcontractors. As used in this section, an audit is an examination of the Contractor's and its contract service providers' financial records, policies, contracts, and financial management practices, conducted by the MDHHS Bureau of Audit, or its agent, or by a federal agency or its agent, to verify the Contractor's compliance with legal and contractual requirements.
  - 2. The State will schedule State audits at mutually acceptable start dates to the extent possible. The State will provide the Contractor with a list of documents to be audited at least 30 days prior to the date of the audit. An entrance meeting will be conducted with the Contractor to review the nature and scope of the audit.
  - 3. State audits of Contractor will generally supplement the independent auditor's Compliance Examination and may include one or more of the following objectives (the State may, however, modify its audit objectives as deemed necessary):
    - a. to assess the Contractor's effectiveness and efficiency in complying with the Contract and establishing and implementing specific policies and procedures as required by the Contract and;
    - b. to assess the Contractor's effectiveness and efficiency in reporting their financial activity to the State in accordance with Contractual requirements; applicable federal, State, and local statutory requirements; Medicaid regulations; and applicable accounting standards; and
    - c. to determine the State's share of costs in accordance with applicable State requirements and agreements, and any balance due to/from the Contractor.

To accomplish the above listed audit objectives, State auditors will review Contractor's documentation, interview Contractor staff members, and perform other audit procedures as deemed necessary. The audit report and appeal process can be found on the MDHHS website:

[https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html).

#### 9. Financial Management System

- a. The Contractor must maintain all pertinent financial and accounting records and evidence pertaining to this Contract based on financial and statistical records that can be verified by qualified auditors. The Contractor must comply with generally accepted accounting principles (GAAP) for government units when preparing financial statements. The Contractor must use the principles and standards of 2 CFR 200 Subpart E for determining all costs related to the management and provision of MMSSSP services reported on the financial status report. The accounting and financial systems established by the Contractor must be a double entry system having the capability to identify application of funds to specific funding streams participating in service costs for individuals.
- b. The accounting system must be capable of reporting the use of these specific fund sources by major population groups. In addition, cost accounting methodology used by the Contractor must ensure consistent treatment of costs across different funding sources and assure proper allocation to costs to the appropriate source.
- c. The Contractor must maintain adequate internal control systems. An annual independent audit must evaluate and report on the adequacy of the accounting system and internal control systems.

#### T. Reserved

### **1.1. Transition**

See Section 25 Transition Responsibilities of the Standard Contract Terms.

If this Contract is canceled or expires and is not renewed, the following will take effect:

- A. Within 45 days following the end date of this Contract, the Contractor must provide interim financial, performance, and other reports as required.
- B. Within 90 days following the end date of this Contract, the Contractor must provide final financial, performance, and other reports as required.
- C. Payment for any and all valid claims for services rendered to covered beneficiaries prior to the effective end date are the responsibility of the Contractor.
- D. The portion of all Medicaid Internal Service Fund (ISF), Medicaid Savings, and any other reserves, and related interest, held by the Contractor that were funded with the State's funds are owed to the State within 90 days, less amounts needed to cover outstanding claims or liabilities, unless otherwise directed in writing by the State.
- E. Reconciliation of equipment with a value exceeding \$5,000, purchased by the Contractor or its provider network with funds provided under this Contract, since January 1, 2015, will occur as part of settlement of this Contract. The Contractor must submit, to the State, an inventory of equipment meeting the above specifications within 45 days of the end date. The inventory listing must identify the current value and proportion of Medicaid funds used to purchase each item, and whether or not the equipment is required by the Contractor as part of continued service provision to the continuing service population. The State will provide written notice within 90 days or less of any needed settlements concerning the portion of funds ending. If the Contractor disposes of the equipment, the appropriate portion of the value must be returned to the State (or used to offset costs in the final financial report).
- F. All financial, administrative, and clinical records under the Contractor's responsibility must be retained according to the retention schedules in place by the Department of Technology, Management and Budget's (DTMB) General Schedule #20 at: [http://michigan.gov/dmb/0,4568,7-150-9141\\_21738\\_31548-56101--,00.html](http://michigan.gov/dmb/0,4568,7-150-9141_21738_31548-56101--,00.html) unless these records are transferred to a successor organization or the Contractor is directed otherwise in writing by the State.

## **2. Staffing, Organizational Structure, Governing Body, and Subcontractors**

### **2.1. Contractor Representative**

The Contractor must appoint individuals, specifically assigned to State of Michigan accounts, that will respond to State inquiries regarding the Contract Activities, answering questions related to ordering and delivery, etc. (the "Contractor Representative").

### **2.2. Customer Service Toll-Free Number**

The Contractor must specify its toll-free number for the State to make contact with the Contractor Representative. The Contractor Representative must be available for calls during the hours of 8:00 a.m. to 5:00 p.m. EST.

### **2.3. Work Hours**

The Contractor must provide Contract Activities during the State's normal working hours Monday – Friday, 8:00 a.m. to 5:00 p.m. EST, and possible night and weekend hours depending on the requirements of the project.

### **2.4. Key Personnel**

The Contractor must appoint individuals who will be directly responsible for the day-to-day operations of the Contract ("Key Personnel"). Key Personnel must be specifically assigned to the State account, be knowledgeable on the contractual requirements, and respond to State inquiries within 48 hours.

#### **A. Administrative Personnel Requirements**

- 1. Contractor must employ or contract with sufficient administrative staff to comply with all program standards and applicable Mental Health Code requirements. At a minimum, the Contractor must specifically staff positions listed below:
  - a. Executive Director/Chief Executive Officer (CEO)
  - b. Medical Director
  - c. Quality Improvement Director
  - d. Chief Financial Officer (CFO)
  - e. Chief Information Officer (CIO)
  - f. Compliance Officer
  - g. Grievance and Appeals Coordinator
- 2. Contractor must ensure all staff have appropriate training, education, experience, appropriate licensure and liability insurance coverage to fulfill the requirements of the position.
  - a. The Contractor must assure that all Contract employees receive annual training in recipient rights protection. The Contractor must forward any recipient rights complaints filed against a Contract employee to MDHHS-ORR for review and possible investigation.
- 3. Resumes for all staff listed above must be provided to the State upon request. Resumes must include detailed, chronological work experience.

#### **B. Executive Personnel**

1. Contractor must inform the State, in writing, within seven days of vacancies or staffing changes for the staff listed above.
2. Contractor must fill vacancies for the staff listed above with qualified persons within six months of the vacancy unless an extension is granted by the State.

## **2.5. Organizational Chart/Contractor Organizational Structure**

The Contractor must provide an organizational chart that lists staff members and subcontractors, by name and title.

The Contractor must maintain an administrative and organizational structure that supports a high quality, comprehensive managed care program inclusive of all behavioral health specialty services. The Contractor's management approach and organizational structure must ensure effective linkages between administrative areas including provider network service, customer service, service area network development, quality improvement and utilization review, grievance/complaint review, financial management and health information systems. Effective linkages are determined by outcomes that reflect coordinated management.

## **2.6. Use of Subcontractors**

- A. Network Provider subcontracts must address the following:
  1. Duty to treat and accept referrals
  2. Prior authorization requirements
  3. Access standards and treatment timelines
  4. Relationship with other providers
  5. Reporting requirements and time frames
  6. QA/QI Systems
  7. Payment arrangements (including coordination of benefits) and solvency requirements
  8. Financing conditions consistent with this Contract
  9. Compliance with Office of Civil Rights Policy Guidance on Title VI "Language Assistance to Persons with Limited English Proficiency"
  10. EPSDT requirements
  11. Requirement to comply with the "Quality Assessment and Performance Improvement Programs for Specialty Prepaid Health Plans", which can be found on the MDHHS website: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_4868\\_4900---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900---,00.html) and require the subcontractor to cooperate with the Contractor's quality improvement and utilization review activities
  12. Provisions for the immediate transfer of recipients to a different provider if their health or safety is in jeopardy
  13. Subcontractors right to discuss treatment options with a recipient that may not reflect the Contractor's position or may not be covered by the Contractor
  14. Subcontractors right to advocate on behalf of the recipient in any grievance or utilization review process, or individual authorization process to obtain necessary health care services
  15. Requirement to meet accessibility standards, both as established in Medicaid policy, and this Contract
- B. All subcontracts entered into by the Contractor must be in writing and, if using Medicaid funds, fulfill the requirements of 42 CFR 434.6 and 42 CFR 438.6. All subcontracts are subject to review by the State at its discretion.
- C. In accordance with 42 CFR 422.216, the Contractor must establish payment rates for plan covered items and services that apply to deemed providers. The Contractor may vary payment rates for providers in accordance with § 422.4(a)(3).
  1. Providers must be reimbursed on a fee-for-service basis.
  2. The Contractor must make information on its payment rates available to providers that furnish services that may be covered under the contractor's private fee-for-service plan.
  3. The contractor must pay for services of noncontract providers in accordance with 42 CFR 422.100(b)(2)
- D. In accordance with 42 CFR 422.208, any physician incentive plan operated by a Contractor must meet the following requirements:
  1. The Contractor makes no specific payment, directly or indirectly, to a physician or physician group as an inducement to reduce or limit medically necessary services furnished to any particular enrollee. Indirect payments may include offerings of monetary value (such as stock options or waivers of debt) measured in the present or future.
  2. If the physician incentive plan places a physician or physician group at substantial financial risk (as determined in this section) for services that the physician or physician group does not furnish itself, the Contractor must assure that all physicians and physician groups at substantial financial risk have either aggregate or per-patient stop-loss protection in accordance with this section.
    - a. For all physician incentive plans, the Contractor must provide to CMS, and to any Medicaid beneficiary, the information specified in 42 CFR 422.210.
    - b. The Contractor must provide a copy of specific contract language used for incentive, bonus, withhold or sanction provisions (including sub-capitations) to the State at least 30 days prior to the subcontract effective date. The State reserves the right to require an amendment of the subcontract if the provisions appear to



jeopardize individuals' access to services. The State will provide notice of approval or disapproval of proposed contract language within 25 days of receipt.

- E. In accordance with 42 CFR 447.325, the Contractor may pay the customary charges of the provider but must not pay more than the prevailing charges in the locality for comparable services under comparable circumstances.
- F. Accreditation of Subcontractors  
The Contractor must enter into agreements for treatment services provided through outpatient, Methadone, sub-acute detoxification and residential providers only with providers accredited by one of the following accrediting bodies: The Joint Commission (TJC formerly JCAHO); Commission on Accreditation of Rehabilitation Facilities (CARF); the American Osteopathic Association (AOA); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA), or Accreditation Association for Ambulatory Health Care (AAAHC). The Contractor must determine compliance through review of original correspondence from accreditation bodies to providers. Accreditation is not needed in order to provide access management system (AMS) services, whether these services are operated by a Contractor or through an agreement with the Contractor or for the provision of broker/generalist case management services. Accreditation is required for AMS providers that also provide treatment services and for case management providers that either also provide treatment services or provide therapeutic case management. Accreditation is not required for peer recovery and recovery support services when these are provided through a prevention license.

### **3. Project Management**

#### **3.1. Reporting**

- A. Release of Report Data
  - 1. Written Approval  
Contractor must obtain the State's written approval prior to publishing or making formal public presentations of statistical or analytical material based on its beneficiaries other than as required by this Contract, statute or regulations. The State is the owner of all data made available by the State to the Contractor or its agents, subcontractors or representatives under the Contract.
  - 2. Acceptable Use of State Data  
Contractor must not use the State's data for any purpose other than providing the Services to beneficiaries covered by the Contractor under any Contract or Program, nor will any part of the State's data be disclosed, sold, assigned, leased or otherwise disposed of to the general public or to specific third parties or commercially exploited by or on behalf of the Contractor. No employees of the Contractor, other than those on a strictly need-to-know basis, have access to the State's data.
  - 3. Acceptable Use of Personally Identifiable Data
    - a. Contractor must not possess or assert any lien or other right against the State's data. Without limiting the generality of this Section, the Contractor must only use personally identifiable information as strictly necessary to provide the Services to beneficiaries covered by the Contractor under any Contract or Program and must disclose the information only to its employees on a strict need-to-know basis.
    - b. Contractor must always comply with all laws and regulations applicable to the personally identifiable information.
  - 4. Acceptable Use of Contractor Data  
The State is the owner of all State-specific data under the Contract. The State may use the data provided by the Contractor for any purpose. The State will not possess or assert any lien or other right against the Contractor's data. Without limiting the generality of this Section, the State may use personally identifiable information only as strictly necessary to utilize the Services and must disclose the information only to its employees on a strict need-to-know basis, except as provided by law. Other material developed and provided to the State remains the State's sole and exclusive property.
- B. Uniform Data and Reporting
  - 1. To measure the Contractor's accomplishments in the areas of access to care, utilization, service outcomes, recipient satisfaction, and to provide sufficient information to track expenditures and calculate future capitation rates, the Contractor must provide the State with uniform data and information as specified by the State as previously agreed, and such additional or different reporting requirements (with the exemption of those changes required by federal or state law and/or regulations) as the parties may agree upon from time to time. Any changes in the reporting requirements, required by state and federal law, will be communicated to the Contractor at least 90 days before they are effective unless state or federal law requires otherwise. Both parties must agree to other changes, beyond routine modifications, to the data reporting requirements.
  - 2. The Contractor's timeliness in submitting required reports and their accuracy will be monitored by the State and will be considered by the State in measuring the performance of the Contractor. Regulations promulgated pursuant to the Balance Budget Act of 1997 (BBA) require that the CEO or designee certify the accuracy of the data.
  - 3. The Contractor must cooperate with the State in carrying out validation of data provided by the Contractor by making available recipient records and a sample of its data and data collection protocols. The Contractor must certify that the data they submit are accurate, complete and truthful. An annual certification from, and signed by, the Chief Executive Officer or the Chief Financial Officer, or a designee who reports directly to either must be submitted annually. The

certification must attest to the accuracy, completeness, and truthfulness of the information in each of the sets of data in this section.

4. The State and the Contractor agree to use the Encounter Data Integrity Group (EDIT) for the development of instructions with costing related to procedure codes, and the assignment of Medicaid and non-Medicaid costs. The recommendations from the EDIT group have been incorporated into Schedule E (see Mental Health and Substance Abuse Reporting Requirements website at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)).
5. **Encounter Data Reporting**  
In order to assess quality of care, determine utilization patterns and access to care for various health care services, affirm capitation rate calculations and estimates, the Contractor must submit encounter data containing detail for each recipient encounter reflecting all services provided by the Contractor. Encounter records must be submitted monthly via electronic media in the HIPAA-compliant format specified by the State. Encounter level records must have a common identifier that will allow linkage between the State's and the Contractor's health information systems.
6. **Encounter Data Reporting Requirements**
  - a. **Due dates:** Encounter data are due within 30 days following adjudication of the claim for the service provided, or in the case of a Contractor whose business practices do not include claims payment, within 30 days following the end of the month in which services were delivered. It is expected that encounter data reported will reflect services for which providers were paid (paid claims), third party reimbursed, and/or any services provided directly by the Contractor. Submit the encounter data for an individual on any claims adjudicated, regardless of whether there are still other claims outstanding for the individual for the month in which service was provided. In order that the State can use the encounter data for its federal and State reporting, it must have the count of units of service provided to each consumer during the fiscal year. Therefore, the encounter data for the fiscal year must be reconciled within 90 days of the end of the fiscal year. Claims for the fiscal year that are not yet adjudicated by the end of that period, should be reported as encounters with a monetary amount of "0." Once claims have been adjudicated, a replacement encounter must be submitted.
  - b. **Who to Report:** The Contractor must report the encounter data for all mental health and developmental disabilities (MH/DD) Medicaid beneficiaries in its entire service area for all services provided under the State's benefit plans. The Contractor must report the encounter data for all substance use disorder Medicaid beneficiaries in its service area. Encounter data is collected and reported for every beneficiary for which a claim was adjudicated, or service rendered during the month by the Contractor (directly or via contract) regardless of payment source or funding stream. Contractor's and CMHSPs that contract with another Contractor or CMHSP to provide mental health services should include that consumer in the encounter data set. In those cases, the Contractor or CMHSP that provides the service via a contract should not report the consumer in this data set. Likewise, Contractor or CMHSPs that contract directly with a Medicaid Health Plan, or subcontract via another entity that contracts with a Medicaid Health Plan to provide the Medicaid mental health outpatient benefit, should not report the consumer in this data set.
  - c. The Health Insurance Portability and Accountability Act (HIPAA) mandates that all consumer level data reported after October 16, 2002, must be compliant with the transaction standards.
    - i. A summary of the relevant requirements is:
      1. Encounter data (service use) is to be submitted electronically on a Health Care Claim form 837, version 5010.
      2. The encounter requires a small set of specific demographic data: gender, diagnosis, Medicaid number, race, and social security number, and name of the consumer.
      3. Information about the encounter such as provider name and identification number, place of service, and amount paid for the service is required.
      4. The 837 includes a "header" and "trailer" that allows it to be uploaded to the CHAMPS system.
      5. Every behavioral health encounter record must have a corresponding Behavioral Health Registry record reported prior to the submission of the Encounter. Failure to report a registry record prior to submitting an encounter for a consumer receiving services will result in the encounter being rejected by the CHAMPS system.
  - d. The information on HIPAA contained in this Contract relates only to the data that the State is requiring for its own monitoring and/or reporting purposes, and does not address all aspects of the HIPAA transaction standards with which the Contractor must comply for other business partners (e.g., providers submitting claims, or third party payers). Further information is available at [https://www.michigan.gov/mdhhs/0,5885,7-339-71551\\_2945\\_24020---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_24020---,00.html).
  - e. Data that is uploaded to CHAMPS must follow the HIPAA-prescribed formats for encounter data. The 837/5010 includes header and trailer information that identifies the sender and receiver and the type of information being submitted. If data does not follow the formats, entire files could be rejected by the electronic system.
  - f. HIPAA also requires that procedure codes, revenue codes and modifiers approved by the CMS be used for reporting encounters. Those codes are found in the Current Procedural Terminology (CPT) Manual, Fifth Edition, published by the American Medical Associations, the Health Care Financing Administration Common

Procedure Coding System (HCPCS), the National Drug Codes (NDC), the Code on Dental Procedures and Nomenclature (CDPN), the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), ICD-10 and the Michigan Uniform Billing Manual. The procedure codes in these coding systems require standard units that must be used in reporting on the 837/5010.

- g. The State has produced a code list of covered Medicaid specialty and HSW, CWP and SEDW supports and services names (as found in the Medicaid Provider Manual) and the CPT or HCPCS codes/service definition/units as soon as the majority of mental health services have been assigned CPT or HCPCS codes. This code list is available on the MDHHS web site:  
[https://www.michigan.gov/documents/mdhhs/MHCodeChart\\_554443\\_7.pdf](https://www.michigan.gov/documents/mdhhs/MHCodeChart_554443_7.pdf)
- h. Effective April 1, 2021, stored encounter data will be subject to regular and ongoing quality checks as developed by the State. The State will give the Contractor a minimum of 60 days' notice prior to the implementation of new quality data edits; however, the State may implement informational edits without 60 days' notice. When encounter corrections are needed, the encounters are to be voided and replaced. The original encounter record number (Claim Number) is to be included when encounter records are voided and resubmitted.
- i. The following elements reported on the 837/5010 encounter format will be used by MDHHS Quality Management and Planning Division for its federal and State reporting, the Contracts Management Section and the State's actuary. The items with an \*\* are required by HIPAA, and when they are absent will result in rejection of a file. Items with an \*\* must have 100% of values recorded within the acceptable range of values. Failure to meet accuracy standards on these items may result in Contract action. Refer to HIPAA 837 transaction implementation guides for exact location of the elements. The Contractor must consult the HIPAA implementation guides, and clarification documents (on MDHHS's web site) for additional elements required of all 837/5010 encounter formats. The Supplemental Instructions contain field formats and specific instructions on how to submit encounter level data.
  - i. **\*\*1.a. PIHP Plan Identification Number** (PIHPID or PIHP CA Function ID)  
The State-assigned 7-digit payer identification number must be used to identify the Contractor with all data transactions.
  - ii. **1.b. CMHSP Plan Identification Number** (CMHID)  
The State-assigned 7-digit payer identification number must be used to identify the CMHSP with all mental health and/or developmental disabilities transactions.
  - iii. **\*\*2. Identification Code/Subscriber Primary Identifier** (see the details in the submitter's manual)  
Ten-digit Medicaid number must be entered for a Medicaid or MICHild beneficiary. If the consumer is not a beneficiary, enter the nine-digit Social Security number. If consumer has neither a Medicaid number nor a Social Security number, enter the unique identification number assigned by the CMHSP or CONID.
  - iv. **\*\*3. Identification Code/Other Subscriber Primary Identifier** (please see the details in the submitter's manual)  
Enter the consumer's unique identification number (CONID) assigned by the CMHSP regardless of whether it has been used above.
  - v. **\*\*4. Date of birth**  
Enter the date of birth of the beneficiary/consumer.
  - vi. **\*\*5. Diagnosis**  
Enter the ICD-9 primary diagnosis of the consumer.
  - vii. **\*\*6. EPSDT**  
Enter the specified code indicating the child was referred for specialty services by the EPSDT screening.
  - viii. **\*\*7. Encounter Data Identifier**  
Enter specified code indicating this file is an encounter file.
  - ix. **\*\*8. Line Counter Assigned Number**  
A number that uniquely identifies each of up to 50 service lines per claim.
  - x. **\*\*9. Procedure Code**  
Enter procedure code from code list for service/support provided. The code list is located on the MDHHS web site. Do not use procedure codes that are not on the code list.
  - xi. **\*\*10. Procedure Modifier Code**  
Enter modifier as required for Habilitation Supports Waiver services provided to beneficiaries; for Autism Benefit services under EPSDT; for Community Living Supports and Personal Care levels of need; for Nursing Home Monitoring; and for evidence-based practices. See Costing per Code List.
  - xii. **\*\*11. Monetary Amount** (effective 1/1/13):  
Enter the charge amount, paid amount, adjustment amount (if applicable), and adjustment code in claim information and service lines. (See [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html). Click on Instructions for Reporting Financial Information – 837 Encounters; then click Instructions for Reporting Financial Information)

- xiii. **\*\*12. Quantity of Service**  
Enter the number of units of service provided according to the unit code type. Only whole numbers should be reported.
  - xxiv. **Place of Service Code**  
Enter the specified code for where the service was provided, such as an office, inpatient hospital, etc. (See PIHP/CMHSP Encounter Reporting Costing Per Code and Code Chart at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).)
  - xxv. **Diagnosis Code Pointer**  
Points to the diagnosis code at the claim level that is relevant to the service.
  - xxvi. **\*\*15. Date Time Period**  
Enter date of service provided (how this is reported depends on whether the Professional, or the Institutional format is used).
  - xxvii. **\*\*16. Billing Provider Name**  
Enter the name of the Billing Provider for all encounters. (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).) If the Billing Provider is a specialized licensed residential facility, also report the LARA license facility number (See Instructions for Reporting Specialized Residential Facility Details at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html). Click on Instructions for Reporting Financial Information – 837 Encounters; LARA License Reporting).
  - xxviii. **\*\*17. Rendering Provider Name**  
Enter the name of the Rendering Provider when different from the Billing Provider (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).)
  - xxix. **18. Facility Location of the Specialized Residential Facility**  
In instances in which the specialized licensed residential facility is not the Billing Provider, report the name, address, NPI (if applicable) and LARA license of the facility in the Facility Location (2310C loop). (See Instructions for Reporting Financial Information – 837 Encounters; LARA Licensing Reporting at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).)
  - xxx. **\*\*19. Provider National Provider Identifier (NPI), Employer Identification Number (EIN) or Social Security Number (SSN)** Enter the appropriate identification number for the Billing Provider, and as applicable, the Rendering Provider. (See Instructions for Reporting Financial Information – 837 Encounters; Instructions for Reporting Financial Information at [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html).)
7. Reporting Requirements for Behavioral Health Treatment Episode Data Set (BH-TEDS)
- a. Technical specifications, including file formats, error descriptions, edit/error criteria, and explanatory materials on record submission are located on MDHHS's website at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)
  - b. Reporting covered by these specifications includes the following:
    - i. BH-TEDS Start Records (due monthly)
    - ii. BH-TEDS Discharge/Update/End Records (due monthly)
    - iii. BH-TEDS Crisis Event Q record (due monthly)
  - c. Basis of Data Reporting  
The basis for data reporting policies for Michigan behavioral health includes:
    - i. Federal funding awarded to Michigan through the Combined SABG/MHBG Behavioral Health federal block grant.
    - ii. SAMHSA's Behavioral Health Services Information Systems (BHSIS) award agreement administered through Eagle Technologies, Inc that awards the State a contracted amount of funding if the data meet minimum timeliness, completeness and accuracy standards.
    - iii. Legislative boilerplate annual reporting and semi-annual updates
  - d. Policies and Requirements Regarding Data  
BH TEDS Data reporting will encompass Behavioral Health services provided to persons supported in whole or in part with MDHHS-administered funds.
    - i. Policy:  
Reporting is required for all persons whose services are paid in whole or in part with State administered funds regardless of the type of co-pay or shared funding arrangement made for the services.
    - ii. For purposes of State reporting, an admission, or start, is defined as the formal acceptance of a client into behavioral health services. An admission has occurred if and only if the person begins receiving behavioral health services.

1. Data definitions, coding and instructions issued by the State apply as written. Where a conflict or difference exists between the State definitions and information developed by the Contractor or locally contracted data system consultants, the State definitions are to be used.
  2. All SUD data collected and recorded on BH-TEDS must be reported using the proper Michigan Department of Licensing and Regulatory Affairs (LARA) substance abuse services site license number. LARA license numbers are the primary basis for recording and reporting data to the State at the program level.
  3. There must be a unique person identifier number assigned to each individual. It must be 11 characters in length, and alphanumeric. This same number must be used to report data for BH-TEDS and encounters for the individual within the Contractor's service region. It is recommended that a method be established by the Contractor and funded programs to ensure that each individual is assigned the same identification number regardless of how many times he/she enters services in any program in the service area, and that the client number be assigned to only one individual.
  4. Any changes or corrections made on the Contractor on forms or records submitted by the program must be made on the corresponding forms and appropriate records maintained by the program. Each Contractor and its programs must establish a process for making necessary edits and corrections to ensure identical records. The Contractor is responsible for making sure records at the State level are also corrected via submission of change records in data uploads.
  5. Contractor must make corrections to all records that are submitted but fail to pass the error checking routine. All records that receive an error code are placed in an error master file and are not included in the analytical database. Unless acted upon, they remain in the error file and are not removed by the State.
  6. The Contractor is responsible for generating each month's data upload to the State consistent with established protocols and procedures. Monthly data uploads must be received by the State via the DEG no later than the last day of the following month.
  7. The Contractor must communicate data collection, recording and reporting requirements to local providers as part of the contractual documentation. Contractor may not add to or modify any of the above to conflict with or substantively affect State policy and expectations as contained herein.
  8. Statements of the State's policy, clarifications, modifications, or additional requirements may be necessary and warranted. Documentation will be forwarded accordingly.
- e. Method for submission  
BH-TEDS data are to be submitted in a fixed length format, per the file specifications.
  - f. Due dates  
BH TEDS data are due monthly. The Contractor is responsible for generating each month's data upload to the State consistent with established protocols and procedures. Monthly data uploads must be received by the State via the DEG no later than the last day of the following month.
  - g. Who to report  
The Contractor must report BH-TEDS data for all individuals with mental health, intellectual/developmental disabilities, and substance use disorders who receive services funded in whole or in part with the State's administered funding. If the Contractor is participating in the Medicare/Medicaid integration project, the Contractor must not report BH-TEDS records for beneficiaries for whom the Contractor's financial responsibility is to a non-contracted provider during the 180-day continuity of care.
8. Coordination of Benefits information is required based on current CMS managed care rules and MDHHS encounter reporting specifications.
- C. Reports and Annual Appropriation Boilerplate Requirements  
The Contractor must submit timely reports on annual appropriation boilerplate requirements.
  - D. Medical Loss Ratio (MLR) Reporting Requirements
    1. The Contractor must submit a report to the State that includes, at a minimum, at least the following information for each MLR reporting year:
      - a. Total incurred claims.
      - b. Expenditures on quality improving activities.
      - c. Expenditures related to activities compliant with §438.608(a)(1) through (5), (7), (8) and (b).
      - d. Non-claims costs.
      - e. Premium revenue.
      - f. Taxes, licensing and regulatory fees.
      - g. Methodology(ies) for allocation of expenditures.
      - h. Any credibility adjustment applied.
      - i. The calculated MLR.
      - j. Any remittance owed to the State, if applicable.
      - k. A comparison of the information reported in this paragraph with the audited financial report required

- under §438.3(m).
- l. A description of the aggregation method used in compliance with 42 CFR § 438.8.
- m. The number of member months.
- 2. The formula for calculation of the MLR is defined below.
  - a. 
$$\frac{\text{Incurred Claims +/- ISF created/used} - \text{HRA} - \text{Taxes} + \text{Healthcare Quality Improvement} + \text{Fraud Reduction}}{\text{Current Year Premium Revenue +/- Savings used/created} - \text{HRA expense} - \text{Tax expense (HICA/Use)}}$$

The MLR should be completed in accordance with 42 CFR § 438.8, the additional calculation components outlined below are intended to provide clarity regarding State specific items

- b. Calculation Components
  - Include 1) direct claims paid to providers including all costs of CMHSP capitated contracts (excluding PIHP delegated Managed care administrative costs), 2) Unpaid claims for dates of service falling within the reporting year (accounts payable), 3) Estimate of claims incurred but not reported based on past experience, 4) payments to the ISF, and 5) incentives/bonuses paid to providers. Reduce claims by 6) Overpayment recoveries from providers, 7) prescription drug rebates, 8) claims recovered through fraud reduction efforts up to the amount of fraud reduction expense included in the numerator, 9) Hospital Rate Adjuster payments and 10) contribution to ISF fund.
  - The following items must be excluded from incurred claims, consistent with the Medical loss ratio (MLR) standards outlined in 42 CFR § 438.8.
    - i. Non-claims costs, as defined in 42 CFR § 438.8, which include the following:
      - 1. Amounts paid to third party vendors for secondary network savings.
      - 2. Amounts paid to third party vendors for network development, administrative fees, claims processing, and utilization management.
      - 3. Amounts paid, including amounts paid to a provider, for professional or administrative services that do not represent compensation or reimbursement for State plan services or services meeting the definition in § 438.3(e) and provided to an enrollee.
      - 4. Fines and penalties assessed by regulatory authorities.
    - ii. Amounts paid to the State as remittance under 42 CFR § 438.8.
    - iii. Amounts paid to network providers under to § 438.6(d).
- c. Healthcare Quality Improvement
  - Include all Quality Improvement functions plus include Information Services costs if specifically related to the ability to accept, track, report, and analyze Quality Improvement data. Time and effort for individuals participating in External Quality Reviews (not already captured as Quality Improvement expenses) may be included.
- d. Fraud Reduction
  - Costs for activities designed to detect and/or prevent payment for fraudulent requests for reimbursement. (i.e. Medicaid Verification Process, Clinical Chart Reviews, etc.).
- e. Premium Revenue
  - Includes all capitation payments received from the State plus additional cost settlement revenue less any lapse.
- f. Savings
  - The use of Savings should increase premium revenue while the creation of Savings should reduce premium revenue.
- g. The MLR reporting replaces the Contractor obligation to complete an administrative cost report. The MLR report will provide sufficient administrative cost reporting to meet the actuarial needs. In addition to information required above this will include non-benefit costs in the following categories:
  - i. Administrative costs.
  - ii. Taxes, licensing and regulatory fees, and other assessments and fees.
  - iii. Contribution to reserves, risk margin, and cost of capital.
  - iv. Other material non-benefit costs.
- h. MLR must be equal to or higher than 85 percent and the MLR must be calculated and reported for each MLR reporting year by the Contractor. In accordance with 42 CFR § 438.8, each PIHP expense must be included under only one type of expense, unless a portion of the expense fits under the definition of, or criteria for, one type of expense and the remainder fits into a different type of expense, in which case the expense must be pro-rated between types of expenses. Expenditures that benefit multiple contracts or populations, or contracts other than those being reported, must be reported on pro rata basis. Expense allocation must be based on a generally accepted accounting method that is expected to yield the most accurate results. Shared expenses, including expenses under the terms of a management contract, must be apportioned pro rata to the contract incurring the expense. Expenses that relate solely to the operation of a reporting entity, such as personnel costs associated with the adjusting and paying of claims, must be borne solely by the reporting entity and are not to be apportioned to the other entities. The credibility adjustment is added to the reported MLR calculation

before calculating any remittances. The Contractor may not add a credibility adjustment to a calculated MLR if the MLR reporting year experience is fully credible. If the Contractor experience is non-credible, it is presumed to meet or exceed the MLR calculation standards. The Contractor must aggregate data for all Medicaid eligibility groups covered under the Contract with the State unless the State requires separate reporting and a separate MLR calculation for specific populations. If required by the State, the Contractor must provide a remittance for an MLR reporting year if the MLR for that MLR reporting year does not meet the minimum MLR standard of 85 percent or higher. The Contractor must require any third party vendor providing claims adjudication activities to provide all underlying data associated with MLR reporting to the Contractor within 180 days of the end of the MLR reporting year or within 30 days of being requested by the Contractor, whichever comes sooner, regardless of current contractual limitations, to calculate and validate the accuracy of MLR reporting. In any instance where the State makes a retroactive change to the capitation payments for a MLR reporting year where the MLR report has already been submitted to the State, the Contractor must re-calculate the MLR for all MLR reporting years affected by the change. In any instance where the State makes a retroactive change to the capitation payments for a MLR reporting year where the MLR report has already been submitted to the State, the Contractor must submit a new MLR report meeting the applicable requirements. The Contractor must attest to the accuracy of the calculation of the MLR in accordance with the MLR standards when submitting required MLR reports.

- i. The Contractor must provide MLR reports to the State as specified in this Contract, and on forms and formats specified by the MDHHS. Forms and instructions are posted to the State website at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html) (See Financial Planning, Reporting and Settlement section of Schedule E).
- E. Finance Planning, Reporting and Settlement
  1. The final expenditure report must reflect incurred, but not paid claims. The Contractor must provide financial reports on forms and formats specified by the State. Forms and instructions are posted to the State website at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html) (See Financial Planning, Reporting and Settlement section of Schedule E).
  2. Contractor must comply with:
    - a. Governmental Accounting Standards Board (GASB) standards for Generally Accepted Accounting Principles
    - b. Audit and Accounting Guide: State and Local Governments, current edition, by AICPA
    - c. 2 CFR 200 Subpart E
- F. Public Health Reporting
 

PA 368 of 1978 requires that health professionals comply with specified reporting requirements for communicable disease and other health indicators. The Contractor must ensure compliance with all such reporting requirements through its provider contracts.

#### 4. Internal Service Fund (ISF)

The establishment of an ISF is one method for securing funds as part of the overall strategy for covering risk exposure. The ISF fund balance should be kept at a minimum to assure that the overall level of Contractor funds is directed toward consumer services. Requirements for establishing an ISF are below:

- A. Contractor must establish an ISF for risk corridor financing in accordance with shared risk provisions contained in the State/Contractor Contract with the State.
- B. An ISF may be established for the purpose of securing funds necessary to meet expected risk corridor financing requirements under the State/Contractor Contract.
- C. When establishing an ISF, the Contractor may apply any method it considers appropriate to determine the amounts to be charged to the various funds covered by the ISF provided that:
  1. The total amount charged to the various funds does not exceed the amount of the estimated liability determined pursuant to Governmental Accounting Standards Board (GASB) Statement No.10, *General Principles of Liability Recognition*, or such other authoritative guidance as issued by the American Institute of Certified Public Accountants (AICPA); and
  2. Non-compliance with the provisions of GASB Statement No. 10 and 2 CFR 200 Subpart E Cost Principles relative to any applicable matter herein will cause the ISF charges to be unallowable for purposes of the State/CMHSP Contract.
- D. The ISF must not be used to finance any activities or costs other than ISF eligible expenses.
- E. All programs exposed to the risk corridor must be charged their proper share of the ISF charges to the extent that those programs are covered for the risk of financial loss. Such charges must be allocated to the various programs/cost categories based on the relative proportion of the total contractual obligation, actual historical cost experience, or reasonable historical cost assumptions. If actual historical cost experiences or reasonable historical cost assumptions are used, they must cover, at a minimum, the most recent two years in which the books are closed.
- F. A set of self-balancing accounts must be maintained for the ISF in compliance with generally accepted accounting principles (GAAP).
- G. The Contractor must restrict the use of the ISF to the defined purpose.
- H. The amount of funds paid to the ISF will be determined in compliance with reserve requirements as defined by GAAP and applicable federal and State financing provisions contained in the State/Contractor Contract.



- I. To establish an adequate funding level to cover risk corridor requirements, the Contractor may make payments up to the lesser of: (1) the total potential liability relative to the risk corridor and the overall risk management strategy of the Contractor's operating budget; or (2) the risk reserve requirements determined under Letter 3 above and the applicable financing provisions contained in the State/Contractor Contract.
- J. The Contractor must establish a policy and procedure for increasing payments to the ISF in the event that it becomes inadequate to cover future losses and related expenses.
- K. Payments to the ISF must be based on either actuarial principles actual historical cost experiences, or reasonable historical cost assumptions, pursuant to the provisions of 2 CFR 200 sub part E. If actual historical cost experiences or reasonable historical cost assumptions are utilized, they must cover, at a minimum, the most recent two years in which the books have been closed.
- L. Payments and funding levels of the ISF must be analyzed and updated at least biannually pursuant to the provisions of 2 CFR 200 Subpart E Cost Principles.
- M. If the ISF becomes over-funded, it must be reduced within one fiscal year through the abatement of current charges or, if such abatements are inadequate to reduce the ISF to the appropriate level, it must be reduced through refunds in accordance with 2 CFR 200 Subpart E Cost Principles.
- N. Upon Contract cancelation or expiration, any funds remaining in the ISF and all of the related claims and liabilities must be transferred to the new contractor that encompasses the existing Contractor's service area. When existing Contractor's geographic service area overlaps more than one new contractor service area, the State will provide the percentage allocation to each new contractor.

## **5. Authorizing Document**

The appropriate authorizing document for the Contract will be a Master Agreement (MA).

## **6. Reserved**

## **7. Risk Corridor**

The shared risk arrangements must cover all MMSSSP Programs. The risk corridor is administered across all services, with no separation for mental health and substance abuse funding.

- A. The Contractor must retain unexpended risk-corridor-related funds between 95% and 100% of said funds. The Contractor must retain 50% of unexpended risk-corridor related funds between 90% and 95% of said funds. The Contractor must return unexpended risk-corridor-related funds to the MDHHS between 0% and 90% of said funds and 50% of the amount between 90% and 95%.
- B. The Contractor may retain funds as noted above, except as specified in Section 1.1.D. Transition.
- C. The Contractor must be financially responsible for liabilities incurred above the risk corridor-related operating budget between 100% and 105% of said funds contracted.
- D. The Contractor will be responsible for 50% of the financial liabilities above the risk corridor-related operating budget between 105% and 110% of said funds contracted.
- E. The Contractor will not be financially responsible for liabilities incurred above the risk corridor-related operating budget over 110% of said funds contracted.
- F. The assumption of a shared-risk arrangement between the Contractor and the State will not permit the Contractor to overspend its total operating budget for any fiscal year.
- G. The Contractor must not pass on, charge, or in any manner shift financial liabilities to Medicaid beneficiaries resulting from Contractor financial debt, loss and/or insolvency.
- H. The Contractor's financial responsibility for liabilities for costs between 100% and 110% must first be paid from the Contractor's Internal Service Fund (ISF) for risk funding or insurance for cost over-runs. The ISF balance must be tracked by Medicaid and Healthy Michigan funds contributed. Each portion of the ISF must retain its character as Medicaid and Healthy Michigan Funds, but may be used for risk financing across the Medicaid and Healthy Michigan programs. Medicaid ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor and Healthy Michigan ISF amounts may be used for Medicaid or Healthy Michigan cost over runs into the risk corridor.
- I. If the Contractor's liability exceeds the amount available from ISF and insurance, then other funding available to the Contractor may be utilized in accordance with the terms of the Contractor's Risk Management Strategy.
- J. General Restrictions
 

Use of funds held in the ISF must be restricted to the following:

  - 1. The Contractor must restrict the use of the ISF to the defined purpose. The defined purpose of the ISF is to secure funds necessary to meet expected future risk corridor requirements established in accordance with the State/Contractor Contract between the Contractor and the State. All expenses, for the purpose intended to be financed from the ISF, must be made from the ISF. No expenses from this fund will be match able--only the payments to the ISF will be match able. No other expenses may be paid from the ISF.
  - 2. Payment of the Contractor's risk corridor obligation.
  - 3. The Contractor may invest ISF funds in accordance with statutes regarding investments (e.g., Mental Health Code 330.1205, Sec. 205(g)). The earnings from the investment of ISF funds must be used to fund the risk reserve requirements of the ISF in accordance with 2 CFR 200 Subpart E Cost Principles.

4. The ISF may not loan or advance funds to any departments, agencies, governmental funds, or other entities in accordance with 2 CFR 200 Subpart E.
  5. Funds paid to the ISF must not be used to meet federal cost sharing or used to match federal or State funds pursuant to 2 CFR 200 Subpart E.
  6. State funds paid to the ISF must retain its character as State funds in accordance with the Mental Health Code and must not be used as local funds.
- K. General Accounting Standards
- The ISF must be established and accounted for in compliance with the following standards:
1. Generally accepted accounting principles (GAAP).
  2. GASB Statement No. 10, Accounting and Financial Reporting for Risk Financing and Related Insurance Issues, or other current standards.
  3. Financial Accounting Standards Board (FASB) Statement No. 60, Accounting and Reporting by Insurance Enterprises, or other current standards.
  4. FASB Statement No. 5, Accounting for Contingencies, or other current standards.
  5. 2 CFR 200 Subpart E, Cost Principles, or other current standards.
  6. Other financing provisions contained in the State/Contractor Contract.
  7. The financial requirements set forth in the 1115 and 1915 (i) Waiver.
- L. Financing
- The State will immediately notify the Contractor of modifications in funding commitments in this Contract under the following conditions:
1. Action by the Michigan State Legislature or by the Center for Medicare and Medicaid Services that removes any State funding for, or authority to provide for, specified services.
  2. Action by the Governor pursuant to the Constitution 1963, Article 5, Section 20 that removes the State's funding for specified services or that reduces the State's funding level below that required to maintain services on a statewide basis.
  3. A formal directive by the Governor, or the Michigan Department of Technology, Management and Budget (DTMB) on behalf of the Governor, requiring a reduction in expenditures.

## 8. Payment Terms

- A. Contract Financing
1. The Contractor must accept transfers of all reserve accounts and related liabilities accumulated by Contractor that formerly operated within the current Contractor's geographic service area. The Contractor must accept transfer of all liabilities accumulated by the Contractor that formerly operated within the Contractor's geographic service area that were incurred and paid on behalf of the new Contractor as start-up costs.
  2. Local Obligation
    - a. The Contractor must provide to the State, for deposit into a separate contingency account, local funds as authorized in the State Appropriations Act. These funds must not include either State funds received by a CMHSP for services provided to non-Medicaid recipients or the State matching portion of the Medicaid capitation payments made to a CMHSP or an affiliation of CMHSPs. The amount of local funds and payment schedule is included in Schedule G. In the event the Contractor is unable to provide the required local obligation, the Contractor must notify the State's Program Manager immediately.
    - b. Local financial obligations exclude grants or gifts received by the county, the Contractor, or subcontractors, from an individual or agency contracting to provide services to the Contractor.
      - i. An exception may be made, where the Contractor can demonstrate that such funds constitute a transfer of grants or gifts made for the purposes of financing mental health services, and are not made possible by Contractor payments to the subcontractor that are claimed as matchable expenses for the purpose of state financing.
    - c. The following are potential revenue sources for the local obligation:
      - i. Appropriations of general county funds to the Contractor by the County Board of Commissioners.
      - ii. Appropriations of funds to the Contractor or its subcontractor by cities or townships.
      - iii. Funds raised by fee-for-service subcontractors and/or network providers as part of the subcontractor's contractual obligation, the intent of which is to satisfy and meet the local match obligation of the Contractor, as reflected in this Contract.
      - iv. Grants, bequests, donations, gifts from local non-governmental sources, charitable institutions or individuals.
        1. gifts that specify the use of the funds for any particular individual identified by name or relationship may not be used as local match funds.
      - v. Funds of participating CMHSPs from the Community Mental Health Special Fund Account, consistent with Section 226a of the Michigan Mental Health Code.
        1. Federal Supplemental Security Income (SSI) does not qualify for use under Section 226a of the Michigan Mental Health Code.

- vi. Interest earned on funds deposited or invested by or on behalf of the Contractor, except as otherwise restricted by 2 CFR 200 Subpart E.
  - 1. Interest earned on the State's funds by subcontractors and/or network providers as specified in its contracts with the Contractor may not be used as local obligation.
- vii. Other Revenues for Mental Health Services - As long as the source of revenue is not federal or State funds, revenues from other county departments/funds (such as childcare funds) or revenues from public or private school districts for Contractor mental health services.

**B. State Funding**

The State's funding includes MMSSSP and the Flint 1115 Waiver. The financing in this Contract is always contingent on the annual Appropriation Act. CMHSPs within a PIHP may, but are not required to, use General Funds to provide services not covered under MMSSSP or underwrite a portion of the cost of covered services to these beneficiaries. The State reserves the right to disallow such use of General Funds if it believes that the CMHSP was not appropriately assigning costs in order to maximize the savings allowed within the risk corridors. Specific financial detail regarding the State funding is provided in Schedules G and H. The rates included in Schedule H are in effect with the initial Contract.

**1. Medicaid Payments**

The State will provide to the Contractor both the State and federal share of Medicaid funds as a capitated payment based upon a per eligible per month (PEPM) methodology. The State will provide access to an electronic copy of the names of the Medicaid eligible people for whom a capitation payment is made. A PEPM payment is determined for each of the populations covered by this Contract, which includes services for people with a developmental disability, a mental illness or emotional disturbance, and people with a substance use disorder as reflected in this Contract. PEPM payment is made to Contractor for all beneficiaries in its service area, not just those with the above-named diagnoses. The actual number of Medicaid beneficiaries will be determined monthly and the Contractor will be notified of the beneficiaries in their service area when the payment is made.

**a. Medicaid Rate Calculation**

The Medicaid Rate Calculation is based on the actuarial documentation letter from Milliman USA. The Milliman USA letter documents the calculation rate methodology and provides the required certification regarding actuarial soundness as required by the Balanced Budget Act Rules effective August 13, 2002. The chart of rates and factors contained in the actuarial documentation is included in Schedule H. The State must not reduce the 1115 Behavioral Health Demonstration Waiver PEPM, 1115 Healthy Michigan Plan PEPM or the C-waiver rates to the Contractor to offset a Statewide increase in the number of Medicaid beneficiaries.

**b. Medicaid Payments**

The State will provide the Contractor with managed care payments each month for the Medicaid covered specialty services listed under the Benefit Plan (BP). When applicable, additional payments may be scheduled (e.g. retro-rate implementation and up to six months retro eligibility). HIPAA compliant 834 and 820 transactions will provide eligibility and remittance information. Monthly payment will include:

- i. Base Rates for each Benefit Plan (BHMA, BHMA-MHP, BHHMP, BHHMP-MHP, HSW-MC\*\*, SED-MC, CWP-MC)
  - \*\*For HSW beneficiaries of a PIHP that includes the county of financial responsibility (COFR), referred to as the "responsible PIHP", but whose county of residence is in another PIHP, referred to as the "residential PIHP", the HSW capitation payment will be paid to the COFR within the "responsible PIHP" based on the multiplicative factor for the "residential PIHP".
- ii. Recovery of payments previously made for beneficiaries prior to MDHHS notification of death
- iii. Recovery of payments previously made for beneficiaries, who upon retrospective review, did not meet all the Benefit Plan enrollment requirements

The Contractor must be able to receive and transmit HIPAA compliant files, such as:

- i. 834 – Eligibility
- ii. 820 – Payment/Remittance Advice
- iii. 837 – Encounter

**c. Medicaid State Plan Payments**

The capitation payment excludes individuals enrolled in a Program for All Inclusive Care (PACE) organization, individuals incarcerated, and individuals with a Medicaid deductible.

**2. Habilitation Supports Waiver (HSW) Payments**

- a. The 1915(c) HSW capitation payment will be made to the Contractor based on HSW beneficiaries who have enrolled through the State enrollment process and have met the following requirements:
  - i. Has a developmental disability as defined by Michigan law
  - ii. Is Medicaid eligible as defined in the CMS approved waiver
  - iii. Is residing in a community setting
  - iv. Otherwise eligible for Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID) level of

- care services
- b. Beneficiaries enrolled in the HSW Program may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and Serious Emotional Disturbance Waiver (SEDW). The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. HSW capitation payments exclude individuals who are enrolled in a PACE organization. The HSW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
- c. Encounters for provision of services authorized in the CMS approved waiver must contain the appropriate modifier to be recognized as valid HSW encounters. Encounters must be processed and submitted on time, as defined in Section N. Provider Services, 7. Claims Management System and the Reporting Requirements (see Schedule E), in order to assure timely HSW service verification.
- 3. The Children's Waiver Program (CWP) Payments
  - a. The 1915(c) CWP capitation payment will be made to the Contractor based on CWP beneficiaries who have enrolled through the State's enrollment process and have met the following requirements:
    - i. Has a developmental disability as defined by Michigan law
    - ii. Is Medicaid eligible as defined in the CMS approved waiver
    - iii. Is residing in a community setting
    - iv. Otherwise eligible for Intermediate Care Facilities for individuals with Intellectual Disability (ICF/IID) level of care services
  - b. Beneficiaries enrolled in the CWP may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Habilitation Supports Waiver (HSW) and Serious Emotional Disturbance Waiver (SEDW). The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. CWP capitation payments exclude individuals who are enrolled in a PACE organization. The CWP capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
- 4. Serious Emotional Disturbance Waiver Payments
  - a. The SEDW capitation payment will be made to the Contractor based on SEDW beneficiaries who have enrolled through the MDHHS enrollment process. Beneficiaries enrolled in the SEDW may not be enrolled simultaneously in any other 1915(c) waiver programs, such as the Children's Waiver Program (CWP) and HSW. The capitation payment excludes individuals who reside, for an entire month, in any of the following: ICF/IID, Nursing Home, Child Caring Institution (CCI), or who are incarcerated. The SEDW capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
  - b. To receive a SEDW incentive payment, the child must meet the following eligibility requirements:
    - i. Have a Serious Emotional Disturbance as defined by Michigan law
    - ii. Eligible for Medicaid
    - iii. Be between the ages of 0 to 18
    - iv. Placed in the State Foster Care System or Resides in a family with an open Child Protective Services case (Categories I or II)
    - v. At least one of the following services was provided in the eligible month:
      - 1. H2021 – Wraparound Services
      - 2. H0036 – Home Based Services; or
    - vi. Two or more of the following: MMSSP services, excluding one-time assessments, were provided in the eligible month.
  - c. Each incentive payment will be determined by comparing the Contractor's identified eligible children with the encounter data submitted. In order to assure timely incentive payment verification, valid encounters must be submitted within 90 days of the provision of the service regardless of the claim adjudication status. Late submissions will not be processed.
  - d. Quarterly incentive payments will occur as follows:
    - i. April: Based on eligible children and the supporting encounter data submitted for October 1 – December 31.
    - ii. July: Based on eligible children and the supporting encounter data submitted for January 1 – March 31.
    - iii. October: Based on eligible children and the supporting encounter data submitted for April 1 – June 30.
    - iv. January: Based on eligible children and the supporting encounter data submitted for July 1 – September 30.
  - e. The State will provide access to an electronic copy of the names of those individuals eligible for incentive payments, which incentive payment amount they are to receive, and the COFR.
- 5. Expenditures for MMSSSP and the Flint 1115 Waiver.
  - a. The Contractor may expend any funds received for MMSSSP. All funds must be spent on Medicaid beneficiaries for Medicaid services. Surplus funding in either Medicaid or Healthy Michigan may be

- utilized to cover a funding deficit only after that fund sources risk reserve has been fully utilized. The surplus funds must be used before the ISF can be utilized.
- b. While there is flexibility in month-to-month expenditures and service utilization related to the different funding sources in MMSSSP, the Contractor must submit encounter data on service utilization - with transaction code modifiers that identify the service for each specific MMSSSP program. The encounter data (including cost information) will serve as the basis for future MMSSSP capitated rate development.
6. **Capitated Payments and Other Pooled Funding Arrangements**  
Medicaid funds may be utilized for the implementation of, or continuing participation in, locally established multi-agency pooled funding arrangements developed to address the needs of beneficiaries served through multiple public systems. Medicaid funds supplied or expensed to such pooled funding arrangements must reflect the expected cost of covered Medicaid services for Medicaid beneficiaries participating in or referred to the multi-agency arrangement or project. Medicaid funds cannot be used to supplant or replace the service or funding obligation of other public programs.
  7. **OHH Payments**  
The State will provide a monthly case rate to the Contractor based on the number of OHH beneficiaries with at least one OHH service during a calendar month. The Contractor will reimburse the OHHP for delivering health home services. Depending on the current services provided by the OHHP, the Contractor can negotiate a rate with the OHHP while following the guidelines below, requirements in the approved SPA, Policy 2006-BHDDA, and the OHH Handbook.
  8. **BHH Payments**  
The State will provide a monthly case rate to the Contractor based on the number of BHH beneficiaries with at least one BHH service during a calendar month. The Contractor will reimburse the HHP for delivering health home services. Depending on the current services provided by the HHP, the Contractor can negotiate a rate with the HHP for value-based payment (VBP) while following the requirements in the approved SPA, policy, and the BHH Handbook.
- C. **MiChild**  
The State will provide the federal and matching share of MiChild funds as a capitated payment based upon actuarially sound Per Enrolled Child Per Month (PECPM) methodology for MiChild-covered mental health services. The MiChild capitation payment will be scheduled and/or adjusted to occur monthly. When applicable, additional payments may be scheduled.
  - D. **Contractor Performance Bonus**  
Contract withholds and the Performance Bonus Incentive Program have been established to support program initiatives as specified in the MDHHS Medicaid Quality Strategy.
    1. **Withhold Arrangements**
      - a. The State will withhold 0.2% of BHMA, BHMA-MHP, BHHMP, and BHHMP-MHP capitation payments to the Contractor. The withheld funds will be issued to the Contractor in the following amounts within 60 days of when the required report is received by the State:
        - i. 0.04% for timely submission of the Projection Financial Status Report – Medicaid
        - ii. 0.04% for timely submission of the Interim Financial Status Report – Medicaid
        - iii. 0.04% for timely submission of the Final Medicaid Contract Reconciliation and Cash Settlement
        - iv. 0.04% for timely submission of the Encounter Quality Initiative
        - v. 0.04% for timely submission of encounters (defined in Schedule E)
      - b. **Performance Bonus Incentive Pool (PBIP)**
        - i. **Withhold and Metrics**  
The State will withhold 0.75% of BHMA, BHMA-MHP, BHHMP, BHHMP-MHP, HSW-MC, CWP-MC, and SEDW-MC payments for the purpose of establishing a PBIP. Distribution of funds from the PBIP is contingent on the Contractor's results from the joint metrics, the narrative report, and the Contractor-only metrics referenced below.
        - ii. **Assessment and Distribution**  
PBIP funding awarded to the Contractor will be treated as restricted local funding. Restricted local funding must be utilized for the benefit of the public behavioral health system. The 0.75% PBIP withhold will be distributed as follows:
          - a. Contractor-only Pay for Performance Measure(s): 30%
          - b. Contractor Narrative Reports: 40%
          - c. MHP/Contractor Joint Metrics: 30%
          - d. The State will distribute earned funds by April 30 of each year.
      - c. **OHH Benefit**  
The State will withhold 5% of monthly case rate payments to the Contractor. The State will distribute pay for performance payments to the Contractor within one year of the end of the performance year. The Contractor must distribute pay for performance monies to OHHPs that meet the quality improvement benchmarks in accordance with the timelines and processes which can be found in the OHH Handbook at the following

website: [https://www.michigan.gov/documents/mdhhs/OHH\\_Handbook\\_V1.3\\_7-17-2018\\_630838\\_7.pdf](https://www.michigan.gov/documents/mdhhs/OHH_Handbook_V1.3_7-17-2018_630838_7.pdf). The State will only claim federal match once it determines quality improvement benchmarks have been met and providers have been paid. If quality improvement benchmarks are not met by any of the OHHPs within a given performance year, the State share of the withhold will be reserved and reinvested for OHH monthly case rate payments. Subsequent performance years will operate in accordance with this structure.

- d. BHH Benefit  
The State will withhold 5% of monthly case rate payments to the Contractor. The State will distribute pay for performance payments to the Contractor within one year of the end of the performance year. The Contractor must distribute pay for performance monies to BHHPs that meet the quality improvement benchmarks in accordance with the timelines and processes which can be found in the BHH Handbook at the following website: [www.michigan.gov/BHH](http://www.michigan.gov/BHH). The State will only claim federal match once it determines quality improvement benchmarks have been met and providers have been paid. If quality improvement benchmarks are not met by any of the BHHPs within a given performance year, the State share of the withhold will be reserved and reinvested for BHH monthly case rate payments. Subsequent performance years will operate in accordance with this structure.
2. Contractor-only Pay for Performance Measures (P1, P2, (P3 is informational only) = 30% of total withhold, P4 Narrative = 40% of total withhold).

Measure	Description	Deliverables
P.1. PA 107 of 2013 Sec. 105d (18): Identification of beneficiaries who may be eligible for services through the Veteran's Administration (50 points).  The State acknowledges that not all Veterans interacted with by the Veteran Navigator and on the VSN will have a CMHSP contact and thus will not have a BH-TEDS file (50 points).	a. Timely submission of the Veteran Services Navigator (VSN) Data Collection form through DCH File transfer.  b. Improve and maintain data quality on BH-TEDS military and veteran fields.  c. Monitor and analyze data discrepancies between VSN and BH-TEDS data.	a. The measurement period for the VSN Data Collection form will be the current fiscal year. The VSN Data Collection form will be submitted to the State by the last day of the month following the end of each quarter.  b. The measurement period for the BH-TEDS data quality monitoring will be October 1 through March 31.  c. The Contractor must compare the total number of individual veterans reported on BH-TEDS and the VSN and conduct a comparison. By July 1, the Contractor must submit a 1-2-page narrative report on findings and any actions taken to improve data quality.
P.2. PA 107 of 2013 Sec. 105d (18): Increased data sharing with other providers (50 points)	Send ADT messages for purposes of care coordination through health information exchange.	At least one CMHSP within a Contractor's service area, or the Contractor, will be submitting Admission Discharge and Transfer (ADT) messages to the Michigan Health Information Network (MiHIN) Electronic Data Interchange (EDI) Pipeline daily by the end of FY21. By July 31, the Contractor must submit, to the State, a report no longer than two pages listing CMHSPs sending ADT messages, and barriers for those who are not, along with remediation efforts and plans. In the event that MiHIN cannot accept or process Contractor's ADT submissions this will not constitute failure on Contractor's part.
P.3. Initiation, Engagement and Treatment (IET) of Alcohol and Other Drug Dependence No points, informational only	The percentage of adolescents and adults with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following: -Initiation of AOD Treatment: The percentage of beneficiaries who initiate treatment within 14 calendar days of the diagnosis. -Engagement of AOD Treatment: The percentage of beneficiaries who initiated treatment and who had two or more additional AOD services or Medication	This measure will be informational only.  Data will be stratified by race/ethnicity and provided to the Contractor by the State.  The Contractor is encouraged to track, trend and address statistically significant racial or ethnic groups.  Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2019 with July 1, 2020-June 30, 2021.

Measure	Description	Deliverables
	Assisted Treatment (MAT) within 34 calendar days of the initiation visit.	Note: The State recognizes the Contractor does not have a full data set for analyses.
P.4. PA 107 of 2013 Sec. 105d (18): Increased participation in patient-centered medical homes (40% of total withhold)	Narrative report summarizing participation in patient-centered medical homes (or characteristics thereof). Points for Narrative Reports will be awarded on a pass/fail basis, with full credit awarded for submitted narrative reports, without regard to the substantive information provided. The State will provide consultation draft review response to the Contractor by January 15th. The Contractor will have until January 31st to reply to the State with information.	The Contractor must submit a narrative report of no more than 10 pages by November 15th summarizing prior FY efforts, activities, and achievements of the Contractor (and component CMHSPs if applicable) to increase participation in patient-centered medical homes. The specific information to be addressed in the narrative is below: <ol style="list-style-type: none"> <li>1. Comprehensive Care</li> <li>2. Patient-Centered</li> <li>3. Coordinated Care</li> <li>4. Accessible Services</li> <li>5. Quality &amp; Safety</li> </ol>

3. MHP/Contractor Joint Metrics (30% of total withhold)

Joint Metrics for the Integration of Behavioral Health and Physical Health Services

To ensure collaboration and integration between Medicaid Health Plans (MHPs) and the Contractor, the State has developed the following joint expectations for both entities. There are 100 points possible for this initiative. The reporting process for these metrics is identified in the grid below. Care coordination activities are to be conducted in accordance with applicable State and federal privacy rules.

Category	Description	Deliverables
J.1. Implementation of Joint Care Management Processes (35 points)	Collaboration between entities for the ongoing coordination and integration of services.	Each MHP and Contractor will continue to document joint care plans in CC360 for beneficiaries with appropriate severity/risk, who have been identified as receiving services from both entities. Risk stratification criteria is determined in writing by the Contractor-MHP Collaboration Work Group in consultation with the State. Quarterly, the State will select beneficiaries at random and review their care plan in CC360.
J.2 Follow-up After Hospitalization (FUH) for Mental Illness within 30 Days using HEDIS descriptions (40 points)	The percentage of discharges for beneficiaries six years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	<p>1. The Contractor must meet set standards for follow-up within 30 Days for each rate (ages 6-17 and ages 18 and older. The Contractor will be measured against an adult minimum standard of 58% and a child minimum standard of 70%. Measurement period will be July 1, 2020-June 30, 2021.</p> <p>2. Data will be stratified by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2019 with July 1, 2020-June 30, 2021.</p> <p>The points will be awarded based on MHP/Contractor combination performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity.</p> <p>See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at <a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</a></p>



Category	Description	Deliverables
J3. Follow-Up After (FUA) Emergency Department Visit for Alcohol and Other Drug Dependence (25 points)	Beneficiaries 13 years and older with an Emergency Department (ED) visit for alcohol and other drug dependence that had a follow-up visit within 30 days.	<p>Data will be stratified by the State by race/ethnicity and provided to plans. The Contractor will be incentivized to reduce the disparity between the index population and at least one minority group. Measurement period for addressing racial/ethnic disparities will be a comparison of calendar year 2019 with July 1, 2020-June 30, 2021.</p> <p>The points will be awarded based on MHP/Contractor combination performance measure rates.</p> <p>The total potential points will be the same regardless of the number of MHP/Contractor combinations for a given entity.</p> <p>See MDHHS BHDDA reporting requirement website for measure specifications (query, eligible population, and additional details) and health equity scoring methodology, at <a href="https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html">https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</a></p>

# STATE OF MICHIGAN

Contract No.  
Prepaid Inpatient Health Plan (PIHP)

## SCHEDULE B

### HIPAA BUSINESS ASSOCIATE AGREEMENT

The parties to this Business Associate Agreement ("Agreement") are the Michigan Department of Health and Human Services and **Mid-State Health Network**.

#### RECITALS

- A. Under this Agreement, the Business Associate will collect or receive certain information on the Covered Entity's behalf, some of which may constitute Protected Health Information ("PHI"). In consideration of the receipt of PHI, the Business Associate agrees to protect the privacy and security of the information as set forth in this Agreement.
- B. Covered Entity and the Business Associate intend to protect the privacy and provide for the security of PHI collected or received by the Business Associate under the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and the HIPAA Rules, as amended.
- C. The HIPAA Rules require the Covered Entity to enter into an agreement containing specific requirements with the Business Associate before the Business Associate's receipt of PHI.

#### AGREEMENT

##### 1. Definitions.

- a. The following terms used in this Agreement have the same meaning as those terms in the HIPAA Rules: Breach; Data Aggregation; Designated Record Set; Disclosure; Health Care Obligations; Individual; Minimum Necessary; Notice of Privacy Practices; Protected Health Information; Required by Law; Secretary; Security Incident; Security Measures, Subcontractor; Unsecured Protected Health Information, and Use.
- b. "Business Associate" has the same meaning as the term "business associate" at 45 CFR 160.103 and regarding this Agreement means **Mid-State Health Network**.
- c. "Covered Entity" has the same meaning as the term "covered entity" at 45 CFR 160.103 and regarding this Agreement means the Michigan Department of Health and Human Services.
- d. "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

##### 2. Obligations of Business Associate.

Business Associate agrees to:

- a. use and disclose PHI only as permitted or required by this Agreement or as required by law.
- b. implement and use appropriate safeguards, and comply with Subpart C of 45 CFR 164 regarding electronic protected health information, to prevent use or disclosure of PHI other than as provided in this Agreement. Business Associate must maintain, and provide a copy to the Covered Entity within 10 days of a request from the Covered Entity, a comprehensive written information privacy and security program that includes security measures that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI relative to the size and complexity of the Business Associate's operations and the nature and the scope of its activities.
- c. report to the Covered Entity within 24 hours of any use or disclosure of PHI not provided for by the Agreement of which it becomes aware, including breaches of Unsecured Protected Health Information as required by 45 CFR 164.410, and any Security Incident of which it becomes aware. If the Business Associate is responsible for any unauthorized use or disclosure of PHI, it must promptly act as required by applicable federal and State laws and regulations. Covered Entity

and the Business Associate will cooperate in investigating whether a breach has occurred, to decide how to provide breach notifications to individuals, the federal Health and Human Services' Office for Civil Rights, and potentially the media.

d. ensure, according to 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, that any subcontractors that create, receive, maintain, or transmit PHI on behalf of the Business Associate agree to the same restrictions, conditions, and requirements that apply to the Business Associate regarding such information. Each subcontractor must sign an agreement with the Business Associate containing substantially the same provisions as this Agreement and further identifying the Covered Entity as a third party beneficiary of the agreement with the subcontractor. Business Associate must implement and maintain sanctions against subcontractors that violate such restrictions and conditions and must mitigate the effects of any such violation.

e. make available PHI in a Designated Record Set to the Covered Entity within 10 days of a request from the Covered Entity to satisfy the Covered Entity's obligations under 45 CFR 164.524.

f. within ten days of a request from the Covered Entity, amend PHI in a Designated Record Set under, 45 CFR § 164.526. If any individual requests an amendment of PHI directly from the Business Associate or its agents or subcontractors, the Business Associate must notify the Covered Entity in writing within five days of the request and amend the information within ten days of the request. Any denial of amendment of PHI maintained by the Business Associate or its agents or subcontractors is the responsibility of the Business Associate.

g. maintain, and within ten days of a request from the Covered Entity make available, the information required to provide an accounting of disclosures to enable the Covered Entity to fulfill its obligations under 45 CFR § 164.528. Business Associate is not required to provide an accounting to the Covered Entity of disclosures: (i) to carry out treatment, payment or health care operations, as set forth in 45 CFR § 164.506; (ii) to individuals of PHI about them as set forth in 45 CFR § 164.502; (iii) under an authorization as provided in 45 CFR § 164.508; (iv) to persons involved in the individual's care or other notification purposes as set forth in 45 CFR § 164.510; (v) for national security or intelligence purposes as set forth in 45 CFR § 164.512(k)(2); (vi) to correctional institutions or law enforcement officials as set forth in 45 CFR § 164.512(k)(5); (vii) as part of a limited data set according to 45 CFR 164.514(e); or (viii) that occurred before the compliance date for the Covered Entity. Business Associate agrees to implement a process that allows for an accounting to be collected and maintained by the Business Associate and its agents or subcontractors for at least six years before the request, but not before the compliance date of the Privacy Rule. At a minimum, such information must include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure or a copy of the written request for disclosure. If the request for an accounting is delivered directly to the Business Associate or its agents or subcontractors, the Business Associate must, within ten days of the receipt of the request, forward it to the Covered Entity in writing.

h. to the extent the Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity when performing those obligations.

i. make its internal practices, books, and records relating to the Business Associate's use and disclosure of PHI available to the Secretary for purposes of determining compliance with the HIPAA Rules. Business Associate must concurrently provide to the Covered Entity a copy of any PHI that the Business Associate provides to the Secretary.

j. retain all PHI throughout the term of the Agreement and for a period of six years from the date of creation or the date when it last was in effect, whichever is later, or as required by law. This obligation survives the termination of the Agreement.

k. implement policies and procedures for the final disposition of PHI and the hardware and equipment on which it is stored, including but not limited to, removal of PHI before re-use.

l. within ten days of a written request by the Covered Entity, the Business Associate and its agents or subcontractors must allow the Covered Entity to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of PHI under this Agreement. Business Associate and the Covered Entity will mutually agree in advance upon the scope, timing and location of such an inspection. Covered Entity must protect the confidentiality of all confidential and proprietary information of the Business Associate to which the Covered Entity has access during the course of such inspection. Covered Entity and the Business Associate will execute a nondisclosure agreement, if requested by the other party. The fact that the Covered Entity inspects, or fails to inspect, or has the right to inspect, the Business Associate's facilities, systems, books, records, agreements, policies and procedures does not relieve the Business Associate of its responsibility to comply with this Agreement. Covered Entity's (i) failure to detect or (ii)

detection, but failure to notify Associate or require Associate's remediation of any unsatisfactory practices, does not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Agreement.

3. Permitted Uses and Disclosures by the Business Associate.

- a. Business Associate may use or disclose PHI:
  - (1) for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate; provided, however, either (A) the disclosures are required by law, or (B) the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that the information will remain confidential and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached;
  - (2) as required by law;
  - (3) for Data Aggregation services relating to the health care operations of the Covered Entity;
  - (4) to de-identify, consistent with 45 CFR 164.514(a) – (c), PHI it receives from the Covered Entity. If the Business Associates de-identifies the PHI it receives from the Covered Entity, the Business Associate may use the de-identified information for any purpose not prohibited by the HIPAA Rules; and
  - (5) for any other purpose listed here:
- b. Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.
- c. Business Associate may not use or disclose PHI in a manner that would violate Subpart E of 45 CFR Part 164 if done by the Covered Entity except for the specific uses and disclosures described above in 3(a)(i) and (iii).

4. Covered Entity's Obligations

Covered entity agrees to:

- a. use its Security Measures to reasonably and appropriately maintain and ensure the confidentiality, integrity, and availability of PHI transmitted to the Business Associate under this Agreement until the PHI is received by the Business Associate.
  - b. provide the Business Associate with a copy of its Notice of Privacy Practices and must notify the Business Associate of any limitations in the Notice of Privacy Practices of the Covered Entity under 45 CFR 164.520 to the extent that such limitation may affect the Business Associate's use or disclosure of PHI.
  - c. notify the Business Associate of any changes in, or revocation of, the permission by an individual to use or disclose the individual's PHI to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
  - d. notify the Business Associate of any restriction on the use or disclosure of PHI that the Covered Entity has agreed to or is required to abide by under 45 CFR 164.522 to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.
5. Term. This Agreement continues in effect until terminated or is replaced with a new agreement between the parties containing provisions meeting the requirements of the HIPAA Rules, whichever first occurs.

6. Termination.

a. Material Breach. In addition to any other provisions in the Agreement regarding breach, a breach by the Business Associate of any provision of this Agreement, as determined by the Covered Entity, constitutes a material breach of the Agreement and provides grounds for the Covered Entity to terminate this Agreement for cause. Termination for cause is subject to 6.b.:

(1) Default. If the Business Associate refuses or fails to timely perform any of the provisions of this Agreement, the Covered Entity may notify the Business Associate in writing of the non-performance, and if not corrected within thirty days, the Covered Entity may immediately terminate the Agreement. The Business Associate must continue performance of the Agreement to the extent it is not terminated.

(2) Business Associate's Duties. Notwithstanding termination of the Agreement, and subject to any directions from the Covered Entity, the Business Associate must protect and preserve property in the possession of the Business Associate in which the Covered Entity has an interest.

(3) Erroneous Termination for Default. If the Covered Entity terminates this Agreement under Section 6(a) and after such termination it is determined, for any reason, that the Business Associate was not in default, then such termination will be treated as a termination for convenience, and the rights and obligations of the parties will be the same as if the Agreement had been terminated for convenience.

b. Reasonable Steps to Cure Breach. If the Covered Entity knows of a pattern of activity or practice of the Business Associate that constitutes a material breach or violation of the Business Associate's obligations under the provisions of this Agreement or another arrangement and does not terminate this Agreement under Section 6(a), then the Covered Entity must notify the Business Associate of the pattern of activity or practice. The Business Associate must then take reasonable steps to cure such breach or end such violation, as applicable. If the Business Associate's efforts to cure such breach or end such violation are unsuccessful, the Covered Entity may either (i) terminate this Agreement, if feasible or (ii) report the Business Associate's breach or violation to the Secretary.

c. Effect of Termination. After termination of this Agreement for any reason, the Business Associate, with respect to PHI it received from the Covered Entity, or created, maintained, or received by the Business Associate on behalf of the Covered Entity, must:

(1) retain only that PHI which is necessary for the Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

(2) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the remaining PHI that the Business Associate still maintains in any form;

(3) continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information to prevent use or disclosure of the PHI, other than as provided for in this Section, for as long as the Business Associate retains the PHI;

(4) not use or disclose the PHI retained by the Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3(a)(1) which applied before termination; and

(5) return to the Covered Entity (or, if agreed to by the Covered Entity in writing, destroy) the PHI retained by the Business Associate when it is no longer needed by the Business Associate for its proper management and administration or to carry out its legal responsibilities.

7. No Waiver of Immunity. The parties do not intend to waive any of the immunities, rights, benefits, protection, or other provisions of the Michigan Governmental Immunity Act, MCL 691.1401, *et seq.*, the Federal Tort Claims Act, 28 U.S.C. 2671 *et seq.*, or the common law.

8. Data Ownership. The Business Associate has no ownership rights in the PHI. The covered entity retains all ownership rights of the PHI.

9. Disclaimer. The Covered Entity makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA, or the HIPAA Rules will be adequate or satisfactory for the Business Associate's own purposes. The Business Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

10. Certification. If the Covered Entity determines an examination is necessary to comply with the Covered Entity's legal obligations under HIPAA relating to certification of its security practices, the Covered Entity or its authorized agents or contractors, may, at the Covered Entity's expense, examine the Business Associate's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to the Covered Entity the extent to which the Business Associate's security safeguards comply with HIPAA, the HIPAA Rules or this Agreement.

11. Amendment. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of this Agreement may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA and the HIPAA Rules. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Agreement embodying written assurances consistent with the standards and requirements of HIPAA and the HIPAA Rules. Either party may terminate the Agreement upon thirty days written notice if (i) one party does not promptly enter into negotiations to amend this Agreement when requested by the other party or (ii) the Business Associate does not enter into an amendment to this Agreement providing assurances regarding the safeguarding of PHI that the Covered Entity, in its sole discretion, deems sufficient to satisfy the standards and requirements of HIPAA or the HIPAA Rules.

12. Assistance in Litigation or Administrative Proceedings. Business Associate must make itself, and any subcontractors, employees or agents assisting the Business Associate in the performance of its obligations under this Agreement, available to the Covered Entity, at no cost to the Covered Entity, to testify as witnesses, or otherwise, if litigation or administrative

proceedings are commenced against the Covered Entity, its directors, officers or employees, departments, agencies, or divisions based upon a claimed violation of HIPAA or the HIPAA Rules or other laws relating to the Business Associate's or its subcontractors use or disclosure of PHI under this Agreement, except where the Business Associate or its subcontractor, employee or agent is a named adverse party.

13. No Third Party Beneficiaries. Nothing express or implied in this Agreement is intended to confer upon any person other than the Covered Entity, the Business Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

14. Interpretation and Order of Precedence. Any ambiguity in this Agreement must be interpreted to permit compliance with the HIPAA Rules. Where the provisions of this Agreement differ from those mandated by the HIPAA Rules, but are nonetheless permitted by the HIPAA Rules, the provisions of this Agreement control.

15. Effective Date. This Agreement is effective upon receipt of the last approval necessary and the affixing of the last signature required.

16. Survival of Certain Agreement Terms. Notwithstanding any contrary provision in this Agreement, the Business Associate's obligations under Section 6(d) and record retention laws ("Effect of Termination") and Section 12 ("No Third Party Beneficiaries") survive termination of this Agreement and are enforceable by the Covered Entity.

17. Representatives and Notice.

a. Representatives. The individuals listed below are designated as the parties' respective representatives for purposes of this Agreement. Either party may from time to time designate in writing new or substitute representatives.

b. Notices. All required notices must be in writing and must be hand delivered, emailed (to the MDHHS Privacy Security address as noted below) or given by certified or registered mail to the representatives at the addresses set forth below.

Covered Entity Representative:

James Bowen  
Privacy and Security Manager  
MDHHS Compliance Office  
333 South Grand Ave, 4<sup>th</sup> Floor  
Lansing, MI 48933  
(517) 284-1018  
[MDHHSPrivacySecurity@michigan.gov](mailto:MDHHSPrivacySecurity@michigan.gov)

Business Associate Representative:

Name:  
Title:  
Department:  
Address:  
Phone:  
Email:

Name:  
Title:  
Department:  
Address:  
Phone:  
Email:

Any notice given to a party under this Agreement shall be deemed effective, if addressed to such party, upon: (i) delivery, if hand delivered; or (ii) the third Business Day after being sent by certified or registered mail.

**Business Associate**  
[INSERT NAME]  
E-SIGNED by Joseph Sedlock  
By: on 2020-09-25 11:09:46 EDT  
Date: 2020-09-25 11:09:46 UTC

**Covered Entity**  
[INSERT NAME]  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: Joseph Sedlock  
Title: Director

Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_

**Covered Entity**  
[INSERT NAME]  
By: \_\_\_\_\_  
Date: \_\_\_\_\_

Print Name: Cynthia Green Edwards  
Title: Chief Compliance Officer



# STATE OF MICHIGAN

Prepaid Inpatient Health Plan (PIHP)

## SCHEDULE C DEFINITIONS / EXPLANATION OF TERMS

The terms used in this Contract will be construed and interpreted as defined below unless the Contract otherwise expressly requires a different construction and interpretation.

**Abuse:** As defined in 42 CFR 455.2, provider practices that are inconsistent with sound fiscal, business or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet the professionally recognized standards for health care.

**Actuarial Soundness:** As defined in 42 CFR, (a) Actuarially sound capitation rates are projected to provide for all reasonable, appropriate, and attainable costs that are required under the terms of the contract and for the operation of the MCO, PIHP, or PAHP for the time period and the population covered under the terms of the contract, and such capitation rates are developed in accordance with the requirements in paragraph (b) of this section.

(b) *CMS review and approval of actuarially sound capitation rates.* Capitation rates for MCOs, PIHPs, and PAHPs must be reviewed and approved by CMS as actuarially sound. To be approved by CMS, capitation rates must:

- (1) Have been developed in accordance with standards specified in § 438.5 and generally accepted actuarial principles and practices. Any proposed differences among capitation rates according to covered populations must be based on valid rate development standards and not based on the rate of Federal financial participation associated with the covered populations.
- (2) Be appropriate for the populations to be covered and the services to be furnished under the contract.
- (3) Be adequate to meet the requirements on MCOs, PIHPs, and PAHPs in §§ 438.206, 438.207, and 438.208.
- (4) Be specific to payments for each rate cell under the contract.
- (5) Payments from any rate cell must not cross-subsidize or be cross-subsidized by payments for any other rate cell.
- (6) Be certified by an actuary as meeting the applicable requirements of this part, including that the rates have been developed in accordance with the requirements specified in § 438.3(c)(1)(ii) and (e).
- (7) Meet any applicable special contract provisions as specified in § 438.6.
- (8) Be provided to CMS in a format and within a timeframe that meets requirements in § 438.7.
- (9) Be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard, as calculated under § 438.8, of at least 85 percent for the rate year. The capitation rates may be developed in such a way that the MCO, PIHP, or PAHP would reasonably achieve a medical loss ratio standard greater than 85 percent, as calculated under § 438.8, as long as the capitation rates are adequate for reasonable, appropriate, and attainable non-benefit costs..

**Appropriations Act:** An act to make appropriations, to the State, for each fiscal year, and to provide for the expenditure of the appropriation.

**Behavioral Health – Healthy Michigan Plan (HMP), Medicaid Health Plan (MHP) Unenrolled (BHHMP):** This plan covers Medicaid mental health and substance abuse services managed by the Contractor for Healthy Michigan (HMP) recipients who have a specialty level of need and are not enrolled in a Medicaid Health Plan (Fee For Service- FFS).

**Behavioral Health – Healthy Michigan Plan, MHP Enrolled (BHHMP-MHP):** This plan covers Medicaid mental health and substance abuse services managed by the Contractor for Healthy Michigan (HMP) recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).

**Behavioral Health – Medicaid, MHP Unenrolled (BHMA):** This plan covers Medicaid mental health and substance abuse services managed by the Contractor for MA recipients who have a specialty level of need and are not enrolled in a Medicaid Health Plan (Fee For Service - FFS).

**Behavioral Health – Medicaid, MHP Enrolled (BHMA-MHP):** This plan covers Medicaid mental health and substance abuse services managed by the Contractor for MA recipients who have a specialty level of need and are enrolled in a Medicaid Health Plan for Managed Care (MC).

**Capitated Payments:** Is a fixed amount of money per beneficiary per month paid in advance to the Contractor for the delivery of behavioral health care services.

**Capitation Rate:** The fixed per person monthly rate payable to the Contractor by the State for each Medicaid eligible person covered by the 1115 Demonstration Waiver Program, regardless of whether or not the individual who is eligible for Medicaid

receives covered specialty services and supports during the month. There is a separate, fixed per person monthly rate payable for each eligible person covered by the Healthy Michigan Program.

**Clean Claim:** As defined in 42 CFR 447.45 Timely Claims Payment, b, a clean claim is one that can be processed without obtaining additional information from the provider of the service or a third party. It does not include a claim from a provider who is under investigation for fraud or abuse, or a claim under review for medical necessity.

**Community Mental Health Services Program (CMHSP):** As defined in MCL 330.1100a(18) of the Michigan Mental Health Code.

**Critical Incident:** Critical Incidents are defined as the following events:

Suicide; Non-suicide death; Arrest of Consumer; Emergency Medical Treatment due to injury or Medication Error: Type of injury will include a subcategory for reporting injuries that resulted from the use of physical management; Hospitalization due to Injury or Medication Error: Hospitalization due to injury related to the use of physical management.

**Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT):** As defined in 42 CFR 440.40(b).

**Fraud:** As defined in 42 CFR 455.2, the intentional deception or misinterpretation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or another person. It includes any act that constitutes fraud under any applicable federal or State Law.

**Flint 1115 Demonstration Waiver:** The benefit describes Targeted Case Management (TCM) services provided to pregnant women and children up to age 21 with household income up to and including 400% of the federal poverty level (FPL) who were served by the Flint water system on or between April 1, 2014 and the date the water is deemed safe by the appropriate authorities. Pregnant women will remain eligible throughout their pregnancy and will receive two months of post-partum coverage. Once eligibility has been established for a child, including those children born to pregnant women, the child will remain eligible until age 21 as long as other eligibility requirements are met. TCM services assist individuals in gaining access to appropriate medical, educational, social, and/or other services. TCM services include assessments, planning, linkage, advocacy, coordination, referral, monitoring, and follow-up activities.

**Health Care Professional:** Includes any of the following: physician, podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist, therapist assistant, speech-language pathologist, audiologist, registered or practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), registered/certified social worker, registered respiratory therapist, and certified respiratory therapy technician (this list is not all inclusive).

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** Public Law 104-191 of 1996 to improve the Medicare program under Title XVIII of the Social Security Act, the Medicaid program under Title XIX of the Social Security Act, and the efficiency and effectiveness of the health care system, by encouraging the development of a health information system through the establishment of standards and requirements for the electronic transmission of certain health information.

**Healthy Michigan Plan (HMP):** Is a category of eligibility authorized under the Patient Protection and Affordable Care Act and Michigan PA 107 of 2013.

**Healthy Michigan Plan Beneficiary:** An individual who has met the eligibility requirements for enrollment in HMP and has been issued a Medicaid card.

**Intellectual/Developmental Disability:** As defined in MCL 330.1100a(25) of the Michigan Mental Health Code.

**Institution for Mental Disease (IMD) Services:** Means a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services." (SSA §1905(i)).

**Intensive Crisis Stabilization Services (ICSS):** Structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation in order to avert a psychiatric admission or other out of home placement or to maintain a child or youth in their home or present living arrangement who has recently returned from a psychiatric hospitalization or other out of home placement. These services must be available to children or youth with serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD), including autism, or co-occurring SED and substance use disorder (SUD).

**Limited English Proficiency (LEP):** Means being limited in ability or unable to speak, read and/or write the English language well enough to understand and be understood without the aid of an interpreter.

**Medical Loss Ratio (MLR):** Is the proportion of premium revenues spent on clinical services and quality improvements. The Affordable Care Act establishes minimum MLR standards and requires issuers to provide rebates when the MLRs are lower than the applicable MLR standard. The Contractor must maintain an MLR of 85% or higher or provide rebates.

**Medicaid Managed Specialty Services and Supports Program (MMSSSP):** This includes the following: 1115 Behavioral Health Demonstration Waiver and the 1915(c) Habilitation Supports Waiver, Children's Waiver Program (CWP), Serious Emotional Disturbance (SED), the MiChild program and the 1115 Healthy Michigan Plan.

**MiChild:** A health care program for low-income, uninsured children under age 19 administered by MDHHS. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services.

**Per Eligible Per Month (PEPM):** A fixed monthly rate per Medicaid eligible person payable to the Contractor by the State for provision of Medicaid services defined within this Contract.

**Post-stabilization Care Services:** As defined in 42 CFR 438.114(a), covered services related to an emergency medical condition that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e) to improve or resolve the beneficiary's condition.

**Prepaid Inpatient Health Plan (PIHP):** A PIHP is an organization as defined in 42 CFR Part 438 and meets the requirements of MCL 330.1204b.

**Regional Entity:** An entity established by a combination of community mental health services programs under section 204b of the Michigan Mental Health Code, A 258 of 1974 as amended.

**Risk Mitigation Plan:** For the purposes of Third-Party Liability, a Risk Mitigation Plan is a document that will be provided by the Medicaid Health Plan outlining the actions the Medicaid Health Plan will take to address risks identified by the State. Risks are issues that will affect a Medicaid Health Plan's ability to meet the minimum TPL requirements required by this Contract, federal, or state law in order to reduce the likelihood of an adverse state or federal TPL audit finding.

**Sentinel Event:** Is an "unexpected occurrence" involving death (not due to the natural course of a health condition) or serious physical or psychological injury, or risk thereof. Serious injury specifically includes permanent loss of limb or function. The phrase "or risk thereof" includes any process variation for which recurrence would carry a significant chance of a serious adverse outcome (JCAHO, 1998). Any injury or death that occurs from the use of any behavior intervention is considered a sentinel event.

**Serious Emotional Disturbance (SED):** As described in Section 330.1100c of the Michigan Mental Health Code, a serious emotional disturbance is a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the State, and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

1. A substance use disorder
2. A developmental disorder
3. A "V" code in the diagnostic and statistical manual of mental disorders

**Serious Mental Illness (SMI):** As defined in MCL 330.1100d(3) of the Michigan Mental Health Code.

**Substance Use Disorder (SUD):** As defined in MCL 330.1100d(11) of the Michigan Mental Health Code

# STATE OF MICHIGAN

Contract No.  
Prepaid Inpatient Health Plan (PIHP)

## SCHEDULE D PIHP-MHP MODEL AGREEMENT

Coordinating Agreement Between  
<PIHP> and <MHP> For the county(ies) of:  
<X>

<DATE>

This agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_ by and between  
\_\_\_\_\_ (Health Plan) and \_\_\_\_\_ (PIHP) for the county(ies) of X, Y, Z.

### RECITALS

**Whereas**, PIHPs are designated as providers of specialized mental health and developmental disability services under contract with the MDHHS consistent with the Mental Health Code; and

**Whereas**, PIHPs manage the Medicaid Specialty Services and Supports in a specified geographic service area; and

**Whereas**, MHPs and PIHPs desire to coordinate and collaborate their efforts in order to protect and promote the health of the shared Medicaid-enrolled population;

Now, therefore, the MHP and the PIHP agree as follows.

#### A. Definitions

"MDHHS" means the Michigan Department of Health and Human Services.

"MHP" means Medicaid (Medical) Health Plan.

"PCP" means Primary Care Physician/Practitioner.

"PIHP" means Prepaid Inpatient Health Plan.

#### B. Roles and Responsibilities

The parties acknowledge that the primary guidance concerning their respective roles and responsibilities stem from the following, as applicable:

- Medicaid Waivers
- Medicaid State Plan and Amendments
- Medicaid Manual
- MHHS, MHP and PIHP Contracts. See Attachment A for specific provisions of said contracts.
- Medical Services Administration (MSA) Medicaid *L-Letter 10-21*
- [https://www.michigan.gov/documents/mdch/L\\_10-21\\_with\\_attachment\\_322809\\_7.pdf](https://www.michigan.gov/documents/mdch/L_10-21_with_attachment_322809_7.pdf)

#### C. Term of Agreement, Amendments and Cancellation

This Agreement is effective the date upon which the last party signs this Agreement until amended or cancelled. The Agreement is subject to amendment due to changes in the contracts between the MDHHS and the MHP or the PIHP. All Amendments shall be executed in writing. Either party may cancel the agreement upon thirty (30) days written notice.

#### D. Purpose, Administration and Point of Authority

The purpose of this Agreement is to address the integration of physical and mental health services provided by the MHP and PIHP for common Medicaid beneficiaries. Specifically, to improve Medicaid beneficiaries' health status, improve the Medicaid beneficiaries' experience of care, and to reduce unnecessary costs.

The MHP and PIHP designate below the respective persons who have authority to administer this Agreement on behalf of the MHP and PIHP:

<MHP Name, Address, Phone, Signatory, and Agreement Authority with contact information>

<PIHP Name, Address, Phone, Signatory, and Agreement Authority with contact information>

**E. Areas of Shared Responsibility**

1. Exchange of Information

- a. Each party shall inform the other of current contact information for their respective Medicaid beneficiary Service Departments.
- b. MHP shall make electronically available to the PIHP its enrolled common/shared Medicaid beneficiary list together with their enrolled Medicaid beneficiaries' PCP and PCP contact information, on a monthly basis.
- c. The parties shall explore the prudence and cost-benefits of Medicaid beneficiary information exchange efforts. If Protected and/or Confidential Medicaid beneficiary Information are to be exchanged, such exchanges shall be in accordance with all applicable federal and state statutes and regulations.
- d. The parties shall encourage and support their staff, PCPs and provider networks in maintaining integrative communication regarding mutually served Medicaid beneficiaries.
- e. Prior to exchanging any Medicaid beneficiary information, the parties shall obtain a release from the Medicaid beneficiary, as required by federal and/or state law.

2. Referral Procedures

- a. The PIHP shall exercise reasonable efforts to assist Medicaid beneficiaries in understanding the role of the MHP and how to contact the MHP. The PIHP shall exercise reasonable efforts to support Medicaid beneficiaries in selecting and seeing a PCP.
- b. The MHP shall exercise reasonable efforts to assist Medicaid beneficiaries in understanding the role of the PIHP and how to contact the PIHP. The MHP shall exercise reasonable efforts to support Medicaid beneficiaries in selecting and seeing a PCP.
- c. Each party shall exercise reasonable efforts to rapidly determine and provide the appropriate type, amount, scope and duration of medically necessary services as guided by the Medicaid Manual.

3. Medical and Care Coordination; Emergency Services; Pharmacy and Laboratory Services Coordination; Quality Assurance Coordination

- a. Each party shall exercise reasonable efforts to support Medicaid beneficiary and systemic coordination of care. The parties shall explore and consider the prudence and cost-benefits of systemic and Medicaid beneficiary focused care coordination efforts. If care coordination efforts involve the exchange of Medicaid beneficiaries' health information, the exchange shall be in accordance with applicable federal and state statutes and regulations related thereto. Each shall make available to the other contact information for case level medical and care coordination.
- b. Neither party shall withhold emergency services and each shall resolve payment disputes in good faith.
- c. Each party shall take steps to reduce duplicative pharmacy and laboratory services and agree to abide by L-Letter 10-21 and other related guidance for payment purposes.
- d. Each party agrees to consider and may implement by mutual agreement Quality Assurance Coordination efforts.

**F. Grievance and Appeal Resolution**

Each agrees to fulfill its Medicaid beneficiary rights and protections grievance and appeal obligations with Medicaid beneficiaries, and to coordinate resolutions as necessary and appropriate.

**G. Dispute Resolution**

The parties specify below the steps that each shall follow to dispute a decision or action by the other party related to this Agreement:

- 1) Submission of a written request to the other party's Agreement Administrator for reconsideration of the disputed decision or action. The submission shall reference the applicable Agreement section(s), known related facts, argument(s) and proposed resolution/remedy; and
- 2) In the event this process does not resolve the dispute, either party may appeal to their applicable MDHHS Administration Contract Section representative.

Where the dispute affects a Medicaid beneficiaries' current care, good faith efforts will be made to resolve the dispute with all due haste and the receiving party shall respond in writing within three (3) business days.

Where the dispute is in regards to an administrative or retrospective matter the receiving party shall respond in writing within thirty (30) business days.

**H. Governing Laws**

Both parties agree that performance under this agreement will be conducted in compliance with all applicable federal, state, and local statutes and regulations. Where federal or state statute, regulation or policy is contrary to the terms and conditions herein, statute, regulation and policy shall prevail without necessity of amendment to this Agreement.

**I. Merger and Integration**

This Agreement expresses the final understanding of the parties regarding the obligations and commitments which are set forth herein, and supersedes all prior and contemporaneous negotiations, discussions, understandings, and agreements between them relating to the services, representations and duties which are articulated in this Agreement.

**J. Notices**

All notices or other communications authorized or required under this Agreement shall be given in writing, either by personal delivery or by certified mail (return receipt requested). A notice to the parties shall be deemed given upon delivery or by certified mail directed to the addresses shown below.

Address of the PIHP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

Address of the MHP:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attention: \_\_\_\_\_

**K. Headings**

The headings contained in this Agreement have been inserted and used solely for ease of reference and shall not be considered in the interpretation or construction of this Agreement.

**L. Severability**

In the event any provision of this Agreement, in whole or in part (or the application of any provision to a specific situation) is held to be invalid or unenforceable, such provision shall, if possible, be deemed written and revised in a manner which eliminates the offending language but maintains the overall intent of the Agreement. However, if that is not possible, the offending language shall be deemed removed with the Agreement otherwise remaining in effect, so long as doing so would not result in substantial unfairness or injustice to either of the parties. Otherwise, the party adversely affected may terminate the Agreement immediately.

**M. No Third Party Rights**

Nothing in this Agreement, express or implied, is intended to or shall be construed to confer upon, or to give to, any person or organization other than the parties any right, remedy or claim under this Agreement as a third party beneficiary.

**N. Assignment**

This Agreement shall not be assigned by any party without the prior written consent of the other party.

**O. Counterparts**

This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute the one in the same instrument.

**P. Signatures**

The parties by and through their duly authorized representatives have executed and delivered this Agreement. Each person signing this Agreement on behalf of a party represents that he or she has full authority to execute and deliver this Agreement on behalf of that party with the effect of binding the party.

IN WITNESS WHEREOF, the parties hereto have entered into, executed, and delivered this Agreement as of the day and year first written above.

**PIHP**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**MHP**

By: \_\_\_\_\_

Its: \_\_\_\_\_  
Date: \_\_\_\_\_



# STATE OF MICHIGAN

Prepaid Inpatient Health Plan (PIHP)

## SCHEDULE E CONTRACTOR REPORTING REQUIREMENTS

### FINANCIAL PLANNING, REPORTING AND SETTLEMENT

The Contractor must provide the financial reports to the State as listed below. Forms, instructions and other reporting resources are posted to the MDHHS website address at: [http://www.michigan.gov/mdhhs/0,1607,7-132-2941\\_38765---,00.html](http://www.michigan.gov/mdhhs/0,1607,7-132-2941_38765---,00.html)

Unless otherwise noted in the Reporting Mailbox column below, submit completed reports electronically (Excel or Word) to: [MDHHS-BHDDA-Contracts-MGMT@michigan.gov](mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov)

Due Date	Report Title	Report Frequency	Report Period	Reporting Mailbox
October 1	SUD Budget Report	Projection/Initial	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
November 15	Program Integrity Activities	Quarterly	July 1 to September 30	Contractor's MDHHS OIG sFTP Area
February 15			October 1 to December 31	
May 15			January 1 to March 31	
August 15			April 1 to June 30	
November 15	Complete Subcontracted Entity List	Annually	Current	Contractor's MDHHS OIG sFTP Area
December 3	Risk Management Strategy	Annually	To cover the current fiscal year	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
December 31	Medicaid Services Verification Report	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
March 13	DHHS Incentive Payment DHIP Report	Annually	October 1 to September 30	Electronic version of the DHIP CAFAS report (and if applicable PECAFAS report) for each CMHSP to Claudine Falkowski at <a href="mailto:falkowskic@michigan.gov">falkowskic@michigan.gov</a>
April 16	SUD – Women's Specialty Services (WSS) Mid-Year Expenditure Status Report	Mid-Year	October 1 to March 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
May 31	Mid-Year Status Report	Mid-Year	October 1 to March 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
May 31	Encounter Quality Initiative Report (EQI)	Four months	October to January	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
June 1	SUD – Notice of Excess or Insufficient Funds	Projection	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
August 15	SUD – Charitable Choice Report	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
August 15	PIHP Medicaid FSR Bundle MA, HMP, Autism & SUD	Projection (Use tab in FSR Bundle)	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
September 30	Encounter Quality Initiative Report (EQI)	Eight Months	October to May	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
October 1	Medicaid YEC Accrual	Final	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
October 1	SUD YEC Accrual	Final	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
October 1	SUD Budget Report	Projection	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>

<b>Due Date</b>	<b>Report Title</b>	<b>Report Frequency</b>	<b>Report Period</b>	<b>Reporting Mailbox</b>
October 30	Intensive Crisis Stabilization Services (ICSS) for Children Annual Data Report	Annually	October 1 to September 30	email completed report to ShaRon Crandell at <a href="mailto:creandells@michigan.gov">creandells@michigan.gov</a>
November 1	PIHP Medicaid FSR Bundle MA, HMP, Autism & SUD	Interim (Use tab in FSR Bundle)	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
November 15	Complete Subcontracted Entity List	Annually	Current	<a href="mailto:Contractor's">Contractor's</a> MDHHS OIG sFTP Area
December 31	Medicaid Services Verification Report	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 21	Direct Care Wage Attestation Form	Annually	For the prior fiscal year ending September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	SUD – Primary Prevention Expenditures by Strategy Report	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	SUD Budget Report	Final	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	SUD – Legislative Report/Section 408	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	SUD – Special Project Report: (Applies only to PIHP's with earmarked allocations for Flint Odyssey House Sacred Heart Rehab Center Saginaw Odyssey House)	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	PIHP Medicaid FSR Bundle - MA, HMP, Autism & SUD	Final (Use tab in FSR Bundle)	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	Encounter Quality Initiative Report (EQI)	Annually	October 1 to September 30	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
February 28	PIHP Executive Administrative Expenditures Survey for Sec. 904(2)(k)	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	Medical Loss Ratio	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
February 28	Attestation to accuracy, completeness, and truthfulness of claims and payment data	Annually	For the prior fiscal year ending September 30	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
March 31	SUD - Maintenance of Effort (MOE) Report	Annually	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
June 30	SUD – Audit Report	Annually	October 1 to September 30 (Due 9 months after close of fiscal year)	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
30 Days after submission	Annual Audit Report, Management Letter, and CMHSP Response to the Management Letter.	Annually	October 1 to September 30	<a href="mailto:MDHHSAuditReports@michigan.gov">MDHHSAuditReports@michigan.gov</a>
30 Days after submission	Compliance exam and plan of correction	Annually	October 1 to September 30	<a href="mailto:MDHHSAuditReports@michigan.gov">MDHHSAuditReports@michigan.gov</a>

#### CONTRACTOR NON-FINANCIAL REPORTING REQUIREMENTS SCHEDULE INCLUDING SUD REPORTS

The Contractor must provide the following reports to the State as listed below.

Due Date	Report Title	Report Period	Reporting Mailbox
January 31	Children Referral Report	October 1 to December 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
January 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	October 1 to December 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
January 31	Veteran Services Navigator (VSN) Data Collection form	October 1 to December 31	Submit through: DCH-File Transfer
March 31	Performance Indicators	October 1 to December 31	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
April 30	Children Referral Report	January 1 to March 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
April 30	SUD – Injecting Drug Users 90% Capacity Treatment Report	January 1 to March 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
April 30	Veteran Services Navigator (VSN) Data Collection form	January 1 to March 31	Submit through: DCH-File Transfer
April 30	Sentinel Events Data Report	October 1 to March 31	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
June 30	Performance Indicators	January 1 to March 31	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
July 1	Narrative report on findings and any actions taken to improve data quality on BH-TEDS military and veterans fields.	October 1 to March 31	Submit through: DCH-File Transfer
July 15	Compliance Check Report (CCR)		<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a> with cc to: <a href="mailto:ohs@michigan.gov">ohs@michigan.gov</a> and <a href="mailto:ColemanL7@michigan.gov">ColemanL7@michigan.gov</a>
July 15	Michigan Gambling Disorder Prevention Project (MGDPP) 3Q Narrative Report*	April 1 to June 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a> and a copy to <a href="mailto:LucasA3@michigan.gov">LucasA3@michigan.gov</a> .
July 31	Children Referral Report	April 1 to June 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
July 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	April 1 to June 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
July 31	Veteran Services Navigator (VSN) Data Collection form	April 1 to June 30	Submit through: DCH-File Transfer
July 31	Increased data sharing with other providers/ ADT Narrative	October 1 to June 30	Submit through: DCH-File Transfer

Due Date	Report Title	Report Period	Reporting Mailbox
September 30	Performance Indicators	April 1 to June 30	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
October 31	Children Referral Report	July 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
October 31	SUD – Injecting Drug Users 90% Capacity Treatment Report	July 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
October 31	SUD – Youth Access to Tobacco Activity Annual Report	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
October 31	Veteran Services Navigator (VSN) Data Collection form	October 1 to September 30	Submit through: DCH-File Transfer
October 31	Sentinel Events Data Report	April 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
TBD	SUD – Synar Coverage Study Canvassing Forms	Regions participating and Study Period TBD	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
November 15	Performance Bonus Incentive Narrative on “Increased participation in patient-centered medical homes characteristics”.	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
November 30	SUD – Communicable Disease (CD) Provider Information Report (Must submit only if PIHP funds CD services)	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
November 30	Women Specialty Services (WSS) Report	October 1 to September 30	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
December 31	Performance Indicators	July 1 to September 30	<a href="mailto:QMPMeasures@michigan.gov">QMPMeasures@michigan.gov</a>
Quarterly	SUD – Injecting Drug Users 90% Capacity Treatment Report	October 1 – September 30 Due last day of month, following the last month of the quarter.	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
Quarterly	Children Referral Report	October 1 – September 30 Due last day of month, following the last month of the quarter.	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
Monthly	SUD - Priority Populations Waiting List Deficiencies Report	October 1 – September 30 Due last day of month following month in which exception occurred. Must submit even if no data to report	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
Monthly	SUD – Behavioral Health Treatment Episode Data Set (BH- TEDS)	October 1 to September 30 Due last day of each month. See resources at: <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</a>	Submit via DEG at : <a href="https://milogintp.michigan.gov">https://milogintp.michigan.gov</a> .

Due Date	Report Title	Report Period	Reporting Mailbox
Monthly (minimum 12 submissions per year)	SUD - Encounter Reporting via HIPPA 837 Standard Transactions	October 1 to September 30 See resources at: <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</a>	Submit via DEG at: <a href="https://milogintp.michigan.gov">https://milogintp.michigan.gov</a> .
Monthly*	Consumer-Level Data 1. Quality Improvement 2. Encounters	October 1 to September 30. See resources at: <a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html</a>	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>
Monthly	Critical Incidents		Submit to PIHP Incident Warehouse at: <a href="https://mipihpwarehouse.org/MVC/Documentation">https://mipihpwarehouse.org/MVC/Documentation</a>
Annually	SUD - Communicable Disease (CD) Provider Information Plan (Must submit only if PIHP funds CD services)	October 1 to September 30 Same due date as Annual Plan.	<a href="mailto:MDHHS-BHDDA-Contracts-MGMT@michigan.gov">MDHHS-BHDDA-Contracts-MGMT@michigan.gov</a>

\*Reports required if the Contractor is participating in optional programs

NOTE: To submit via Data Exchange Gateway (DEG) to the State/MIS Operations Client Admission and Discharge client records must be sent electronically to:  
Michigan Department of Health and Human Services  
Michigan Department of Technology, Management & Budget  
Data Exchange Gateway (DEG)  
For admissions: put c:/4823 4823@dchbull  
For discharges: put c:/4824 4824@dchbull

Behavioral Health-Treatment Episode Data Set (BH-TEDS) collection/recording and reporting requirements including technical specifications, file formats, error descriptions, edit/error criteria, and explanatory materials on record submission are located on MDHHS's website at: [https://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html)

# STATE OF MICHIGAN

Prepaid Inpatient Health Plan (PIHP)

## SCHEDULE F

### MEDICAID MENTAL HEALTH SUBSTANCE DISORDER AUTHORIZATION AND PAYMENT RESPONSIBILITY GRID

#### Introduction:

The attached grid is designed to be used as a guide to assist Medicaid Health Plans and Prepaid Inpatient Health Plans in determining the responsible entity for authorization and payment of services. These are general guidelines and the Contractor must follow Medicaid policy as delineated in the Medicaid Provider Manual and in the Contractor's Contract with the State.

#### Acronyms:

- DRG – Diagnosis-Related Group
- ED – Emergency Department
- I/DD –Intellectual/Developmental Disability
- MHA – Mental Health Assessment
- MHP – Medicaid Health Plan
- PAR – Pre-Admission Review
- PIHP – Prepaid Inpatient Health Plan (mental health and substance use disorder); in Wayne County, this includes the responsible Managed Care Provider Networks
- SMI – Serious Mental Illness
- SUD – Substance Use Disorder

#### Definitions:

Mental Health Assessment (MHA): Examination by a qualified mental health professional, typically in an in-patient acute care setting, to determine if a Pre-Admission Review or other mental health services are needed.

Pre-Admission Review (PAR): MDHHS requires a PAR for all individuals who may need inpatient mental health admission. A qualified mental health care professional screens the individual to determine if inpatient mental health care is appropriate and necessary. The PAR may be conducted telephonically or face-to-face by the Contractor.

#### Notes:

- Diagnosis may be one of the factors considered in determining the responsible entity but is not the only factor.
- Post-psychiatric hospitalization crisis intervention is the responsibility of the Contractor.
- Specialty supports and services provided to individuals with an Intellectual/Developmental Disability, as outlined in the Medicaid Provider Manual, are the responsibility of the Contractor; mental health, physical health and substance use disorder services for these individuals are handled by the appropriate agency as designated below.

Place of Service – Setting in Which Service is Provided						
Type of Service Provided	Mental Health Crisis Center - Access and Screening Center	Psychiatrist Social Worker/ Psychologist Outpatient Office	Inpatient Psychiatric Hospital Center	Inpatient Medical Acute Care Hospital	Medical Emergency Department	Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center
<p>Mental health services for individuals who have "mild to moderate" mental illness, including individuals that have been considered to be seriously mentally ill longer than 12 months ago but require residual supports to manage their SMI</p> <p>NOTE: The authorization and payment responsibilities delineated for these individuals hold true regardless of whether the individual has concurrent I/DD or SUD.</p>	<p>Crisis intervention is the responsibility of the PIHP even if the individual is currently categorized as having "mild to moderate" mental illness.</p> <p>The PIHP is responsible for treating the individual until the individual is stabilized and no longer meets the criteria for serious mental illness treatment as outlined in Medicaid policy.</p>	<p>The MHP is responsible for outpatient mental health services; this service may or may not require authorization from the MHP.</p>	<p>The PIHP's designated screening unit determines the need for inpatient mental health services.</p> <p>The PIHP provides the authorization for mental health inpatient admission and is responsible for mental health inpatient admission costs, including psychiatrist fees.</p>	<p>Mental health assessment while the individual is in an inpatient medical acute care hospital is the responsibility of the MHP; the MHP may require prior authorization.</p> <p>If the mental health assessment finds that screening for inpatient psychiatric hospital services is indicated, the PIHP should be contacted for PAR. Authorization and payment of the PAR is the responsibility of the PIHP.</p>	<p>The MHP is responsible for payment for ED visits. After medical screening and stabilization, if a medical health professional believes that pre-screening for inpatient psychiatric hospital services is indicated, the ED should contact the PIHP for a PAR.</p> <p>The PAR may be conducted telephonically or face-to-face in the ED by the PIHP. Authorization and payment for PAR are the responsibility of the PIHP.</p> <p>Once the patient has been medically cleared, the medical health professional must contact the appropriate agency prior to any further mental health services. Contact the PIHP for PAR if the need for inpatient psychiatric services is suspected. If need for outpatient services is suspected, contact the PIHP.</p>	<p>The PIHP is responsible for payment.</p> <p>SUD services should be coordinated with the MHP—this is especially true if the individual has co-occurring disorders (mental health and SUD).</p> <p>Refer to the document "Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification" for information regarding acute care hospital inpatient medical detoxification.</p>



Place of Service – Setting in Which Service is Provided						
Type of Service Provided	Mental Health Crisis Center - Access and Screening Center	Psychiatrist Social Worker/ Psychologist Outpatient Office	Inpatient Psychiatric Hospital Center	Inpatient Medical Acute Care Hospital	Medical Emergency Department	Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center
<p>Mental health services to individuals who have "serious" mental illness, including those who have previously been considered to have a serious mental illness but have not had treatment within the past 12 months, and who require only ongoing Medication management services</p> <p>NOTE: The authorization and payment responsibilities delineated in this row hold true regardless if the individual has concurrent I/DD or SUD.</p>	PIHP	PIHP	<p>The PIHP designated pre-admission screening unit determines the need for inpatient mental health services and provides the authorization for inpatient admission as well as the associated professional fees.</p> <p>If the mental health assessment finds that screening for inpatient psychiatric hospital services is indicated, the PIHP should be contacted for a PAR. Authorization and payment of the PAR is the responsibility of the PIHP.</p>	<p>Mental health assessment while the individual is in an inpatient medical acute care hospital is the responsibility of the MHP; the MHP may require prior authorization.</p> <p>If the mental health assessment finds that screening for inpatient psychiatric hospital services is indicated, the PIHP should be contacted for a PAR. Authorization and payment of the PAR is the responsibility of the PIHP.</p>	<p>The MHP is responsible for payment of ED visits.</p> <p>After medical screening and stabilization, if a medical health professional believes that screening for inpatient psychiatric hospital services is indicated, the ED should contact the PIHP for PAR and authorization.</p> <p>The PAR may be conducted telephonically or face-to-face in the ED by the PIHP. Authorization and payment are the responsibility of the PIHP.</p>	<p>The PIHP is responsible for payment.</p> <p>Refer to the document "Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification" for information regarding acute care hospital inpatient medical detoxification.</p>
Treatment for Substance Use Disorder	PIHP	PIHP	N/A	<p>Refer to the document "Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification" for information regarding acute care hospital inpatient medical detoxification.</p>	<p>If necessary, ED staff may refer the patient to the PIHP for follow-up treatment.</p> <p>The MHP is responsible for hospital and professional services in the ED prior to medical stabilization.</p>	<p>The PIHP is responsible for payment.</p>

Type of Service Provided	Place of Service – Setting in Which Service is Provided					
	Mental Health Crisis Center - Access and Screening Center	Psychiatrist Social Worker/ Psychologist Outpatient Office	Inpatient Psychiatric Hospital Center	Inpatient Medical Acute Care Hospital	Medical Emergency Department	Outpatient Substance Abuse Office, Residential Substance Abuse Center or Sub-Acute Detox Center
					<p>If the patient is admitted for acute medical detoxification, the ED costs are rolled into the inpatient DRG.</p> <p>Refer to the document "Medicaid Mental Health Substance Use Disorder Inpatient Medical Acute Detoxification" for information regarding acute care hospital inpatient medical detoxification.</p>	
Medical services to individuals enrolled with an MHP – Professional and Facility Services	N/A	N/A	MHP (may require authorization for non-emergent care)	MHP (may require authorization for non-emergent care)	MHP (may require authorization for post-stabilization treatment)	MHP (may require authorization for non-emergent care)
Diagnostic Tests (e.g., CT Scan, X-ray, Lab)	N/A	N/A	MHP (may require authorization for non-emergent care)	MHP (may require authorization for non-emergent care)	MHP (may require authorization for post-stabilization treatment)	MHP (may require authorization for non-emergent care)

# STATE OF MICHIGAN

Contract No.  
Prepaid Inpatient Health Plan (PIHP)

## **SCHEDULE G LOCAL FUNDING OBLIGATION SCHEDULE**

The Local Funding Obligation Schedule is included as follows.

The schedule will be added via amendment once the annual MDHHS Appropriations Act is passed and signed by the governor.

# STATE OF MICHIGAN

Contract No.  
Prepaid Inpatient Health Plan (PIHP)

## **SCHEDULE H BEHAVIORAL HEALTH CAPITATION RATE CERTIFICATION**

The Medicaid PEPM rates effective October 1 are included as follows. The actual number of Medicaid beneficiaries will be determined monthly and the Contractor will be notified of the beneficiaries in their service area via the pre-payment process.

# State Fiscal Year 2021 Behavioral Health Capitation Rate Certification

October 1, 2020 through September 30, 2021

State of Michigan Department of Health and Human Services

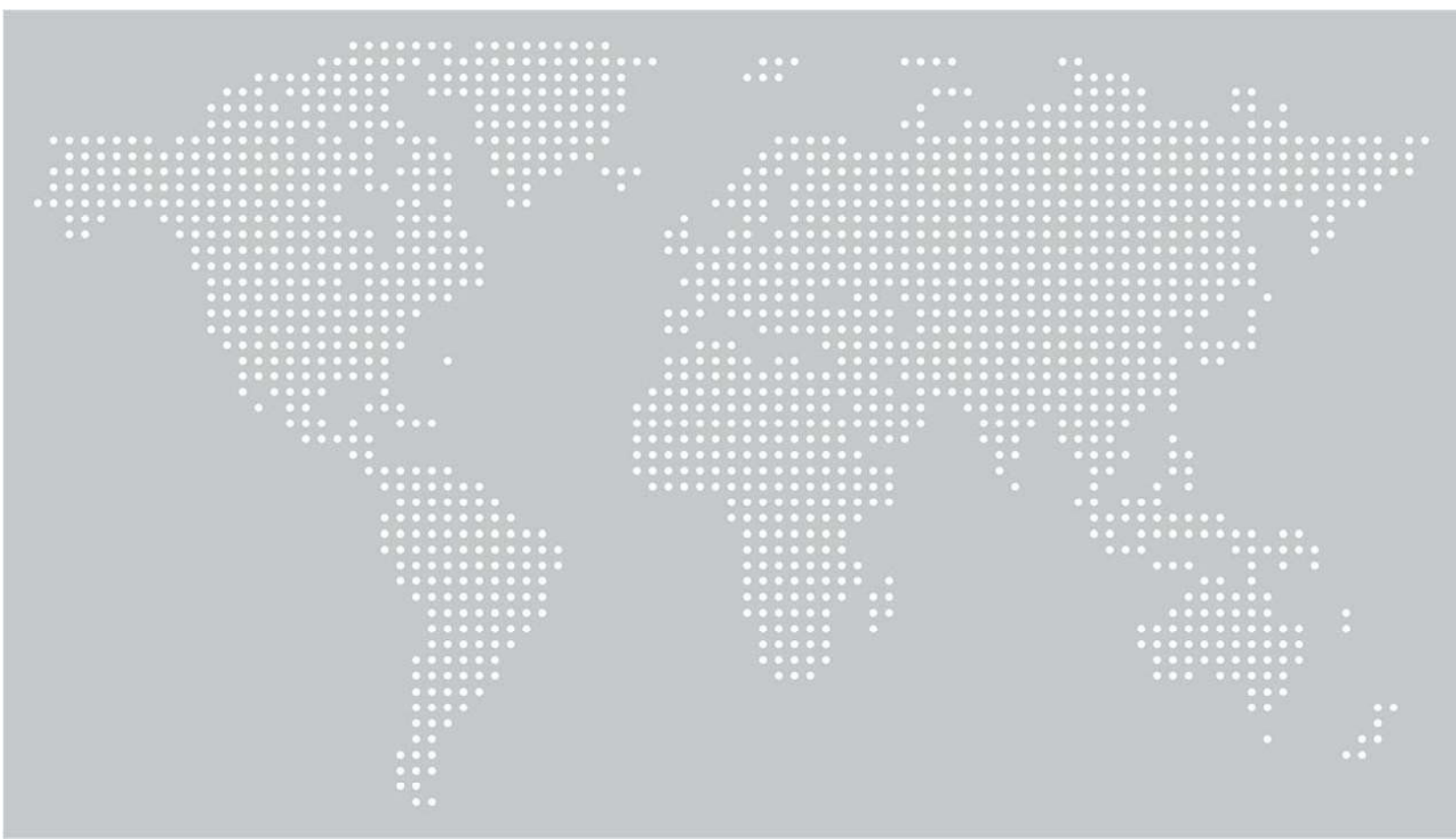
September 1, 2020

[Christopher T. Pettit](#), FSA, MAAA, Principal and Consulting Actuary

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## Introduction & Executive Summary

### BACKGROUND

Milliman, Inc. (Milliman) has been retained by the State of Michigan, Department of Health and Human Services (MDHHS) to provide actuarial and consulting services related to the development of capitation rates for its behavioral health managed care program. The rates being certified in this report include the populations covered by the Michigan 1115 Behavioral Health Demonstration Waiver and the Healthy Michigan Plan (HMP) 1115 Waiver. The rates being certified as actuarially sound are to be effective October 1, 2020. These rates will be in effect for 12 months through September 30, 2021.

This letter provides documentation for the development of the actuarially sound capitation rates. It also includes the required actuarial certification in Appendix 1.

To facilitate review, this document has been organized in the same manner as the 2020-2021 Medicaid Managed Care Development Guide, released by the Center for Medicare and Medicaid Services in July 2020 (CMS guide). Section II of the CMS guide is applicable to this certification as the covered services include long-term services and supports for individuals with intellectual and developmental disabilities (I/DD). Section III of the CMS Guide is only applicable to the HMP population in this certification.

In developing the capitation rates and supporting documentation herein, we have applied the three principles of the regulation outlined in the CMS Guide:

- The capitation rates are reasonable and comply with all applicable laws (statutes and regulations) for Medicaid managed care.
- The rate development process complies with all applicable laws (statutes and regulations) for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity.
- The documentation is sufficient to demonstrate that the rate development process meets the requirements of 42 CFR 438 and generally accepted actuarial principles and practices.

MDHHS operates a statewide behavioral health managed care program for the disabled, aged, and blind (DAB); Temporary Assistance for Needy Families (TANF); and HMP populations. Additionally, this program and rate certification includes the development of capitation rates for three 1915(c) waiver populations:

- Children's Waiver Program (CWP)
- Habilitation Supports Waiver (HSW)
- Serious Emotional Disturbance (SED) Waiver

Services provided under the behavioral health managed care program include treatment for people with serious mental illness (SMI), SED, substance use disorder (SUD), and I/DD. Mental health services include state plan and Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services, 1915(i) Waiver services, and 1915(c) Waiver services. All substance abuse services are covered under the state plan (or alternative benefit plan (ABP) for the HMP population). The HMP capitation rates reflect the eligible 1115 waiver mental health and substance abuse services. Please note that the figures and appendices in this report for the HMP population reflect the 1115 eligible services instead of the labeled state plan services.

This report contains the supporting materials and documentation for the development of the actuarially sound capitation rates for the ten regional prepaid inpatient health plan (PIHPs) contracts during the twelve-month period, October 1, 2020 through September 30, 2021. Appendix 1 contains the actuarial certification regarding the capitation rates illustrated in Appendix 5. The actuarial certification indicates that the rates developed on a statewide basis are actuarially sound as defined in Federal Regulation 438.4(a). Appendices 2 and 3 provide the retrospective and prospective cost models at the rate cell level, providing documentation of the SFY 2019 base period experience and adjustments to project the SFY 2021 benefit expense for each detailed category of service. Appendix 4 illustrates the projected SFY 2021 DAB, TANF, and HMP population benefit expense and administrative costs for mental health and

substance abuse, with further stratification of mental health services to separate state plan services, 1915 (i) services, and autism services.

Appendix 5 provides the certified capitation rates to be effective during state fiscal year (SFY) 2021, from October 1, 2020 through September 30, 2021, for the DAB, TANF, and HMP populations. We have separately developed capitation rates for those enrolled in a Medicaid health plan (MHP) (and receiving physical health services through the Comprehensive Health Care Program (CHCP) and those not enrolled in a MHP and receiving physical health services through the state's fee-for-service (FFS) program. Capitation rates paid to the PIHPs are calculated by multiplying the base rate for each age and gender rate cell by the risk factor and the corresponding PIHP area factor. The risk factor development is documented in a separate letter. Appendix 5 also provides the certified SFY 2021 capitation rates for the 1915(c) Waiver programs, including the CWP, HSW, and SED Waiver populations. For beneficiaries enrolled in a 1915(c) Waiver program, MDHHS pays two capitation rates: one for the DAB, TANF, or HMP population state plan, EPSDT, and 1915(i) Waiver services and another for the 1915(c) Waiver specific services. Appendix 6 provides the impact of each incremental adjustment (illustrated using projected expenditures) to the SFY 2019 base data at the population level made in the development of the capitation rates. Appendix 7 provides a summary of the PMPM trend analysis for the past three fiscal years by population and service category.

Figures 1a and 1b provide a comparison of the SFY 2021 rates relative to the amended SFY 2020 capitation rates for the covered populations. Please note that the SFY 2020 capitation rates do not reflect the temporary hazard pay increases for direct care workers or the increase to the Hospital Reimbursement Adjustment (HRA) program that MDHHS implemented effective April 1, 2020 as these temporary increases are not expected to continue in SFY 2021. The rates noted in Figure 1a reflect base claims costs plus amounts for administrative load. Figure 1b reflects a comparison of estimated fully loaded capitation rates including amounts related to Insurance Provider Assessment (IPA) and HRA.

**FIGURE 1A: CAPITATION RATE PMPM COMPARISON (EXCLUDING HRA/IPA)**

	Amended SFY 2020 Rates	SFY 2021 Rates	Increase/Decrease
State Plan/EPSDT/1915(i) Waiver			
DAB - Enrolled	\$ 305.22	\$ 323.30	5.9%
DAB - Unenrolled	322.74	326.76	1.2%
HMP - Enrolled	46.43	47.83	3.0%
HMP - Unenrolled	65.05	65.58	0.8%
TANF - Enrolled	28.97	30.88	6.6%
TANF - Unenrolled	19.49	19.32	(0.9%)
1915(c) Waiver			
Children's Waiver Program	3,691.19	3,549.64	(3.8%)
Habilitation Supports Waiver	5,100.87	5,271.52	3.3%
Serious Emotional Disturbances	2,212.16	2,014.82	(8.9%)
<b>Composite</b>	<b>\$ 109.24</b>	<b>\$ 113.05</b>	<b>3.5%</b>

**FIGURE 1B: CAPITATION RATE PMPM COMPARISON (INCLUDING HRA/IPA)**

	Amended SFY 2020 Rates	SFY 2021 Rates	Increase/Decrease
Specialty Services			
DAB - Enrolled	\$ 312.50	\$ 330.82	5.9%
DAB - Unenrolled	330.35	333.94	1.1%
HMP - Enrolled	51.39	52.64	2.4%
HMP - Unenrolled	71.64	71.45	(0.3%)
TANF - Enrolled	30.69	32.62	6.3%
TANF - Unenrolled	21.08	20.85	(1.1%)
1915(c) Waiver			
Children's Waiver Program	3,691.19	3,549.64	(3.8%)
Habilitative Supports Waiver	5,100.87	5,271.52	3.3%
Serious Emotional Disturbances	2,212.16	2,014.82	(8.9%)
<b>Composite</b>	<b>\$ 113.14</b>	<b>\$ 116.87</b>	<b>3.3%</b>

**FISCAL IMPACT ESTIMATE**

The estimated fiscal impact of the SFY 2021 capitation rates documented in this report represent an approximate \$111.3 million increase to aggregate expenditures, based on the change in rates noted in Figure 1a. These amounts are on a state and federal expenditure basis using the projected monthly enrollment for SFY 2021.

Figures 2a and 2b provide the development of estimated total expenditures, as well as federal only and state only expenditures, for the amended SFY 2020 capitation rates and the SFY 2021 capitation rates illustrated in Figures 1a and 1b. The federal expenditures illustrated in Figures 2a and 2b are based on the SFY 2021 FMAP of 64.08% for non-HMP populations and 90.00% for HMP. Additionally, we have not reflected the enhanced FMAP of 6.2% related to the national emergency in the projected federal expenditures at this time based on uncertainty regarding its extension.

**FIGURE 2A: COMPARISON OF PROJECTED CAPITATION RATE EXPENDITURES - VALUES IN \$ MILLIONS (EXCLUDING HRA/IPA)**

RATE CATEGORY	Amended SFY 2020 Rates	SFY 2021 Rates	Increase/Decrease
<b>DAB</b>			
Mental Health	\$ 1,686.9	\$ 1,744.0	\$ 57.1
Substance Abuse	38.6	35.2	(3.4)
Autism	155.9	166.9	11.0
<b>HMP</b>			
Mental Health	\$ 290.6	\$ 303.3	\$ 12.7
Substance Abuse	129.8	126.8	(3.0)
Autism	0.4	1.1	0.7
<b>TANF</b>			
Mental Health	\$ 270.4	\$ 275.1	\$ 4.8
Substance Abuse	38.3	33.4	(4.9)
Autism	94.0	116.7	22.7
<b>1915(c) Waiver</b>			
Children's Waiver Program	\$ 17.2	\$ 16.6	(\$ 0.7)
Habilitative Supports Waiver	454.0	469.1	15.2
Serious Emotional Disturbances	10.9	9.9	(1.0)
<b>Total State &amp; Federal</b>	<b>\$ 3,186.9</b>	<b>\$ 3,298.2</b>	<b>\$ 111.3</b>
<b>Total State Only</b>	<b>\$ 1,035.7</b>	<b>\$ 1,072.9</b>	<b>\$ 37.3</b>
<b>Total Federal Only</b>	<b>\$ 2,151.2</b>	<b>\$ 2,225.2</b>	<b>\$ 74.0</b>

**Notes:**

[1] Values have been rounded.

[2] Values exclude HRA and IPA.

[3] FMAP of 64.08% used for non-HMP populations. FMAP of 90.00% used for HMP. The FMAP reflects the SFY 2021 FMAP values. We have not reflected the enhanced FMAP for the MICHild population.

[4] The amended SFY 2020 and SFY 2021 capitation rate expenditure projections both were developed using the projected SFY 2021 enrollment.

**FIGURE 2B: COMPARISON OF PROJECTED CAPITATION RATE EXPENDITURES - VALUES IN \$ MILLIONS (INCLUDING HRA/IPA)**

RATE CATEGORY	Amended SFY 2020 Rates	SFY 2021 Rates	Increase/Decrease
DAB			
Mental Health	\$ 1,731.5	\$ 1,787.9	\$ 56.4
Substance Abuse	38.6	35.2	(3.4)
Autism	155.9	166.9	11.0
HMP			
Mental Health	\$ 335.0	\$ 345.5	\$ 10.6
Substance Abuse	129.8	126.8	(3.0)
Autism	0.4	1.1	0.7
TANF			
Mental Health	\$ 295.3	\$ 300.3	\$ 5.0
Substance Abuse	38.3	33.4	(4.9)
Autism	94.0	116.7	22.7
1915(c) Waiver			
Children's Waiver Program	\$ 17.2	\$ 16.6	(\$ 0.7)
Habilitative Supports Waiver	454.0	469.1	15.2
Serious Emotional Disturbances	10.9	9.9	(1.0)
Total State & Federal	\$ 3,300.8	\$ 3,409.5	\$ 108.7
Total State Only	\$ 1,065.1	\$ 1,102.0	\$ 36.9
Total Federal Only	\$ 2,235.7	\$ 2,307.5	\$ 71.8

**Notes:**

[1] Values have been rounded.

[2] Values include HRA and IPA.

[3] FMAP of 64.08% used for non-HMP populations. FMAP of 90.00% used for HMP. The FMAP reflects the SFY 2021 FMAP values. We have not reflected the enhanced FMAP for the MI Child population.

[4] The amended SFY 2020 and SFY 2021 capitation rate expenditure projections both were developed using the projected SFY 2021 enrollment.

## Section I. Medicaid managed care rates

### 1. General information

This section provides information listed under the General Information section of CMS guide, Section I.

The capitation rates provided under this certification are “actuarially sound” for purposes of 42 CFR 438.4(a), according to the following criteria:

- The capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the managed care plan for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

To ensure compliance with generally accepted actuarial practices and regulatory requirements, we referred to published guidance from the American Academy of Actuaries (AAA), the Actuarial Standards Board (ASB), the Centers for Medicare and Medicaid Services (CMS), and federal regulations. Specifically, the following were referenced during the rate development:

- Actuarial standards of practice applicable to Medicaid managed care rate setting which have been enacted as of the capitation rate certification date, including: ASOP 1 (Introductory Actuarial Standard of Practice); ASOP 5 (Incurred Health and Disability Claims); ASOP 23 (Data Quality); ASOP 25 (Credibility Procedures); ASOP 41 (Actuarial Communications); ASOP 45 (The Use of Health Status Based Risk Adjustment Methodologies); and ASOP 49 (Medicaid Managed Care Capitation Rate Development and Certification).
- Actuarial soundness and rate development requirements in the Medicaid and CHIP Managed Care Final Rule (CMS 2390-F) for the provisions effective for the SFY 2021 managed care program rating period.
- The most recent CMS guide.
- Throughout this document and consistent with the requirements under 42 CFR 438.4(a), the term “actuarially sound” will be defined as in ASOP 49:

*“Medicaid capitation rates are “actuarially sound” if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes.”<sup>1</sup>*

<sup>1</sup> <http://www.actuarialstandardsboard.org/asops/medicaid-managed-care-capitation-rate-development-and-certification/>

## A. RATE DEVELOPMENT STANDARDS

### i. Annual basis

The actuarial certification contained in this report is effective for the capitation rates for the twelve-month period from October 1, 2020 through September 30, 2021.

### ii. Required elements

#### (a) Actuarial certification

The actuarial certification, signed by Christopher Pettit, FSA, is in Appendix 1. Mr. Pettit meets the qualification standards established by the American Academy of Actuaries, follows the practice standards established by the Actuarial Standards Board, and certifies that the final rates meet the applicable standards in 42 CFR 438 that are effective for the SFY 2021 managed care program rating period.

#### (b) Certified capitation rates for each rate cell

The certified capitation rates are illustrated in Appendix 5. IPA and HRA amounts are illustrated separately from the base rate.

#### (c) Program information

##### (i) Managed Care program

The State of Michigan, Department of Health and Human Services operates a statewide behavioral health managed care program for the DAB, TANF, and HMP populations as well as the CWP, HSW, and SED 1915(c) Waiver populations.

- (A) There are ten PIHPs included in the rate development. Reference A describes the regional allocation of county to each PIHP.
- (B) Reference B provides a listing of the services provided by the PIHPs under the managed care program. Mental health and substance abuse services are provided to beneficiaries with serious mental illness, substance use disorders, intellectual and developmental disabilities, and serious emotional disturbances. Services covered under the DAB, TANF, and HMP population capitation rates include state plan, EPSDT, and 1915(i) Waiver services. They also reflect Autism services, including Applied Behavioral Analysis (ABA), provided to children under age 21 with an ASD diagnosis. CWP, HSW, and SED 1915(c) Waiver services are only provided to beneficiaries eligible for the corresponding waiver benefit. 1915(c) Waiver services were captured from the base encounter data (FFS claims data for CWP and SED) by identifying the 1915(c) Waiver Medicaid eligibility periods and the corresponding qualifying waiver service codes defined in Reference A.

This capitation rate certification also reflects the behavioral health services provided to the Healthy Michigan Plan population under the State's Alternative Benefit Plan. The State of Michigan began this mandatory managed care program on April 1, 2014.

We are not aware of any value-added services being provided by the PIHPs outside of those covered under the contract. To the extent that these services are being provided, they are not included in the base experience used in the development of the certified capitation rates.

- (C) The State of Michigan has operated this mandatory managed care program since 1998.

##### (ii) Rating period

This actuarial certification contained in this report is effective for the twelve-month rating period, October 1, 2020 through September 30, 2021.

##### (iii) Covered populations

MDHHS's behavioral health benefit is available to beneficiaries covered by either the Michigan 1115 Behavioral Health Demonstration Waiver or the Healthy Michigan Plan 1115 Waiver. The Michigan 1115 Behavioral Health Demonstration Waiver includes Medicaid beneficiaries in two distinct populations:

- TANF, which includes the MICHild population; and,



- Disabled, Aged, and Blind.

The 1915(c) Waiver populations are a subset of the DAB, TANF, or HMP populations that receive additional 1915(c) Waiver benefits. For these beneficiaries, PIHPs will receive both a DAB, TANF, or HMP population capitation payment and the corresponding 1915(c) Waiver payment.

#### **(iv) Eligibility criteria**

The Medicaid eligibility file that Milliman receives from MDHHS' data administrator includes information regarding each of the benefit plans for which beneficiaries are eligible. This includes Medicaid behavioral health and HMP behavioral health for the MHP enrolled and MHP unenrolled populations as well as each of the 1915(c) Waiver programs covered under this certification. We have also included partial months of eligibility for individuals who spend down their income and become eligible for Medicaid.

For purposes of SFY 2019 eligibility, the behavioral health benefit plan was underreported and is being corrected by MDHHS' data team. We worked with MDHHS' data team to implement the logic underlying the behavioral health benefit plans to develop the base SFY 2019 eligibility. We have reviewed the SFY 2019 enrollment relative to the SFY 2019 capitation payment data and the behavioral health benefit plan eligibility in SFY 2020 and believe it is complete and accurate.

For the Medicaid benefit plans, we identified the DAB and TANF populations using the following program codes:

- DAB Program Codes: A, B, E, M, O, P, Q
- TANF Program Codes: C, L, N, T (MICHild)

#### **(v) Special contract provisions**

This rate certification report contains documentation of the following special contract provisions related to payment included within rate development.

- Withhold arrangements
- Certain delivery system and provider payment initiatives

Please see Section I, item 4 for additional detail and documentation.

#### **(vi) Retroactive adjustment to capitation rates**

This rate certification report does not include a retroactive adjustment to the capitation rates for prior rating periods.

### **iii. Differences among capitation rates**

Any proposed differences among capitation rates according to covered populations are based on valid rate development standards and are not based on the rate of federal financial participation associated with the covered populations.

### **iv. Cross-subsidization of rate cell payment**

The capitation rates were developed at the rate cell level and neither cross-subsidize nor are cross-subsidized by payments from any other rate cell.

### **v. Effective dates**

To the best of our knowledge, the effective dates of changes to the behavioral health managed care program are consistent with the assumptions used in the development of the certified SFY 2021 capitation rates.

### **vi. Generally accepted actuarial practices and principles**

#### **(a) Reasonable, appropriate, and attainable**

In our judgment, all adjustments to the capitation rates, or to any portion of the capitation rates, reflect reasonable, appropriate, and attainable costs, and have been included in the certification.

#### **(b) Outside the rate setting process**

There are no adjustments to the rates performed outside the rate setting process.

### (c) Final contracted rates

The SFY 2021 capitation rates certified in this report represent the final contracted rates.

### vii. Rate certification for effective time periods

This actuarial certification is effective for the twelve-month rating period October 1, 2020 through September 30, 2021.

### viii. Procedures for rate certification and amendment

In general, a new rate certification will be submitted when the rates change. The following exceptions are allowed per §438.7 of CMS 2390-F:

1. A contract amendment that does not affect the rates.
2. An increase or decrease of up to 1.5% in the capitation rate per rate cell.
3. Risk adjustment, under a methodology described in the initial certification, changes the rates paid to the PIHPs

In case 1 listed above, a contract amendment must still be submitted to CMS.

## B. APPROPRIATE DOCUMENTATION

### i. Documentation of required elements

This report contains appropriate documentation of all elements described in the rate certification, including data used, assumptions made, and methods for analyzing data and developing assumptions and adjustments.

### ii. Assumptions and adjustments

We attest for all assumptions and adjustments underlying the certified capitation rates which will be disclosed in this rate certification. The final certified rates reflect specific point estimates.

### iii. Index

The index to this rate certification is the table of contents, found immediately after the title page. The index includes section numbers and related page numbers. Sections not relevant to this certification continue to be provided, with an explanation of why they are not applicable.

### iv. Different FMAP

All populations, except for the HMP population, receive the regular state FMAP of 64.08% for FFY 2021. The FMAP for the HMP population is 90.00% effective January 2020. The TANF population includes MICHild eligibility, which receives an enhanced FMAP of 74.86%. We did not develop a separate fiscal estimate in this certification report that reflects the impact of the MICHild FMAP. Additionally, at this time the expiration date for the additional 6.2% FMAP is not known, so we have not made any adjustments for this additional FMAP in this report.

### v. Comparison to final certified rates in the previous rate certification.

The previous rate certification applied to the SFY 2020 capitation rates. We amended the SFY 2020 capitation rates in our April 9, 2020 rate certification correspondence to MDHHS. A comparison to the amended SFY 2020 certified rates by rate cell is provided in Appendix 5.

### vi. Known Amendments

There are currently no known amendments that are not accounted for in this rate certification. If a known amendment exists, the state will submit the expected amendment and its anticipated changes to the rates to CMS along with an explanation as to why the amendment is not currently reflected in the rate certification.

## 2. Data

This section provides information on the data used to develop the capitation rates.

### A. RATE DEVELOPMENT STANDARDS

In accordance with 42 CFR §438.5(c), we have followed the rate development standards related to base data. The remainder of Section I, item 2 provides documentation of the data types, sources, validation process, material adjustments and other information relevant to the documentation standards required by CMS.

### B. APPROPRIATE DOCUMENTATION

#### i. Requested data

As the actuary contracted by MDHHS to provide consulting services and associated financial analyses for many aspects of the Michigan Medicaid program (and not just limited to capitation rate development), Milliman intakes and summarizes eligibility and encounter claims data on a monthly basis from MDHHS' data administrator. As such, there is no separate data request from Milliman to the state specifically related to the base data for the capitation rate development. We also received the MUNC reports from MDHHS that are submitted by each of the ten PIHPs. The remainder of this section details the base data and validation processes utilized in the SFY 2021 capitation rate development. Additionally, Appendix 2 summarizes the underlying base utilization and expenditures for the services and populations covered in the behavioral health program.

#### ii. Data used to develop the capitation rates

##### (a) Description of the data

###### (i) Types of data

The primary data sources used or referenced in the development of the mental health, substance abuse, and 1915(c) Waiver capitation rates provided in Appendix 5 are the following:

- Encounter data submitted by the PIHPs (October 1, 2016 through February 2020);
- SFY 2019 FFS claims data for the CWP and SED 1915(c) Waiver populations;
- Historical Medicaid eligibility data;
- Historical capitation payments made by MDHHS to the PIHPs;
- MUNC reports submitted by each PIHP;
- Financial status reports (FSR) submitted by each CMHSP;
- Administrative cost reports (ACRs) submitted by each Community Mental Health Service Program (CMHSP); and,
- Behavioral health treatment episode dataset (BH-TEDS) assessment data;

The proposed DAB, TANF, HMP, and HSW population's behavioral health capitation rates for SFY 2021 utilize SFY 2019 encounter data and MUNC reports. The CWP and SED populations utilize SFY 2019 FFS claims data and the financial status reports, which includes the actual expenditures incurred by the delivery system for these populations. The combined information from all data sources provides a comprehensive summary of the historical enrollment, capitation data, utilization, and cost of the covered services for the populations eligible for the behavioral health managed care program.

###### (ii) Age of the data

The data serving as the base experience in the capitation rate development process was incurred during SFY 2019. The encounter and FFS claims data for the SFY 2019 base period reflect data adjudicated and submitted through the monthly encounter data warehousing process through June 2020. The MUNC reports were submitted by each PIHP to MDHHS in March following the state fiscal year end and reflect five months of run-out. We utilized the July 2020 extract for the BH-TEDS assessment data.

The encounter data provided by MDHHS was also used in the capitation rate development for the following purposes:

- For the purposes of trend development, we reviewed encounter experience from SFY 2017 through SFY 2019.
- We observed encounter data incurred from October 2019 through February 2020 and paid and submitted through the data warehousing process through June 2020 to evaluate emerging experience.

We utilized enrollment through June 2020 for purposes of emerging population enrollment patterns.

### **(iii) Data sources**

The historical claims and enrollment experience for the encounter data obtained through the encounter data warehousing process was provided to Milliman by MDHHS' data administrator. The sources of other data are noted in (i) and (ii) above.

### **(iv) Sub-capitation**

We are not aware of any subcapitated arrangements that the PIHPs have with other contracted entities. We receive encounters for all the services provided under the contract and review the overall data for reasonability.

## **(b) Availability and quality of the data**

### **(i) Steps taken to validate the data**

The base experience used in the capitation rates relies on encounter data submitted to MDHHS by participating PIHPs and FFS claims data. Managed care eligibility is maintained in the data warehouse by MDHHS. The actuary, the PIHPs, and MDHHS all play a role in validating the quality of data used in the development of the capitation rates. The PIHPs play the initial role, collecting and summarizing encounter data sent to the state. MDHHS works with the data warehouse managers on data quality and PIHP performance measurement. Additionally, we perform independent analysis of encounter data to evaluate the quality of the data being used in the rate development process. For purposes of the FFS claims data, we evaluated the FFS claims data relative to the FSR reported values.

PIHPs may contract with related parties to provide services. This commonly occurs as 46 community mental health service programs (CMHSPs) provide services for the regional PIHPs. Beginning in SFY 2014, MDHHS expanded the required encounter data fields to include both the provider and actual cost information. Milliman, MDHHS, and the PIHPs are currently working together to improve the completeness of these fields so that we can further evaluate the base data for reasonability and appropriateness for services provided by related parties.

Below is a summary of measures specific to each quality area that are applied by MDHHS or the actuary.

### **Completeness**

MDHHS reviews the submitted encounter data to evaluate the completeness of the data. A sample of measures focused on the completeness of the data include:

- Encounter data volume measures by population;
- NPI provider number usage without Medicaid / reporting provider numbers;
- Percentage of encounters that are submitted by a PIHP and accepted by the data warehouse.

As the actuary, we also summarize the encounter data to assess month to month completeness of the encounter data. These measures include:

- Encounter per member per month (PMPM) by PIHP and high-level service categories;
- Distribution of members by encounter-reported expenditures; and,
- Review of month to month activity across PIHPs.

These measures are applied to identify any months where encounter data volume is unusually large or small, indicating a potential issue with the submitted encounter data.

We also compare the MUNC report costs to the base encounter data for eligible populations. The base encounter data is developed by merging the encounter data with the Medicaid eligibility file and limiting the experience to only individuals eligible for the managed care programs. To the extent that there are material differences between the MUNC report and the base encounter data, MDHHS works with the PIHPs to reconcile the differences.

We have included incurred but not paid (IBNP) claim liability estimates reported in the SFY 2019 MUNC reports for inpatient hospital services. We have not applied any additional claims completion to the SFY 2019 experience used in the development of the capitation rates.

### **Accuracy**

Checks for accuracy of the data begin with the PIHPs' internal auditing and review processes. MDHHS reviews the accuracy of the encounter data by reviewing the percentage of accepted encounters between the MDHHS encounter data files and the files submitted by the PIHPs. As the state actuary, we also review the encounter data to ensure each claim is related to a covered individual and a covered service. Claims utilized in the rate development process are those that have matching beneficiary IDs that are eligible for the noted service date.

We summarize the encounter data by service category. Base period data summaries are created to ensure that the data for each service is consistent across the PIHPs and with prior historical periods. Stratification by rate cell facilitates this review, as it minimizes the impact of changes in population mix. This process identifies health plan and service category combinations that may have unreasonable reported data.

### **Consistency of data across data sources**

As historical encounter data is the primary source of information used in the development of capitation rates effective October 1, 2020, it is important to assess the consistency of the encounter data with other sources of information. The main source of comparison was the PIHP submitted MUNC reports that were provided in March 2020. The MUNC reports provide expenditure information for SFY 2019 for each service covered under the contract. We utilized the MUNC reports to validate the encounter data being utilized for rate development was appropriate and consistent between the two sources of information.

#### **(ii) Actuary's assessment**

As required by Actuarial Standard of Practice (ASOP) No. 23, Data Quality, we disclose that Milliman has relied upon certain data and information provided by MDHHS and their vendors, primarily the PIHPs. The values presented in this letter are dependent upon this reliance.

We found the encounter data to be of appropriate quality for purposes of developing actuarially sound capitation rates. The following actions were performed to ensure compliance with ASOP 23:

- Selected data that were both appropriate and sufficiently current for the intended purpose: we used data that reflected the covered population and services under the contract;
- Reviewed the data for reasonability, consistency, and comprehensiveness: documented in the certification report;
- Disclosed any known limitations of the data: documented in the certification report; and,
- Placed reliance on the data supplied by MDHHS and its vendors: documented in the certification report.

While there are areas for data improvement, as detailed in the *Data concerns* section below, we found the encounter data to be of appropriate quality for the purposes of developing the base experience data for the capitation rates, as well as specific adjustments for reimbursement and program changes that impact PIHP expenditures beyond the base experience period.

#### **(iii) Data concerns**

The cost information provided in the encounter data was not a reliable source of cost for the services provided. As noted above, we are working with MDHHS and the PIHPs to improve the cost information submitted on the encounter data.

We have adjusted both the behavioral health encounter data to match the PIHP submitted financial reports (described in section I.2.B.iii.f). While adjustments are made to reflect more accurate cost information, the underlying utilization is within three percent of the MUNC reports in SFY 2019 in total. We do not have any concerns with the quality of the information for purposes of base rate development.

**(c) Appropriate data****(i) Use of encounter and fee-for-service data**

All populations and benefits included in this rate certification were included in the risk-based managed care delivery system in the SFY 2019 base experience period except for the CWP and SED 1915(c) Waiver benefits. We are utilizing (FFS) data to develop the 1915(c) Waiver CWP and SED capitation rates.

**(ii) Use of managed care encounter data**

Managed care encounter data adjusted to reflect the expenditures in the PIHP submitted MUNC reports were utilized in the development of the capitation rates.

**(d) Reliance on a data book**

We did not rely on a data book.

**iii. Data adjustments**

The following sections describe any adjustments made to the base experience for data credibility, completion, reimbursement changes, and other program adjustments.

**(a) Credibility adjustment**

Based on our review of the SFY 2019 mental health and substance abuse encounter data, PIHP submitted MUNC reports, FFS claims data, and PIHP submitted FSRs, we believe combined data sources are an appropriate source of utilization and expenditures for the covered populations. We did not make any adjustments related to the credibility of the populations.

**(b) Completion adjustment**

The encounter data utilized to develop the capitation rates includes all data submitted to MDHHS through June 2020, which includes nine months of runout from the end of the base data period. The MUNC reports were submitted to MDHHS in March and reflect five months of runout from the end of the state fiscal year. We have included IBNP claim liability estimates reported in the SFY 2019 MUNC reports for inpatient hospital services. Based on our review of monthly encounter submissions, we believe the run-out period negates the need for additional completion factors outside of the inpatient hospital category of service.

**(c) Errors found in the data*****Utilization Adjustment***

We modified the reported utilization to adjust for excessive utilization of services. The adjusted encounters were identified by a single recipient having multiple encounter lines for the same procedure and service date, with different internal control numbers, and the cumulative units of the encounter lines exceeding a maximum amount as determined by MDHHS. If the encounter data submitted shows a recipient having the same procedure and service dates that exceed the units allowed, we consider the units in excess of the maximum as duplicate encounters and adjust the units on these encounter lines down to the maximum number of units allowed. This adjustment would also impact a single encounter if the utilization reported was above the maximum utilization possible for the service date window of the encounter.

**(d) Program change adjustments**

All program and reimbursement changes that have occurred in the Medicaid managed care program since October 1, 2018, the beginning of the base experience period used in the capitation rates, are described below. The impact of these changes are reflected in the actuarial cost models in Appendix 2 and 3. The composite impact of these adjustments at the population level are illustrated in Appendix 6.



**Encounter data financial statement adjustment**

The encounter data was adjusted to reflect the financial reports prepared by the PIHPs for the comparable time periods. The financial reports utilized in the rate setting process were the corresponding MUNC reports for each population group. These adjustments are illustrated at the rate cell and service category level in Appendix 2.

The MUNC reports provide information regarding utilization and cost per unit of service for the Medicaid eligible population split between state plan (1115 for HMP), EPSDT, 1915(b)(3), and HSW services. The 1915(b)(3) services are transitioning to a 1915(i) Waiver under the Behavioral Health Demonstration 1115 Waiver. The following steps were used to adjust the encounter data to match the MUNC reports:

**Step 1: Apply MUNC report cost per unit to encounter data**

The cost per unit of service was developed from the SFY 2019 MUNC reports submitted by each PIHP. The MUNC reports illustrated the incurred cost per unit of service by procedure code or revenue code for each covered service, split between state plan (1115 for HMP), EPSDT, (b) (3), and HSW services. The encounter data was adjusted by procedure code to reflect the reported cost per service amounts specific to each PIHP and fiscal year.

For instances where a procedure or revenue code contained in the encounter data did not have a corresponding cost per service amount on the MUNC report for a given PIHP and cost bucket, the composite cost per service was calculated as follows:

- i. The sum of state plan (1115 for HMP), (b)(3), EPSDT, and HSW dollars divided by the total number of units (if any are available) within a given PIHP for said service, or;
- ii. The sum of state plan (1115 for HMP), (b)(3), EPSDT, and HSW dollars divided by the total number of units (if any are available) across all PIHPs for said service, or;
- iii. If there are no units available for the previous methods, a benchmark Medicaid fee schedule was used.

**Step 2: Calculate encounter expenditures by multiplying the MUNC cost per unit by the encounter utilization**

Base encounter expenditures were developed by applying the MUNC cost per unit from the previous step to the encounter utilization.

**Step 3: Summarize encounter and MUNC report expenditures**

Base encounter and MUNC report expenditures for SFY 2019 were summarized at consistent levels of detail. We are adjusting at the service level of detail (procedure code) for the highest cost mental health services; otherwise, we are adjusting at the service category level of detail. The mental health categories are adjusted separately for the state plan (1115 for HMP), (b)(3), EPSDT, and HSW cost buckets when applicable.

**Step 4: Calculate the adjustment factor and apply it to utilization and expenditures**

The adjustment factor is calculated as the MUNC report expenditures divided by the encounter dollars for each respective PIHP at the adjustment category level of detail. We apply each respective adjustment factor to the corresponding utilization and expenditure fields on the encounter data. The overall impact of the adjustment to the base encounter data for both mental health and substance abuse in SFY 2019 was approximately 8%.

For the CWP and SED populations, we have adjusted the underlying FFS claims expenditures for the covered waiver services based on the reported expenditures in the PIHPs financial status reports. These populations FSR reported expenditures were at an aggregate PIHP level and does not include service level information.

**Autism Fee Schedule adjustment**

Effective October 1, 2018, MDHHS introduced the Autism fee schedule illustrated in Reference C. The second page of this reference illustrates the fee schedule based on the refined procedure codes implemented for Autism services, effective January 1, 2019. The new procedure codes reflect different utilization types, but MDHHS has adjusted the fee schedule to account for this in a budget neutral manner. We repriced the Autism encounter data to match the unit cost illustrated in the fee schedule after adjusting the encounter data to match the utilization and expenditures in the Autism MUNC report. This fee schedule adjustment reduced the base experience for SFY 2019 by approximately \$16 million. Appendix 2 documents the adjustment made to the underlying base experience.

***Direct Care Wages (DCW) adjustment***

Effective April 1, 2019, MDHHS increased reimbursement for direct care worker (DCW) services by \$0.25 per hour based on the Section 1009 boilerplate language. Using the historical experience, we determined that a cost per hour increase of \$0.27 (\$0.25, grossed up by 6% for employer costs) for DCW services would produce approximately a \$16 million increase to base experience for SFY 2019, since half of the base period already contained part of this adjustment.. The base experience is subject to a non-benefit expense load of approximately 6% in composite, and as a result, the \$0.25 DCW adjustment is ultimately grossed up by approximately 12% in the certified capitation rates to cover employer related costs associated with the DCW increase. Appendix 2 documents the adjustment made to underlying base experience for the increased reimbursement amounts for DCW services. The following services were considered DCW services for purposes of the April 1, 2019 adjustment:

- H0043 - Community Living Supports in Independent living/own home
- H0045 - Respite Care
- H2014 - Skill-Building
- H2015 - Community Living Supports (15 Minutes)
- H2016 - Community Living Supports (Daily)
- H2023 - Supported Employment Services
- S5151 - Respite
- T1005 - Respite Care
- T1020 - Personal Care in Licensed Specialized Residential Setting
- T2015 - Out of Home Prevocational Service
- T2036 - Community Living Supports/Respite Care-Therapeutic Camping
- T2037 - Community Living Supports/Respite Care-Therapeutic Camping

***Substance Abuse Assessment adjustment***

Effective October 1, 2019, MDHHS introduced a standardized SUD assessment into the PIHP contracts. PIHPs will be required to implement a standardized SUD assessment and replace all their current SUD assessment instruments. MDHHS estimates that this requirement will increase SUD assessment costs for the PIHPs by approximately 100% percent or double the base experience cost. We estimated the impact of this adjustment to be approximately a \$6 million increase to the base experience. Appendix 3 documents the adjustment made to the underlying base experience for the substance abuse assessment service. We have applied this adjustment to the following procedure codes under the substance abuse benefit:

- H0001 - Substance Abuse: Individual Assessment
- 90791 (with HF modifier) - Substance Use: Assessment
- 90792 (with HF modifier) - Substance Use: Assessment

***SUD Department of Corrections adjustment***

Effective October 1, 2019, MDHHS will be transitioning the substance use disorder services for Medicaid beneficiaries previously delivered by the Michigan Department of Corrections (DOC) into this behavioral health managed care program. Approximately 92% of these beneficiaries are enrolled in the HMP population, while the remaining 8% are split between the DAB and TANF populations. We have received high level information from MDHHS regarding the services provided and expenditures incurred by the DOC as well as the distribution of beneficiaries across the ten regional PIHPs enrolled with the DOC. We have adjusted the base experience in Appendix 3 to reflect the total DOC expenditures by service category and population, which increases SUD base expenditures by approximately \$13 million.

We have also developed a separate adjustment to apply to the HMP population risk factor (we have not done this for DAB or TANF given the small percentage of DOC beneficiaries) to consider the distribution of DOC beneficiaries across the ten regional PIHPs. This adjustment was developed by comparing the percentage of HMP beneficiaries receiving SUD services before and after including the DOC beneficiaries. We have assumed approximately 20% of DOC beneficiaries received on average two months of SUD services. The adjustment to the PIHP risk factors is further documented in the risk factor development report.

***Adjustments for Waiver service changes***

Effective October 1, 2019, MDHHS will be including nighttime supervision as an additional benefit for beneficiaries enrolled in a 1915(c) Waiver.



MDHHS collected detailed information from the PIHPs regarding the projected number of beneficiaries expected to utilize this benefit and the estimated number of days per year beneficiaries are expected to require this service on average. Additionally, we worked with MDHHS to develop an estimated cost per unit to provide this service. Based on this information and discussions with MDHHS, we have included an additional \$6.3 million across the CWP, HSW, and SED 1915(c) Waiver capitation rates for this new service. This adjustment to the base experience is illustrated in Appendix 3 by rate cell under the Community Living Supports service category.

MDHHS has also added non-family training as a qualifying service effective October 1, 2019 for the HSW 1915(c) Waiver population. Based on discussions with MDHHS, we project \$0.7 of service expenditures in SFY 2021. MDHHS has also made the following waiver changes to existing services. These changes were budget neutral but caused shifting in benefit expenses between 1915(c) Waiver and non-waiver capitation rates. The biggest impact was caused by supports coordination, which moved approximately \$28 million from the HSW capitation rates to the DAB capitation rates.

- Supports Coordination (T1016) – this service is moving from a 1915(b)(3) (1915(c) service for waiver beneficiaries) to a state plan service, effective October 1, 2019.
- Peer Services (H0023 and H0038) – these services are moving from a 1915(b)(3) service to a state plan service, effective October 1, 2019
- Fiscal Intermediary (T2025) – this service is moving from a 1915(b)(3) service to a 1915(c) service for beneficiaries enrolled in the HSW and SED 1915(c) Waiver populations

### **Autism benefit treatment prevalence adjustment**

The cost of the Autism benefit is sensitive to the number of beneficiaries receiving ABA services because of the high per recipient per month cost. As a result, we worked closely with MDHHS in the development of the estimated number of Autism recipients expected to receive ABA services during the SFY 2021 rating period.

The Autism program has experienced significant growth in the number of recipients receiving ABA services since program inception. However, this growth has been constrained by the provider network capacity. To develop estimated ABA recipients for SFY 2021, we reviewed historical recipient data, as well as information from MDHHS on the number of ASD children with an active plan of service but waiting to receive ABA services. Note that the historical recipient data only reflects those who receive ABA services and excludes individuals who only receive assessment services in a month. Based on this data, we estimated an additional 50 recipients will receive ABA services each month from the February 2020 to September 2021.

**FIGURE 3: AUTISM BENEFIT TREATMENT PREVALENCE ADJUSTMENT**

POPULATION	AVERAGE MONTHLY SFY 2019 ABA RECIPIENTS	FEBRUARY 2020 ABA RECIPIENTS	ESTIMATED SFY 2021 AVERAGE MONTHLY ABA RECIPIENTS	ADJUSTMENT FACTOR
DAB	2,858	2,919	3,108	1.0868
TANF	1,388	1,668	2,141	1.5228

Appendix 3 incorporates these adjustment factors in the development of the SFY 2021 Autism benefit expense for each population. We are utilizing the TANF adjustment factor in the development of the HMP Autism benefit expense because of the limited experience for the HMP 19-20 age group.

### **Morbidity Adjustment for Newly Enrolled Beneficiaries**

MDHHS has projected enrollment for SFY 2021 based on emerging enrollment through July 15 and other policy/program knowledge. Enrollment is increasing in the emerging data because of a pause in redetermination of eligibility and recent economic events. An adjustment was made to the capitation rates to reflect the morbidity difference between newly eligible members who have either recently gained Medicaid eligibility or are staying on Medicaid longer than they otherwise would because of the pause in eligibility redeterminations. We reviewed historical experience of new enrollees in the program relative to existing members at the population level and developed the relative morbidity difference between the two cohorts. This relative morbidity difference was applied to the projected enrollment compared to the SFY 2019 enrollment to calculate the morbidity adjustment. We have adjusted the base experience in Appendix 3 to account for this morbidity difference. The projected eligibility increases are estimated to increase PIHP revenue by approximately \$18 million and the morbidity adjustment reduces projected expenditures by approximately \$5 million.

**(e) Exclusion of payments or services from the data*****Spend-down adjustment***

In determining the appropriate encounter claims to include in the capitation rate setting process, we excluded services for the spend-down eligible population during the time period that they are not eligible for Medicaid. However, we included services for the spend-down eligible population after meeting their spend down amounts and becoming Medicaid eligible.

***Fraud, waste, and abuse***

We did not make any adjustments for fraud, waste, and abuse. Fraud recoveries by the PIHP should result in correcting warehouse encounters and impact financial status reporting by not allowing those expenses to be categorized as allowable Medicaid expenses.

***First- and third-party liabilities***

We utilized the first- and third-party liabilities reported in the MUNC reports, which reflect the total amount due. The rates are developed with the full amount of first- and third-party liabilities removed from the capitation rate's base experience. Removing first- and third-party liabilities for SFY 2019 accounted for approximately \$6.3 million decrease to the base encounter experience costs on a statewide basis.

### 3. Projected benefit cost and trends

This section provides information on the development of projected benefit costs in the capitation rates.

#### A. RATE DEVELOPMENT STANDARDS

##### i. Final Capitation Rate Compliance

The final capitation rates follow 42 CFR 438.4(b)(6) and are only based on services outlined in 42 CFR 438.3(c)(1)(ii) and 438.3(e). Non-covered services provided by the PIHPs, except for approved in-lieu of services, have been excluded from the capitation rate development. PIHPs utilize institutions for mental disease (IMD), as an approved in-lieu of service.

##### ii. Basis for Variation in Assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of Federal financial participation associated with the population.

##### iii. Benefit Cost Trend Assumptions

Projected benefit cost trend assumptions are developed in accordance with generally accepted actuarial principles and practices. The primary data used to develop benefit cost trends is historical claims and enrollment from the covered populations. Additionally, consideration of other factors and data sources appropriate for benefit cost trend development is further documented in Section I, item 3.B.iii.

##### iv. In Lieu Of Services

The projected benefit costs include costs for in-lieu-of services for IMD only. Effective October 1, 2016, all services provided to a beneficiary in a month where the beneficiary exceeds 15 days in an IMD setting should be excluded from the capitation rates based on the publication of the Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule (CMS-2390-F, 81 FR 27498) on May 6, 2016 ("final rule"). Appendix 2 documents the adjustment made to the underlying base experience to remove all expenditures associated with IMD stays of greater than 15 days. To develop this adjustment factor, we flagged recipient months where the beneficiary stayed more than 15 days in an IMD, and then removed all services (including non-IMD services) provided to the beneficiary in that month as well as the corresponding membership from the base experience because capitation payments cannot be made for these months.

##### v. Benefit expenses associated with members residing in an IMD

For enrollees aged 21 to 64, the projected benefit costs do not include the costs associated with an IMD stay of more than 15 days, as well as other managed care plan costs delivered in a month when an enrollee has an IMD stay of more than 15 days. We have also excluded member months from the base rate development where an enrollee had an IMD stay of more than 15 days. Appendix 2 illustrates the adjustment to the base experience to remove all costs associated with an IMD stay of more than 15 days.

##### vi. IMDs as an in-lieu-of service provider

Figure 4 illustrates (a) the number of IMD enrollees, (b) the average length of stay, (c) the state plan cost per day, and (d) the total expenditures associated with IMDs facilities for each population. Please note that this figure reflects IMD costs associated with any length of stay, and the IMD experience included in the capitation rates is limited to individuals who stayed in an IMD less than 15 days in a month.

**FIGURE 4: SFY 2019 IMD EXPERIENCEAS IN LIEU OF SERVICE – ALL LENGTHS OF STAY**

POPULATION	ADMISSIONS	AVERAGE LENGTH OF STAY	STATEWIDE COST PER DAY	TOTAL DOLLAR IMPACT
DAB	5,845	11.2	\$ 698.71	\$ 45,874,000
TANF	3,659	7.8	\$ 698.71	\$ 19,871,000
HMP	6,278	8.8	\$ 698.71	\$ 38,459,000

### (a) Costs associated with an IMD stay of more than 15 days

We have identified IMD costs of approximately \$14 million associated with IMD stays of more than 15 days for beneficiaries age 21 to 64. These expenditures have been excluded from the base experience. This adjustment is illustrated in Appendix 2.

### (b) Other costs for services during the time an enrollee is in an IMD for more than 15 days

We have identified non-IMD costs of approximately \$3 million associated with IMD stays of more than 15 days for beneficiaries age 21 to 64. These expenditures have been excluded from the base experience. This adjustment is illustrated in Appendix 2.

## B. APPROPRIATE DOCUMENTATION

### i. Projected Benefit Costs

This section provides the documentation of the methodology utilized to develop the benefit cost component of the capitation rates at the rate cell level.

### ii. Development of Projected Benefit Costs

#### (a) Description of the data, assumptions, and methodologies

This section of the report outlines the data, assumptions, and methodology used to project the benefit costs to the rating period. The baseline benefit costs were developed using the following steps:

##### ***Step 1: Apply historical and other adjustments to base encounter data***

As documented in the previous section, the base experience was adjusted for several items, including but not limited to, utilization adjustment and the spend-down population expenditures.

##### ***Step 2: Create per member per month (PMPM) cost summaries***

The capitation rates were developed from historical encounters, FFS claims, and enrollment data from the managed care enrolled populations. This data consisted of SFY 2019 incurred encounter data that has been submitted by the PIHPs as well as SFY 2019 MUNC reports developed by each PIHP. We utilized FFS claims data adjusted to the FSRs for the CWP and SED 1915(c) Waiver base experience.

##### ***Step 3: Adjust for program and policy changes and trend to the rating period***

Appendix 2 illustrates the retrospective policy and program adjustments outlined in Section I, item 2.B.iii.(d) and applied to the SFY 2019 base experience. Appendix 3 illustrates the prospective policy and program adjustments outlined in Section I, item 2.B.iii.(d) and included in the projected benefit expense. Appendix 3 also includes the trend adjustment factor by rate cell and service category. The adjusted PMPM values from the base experience period were trended forward from the midpoint of the base experience period (April 1, 2019) to the midpoint of the rate period (April 1, 2021).

The resulting PMPMs established the adjusted benefit expense by population and rate cell for the rating period.

The following items provide more information regarding significant and material items in developing the projected benefit costs.

##### ***Step 4: Regional adjustment factors***

The capitation rates illustrated in Appendix 5 are on a statewide basis for each rate cell. Capitation rates paid to each of the PIHPs will be further adjusted by the region in which the covered beneficiary resides. Regional adjustment factors were calculated at the program level and are applied to each population and benefit covered in this certification. The SFY 2021 area factors include a transportation factor for non-inpatient services and an inpatient cost per day component for inpatient services.

##### Transportation Factor

We categorized each of the counties in Michigan into either urban, urban/rural, or rural based on their population density. Counties are classified as urban if the population density in that county is greater than 200 people per square mile. Counties are classified as rural if the population density in that county is less than or equal to 40.

Counties are classified as urban/rural if the population density in that county is greater than 40 and less than or equal to 200.<sup>2</sup> Figure 5 illustrates the percentage of each PIHP that was identified as urban, urban/rural, or rural based on the counties that represent the PIHP catchment area.

The regional adjustment factors were developed based on the variation in transportation costs assumed for these three categories using the top services covered under the behavioral health program. Transportation costs included both the time spent by CMHSP staff traveling from one visit to another as well as the vehicle costs associated with any transportation. We determined whether either of these components was applicable at the procedure code level for the services that comprise the majority of non-inpatient costs.

#### Inpatient Cost per Day Factor

The inpatient cost per day factor was developed for each PIHP by comparing its respective SFY 2019 reported cost per day divided by the statewide average inpatient cost per day.

The composite area factor includes both the transportation factor and the inpatient cost per day factor, weighted by the portion of total cost attributable to inpatient and non-inpatient services. Please note that service need (morbidity) differences are reflected in the PIHP specific risk adjustment factor development as documented in Section I, item 6. Figure 5 illustrates the corresponding area factor to be applied to all capitation rates illustrated in Appendix 5.

**FIGURE 5: REGIONAL FACTORS BY PIHP**

PIHP	% URBAN	% URBAN/RURAL	% RURAL	TRANSPORTATION FACTOR	IP FACTOR	FINAL FACTORS
NorthCare	0.0%	0.0%	100.0%	1.061	1.250	1.075
Northern Michigan	0.0%	36.4%	63.6%	1.046	1.272	1.062
Lakeshore	51.7%	43.3%	5.0%	1.004	1.328	1.027
Southwest	30.7%	69.3%	0.0%	1.009	1.098	1.015
Mid-State	46.2%	50.9%	3.0%	1.005	1.113	1.013
Southeast	86.5%	13.5%	0.0%	0.990	1.087	0.997
Detroit-Wayne	100.0%	0.0%	0.0%	0.985	0.899	0.979
Oakland	100.0%	0.0%	0.0%	0.985	0.807	0.972
Macomb	100.0%	0.0%	0.0%	0.985	0.674	0.963
Region 10	62.6%	36.1%	1.2%	0.998	0.982	0.997
<b>Statewide</b>	<b>66.8%</b>	<b>25.2%</b>	<b>8.1%</b>	<b>1.000</b>	<b>1.000</b>	<b>1.000</b>

NOTE: Final factors use weights of 92.7% transportation and 7.3% IP.

#### **(b) Material changes to the data, assumptions, and methodologies**

All rate development data and material assumptions are documented in this rate certification report and the overall methodology utilized to develop the capitation rates is consistent with the prior rate-setting analysis.

#### **(c) Overpayments to providers**

We did not observe nor are we aware of any overpayments to providers.

### **iii. Projected Benefit Cost Trends**

This section discusses the data, assumptions, and methodologies used to develop the benefit cost trends, i.e., the annualized projected change in benefit costs from the historical base period (SFY 2019) to the SFY 2021 rating period of this certification. We evaluated prospective trend rates using historical experience for the behavioral health managed care program, as well as external data sources.

#### **(a) Required elements**

<sup>2</sup> [www.census.gov](http://www.census.gov) (v2018 of the 2010 population estimates)

**(i) Data**

The primary data used to develop benefit cost trends is historical claims and encounters from the covered populations. Data used for trend development included three years of cost and utilization experience, from SFY 2017 through the base experience data period (SFY 2019).

External data sources that were referenced for evaluating trend rates developed from MDHHS data include:

- *National Health Expenditure (NHE) projections* developed by the CMS office of the actuary, specifically those related to Medicaid. Please note that as these are expenditure projections, projected growth reflects not only unit cost and utilization, but also aggregate enrollment growth and enrollment mix changes such as aging. For trends used in this certification, we are interested only in unit cost and utilization trends, so in general, our combinations of unit cost and utilization trends should be lower than NHE trends. NHE tables and documentation may be found in the location listed below:
  - <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nationalhealthaccountsprojected.html>
- *U.S. Bureau of Labor Statistics (BLS) wage trends* over the past three years for those occupations providing behavioral health services (e.g. direct care wage and home health workers).

*Other sources:* We also reviewed internal sources that are not publicly available, such as historical experience from other programs and trends used by other Milliman actuaries.

**(ii) Methodology**

For internal MDHHS data, historical utilization and per member per month cost data was stratified by month, rate cell, and category of service. The data was adjusted for completion and normalized for historical program and reimbursement changes. We developed trend rates to adjust the base experience data (midpoint of April 1, 2019) forward 24 months to the midpoint of the contract period, April 1, 2021.

Appendix 7 provides a summary of the PMPM trend analysis for the past three fiscal years by population and service category. Note that this summary reflects encounter data repriced to the MUNC report without any other adjustments. In some cases, the experience reflects large trend increases or decreases. In general, we set best estimate trend rates at a composite level (state plan or 1915(i)) to smooth out trend variations within the service categories. Please also note that the large Autism trends reflected in Appendix 7 are inclusive of the growth in recipients receiving Autism services throughout the historical experience. We have outlined a specific adjustment to the base experience to project the future growth in Autism recipients, as described in Section I.2.iii.(d).

Historical trends should not be used in a simple formulaic manner to determine future trends; actuarial judgment is also required. We also referred to alternative sources, both publicly available and internal Milliman information. We also considered changing practice patterns, shifting population mix, and the impact of reimbursement changes on utilization in this specific population.

**(iii) Comparisons**

As noted above, we did not explicitly rely on the historical PIHP encounter data and MUNC report trend projections due to anomalies observed in the historical trend data. In addition to referencing external data sources and emerging experience in the encounter data, we also reviewed the utilization trends assumed in the SFY 2020 capitation rate development to determine if any adjustment to the trend assumption was appropriate for the SFY 2021 rating period.

Explicit adjustments were made outside of trend to reflect all recent or planned changes in reimbursement from the base period to the rating period.

**(i) Chosen trend rates**

The trend rates selected are illustrated below in Section I.3.B.iii.(b), by population and service category. There were no outlier trends or negative trends.

**(b) Benefit cost trend components**

Figure 6 illustrates the unit cost and utilization trends used to develop the projected capitation rates by population and service category.



FIGURE 6: ESTIMATED ANNUAL TREND RATES

SERVICE CATEGORY	<u>DAB</u>		<u>HMP</u>		<u>TANF</u>		<u>1915(c) WAIVERS</u>	
	UTILIZATION	UNIT COST	UTILIZATION	UNIT COST	UTILIZATION	UNIT COST	UTILIZATION	UNIT COST
Autism	5.0%	0.0%	5.0%	0.0%	5.0%	0.0%	5.0%	0.0%
Mental Health	1.0%	1.5%	1.0%	1.5%	1.0%	1.5%	1.0%	1.5%
Substance Abuse	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%	1.5%
1915(c) Waivers	0.5%	1.5%	0.5%	1.5%	0.5%	1.5%	0.5%	1.5%

**(c) Variation****(i) Medicaid populations**

To limit the variation in benefit cost that is present across the Medicaid population, we developed trends by population category and major category of service. Trend variations between populations and service categories reflect observed variation in the underlying historical experience and actuarial judgement based on the sources listed in the section above.

**(ii) Rate cells**

We split out several populations by rate cell, to appropriately reflect the material difference in rate cell morbidity.

**(iii) Subsets of benefits within a category of services**

We did not vary trend rates for subsets of benefit within a category of services

**(d) Material adjustments**

We adjusted the trends derived from historical experience in cases where the resulting trends did not appear reasonably sustainable or were not within consensus parameters derived from other sources. For many rate cells and categories of services, raw model output was outside of a range of reasonable results. In these situations, we relied on the sources identified to develop prospective trend.

**(e) Any other adjustments****(i) Impact of managed care**

We did not adjust the trend rates to reflect a managed care impact on utilization or unit cost.

**(ii) Trend changes other than utilization and cost**

We did not adjust the benefit cost trend for changes other than utilization or unit cost.

**iv. Mental Health Parity and Addiction Equity Act Service Adjustment**

It was not necessary for projected benefit costs to include additional services for compliance with the mental health parity standards in 42 CFR Part 438, subpart K as required by 42 CFR 438.3(c)(ii).

**v. In Lieu of Services****(a) Categories of service that contain in lieu of services**

Section 438.6(e) of the final rule clarifies that states can receive FFP and make a capitation payment on behalf of an enrollee that spends 15 days or less as a patient in an IMD in any given month if the conditions described in the final rule are met. As a result, during SFY 2021 rating period, the PIHPs may provide inpatient services in an IMD setting in lieu of providing that service in an inpatient acute community psychiatric hospital.

**(b) Percentage of cost that in lieu of services represent**

The SFY 2019 experience reflects that approximately 40% of combined cost for the DAB, TANF, and HMP populations in the inpatient category of service are provided to beneficiaries who spend 15 days or less in a given month in an IMD setting.

**(c) Development of the projected benefit costs**

Section I, item 3.A.vi describes the IMD in-lieu-of-service service costs for all lengths of stay using the state plan cost per day as opposed to the IMD in-lieu-of-service cost per day. Appendix 2 illustrates the adjustment to the base experience to remove all costs associated with an IMD stay of more than 15 days.

**(d) 42 CFR §438.6(e) Compliance**

The capitation rates developed in this certification comply with the requirements of 42 CFR §438.6(e). The data and assumptions utilized are described in Section 1, item 3.A.v.

**vi. Retrospective Eligibility Periods****(a) MCO responsibility**

PIHPs are contractually obligated to provide services to all Medicaid eligible members, including during retrospective eligibility periods.

**(b) Claims treatment**

The encounter data and MUNC reports submitted by the PIHPs included experience from a member's retrospective eligibility period.

**(c) Enrollment treatment**

The Medicaid eligibility data includes eligibility months for individuals during their retrospective eligibility period, allowing us to include beneficiary cost from the retrospective eligibility periods. Capitation payments will be made to members who become retroactively eligible for a given month for up to six months for all populations. Figure 7 illustrates an example of the methodology used to calculate the capitation payment to eligibility month ratios. The figures in Figure 7 are for illustrative purposes only.

**FIGURE 7: CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO CALCULATION EXAMPLE – OCTOBER 2020**

POPULATION	MEMBERS ELIGIBLE AS OF 9/30/2020	MEMBERS BECOMING ELIGIBLE DURING OR BEFORE MARCH 2021	MEMBERS BECOMING ELIGIBLE AFTER 3/31/2021	CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO
DAB	930	68	2	$(930+68) / 1,000 = 99.8\%$
TANF	900	95	5	$(900+95) / 1,000 = 99.5\%$

Note: Figures illustrated in this figure are for illustrative purposes only and were not directly utilized in the development of the capitation rates.

Members eligible as of September 30, 2020 are those who entered the eligibility system before September 30 and are Medicaid eligible during October 2020. Members becoming retroactively eligible for October 2020 during or before March 2021 are those who entered the eligibility system at some point during the October 2020 to March 2021 timeframe who were eligible in Medicaid on or before October 2020. Members eligible after March 31, 2021 are those members who become retro-actively eligible for October 2020 after March 31, 2021. We estimated the number of eligibility months for which PIHPs will not receive a capitation payment by comparing the historical capitation payments made to the eligibility months by population and month.

**(d) Adjustments**

The encounter data and MUNC reports submitted by the PIHPs included experience from a member's retrospective eligibility period. However, the PIHPs do not receive a capitation payment for all these Medicaid eligibility periods. Capitation rates are developed to include costs associated with these periods of eligibility by increasing the capitation PMPM to reflect the estimated percentage of eligibility months for which the PIHPs will not receive a capitation payment.

Figure 8 illustrates the estimated capitation payment to eligibility month ratio by population for the SFY 2020 and the SFY 2021 rating periods. SFY 2021 includes separate factors for the Enrolled and Unenrolled populations along with the composite for the DAB, TANF, and HMP populations.



We have increased the SFY 2021 capitation rates in Appendix 5 to include the capitation payment to eligibility month ratio. Lastly, we have modified the projected capitation payments used to develop the projected capitation expenditures to reflect the capitation payment to eligibility month ratio.

**FIGURE 8: CAPITATION PAYMENT TO ELIGIBILITY MONTH RATIO COMPARISON**

	SFY 2020		SFY 2021	
	Enrolled	Unenrolled	Enrolled	Unenrolled
DAB	1.0000	0.9901	1.0000	0.9852
TANF	1.0000	0.9705	1.0000	0.9799
HMP	1.0000	0.9764	1.0000	0.9632
HSW	1.0000	0.9950	1.0000	1.0000
SED	1.0000	0.9657	1.0000	0.9748
CWP	1.0000	0.9751	1.0000	0.9830

## vii. Impact of Material Changes

This section relates to material changes to covered benefits or services since the prior rate certification. The prior rate certification was for the SFY 2020 rating period.

### (a) Change to covered benefits

There were no material changes to covered benefits or services from the prior certification.

### (b) Recoveries of overpayments

To the best of our knowledge, all information related to any payment recoveries not reflected in the base period encounter data was provided to us by the PIHPs in their MUNC Report. We are accounting for these recoveries when we are repricing to the PIHP MUNC report expenditure amounts.

### (c) Change to payment requirements

Material changes to required provider payments have been described in program adjustments described in Section I, item 2.B.iii.(d) Program change adjustments.

### (d) Change to waiver requirements

There were no material changes to waiver requirements or conditions.

### (e) Change due to litigation

There were no material changes due to litigation.

## viii. Documentation of Material Changes

Material changes to covered benefits and provider payments have been described in program adjustments described in Section I, item 2.B.iii Program Change Adjustments. This information includes the data, assumptions, and methodology used in developing the adjustment, estimated impact by population, and aggregate impact on the managed care program's benefit expense.

## 4. Special Contract Provisions Related to Payment

### A. INCENTIVE ARRANGEMENTS

#### i. Rate Development Standards

This section provides documentation of the incentive payment structure in the Behavioral Health Demonstration 1115 Waiver. The budgeted SFY 2021 incentive payment amount is \$8,705,500. The incentive payments are made for children in foster care or in child protective services. Most of these children are enrolled in the under 21 rate cells. Based on the population that triggers an incentive payment, the aggregate payment made for the incentive arrangement is less than 105 percent of the capitation payments made for these rate cells.

#### ii. Appropriate Documentation

MDHHS has an incentive program to support increasing access to mental health services under the behavioral health managed care program for foster children and children in protective service with a serious emotional disturbance. MDHHS has created separate incentive payment criteria to reflect a range of service needs amongst the targeted population. The incentive payment amounts are intended to both increase access to services and provide PIHPs with funding to develop protocols for identifying children that are currently not being served.

### B. WITHHOLD ARRANGEMENTS

#### i. Rate Development Standards

This section provides documentation of the withhold arrangement in the behavioral health managed care program.

#### ii. Appropriate Documentation

##### (a) Description of the Withhold Arrangement

###### (i) Time period and purpose

The withhold arrangement is measured on a state fiscal year basis. The withhold measure evaluates quality-based performance by the PIHPs in delivery of services.

###### (ii) Enrollees, services, and providers covered

All Medicaid eligible enrollees, services and providers are covered under this arrangement.

###### (iii) Purpose of withhold arrangement

The purpose of this arrangement is to incentivize the PIHPs to submit their encounters and financial reporting information on a timely basis as well as improving access to care.

###### (iv) Description of total percentage withheld

Effective January 1, 2016, the contract between MDHHS and the PIHPs was amended to include the following information regarding the withhold arrangement.

MDHHS (Department) shall withhold 0.2% of the approved capitation payment to each PIHP. The withheld funds shall be issued by the Department to the PIHP in the following amounts within 60 days of when the required report is received by the Department:

1. 0.04% for timely submission of the Projection Financial Status Report – Medicaid
2. 0.04% for timely submission of the Interim Financial Status Report – Medicaid
3. 0.04% for timely submission of the Final Medicaid Contract Reconciliation and Cash Settlement
4. 0.04% for timely submission of the Medicaid Utilization and Cost Report
5. 0.04% for timely submission of encounters (defined in Attachment P 7.7.1.1. of the contract)

In accordance with section 105d (18) of Public Act 107 of 2013, MDHHS shall also withhold 0.75% of payments to PIHPs for the purpose of establishing a performance bonus incentive pool (PBIP).

Distribution of funds from the performance bonus incentive pool will be calculated on a quarterly basis and be contingent on the PIHP's completion of the required performance of the following compliance metrics.

1. 0.05% for joint performance metrics with MHPs in section 8.4.2.1. of the contract
2. 0.1% if the percent of new adult Medicaid and Healthy Michigan beneficiaries with mental illness receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
3. 0.1% if the percent of new child Medicaid beneficiaries with serious emotional disturbance receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
4. 0.1% if the percent of new adult Medicaid and Healthy Michigan beneficiaries with an intellectual and/or developmental disability receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
5. 0.1% if the percent of new child Medicaid beneficiaries with an intellectual and/or developmental disability receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
6. 0.1% if the percent of new adult Medicaid and Healthy Michigan beneficiaries with a substance use disorder receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
7. 0.1% if the percent of new child Medicaid beneficiaries with a substance use disorder receiving a face-to-face meeting with a professional within 14 calendar days of a non-emergency request for service is equal or greater than 95%.
8. 0.1% if the percent of all Medicaid adult and children beneficiaries receiving a pre-admission screening for psychiatric inpatient care for whom the disposition was completed within three hours is greater than or equal to 95%

**(v) Estimate of percent to be returned**

The calculations for the withhold payments in SFY 2019 (October 1, 2017 to September 30, 2018) have been finalized by MDHHS. The amounts withheld for timely submission of data have been paid out in full to all PIHPs. The amounts withheld for the PBIP have been paid out in full to the PIHPs. Each PIHP received at least 95.7% of the withheld amount for the PBIP.

**(vi) Reasonableness of withhold arrangement**

Our review of the total withhold percentage of 0.95% of capitation revenue, indicates that it is reasonable within the context of the capitation rate development and the magnitude of the withhold does not have a detrimental impact on the PIHP's financial operating needs and capital reserves. Our interpretation of financial operating needs relates to cash flow needs for the PIHP to pay claims and administer benefits for its covered population. We evaluated the reasonableness of the withhold within this context by reviewing the PIHP's cash available to cover operating expenses, as well as the capitation rate payment mechanism utilized by MDHHS.

**(vii) Effect on the capitation rates**

The SFY 2021 certified capitation rates reflect the expectation that 100% of the withhold is reasonably achievable.

## **C. RISK SHARING MECHANISMS**

### **i. Rate Development Standards**

This section provides information on the risk mitigation, incentives and related contractual provisions included in the contract.

## ii. Appropriate Documentation

### (a) Description of Risk-sharing Mechanism

The risk-sharing arrangement between MDHHS and the PIHPs is a risk corridor.

A summary of the current risk corridor arrangement between the PIHPs and MDHHS is provided below. The risk corridor is administered across all services, with no separation for mental health and substance abuse funding. The risk corridors are a contractual item between MDHHS and the PIHPs.

#### (i) Risk sharing rationale

The risk sharing mechanisms in the behavioral health managed care program address potential claims volatility and other risk for PIHPs participating in the managed care program.

#### (ii) Risk sharing implementation

- The PIHP shall retain unexpended risk-corridor-related funds between 95% and 100% of said funds. The PIHP shall retain 50% of unexpended risk-corridor related funds between 90% and 95% of said funds. The PIHP shall return unexpended risk-corridor-related funds to MDHHS between 0% and 90% of said funds and 50% of the amount between 90% and 95%.
- The PIHP shall be financially responsible for liabilities incurred above the risk corridor-related operating budget between 100% and 105% of said funds contracted.
- The PIHP shall be responsible for 50% of the financial liabilities above the risk corridor-related operating budget between 105% and 110% of said funds contracted.
- The PIHP shall not be financially responsible for liabilities incurred above the risk corridor-related operating budget over 110% of said funds contracted.

The measurement period of the risk corridor is the state fiscal year. The corresponding incurred time period for this certification is for SFY 2021. Figure 9 provides several examples of the risk corridor arrangement.

FIGURE 9: EXAMPLES OF THE RISK CORRIDOR ARRANGEMENT

PIHP REVENUE	PIHP EXPENSES	INITIAL PIHP GAIN(LOSS)	MDHHS RISK CORRIDOR GAIN(LOSS)	FINAL PIHP GAIN(LOSS)
\$100	\$85	\$15	\$7.50	\$7.50
\$100	\$91	\$9	\$2.00	\$7.00
\$100	\$97	\$3	\$0.00	\$3.00
\$100	\$103	(\$3)	\$0.00	(\$3.00)
\$100	\$109	(\$9)	(\$2.00)	(\$7.00)
\$100	\$115	(\$15)	(\$7.50)	(\$7.50)

#### (iii) Impact on capitation rate development

The risk-sharing mechanisms incorporated in the behavioral health managed care program reduce the overall PIHP financial volatility and risk. The risk corridor was considered when developing the non-benefit expense load as discussed in Section I.5.B.ii.

#### (iv) Attestation of the use of generally accepted actuarial principles and practices

The SFY 2021 risk corridor arrangement was developed in accordance with generally accepted actuarial principles and practices.

### (b) Medical Loss Ratio

#### (i) Methodology

MDHHS's contract with the PIHPs establishes a minimum medical loss ratio (MLR) of 85.0% for the behavioral health managed care program. The specific language regarding the MLR formula can be found in the contract between MDHHS and PIHPs.

**(ii) Formula for Remittance/Payment**

A remittance is not required for having a medical loss ratio above or below any pre-defined thresholds.

**(iii) Financial consequences**

Currently there are no financial consequences for having a medical loss ratio below a threshold. However, financial consequences may occur as part of the risk corridor.

**(iv) Summary of reported MLR**

Figure 10 provides a summary of the reported medical loss ratios for SFY 2018 as reported by the participating PIHPs that submitted MLR reports. The MLR was calculated separately for the HMP population and all other populations in the behavioral health managed care program.

**FIGURE 10: HISTORICAL SFY 2018 FSR REPORTED ADJUSTED LOSS RATIO**

PIHP	HMP MLR	NON-HMP MLR	ALL POPULATIONS
NORTHCARE NETWORK	120.9%	96.2%	98.3%
NORTHERN MICHIGAN REGIONAL ENTITY	117.6%	98.0%	99.8%
LAKESHORE REGIONAL ENTITY	158.7%	103.4%	108.1%
SOUTHWEST MICHIGAN BEHAVIORAL	90.8%	96.9%	95.8%
MID-STATE HEALTH NETWORK	98.0%	98.0%	98.0%
CMH PARTNERSHIP OF SOUTHEAST	140.6%	103.0%	106.4%
DETROIT WAYNE MENTAL HEALTH	92.5%	97.1%	96.5%
OAKLAND COUNTY CMH AUTHORITY	88.4%	103.7%	101.9%
MACOMB COUNTY CMH SERVICES	84.8%	102.6%	100.7%
REGION 10 PIHP	115.0%	86.4%	89.4%
ALL REGIONS	102.9%	98.3%	98.8%

**(c) Reinsurance Requirements and Effect on Capitation Rates****(i) Description of reinsurance requirements**

The PIHPs do not have any State-mandated reinsurance requirements.

**(ii) Effect on capitation rates**

The PIHPs do not have any State-mandated reinsurance requirements, which has resulted in no impact to the capitation rates.

**(iii) Attestation of the use of generally accepted actuarial principles and practices**

The PIHPs do not have any State-mandated reinsurance requirements.

**(iv) Reinsurance premium development**

The PIHPs do not have any State-mandated reinsurance requirements.

**D. DELIVERY SYSTEM AND PROVIDER PAYMENT INITIATIVES****i. Rate Development Standards**

Consistent with guidance in 42 CFR §438.6(c), the Michigan behavioral health managed care capitation rates reflect consideration of the following delivery system and provider payment initiative:

- Hospital reimbursement adjustment (HRA) program;
- Opioid Health Home (OHH);

**(a) Description of Managed Care Plan Requirement**

MDHHS requires the PIHPs to participate in a state directed initiative to reimburse hospitals through the HRA according to the state's direction to ensure access to Medicaid beneficiaries. Northern Michigan PIHP is required to reimburse the OHH qualifying providers based on PMPMs established by MDHHS.

**(b) How Payment Arrangement is Reflected in Managed Care Rates**

The payments within the various directed payment initiatives are done so on a retrospective basis to the managed care PIHPs.

**(i) Documentation related to payment term included in the rate certification**

Documentation related to the separate payment term is addressed in Section I, Item 4.D.ii(a)(iii).

**(ii) PMPM estimate of state-directed payments addressed through separate payment term**

PMPM estimates related to the state directed payments will be included in the final certification.

**(iii) Final documentation of total state-directed payment amount by rate cell**

To the extent the final state-directed PMPM payments by rate cell vary from the initial estimates an amendment will be developed including a certification of the final capitation rates.

**(iv) Change from initial base rate certification**

As indicated above, the rate certification will be updated through a rate amendment if the total payment amount or distribution methodology varies from the initial estimates.

**ii. Appropriate Documentation****(a) Description of Delivery System and Provider Payment Initiatives****(i) Description of delivery system and provider payment Initiatives included in the capitation rates**

Utilization of the following delivery system and provider payment initiatives will be included in the final capitation rates:

- **Hospital rate adjustment program.** MDHHS maintains a hospital rate adjustment (HRA) program, which increases funding to hospitals for inpatient psychiatric treatment. The goal of the HRA is to sustain community psychiatric inpatient capacity and remove Medicaid access barriers. It is incumbent that community inpatient psychiatric capacity be enough so that medically necessary inpatient services are readily available to Medicaid beneficiaries and the quality of services, as measured through hospital accreditation and compliance with PIHP contractual requirements, is adequate. In this regard, adequacy of payment for services is a necessary component. The HRA provides a means to assist in assuring access and quality. As such, the purpose of these funds is to promote access as well as maintain quality. This HRA is independent of the local PIHP/Hospital rate setting process. These payments are supplemental to the current PIHP/Hospital current year rate. The HRA program has been in place since SFY 2010.

Effective October 1, 2019, the State of Michigan re-defined the HRA program to align with the State's approved hospital supplemental upper payment limit program under the Michigan Medicaid managed medical services program. The payments within the HRA program are done so on a retrospective basis to the PIHPs. The actual payment amounts will be a uniform per diem increase to hospital inpatient expenditures developed from the base experience distributed based on reported utilization.

Based on discussions with MDHHS, we project aggregate UPL payment of approximately \$76.4 million for the behavioral health managed care program. Estimated PMPM values for each population are reflected in Appendix 5 of the certification report but will be amended following payment of the HRA after SFY 2021 as the actual HRA payments will be paid on a retrospective basis.

- **Opioid Health Home (OHH).** Effective October 1, 2019, MDHHS will provide a monthly case rate to Region 2 (Northern Michigan) based on attributed OHH beneficiaries with at least one OHH service. To facilitate an even greater effort to fight the opioid epidemic and mitigate negative outcomes such as overdoses and hospitalizations, MDHHS will employ a pay-for-performance incentive that will reward providers based on outcomes.

The OHH payment rates reflect a monthly case rate per OHH beneficiary with at least one proper and successful OHH service within a given month. The rates are defined by an initial “Recovery Action Plan” rate and an “Ongoing Care Management” rate. Moreover, rates are delineated by provider type (i.e., opioid treatment programs (OTP) or office-based opioid treatment (OBOT)). Monthly case rates will be paid on a retrospective basis. We have not included estimated PMPM values in this certification because this is a regional initiative. Based on discussions with MDHHS, we project aggregate payments of approximately \$6.5 million for SFY 2021 across the DAB, TANF, and HMP populations.

#### **(ii) Description of payment arrangement if incorporated as a rate adjustment**

The state-directed payments will be reflected through a separate payment term as described in Section I, Item 4.D.i(b). The impacts on a rate cell level for the HRA directed payment are shown on Appendix 5.

#### **(iii) Description of payment arrangement if incorporated as a separate payment term**

The payment arrangements will be incorporated through a separate payment term in which the monthly capitation rate will be directed to the eligible hospitals and qualifying OTP and OBOT facilities based on actual utilization.

#### ***Aggregate amount of payment applicable to rate certification.***

The amount included in the capitation rates, both in total and on a per member month per basis, associated with the delivery system and provider payment initiatives will be estimated in the final certification.

#### ***Certification***

We explicitly certify the amount of the separate payment term disclosed in the certification (i.e. the amount in Section I, Item 4.D.ii.(a)(iii)).

#### ***Provider types receiving the payment***

The providers receiving the delivery system and provider payment initiatives is to the OHH and Inpatient Psychiatric facilities.

#### ***Distribution methodology***

When a PIHP receives a capitation payment from MDHHS, the PIHP must remit the appropriate share to each provider.

#### ***Estimated PMPM payout by rate cell***

The estimated PMPM payout by rate cell will be provided in the final certification report.

#### ***Consistency with 438.6(c) preprint***

We confirm that the state-directed payment initiatives, as described in this certification, are consistent with the 438.6(c) pre-prints that are currently under CMS review.

#### ***Statement that certification will be amended if rates vary from initial estimate***

To the extent the final state-directed PMPM payments by rate cell for the various initiatives vary from the initial estimates presented in the final rate certification, an amendment will be updated to reflect the final payments.

### **(b) Additional directed payments**

There are not any additional directed payments in the program that are not addressed in this certification.

**(c) Requirements regarding reimbursement rates**

There are not any requirements regarding the reimbursement rates the plans must pay to any providers unless specifically specified in this certification as a directed payment or authorized under applicable law, regulation, or waiver.



## E. PASS-THROUGH PAYMENTS

### i. Rate Development Standards

There are no pass-through payments reflected in the SFY 2021 capitation rates.

### ii. Appropriate Documentation

There are no pass-through payments reflected in the SFY 2021 capitation rates.

## 5. Projected non-benefit costs

### A. RATE DEVELOPMENT STANDARDS

#### i. Overview

In accordance with 42 CFR §438.5(e), the non-benefit component of the capitation rate includes reasonable, appropriate and attainable expenses related to PIHP operation of the behavioral health managed care program.

The remainder of Section I, item 5 provides documentation of the data, assumptions and methodology that we utilized to develop the non-benefit cost component of the capitation rate.

#### ii. PMPM versus percentage

The non-benefit cost was developed as a percentage of the capitation rate for all populations except for the additional fixed administration amounts included for DAB and TANF populations.

An additional component of the non-benefit expense is the insurance provider assessment (IPA) that is applicable to insurance providers in the State of Michigan. The IPA assess a PMPM rate of \$1.20 for the behavioral health managed care program to each covered member month throughout the state fiscal year. The ultimate amount paid for the IPA will vary by PIHP based on actual enrollment over the course of SFY 2021. The IPA was implemented on October 1, 2018 and is paid on a retrospective basis at the end of each quarter. We have reflected the IPA PMPM for SFY 2020 in Appendix 5.

#### iii. Basis for variation in assumptions

Any assumption variation between covered populations is the result of program differences and is in no way based on the rate of federal financial participation associated with the population.

#### iv. Health insurance providers fee

This section is not applicable.

### B. APPROPRIATE DOCUMENTATION

#### i. Development of non-benefit costs

##### (a) Description of the data, assumptions, and methodologies

The estimated benefit expenses were increased to reflect an administrative allowance, risk margin, and IPA amounts. We utilized the historical administrative allowance experience to develop the administrative allowance for SFY 2021. Figure 11 provides the total administration allowance, inclusive of risk margin, and the IPA amount for each population covered under the behavioral health managed care program. The administration allowance for the DAB and TANF population has been split into two components: a fixed per member per month payment and percentage of medical cost. The fixed per member per month administration allowance was trended by 1.5% from SFY 2020 to SFY 2021 to reflect inflation expenses, such as a salary, benefits, and overhead.

FIGURE 11: SFY 2021 NON-BENEFIT EXPENSE LOADS

POPULATION	ADMINISTRATIVE ALLOWANCE		IPA
	VARIABLE	FIXED	
DAB	4.50%	\$ 8.23	\$ 1.20
TANF	4.50%	\$ 0.99	\$ 1.20
HMP	6.75%		\$ 1.20
HSW	4.25%		
SED	4.25%		
CWP	4.25%		

The composite administrative load for both the HMP population and all other populations combined is approximately 6.75%, inclusive of risk margin. The risk margin component of the behavioral health program in composite is approximately 0.75%. Since the administration allowance is not an equal percentage of capitation revenue for each PIHP, the fixed per member per month administration allowance component cannot be simply added to the base capitation amounts. We have accounted for entity specific risk adjustment differences to pay each entity the same fixed administrative load, regardless of the base payment.

Figure 12 compares the historical administration costs in SFY 2019 against the assumptions used in the SFY 2021 rate setting. The PIHPs do not separate administrative costs for the DAB, TANF, and HSW populations in their reporting; therefore, we were unable to compare the historical experience to the assumptions used in the rates by population. However, on a program and statewide basis, we believe the non-benefit expense adjustments are appropriate for the functions required under the managed care PIHP contract.

**FIGURE 12: ADMINISTRATIVE COSTS COMPARISON**

	PMPM	PERCENT OF REVENUE (LESS TAXES)
<b>SFY 2019 MUNC Report</b>		
<b>Specialty Services</b>		
MH/DD Admin	\$ 7.09	5.74%
SA Admin	\$ 0.26	9.20%
Composite	\$ 7.35	5.82%
<b>Healthy Michigan</b>		
MH Admin	\$ 1.81	4.83%
SA Admin	\$ 0.70	5.96%
Composite	\$ 2.51	5.10%
<b>SFY 2021 Admin Allowance</b>		
<b>Specialty Services</b>		
MH/SA Admin	\$ 8.19	7.21%
HSW Admin	\$ 224.02	4.25%
SED Admin	\$ 83.47	4.25%
CWP Admin	\$ 148.30	4.25%
Composite	\$ 9.20	6.70%
<b>Healthy Michigan</b>		
MH/SA Admin	\$ 3.42	6.75%

### (b) Material changes

We have reviewed the historical administrative expenditures reported in the MUNC reports and have not seen material changes of these expenses.

### (c) Other material adjustments

There are no other material adjustments applicable to the non-benefit cost component of the capitation rate.

## ii. Non-benefit costs, by cost category

Administrative expenses have not been developed from the ground up (based on individual components). However, individual components were reviewed within PIHP administrative cost reports.

The non-benefit costs were developed as a percentage of the capitation rate, except for the IPA and the fixed PMPM component for mental health services.

### iii. Historical non-benefit cost data

Historical non-benefit cost data from the MUNC was analyzed and compared to the assumed non-benefit cost in Figure 11. These costs were examined to determine if there is material deviation from the assumptions used in the rates that would warrant further investigation and possible revision of the assumption.

### iv. Health insurance providers fee

#### (a) Whether the fee is incorporated in the rates

The ACA-mandated health insurer fee has not been calculated and included in these capitation rates. In accordance with section 9010(c)(2)(C)(i)-(iii), the regulations excluded any entity that is incorporated as a nonprofit corporation under State law. The PIHPs who participate in this managed care program fulfill this requirement.

#### (b) Fee year or data year

This section is not applicable.

#### (c) Determination of fee impact to rates

This section is not applicable.

#### (d) Timing of adjustment for health insurance providers fee

This section is not applicable.

#### (e) Identification of long-term care benefits

This section is not applicable.

## 6. Risk Adjustment and Acuity Adjustments

This section provides information on the risk adjustment, which is applied to the capitation rates as a geographic factor.

### A. RATE DEVELOPMENT STANDARDS

#### i. Overview

In accordance with 42 CFR §438.5(g), we have followed the rate development standards related to budget-neutral risk adjustment for the Medicaid managed care program. The composite rates for the DAB, TANF, and HMP populations will be prospectively risk adjusted by PIHP to reflect estimated prospective morbidity differences in the underlying population enrolling with each PIHP. We have not applied prospective risk adjustment for the 1915(c) Waiver populations given the relatively consistent service needs of the enrolled beneficiaries.

#### ii. Risk adjustment model

The DAB, TANF, and HMP populations are prospectively risk-adjusted using a state-calibrated penalized linear regression model that incorporates variables that were identified as having significant differences in beneficiary PMPM costs for each unique value of the variable. Risk adjustment is performed on a budget neutral basis for each of the defined populations, and the analysis uses generally accepted actuarial principles and practices.

#### iii. Acuity adjustments

An adjustment was made in the rates to reflect projected acuity during the rating specifically addressing the newly eligible members whom gain their eligibility due to the global coronavirus pandemic.

### B. APPROPRIATE DOCUMENTATION

#### i. Prospective risk adjustment

##### (a) Data and adjustments

The risk adjustment analysis will utilize SFY 2019 FFS and encounter data for the populations enrolled in managed care at September 2019 as the underlying data source populations. The full documentation of the results and methodology for the risk adjustment analysis is included in a separate report.

##### (b) Risk adjustment model

We have developed a penalized linear regression model for purposes of risk adjustment. The methodology and factors included in this model are described in the next section.

##### (c) Risk adjustment methodology

The MDHHS risk adjustment is designed to be cost neutral for each of the defined populations. Relative risk scores will be normalized to result in a composite risk score of 1.000 for each population group, across all PIHPs. The risk adjustment methodology uses generally accepted actuarial principles and practices.

##### (d) Magnitude of the adjustment

The final risk adjustment factors are documented in a separate report that accompanies the rate certification.

##### (e) Assessment of predictive value

There are many factors and assumptions that go into assessing the predictive value. We have chosen to illustrate the predictive value with an adjusted r-squared from the linear regression models. The adjusted r-squared varies by population, benefit, and regression model (BH-TEDS vs. No BH-TEDS). The predictive value of the model that was utilized for the SFY 2021 capitation rate development is approximately 40% for the DAB Mental Health benefit.

##### (f) Any concerns the actuary has with the risk adjustment process

Currently, we have no concerns with the risk adjustment process.

ii. **Retrospective risk adjustment**

Not applicable. The risk adjustment analysis will utilize a prospective methodology.

iii. **Changes to risk adjustment model since last rating period**

**(a) Changes made since the last rating period**

The methodology utilized in the SFY 2021 rating period is consistent with the SFY 2020 rating period.

**(b) Budget neutrality**

The risk adjustment is designed to be cost neutral for each population.

iv. **Acuity adjustments**

Not applicable.

## Section II. Medicaid Managed care rates with long-term services and supports

### 1. Managed Long-Term Services and Supports

This section provides additional information on the base data and methodologies used to develop the capitation rates for the managed long-term services and supports.

#### A. COMPLETION OF SECTION 1

This section provides additional information on the managed long-term services and supports, which are included as part of the services covered under the capitation rates documented in Section 1. We have followed the guidance from Section 1 regarding standards for rate development and CMS's expectation for appropriate documentation required in the rate certification when developing the MLTSS capitation rates.

#### B. RATE DEVELOPMENT STANDARDS

##### i. Approach

###### (a) Blended

The capitation rates for the DAB, TANF, and HMP populations vary by age, gender, geographic area, and the entity-specific risk for each benefit category and population. The entity-specific risk represents the service need of the individuals they cover under the program. The capitation rate structure was revised starting October 1, 2019 for the DAB, TANF, and HMP populations to separately rate for those enrolled in a Medicaid health plan versus those enrolled in the FFS program for physical health benefits.

The capitation rates for the CWP and SED 1915(c) Waiver populations are developed in composite, given the relatively small number of enrollees covered under each waiver.

###### (b) Non-Blended

The capitation rates for the HSW population vary by residential living arrangement, as documented in Section 1, item 3.B.iii.c.

#### C. APPROPRIATE DOCUMENTATION

##### i. Considerations

###### (a) Capitation Rate Structure

The capitation rates for the DAB, TANF, and HMP populations vary by age, gender, and area for each benefit category and population. The DAB, TANF, and HMP population capitation rates are adjusted by entity-specific risk factors that represent the service need of the individuals they cover under the program. The capitation rates for the HSW population vary by residential living arrangement, as documented in Section 1, item 3.B.iii.c. The capitation rate structure was revised starting October 1, 2019 for the DAB, TANF, and HMP populations to separately rate for those enrolled in a Medicaid health plan versus those enrolled in the FFS program for physical health benefits.

###### (b) Description of the data, assumptions, and methodologies

The methodology for developing the capitation rates for the mental health, substance abuse, and 1915(c) Waiver capitation rates can be found in Section I.

###### (c) Other payment structures, incentives, or disincentives

We did not utilize any other payment structures, incentives, or disincentives in the development of the capitation rates.

###### (d) Managed care effect on utilization and unit costs of services

The beneficiaries covered under the behavioral health managed care program are all served in the community. The cost of care delivered in the community is significantly lower than the comparable cost of care delivered in an institutional setting.

**(e) Managed care effect on care setting**

The beneficiaries covered under the behavioral health managed care program are all served in the community. The providers of care work with the beneficiaries to provide the personal care and community living supports required to maintain living within the community.

**ii. Projected Non-Benefit Cost**

The non-benefit cost assumptions are discussed in Section I, item 5. The non-benefit costs vary by population and benefit type.

**iii. Experience and Assumptions**

Section I details the experience and assumptions employed for the MLTSS and non-MLTSS services included in the behavioral health managed care program.



## Section III. New adult group capitation rates

MDHHS implemented the Affordable Care Act's Medicaid expansion on April 1, 2014. As of June 2020, approximately 710,000 individuals receive Medicaid behavioral health benefits through the PIHPs under MDHHS's expansion population, known as the 'Healthy Michigan' population (HMP).

### 1. Data

#### A. DATA USED IN CERTIFICATION

We used SFY 2019 encounter data and PIHP submitted MUNC reports to develop the HMP capitation rates for SFY 2021. This is consistent with information previously described in Section I.

#### B. DESCRIPTION OF EMERGING DATA

##### i. New data available for rate setting

Although the SFY 2019 base experience represents a new set of base data, this only represents a new year of a similar data source.

##### ii. Monitoring of experience

We have continued to monitor emerging experience and are re-basing the rates for SFY 2021 using SFY 2019 experience. Adjustments described and documented in other sections of this report represent updates we are making to the base experience based on emerging experience.

##### iii. Comparison to previous rate certifications

Figure 13 provides a comparison of actual SFY 2019 experience by rate cell used in the SFY 2021 capitation rate development relative to SFY 2019 projections in the SFY 2019 Medicaid Expansion capitation rates.

**FIGURE 13: RECONCILIATION OF SFY 2019 ASSUMED BENEFIT EXPENSE TO ACTUAL BENEFIT EXPENSE**

RATE CELL	ESTIMATED MEMBER MONTHS	ACTUAL MEMBER MONTHS	DIFFERENCE	ESTIMATED BENEFIT EXPENSE PMPM	ACTUAL BENEFIT EXPENSE PMPM	DIFFERENCE
HMP - F - 19 - 20	407,266	293,019	38.99%	\$25.41	\$26.11	-2.69%
HMP - F - 21 - 25	436,395	589,826	-26.01%	30.11	29.61	1.70%
HMP - F - 26 - 39	1,246,166	1,342,615	-7.18%	40.13	41.17	-2.53%
HMP - F - 40 - 49	663,401	708,135	-6.32%	46.18	40.56	13.86%
HMP - F - 50 - 64	1,036,822	1,051,616	-1.41%	31.42	28.52	10.17%
HMP - M - 19 - 20	381,144	267,213	42.64%	35.77	36.16	-1.08%
HMP - M - 21 - 25	445,283	539,439	-17.45%	48.63	46.49	4.60%
HMP - M - 26 - 39	1,428,076	1,399,040	2.08%	59.97	64.61	-7.19%
HMP - M - 40 - 49	735,795	715,981	2.77%	56.87	56.16	1.27%
HMP - M - 50 - 64	989,058	965,329	2.46%	45.95	42.37	8.46%
<b>Composite</b>	<b>7,769,406</b>	<b>7,872,213</b>	<b>-1.31%</b>	<b>\$44.40</b>	<b>\$43.87</b>	<b>1.20%</b>

As Figure 13 illustrates, actual PIHP-covered member months were approximately 1.3% above values estimated in the development of the SFY 2019 rates. On an aggregate basis, actual benefit expense PMPM was approximately 1.2% less than estimated benefit expense assumed in the capitation rate development.

#### iv. Adjustment to current rates

The actual SFY 2019 experience for mental health and substance abuse services was lower than the projected SFY 2019 experience. We are utilizing the emerging experience to re-base the SFY 2021 HMP population capitation rates.

## 2. Projected Benefit Costs

### A. DESCRIPTION OF PROJECTED BENEFIT COST ISSUES

Actual Healthy Michigan experience is being utilized as the base experience for the SFY 2021 rating period, consistent with the rate setting process for SFY 2020. We continue to review the emerging experience as a reasonableness check against the developed capitation rates.

Discussion of other assumption changes is provided in the next section.

#### i. For states that covered the new adult group in previous rating periods

##### (a) Data specific to the new adult group

There was no data specific to the new adult group utilized in the capitation rate development.

##### (b) Changes in data sources, assumptions, or methodologies

There were no changes to the data sources, assumptions, or methodologies used to develop projected benefit costs that was specific to the HMP population that was not previously outlined in this report.

##### (c) Assumption changes from previous rating periods

###### (i) Acuity adjustments

Consistent with the SFY 2020 rate setting, an explicit acuity adjustment was not made for the HMP population.

###### (ii) Adjustments for pent-up demand

Consistent with the SFY 2020 rate setting, an explicit pent-up demand adjustment was not made for the HMP population.

###### (iii) Adjustment for adverse selection

Consistent with the SFY 2020 rate setting, an explicit adverse selection adjustment was not made for the HMP population.

###### (iv) Adjustment for demographics

Consistent with the SFY 2020 rate setting, an explicit demographic adjustment was made for the newly eligible members. The current rate cell structure of the Medicaid Expansion population adjusts capitation payments to the PIHPs to the extent the demographic mix of the population changes significantly during the SFY 2021 rate period.

###### (v) Differences in provider reimbursement rates or provider networks

Consistent with the SFY 2020 rate setting, differences in provider reimbursement were not assumed or observed for the Medicaid Expansion population.

###### (vi) Other material adjustments

We have not made other material adjustments from the SFY 2020 rate certification.

###### (vii) Benefit changes

There were not any benefit changes from the SFY 2020 rate certification.

### B. KEY ASSUMPTIONS

#### i. Acuity adjustments

An explicit acuity adjustment was not made for the HMP population.

## ii. Adjustments for pent-up demand

An explicit pent-up demand adjustment was not made for the HMP population.

## iii. Adjustments for adverse selection

An explicit adverse selection adjustment was not made for the HMP population.

## iv. Adjustments for the demographics of the new adult group

An explicit demographic adjustment was not made for the HMP population. The current rate cell structure of the HMP population adjusts capitation payments to the PIHPs to the extent the demographic mix of the population changes significantly during the SFY 2021 rate period.

## v. Differences in provider reimbursement rates or provider networks

Differences in provider reimbursement were not assumed or observed for the HMP population.

## vi. Other material adjustments

There are no other material adjustments not previously outlined in the report.

# C. OTHER MATERIAL CHANGES OR ADJUSTMENTS TO BENEFIT COSTS

We did not make any other adjustments in the HMP rate development process other than those previously outlined in the report.

## 3. Projected Non-Benefit Costs

### A. DESCRIPTION OF ISSUES

#### i. Changes in data sources, assumptions, or methodologies

The development of the non-benefit costs was discussed in Section I.5.b. We have not made any changes from the SFY 2020 certification.

#### ii. Assumption changes for previous rating periods

We have not made any assumption changes from the SFY 2020 certification.

### B. ASSUMPTION DIFFERENCES RELATIVE TO OTHER MEDICAID POPULATIONS

Figure 11 provides the non-benefit expense assumptions for the HMP population and other populations administered by MDHHS. The non-benefit expense percentage loads utilized for the HMP population are consistent on a composite basis, with HMP and non-HMP populations having approximately a 6.75% administrative allowance. We have reviewed emerging experience and believe the non-benefit expense percentage loads are sufficient to cover reported administrative costs.

## 4. Final Certified Rates or Rate Ranges

### A. CMS REQUESTS

#### i. Comparison to Previous Certification

Appendix 5 illustrates a comparison of the SFY 2020 and SFY 2021 capitation rates.

#### ii. Description of Other Material Changes to the Capitation Rates

All material changes to the Healthy Michigan rate development methodology are outlined in this report.

## 5. Risk Mitigation Strategies

### A. DESCRIPTION OF RISK MITIGATION STRATEGY

The HMP population is included in the risk mitigation programs outlined in Section I.4 and Section I.6 consistently with all other populations. There are no risk mitigation strategies specific to the HMP population.

### B. CHANGES TO RISK MITIGATION STRATEGY RELATIVE TO PRIOR YEARS

There are no risk mitigation strategies specific to the HMP population.

## Limitations

The services provided for this project were performed under the signed contract between Milliman and MDHHS approved September 13, 2019.

The information contained in this letter, including the appendices, has been prepared for the State of Michigan, Department of Health and Human Services and their consultants and advisors. It is our understanding that this letter may be utilized in a public document. To the extent that the information contained in this letter is provided to third parties, the letter should be distributed in its entirety. Any user of the data must possess a certain level of expertise in actuarial science and healthcare modeling so as not to misinterpret the data presented.

Milliman makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this letter prepared for MDHHS by Milliman that would result in the creation of any duty or liability under any theory of law by Milliman or its employees to third parties.

In performing this analysis, we relied on data and other information provided by MDHHS and its vendors. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in all actuarial communications. The authors of this report are members of the American Academy of Actuaries and meet the qualification standards for performing the analyses in this report.

## Appendix 1: Actuarial Certification

**State of Michigan**  
**Department of Health and Human Services**  
**Behavioral Health Risk Based Managed Care Program**  
**Capitation Rates Effective October 1, 2020 through September 30, 2021**  
**Actuarial Certification**

I, Christopher T. Pettit, am a Principal and Consulting Actuary with the firm of Milliman, Inc. I am a Member of the American Academy of Actuaries and a Fellow of the Society of Actuaries. I meet the qualification standards established by the American Academy of Actuaries and have followed the standards of practice established by the Actuarial Standards Board. I have been employed by the State of Michigan and am generally familiar with the state-specific Medicaid program, eligibility rules, and benefit provisions.

The capitation rates provided with this certification are considered "actuarially sound" for purposes of 42 CFR 438.4(a), according to the following criteria:

- the capitation rates provide for all reasonable, appropriate, and attainable costs that are required under terms of the contract and for the operation of the PIHP for the time period and population covered under the terms of the contract, and such capitation rates were developed in accordance with the requirements under 42 CFR 438.4(b).

For the purposes of this certification and consistent with the requirements under 42 CFR 438.4(a), "actuarial soundness" is defined as in ASOP 49:

*"Medicaid capitation rates are "actuarially sound" if, for business for which the certification is being prepared and for the period covered by the certification, projected capitation rates and other revenue sources provide for all reasonable, appropriate, and attainable costs. For purposes of this definition, other revenue sources include, but are not limited to, expected reinsurance and governmental stop-loss cash flows, governmental risk-adjustment cash flows, and investment income. For purposes of this definition, costs include, but are not limited to, expected health benefits; health benefit settlement expenses; administrative expenses; the cost of capital, and government-mandated assessments, fees, and taxes."*

The assumptions used in the development of the "actuarially sound" capitation rates have been documented in my correspondence with the State of Michigan. The "actuarially sound" capitation rates that are associated with this certification are effective for the rate period October 1, 2019 through September 30, 2020.

The capitation rates are considered actuarially sound after adjustment for the amount of the withhold not expected to be earned.

The "actuarially sound" capitation rates are based on a projection of future events. Actual experience may be expected to vary from the experience assumed in the rates.

In developing the "actuarially sound" capitation rates, I have relied upon data and information provided by the State. I have relied upon the State for audit of the data. However, I did review the data for reasonableness and consistency.

The capitation rates developed may not be appropriate for any specific health plan. An individual health plan will need to review the rates in relation to the benefits that it will be obligated to provide. The health plan should evaluate the rates in the context of its own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the "actuarially sound" capitation rates that are associated with this certification.



Christopher T. Pettit, FSA  
Member, American Academy of Actuaries

September 1, 2020  
Date

## Appendix 2: Retrospective Cost Models



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide	Rate Cell: DAB - Enrolled - F - 0 - 5	Encounter Data SFY 2019 Base Experience			MUNC Adjustments			Policy and Program Changes Adjustments		
Member Months: 74,646	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Adjusted Base Experience
<b>Mental Health State Plan</b>										
	Additional Support Services	1,366.6	\$ 353.34	\$ 40.24		\$ (0.06)	\$ 2.87			
	Assertive Community Treatment (ACT)							1,364.5	\$ 378.61	\$ 43.05
	Assessments and Testing	175.9	247.00	3.62	(0.12)	0.38		169.9	273.95	3.88
	Case Management / Treatment Planning	870.2	245.12	17.63	(4.29)	6.66		658.2	364.62	20.00
	Crisis	0.6	373.23	0.02	0.00	0.01		0.7	476.36	0.03
	Evaluation and Management	36.5	203.88	0.62	(0.02)	0.05		35.6	221.98	0.66
	Inpatient									
	Licensed Residential									
	Medication Administration									
	Non-Licensed CLS	709.3	112.17	6.63	0.33	0.05		744.8	113.84	7.07
	Other	238.2	120.38	2.39	(0.06)	0.46		232.4	144.33	2.79
	Other Therapy	890.3	85.05	6.31	(0.19)	(0.05)		863.1	84.33	6.07
	Outpatient Services									
	Prevention and Early Intervention	1.1	533.19	0.05	(0.00)	0.01		1.0	606.60	0.05
	Psychiatric diagnostic evaluation	14.3	369.04	0.44	(0.01)	0.14		13.9	490.92	0.57
	Psychotherapy	293.1	150.27	3.67	(0.16)	0.48		280.3	170.65	3.98
	Residential Services									
	Skill Building	84.4	5.69	0.04	(0.00)	0.01		77.4	6.90	0.04
	Vocational Supports									
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 81.66</b>						<b>\$ 88.20</b>
<b>Mental Health 1915(i)</b>										
	Additional Support Services	748.2	\$ 61.11	\$ 3.81	\$ 1.05	\$ 0.28		954.1	\$ 65.22	\$ 5.19
	Licensed Residential									
	Non-Licensed CLS			0.15	0.05	0.07		37.9	85.25	0.27
	Other	28.3	63.62	0.15	0.90	0.48		264.1	222.16	4.89
	Prevention and Early Intervention	210.1	200.46	3.51						
	Skill Building									
	Vocational Supports									
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 7.47</b>						<b>\$ 10.34</b>
<b>Autism</b>										
	Assessments and Testing	149.5	\$ 424.60	\$ 5.29	\$ (0.10)	\$ 0.47		146.8	\$ 494.14	\$ 6.04
	Additional Support Services	101,167.3	17.49	147.40	(0.44)	7.18		100,855.9	16.32	137.17
	Psychiatric diagnostic evaluation									
	<b>Subtotal Autism</b>			<b>\$ 152.69</b>						<b>\$ 143.22</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
	Assessments and Testing									
	Case Management / Treatment Planning									
	Crisis									
	Evaluation and Management									
	Medication Assisted Treatment									
	Outpatient Services									
	Prevention and Early Intervention									
	Psychiatric diagnostic evaluation									
	Residential Services									
	Withdrawal Management									
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
	Additional Support Services		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
	Licensed Residential									
	Non-Licensed CLS									
	Other									
	Other Therapy									
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
	Licensed Residential									
	Non-Licensed CLS									
	Other									
	Skill Building									
	Vocational Supports									
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
	Case Management / Treatment Planning									
	Non-Licensed CLS									
	Other									
	Other Therapy									
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 241.82</b>						<b>\$ 241.76</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide Rate Cell: DAB - Enrolled - F - 19 - 20		Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 41,242	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Mental Health State Plan	Additional Support Services	267.1	\$ 113.21	\$ 2.52	\$ (0.07)	\$ 0.77	259.9	\$ 149.05	\$ 3.23
	Assessment and Testing	569.4	62.17	2.95	0.31	0.05	629.8	63.20	3.32
	Case Management / Treatment Planning	157.1	262.73	3.44	(0.10)	0.10	152.7	270.23	3.44
	Crisis	147.7	254.05	31.28	(4.07)	7.73	1,285.1	326.23	34.94
	Evaluation and Management	144.3	363.36	4.37	(0.11)	0.51	140.8	406.48	4.77
	Inpatient	333.7	167.56	4.66	(0.08)	0.35	328.2	180.33	4.93
	Licensed Residential	482.1	748.93	30.09	(1.10)	1.12	464.5	777.75	30.11
	Medication Administration	5,991.6	110.46	55.15	(2.83)	2.73	5,683.8	117.99	55.89
	Non-Licensed CLS	50.3	78.67	0.33	(0.02)	0.05	47.1	91.89	0.36
	Other	4,380.2	142.71	52.09	4.41	(4.91)	4,751.4	131.21	51.95
	Outpatient Services	160.9	92.48	1.24	(0.09)	0.11	149.0	101.59	1.26
	Prevention and Early Intervention	135.6	122.13	1.38	0.04	0.07	139.5	128.47	1.49
	Psychiatric diagnostic evaluation	43.6	203.46	0.74	(0.05)	0.02	40.9	209.89	0.72
	Psychiatry	39.0	310.85	1.01	(0.02)	0.16	38.1	361.77	1.15
	Psychiatry Services	568.2	144.09	8.82	(0.23)	0.62	543.6	161.85	7.91
	Skill Building	8,690.3	430.07	2.00	(0.02)	0.04	8,814.7	424.24	2.01
	Vocational Supports	181.2	110.18	3.00	0.04	1.05	167.5	158.75	4.13
<b>Subtotal Mental Health State Plan</b>				<b>\$ 204.60</b>	0.06	0.67			<b>\$ 213.22</b>
<b>Mental Health 1915(i)</b>									
Mental Health 1915(i)	Additional Support Services	1,246.2	\$ 61.72	\$ 6.41	\$ 1.94	\$ 1.12	1,623.8	\$ 70.58	\$ 9.55
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	162.9	87.64	1.19	0.39	0.65	215.7	123.67	2.22
	Prevention and Early Intervention	4.4	192.46	0.07	0.02	0.04	5.9	284.16	0.13
	Skill Building	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>				<b>\$ 7.67</b>	-	-	-	-	<b>\$ 11.90</b>
<b>Autism</b>									
Autism	Assessments and Testing	15.7	\$ 397.15	\$ 0.52	\$ (0.04)	\$ 0.05	14.4	\$ 493.81	\$ 0.59
	Case Management / Treatment Planning	12,821.7	13.57	20.91	(0.83)	(1.06)	12,312.2	16.16	16.58
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>				<b>\$ 21.43</b>	-	-	-	-	<b>\$ 17.18</b>
<b>Substance Abuse State Plan</b>									
Substance Abuse State Plan	Additional Support Services	17.2	\$ 90.87	\$ 0.13	\$ 0.00	\$ (0.01)	17.4	\$ 86.45	\$ 0.13
	Assessments and Testing	5.5	86.83	0.04	(0.00)	0.01	5.5	97.77	0.04
	Case Management / Treatment Planning	0.6	206.21	0.01	0.00	(0.00)	0.6	187.47	0.01
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.6	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	51.2	82.02	0.35	0.01	(0.00)	52.6	81.28	0.36
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	16.0	209.96	0.28	0.01	(0.02)	16.5	196.82	0.27
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 0.87</b>	0.00	(0.00)	2.5	250.19	<b>\$ 0.87</b>
<b>Children's Waiver Program</b>									
Children's Waiver Program	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Habilitative Supports Waiver	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Serious Emotional Disturbances	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 234.57</b>					<b>\$ 243.17</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: DAB - Enrolled - F - 21 - 25		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 76,886	Utilization	Cost per	PMPM	Utilization	Cost	Cost	Utilization	Cost per	PMPM
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	per 1,000	Service	
<b>Mental Health State Plan</b>									
Additional Support Services	716.2	\$ 103.37	\$ 6.17	\$ (0.06)	\$ 0.97	\$ (0.00)	709.8	\$ 118.10	\$ 6.98
Assertive Community Treatment (ACT)	1,422.0	15.35	4.66	0.00	0.00	0.00	1,422.0	168.87	18.37
Case Management / Treatment Planning	2,020.0	276.88	4.66	(0.14)	0.51	(0.00)	1,955.8	307.80	5.02
Crisis	2,416.8	234.90	47.31	(3.08)	7.88	(0.06)	2,259.7	276.44	52.06
Evaluation and Management	138.0	364.43	7.17	(0.13)	0.55	(0.03)	133.7	410.36	4.57
Inpatient	537.4	166.81	4.49	(0.12)	0.65	(0.01)	528.8	181.47	8.00
Licensed Residential	4,655.9	665.42	25.28	1.22	1.20	(3.12)	477.9	617.27	24.58
Medication Administration	6,130.8	53.57	27.37	0.49	2.38	0.77	6,240.3	59.64	31.01
Non-Licensed CLS	140.9	80.89	0.95	(0.01)	0.13	(0.00)	139.0	91.55	1.06
Other	211.3	78.36	1.38	(0.04)	0.19	(0.00)	204.9	89.49	1.53
Other Therapy	318.7	99.40	2.64	(0.07)	0.04	-	310.3	101.04	2.61
Outpatient Services	100.5	218.48	1.83	(0.19)	0.27	-	90.1	254.16	1.91
Prevention and Early Intervention	-	-	-	-	0.00	-	-	-	-
Psychiatric diagnostic evaluation	51.8	331.17	1.43	(0.03)	0.27	(0.01)	50.9	382.01	1.67
Psychiatric diagnostic evaluation	69.0	731.37	7.15	(0.03)	0.11	(0.00)	68.4	744.94	8.16
Residential Services	54.0	439.98	1.98	0.04	0.05	-	55.2	451.83	2.08
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
Subtotal Mental Health State Plan			\$ 146.65						\$ 160.27
<b>Mental Health 1915(i)</b>									
Additional Support Services	1,731.0	\$ 57.68	\$ 8.35	\$ 2.22	\$ 0.95	\$ 0.10	2,191.2	\$ 63.67	\$ 11.63
Licensed Residential	5,287.2	151.88	66.92	0.59	(5.26)	0.68	5,335.8	141.57	62.93
Non-Licensed CLS	8,013.5	113.43	75.75	2.76	4.30	0.57	8,305.8	120.47	83.39
Other	343.2	102.10	2.92	0.83	0.28	-	440.4	109.70	4.03
Prevention and Early Intervention	14.8	348.01	0.43	0.14	0.08	-	19.5	394.26	0.64
Skill Building	22,588.2	4.14	7.79	0.32	1.08	0.08	23,502.6	4.57	8.95
Vocational Supports	69.4	76.87	1.16	1.24	0.76	0.03	842.4	92.67	8.51
Subtotal Mental Health 1915(i)			\$ 168.32						\$ 178.06
<b>Autism</b>									
Assessments and Testing	0.2	\$ 768.86	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	0.2	\$ 1,230.18	\$ 0.02
Autism Services	16.4	14.84	0.02	0.00	0.00	(0.00)	17.0	14.63	0.02
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Subtotal Autism			\$ 0.03						\$ 0.04
<b>Substance Abuse State Plan</b>									
Additional Support Services	57.1	\$ 73.52	\$ 0.35	\$ 0.00	\$ 0.03	\$ 0.00	57.3	\$ 79.42	\$ 0.38
Assessments and Testing	23.1	67.54	0.13	(0.00)	0.02	-	22.8	79.23	0.15
Case Management / Treatment Planning	0.5	-	-	-	-	-	-	-	-
Crisis	0.2	-	-	-	-	-	-	-	-
Evaluation and Management	0.2	73.22	0.04	0.00	0.00	-	6.6	75.98	0.04
Outpatient Services	415.6	145.52	0.82	0.00	0.00	-	426.2	145.52	0.82
Prevention and Early Intervention	164.7	138.88	1.79	(0.01)	(0.46)	-	154.2	103.26	1.33
Psychiatric diagnostic evaluation	0.3	-	-	-	-	-	-	-	-
Residential Services	125.3	163.73	1.71	(0.00)	(0.01)	-	125.3	162.63	1.70
Withdrawal Management	5.8	311.70	0.15	0.00	0.01	-	5.8	323.06	0.16
Subtotal Substance Abuse State Plan			\$ 4.42						\$ 4.01
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00
Total Medical Costs			\$ 317.42						\$ 342.38

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Enrolled - F - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 195,914	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	1,079.7	\$ 97.58	\$ 8.78	\$ (0.26)	\$ 1.67	\$ 8.52	1,048.3	\$ 116.71	\$ 10.20
Assessments and Testing	2,382.0	59.55	11.82	0.66	1.45	12.48	2,514.8	66.34	13.90
Case Management / Treatment Planning	218.8	299.52	4.75	(0.07)	0.76	4.68	215.5	283.03	5.08
Crisis	2,984.7	232.50	56.86	(3.70)	9.76	60.56	2,743.8	275.01	62.88
Evaluation and Management	125.4	379.77	3.97	(0.12)	0.47	3.85	121.7	415.63	4.22
Inpatient	749.6	161.37	10.08	(0.11)	0.71	10.97	741.1	172.66	10.66
Licensed Residential	687.3	685.63	38.14	0.82	1.17	39.01	681.7	621.91	35.33
Medication Administration	8,017.2	54.93	36.70	1.26	3.95	37.95	8,292.8	62.20	42.98
Non-Licensed CLS	228.7	83.42	1.59	(0.04)	0.30	1.89	222.3	99.58	1.85
Other	269.3	103.82	2.33	(0.07)	0.17	2.16	261.8	111.33	2.43
Outpatient Services	124.2	117.86	1.22	(0.01)	0.09	1.31	122.8	126.94	1.30
Prevention and Early Intervention	107.5	217.68	1.95	(0.08)	0.10	2.05	103.0	228.38	1.96
Psychiatric diagnostic evaluation	1.4	170.36	0.02	0.00	(0.00)	0.02	1.6	150.47	0.02
Psychotherapy	55.2	319.64	1.47	(0.01)	0.21	1.68	54.7	384.76	1.66
Residential Services	952.4	136.41	16.35	(0.36)	2.04	15.99	919.6	137.01	12.03
Skill Building	73.8	446.73	2.76	0.12	0.10	2.86	77.0	463.91	2.96
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 192.79</b>						<b>\$ 209.48</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	1,111.7	\$ 62.28	\$ 5.77	\$ 1.52	\$ 0.60	\$ 7.29	1,404.5	\$ 67.98	\$ 7.96
Licensed Residential	5,560.1	137.09	63.52	2.27	(2.47)	60.05	5,799.1	133.37	64.01
Non-Licensed CLS	11,069.6	102.60	3.17	0.81	1.15	4.32	11,412.0	123.76	117.69
Other	308.8	104.91	2.70	0.06	0.70	3.40	401.8	125.90	4.22
Prevention and Early Intervention	7.7	295.43	0.19	0.06	0.04	0.23	10.3	337.43	0.29
Skill Building	107,121.7	3.30	294.5	1.39	2.86	306.7	112,191.0	3.64	34.01
Vocational Supports	1,466.6	66.93	8.18	2.58	2.79	10.97	1,929.1	84.65	13.61
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 212.41</b>						<b>\$ 241.78</b>
<b>Autism</b>									
Assessments and Testing	0.1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	72.8	\$ 64.26	\$ 0.39	\$ 0.01	\$ 0.05	\$ 0.44	73.9	\$ 73.15	\$ 0.45
Assessments and Testing	99.8	44.47	0.37	(0.00)	0.02	0.39	99.4	46.34	0.38
Case Management / Treatment Planning	2.6	91.12	0.02	0.00	(0.00)	0.02	3.0	90.06	0.02
Crisis	0.2	-	-	-	-	-	-	-	-
Evaluation and Management	42.8	75.78	0.27	0.00	0.01	0.28	42.8	77.20	0.28
Medication Assisted Treatment	2,801.3	7.54	1.76	0.02	0.03	1.81	2,826.7	7.65	1.80
Outpatient Services	370.7	93.23	2.88	0.04	(0.33)	2.55	375.5	82.76	2.59
Prevention and Early Intervention	2.3	52.95	0.01	(0.00)	(0.01)	0.00	2.3	13.28	0.00
Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-	-
Residential Services	226.1	175.34	3.36	0.02	(0.05)	3.31	227.4	175.52	3.33
Withdrawal Management	25.3	305.60	0.64	0.01	0.02	0.67	25.5	314.68	0.67
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.70</b>						<b>\$ 3.92</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 414.90</b>						<b>\$ 460.78</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: DAB - Enrolled - F - 40 - 49		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 167,349	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	1,111.5	\$ 82.59	\$ 7.65	\$ (0.33)	\$ 2.01	\$ (0.01)	1,063.9	\$ 105.18
	Asserive Community Treatment (ACT)	2,344.8	55.97	10.47	1.04	1.49	(0.08)	2,458.4	62.83
	Assessments and Testing	170.4	227.40	3.23	(0.06)	0.20	(0.00)	167.2	241.69
	Case Management / Treatment Planning	2,045.0	211.07	35.97	(4.03)	8.20	(0.02)	1,815.7	265.15
	Crisis	90.4	347.98	2.62	(0.10)	0.37	(0.00)	86.9	389.48
	Evaluation and Management	769.8	151.20	9.70	(0.18)	0.48	(0.00)	755.9	158.80
	Inpatient	443.3	663.49	24.51	1.31	0.43	(0.04)	467.1	596.55
	Licensed Residential	4,638.1	49.49	19.13	0.37	1.51	0.53	4,728.2	54.68
	Medication Administration	183.6	81.20	1.31	(0.05)	0.20	(0.00)	186.9	94.08
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	210.0	97.13	1.70	(0.08)	0.11	(0.00)	200.6	103.55
	Other Therapy	29.0	327.24	0.79	0.11	0.09	-	33.0	358.54
	Outpatient Services	73.4	227.16	1.39	(0.08)	0.24	-	69.0	269.08
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	54.4	280.39	1.27	(0.03)	0.17	(0.00)	53.0	319.56
	Psychotherapy	853.8	130.29	9.27	(0.37)	1.87	(0.00)	819.9	154.71
	Residential Services	59.2	440.18	2.17	(0.03)	0.02	-	58.2	444.69
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 131.18</b>	-	-	-	-	<b>\$ 143.19</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	190.2	\$ 60.56	\$ 0.96	\$ 0.25	\$ 0.05	\$ 0.01	240.8	\$ 63.84
	Licensed Residential	3,254.2	122.02	33.09	1.60	(2.05)	0.36	3,411.8	116.06
	Non-Licensed CLS	3,994.6	98.53	32.80	0.95	3.41	0.23	4,110.5	109.14
	Other	55.6	135.86	0.63	0.16	0.35	-	69.8	195.98
	Prevention and Early Intervention	1.1	313.78	0.03	0.01	0.00	-	1.6	344.97
	Skill Building	36,434.6	3.32	10.08	0.31	1.12	0.10	37,565.4	3.71
	Vocational Supports	461.1	77.04	2.96	0.97	0.51	0.02	611.4	87.37
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 80.55</b>	-	-	-	-	<b>\$ 88.92</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	70.8	\$ 60.98	\$ 0.36	\$ 0.00	\$ 0.02	\$ 0.00	71.8	\$ 64.49
	Assessments and Testing	161.9	40.02	0.54	(0.00)	(0.08)	(0.00)	161.7	33.99
	Case Management / Treatment Planning	3.4	69.73	0.02	0.00	0.00	-	4.0	69.75
	Crisis	0.3	-	-	-	-	-	-	-
	Evaluation and Management	48.3	72.11	0.29	0.00	0.00	(0.00)	48.5	72.44
	Medication Assisted Treatment	3,709.5	7.41	2.29	0.02	0.02	-	3,740.0	7.47
	Outpatient Services	422.2	72.76	2.56	0.04	0.08	-	428.4	74.87
	Prevention and Early Intervention	1.6	72.76	0.01	0.00	(0.01)	-	1.6	18.44
	Psychiatric diagnostic evaluation	0.3	-	-	-	-	-	-	-
	Residential Services	198.1	178.07	2.94	0.04	(0.06)	(0.01)	200.8	173.96
	Withdrawal Management	23.3	283.21	0.56	0.01	0.01	-	23.8	285.74
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 9.56</b>	-	-	-	-	<b>\$ 9.64</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 221.29</b>	-	-	-	-	<b>\$ 241.75</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - F - 50 - 64		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 486,932	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	1,036.5	\$ 79.65	\$ 6.88	\$ (0.34)	\$ 2.09	\$ (0.00)	984.9	\$ 105.12
	Asserive Community Treatment (ACT)	1,533.8	57.90	7.40	0.54	0.59	(0.01)	1,645.7	62.07
	Assessments and Testing	117.7	204.97	2.01	(0.06)	0.12	(0.01)	114.2	216.59
	Case Management / Treatment Planning	1,390.3	208.79	24.19	(2.80)	5.30	(0.02)	1,229.5	260.31
	Crisis	49.0	362.14	1.48	(0.05)	0.21	(0.04)	47.3	404.64
	Evaluation and Management	570.5	141.97	6.75	(0.16)	0.34	(0.00)	557.2	149.35
	Inpatient	284.5	697.43	15.37	0.15	0.41	(1.58)	267.0	644.57
	Licensed Residential	3,011.9	55.62	13.96	0.18	1.37	0.40	3,051.2	62.59
	Medication Administration	131.9	83.72	0.92	(0.02)	0.12	(0.00)	129.6	94.91
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	163.1	102.29	1.39	(0.07)	0.10	(0.00)	154.5	110.28
	Other Therapy	6.0	543.27	0.27	0.04	(0.00)	-	6.9	538.79
	Outpatient Services	37.0	259.52	0.80	(0.06)	0.06	(0.00)	34.4	280.10
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	35.4	267.51	0.79	(0.02)	0.08	(0.00)	34.5	295.55
	Psychotherapy	558.5	125.46	5.54	(0.17)	0.96	(0.00)	521.6	143.44
	Rehabilitative Services	20.4	432.32	0.35	0.02	0.01	(0.01)	26.9	423.31
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 88.70</b>	-	-	-	-	-
	<b>Mental Health 1915(i)</b>	-	-	-	-	-	-	-	<b>\$ 96.35</b>
	Additional Support Services	36.0	\$ 63.28	\$ 0.19	\$ 0.05	\$ 0.01	\$ (0.00)	45.8	\$ 65.47
	Licensed Residential	2,910.0	107.59	26.09	1.30	(0.15)	0.30	3,055.3	108.15
	Non-Licensed CLS	1,415.5	12.39	0.46	1.14	0.09	0.09	1,488.2	115.13
	Other	19.7	127.82	0.21	0.07	0.19	-	26.7	213.16
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	10,383.7	3.20	2.77	0.10	0.34	0.03	10,744.0	3.61
	Vocational Supports	195.8	82.73	1.35	0.44	0.28	0.01	200.4	96.15
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 43.00</b>	-	-	-	-	<b>\$ 47.67</b>
	<b>Autism</b>	-	-	-	-	-	-	-	-
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Substance Abuse State Plan</b>	-	-	-	-	-	-	-	-
	Additional Support Services	103.1	\$ 66.32	\$ 0.57	\$ 0.02	\$ 0.01	\$ (0.00)	107.4	\$ 67.32
	Assessments and Testing	273.1	32.96	0.75	0.00	(0.28)	(0.00)	274.8	20.61
	Case Management / Treatment Planning	1.8	67.63	0.01	0.00	0.00	-	2.1	68.15
	Crisis	0.0	-	-	-	-	-	-	-
	Evaluation and Management	54.6	70.28	0.32	0.00	(0.00)	(0.00)	55.1	69.87
	Medication Assisted Treatment	4,466.7	7.04	2.62	0.03	0.04	(0.00)	4,511.5	7.13
	Outpatient Services	509.3	65.73	2.79	0.04	(0.01)	(0.00)	517.5	65.42
	Prevention and Early Intervention	1.8	65.80	0.01	0.00	(0.00)	-	1.9	62.35
	Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-
	Residential Services	149.3	192.88	2.40	0.03	(0.03)	-	150.9	190.57
	Withdrawal Management	20.6	285.40	0.49	0.00	0.01	-	20.8	292.86
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 9.96</b>	-	-	-	-	<b>\$ 9.82</b>
	<b>Children's Waiver Program</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Habilitative Supports Waiver</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Serious Emotional Disturbances</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Total Medical Costs</b>	-	-	<b>\$ 141.66</b>	-	-	-	-	<b>\$ 153.84</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - F - 6 - 18		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 241,302	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	1,075.0	\$ 270.48	\$ 24.23	\$ 0.82	\$ 2.03	1,111.3	\$ 292.44	\$ 27.08
	Assessment and Testing	11.6	51.56	0.05	0.00	0.00	11.9	51.30	0.05
	Case Management / Treatment Planning	249.6	242.74	5.05	(0.11)	0.49	244.4	266.84	5.44
	Crisis	1,382.5	304.14	3.66	(5.11)	8.37	1,150.4	351.49	33.70
	Evaluation and Management	113.0	388.55	7.36	(0.11)	0.50	109.5	443.45	4.05
	Inpatient	470.9	187.56	7.36	(0.17)	0.24	460.2	193.94	7.44
	Licensed Residential	288.5	799.35	19.22	(1.46)	0.34	266.6	814.60	18.09
	Medication Administration	193.6	242.36	3.91	(0.04)	(0.29)	191.5	227.30	3.63
	Non-Licensed CLS	8.4	71.82	0.05	(0.00)	0.03	7.9	110.61	0.07
	Other Therapy	2,302.7	93.33	17.91	0.64	0.40	2,385.4	96.06	19.10
	Outpatient Services	330.4	132.95	3.66	(0.12)	0.56	320.0	153.78	4.10
	Prevention and Early Intervention	563.8	87.90	4.13	(0.10)	(0.09)	550.5	85.85	3.94
	Psychiatric diagnostic evaluation	134.1	296.88	2.87	(0.18)	0.09	125.5	285.03	2.77
	Psychiatry	0.1	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	57.4	325.91	1.56	(0.04)	0.17	56.1	362.68	1.70
	Skill Building	1,265.7	165.39	16.39	(0.43)	0.43	1,232.7	172.92	16.67
	Vocational Supports	308.3	496.24	0.13	(0.00)	(0.03)	297.4	484.16	0.12
	Subtotal Mental Health State Plan	2.3	154.02	0.03	0.00	(0.01)	2.4	96.70	0.02
				\$ 142.26					\$ 150.63
<b>Mental Health 1915(i)</b>									
	Additional Support Services	1,479.0	\$ 64.26	\$ 7.92	\$ 2.37	\$ 0.84	1,921.2	\$ 70.14	\$ 11.23
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	118.7	101.09	1.00	0.26	0.08	149.3	107.66	1.34
	Prevention and Early Intervention	14.8	219.37	0.27	0.07	0.02	18.9	231.75	0.36
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	Subtotal Mental Health 1915(i)	-	-	-	-	-	-	-	-
				\$ 9.19					\$ 12.93
<b>Autism</b>									
	Assessments and Testing	76.3	\$ 399.29	\$ 2.54	\$ (0.04)	\$ 0.13	75.0	\$ 450.05	\$ 2.81
	Psychiatric diagnostic evaluation	41,715.0	17.61	61.21	(0.34)	1.29	41,483.1	16.56	57.30
	Subtotal Autism	-	-	-	-	-	-	-	-
				\$ 63.75					\$ 60.11
<b>Substance Abuse State Plan</b>									
	Additional Support Services	2.6	\$ 46.40	\$ 0.01	\$ (0.00)	\$ 0.00	2.5	\$ 47.99	\$ 0.01
	Assessments and Testing	2.4	100.54	0.02	0.00	0.00	2.4	113.60	0.02
	Case Management / Treatment Planning	0.1	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.2	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	11.0	65.51	0.06	(0.00)	0.00	10.7	67.34	0.06
	Prevention and Early Intervention	1.0	120.65	0.01	(0.00)	0.00	1.0	120.10	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	5.2	533.65	0.23	(0.00)	0.00	5.1	537.53	0.23
	Withdrawal Management	-	-	-	-	-	-	-	-
	Subtotal Substance Abuse State Plan	-	-	-	-	-	-	-	-
				\$ 0.33					\$ 0.33
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program	-	-	-	-	-	-	-	-
				\$ 0.00					\$ 0.00
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver	-	-	-	-	-	-	-	-
				\$ 0.00					\$ 0.00
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	Subtotal Serious Emotional Disturbances	-	-	-	-	-	-	-	-
				\$ 0.00					\$ 0.00
<b>Total Medical Costs</b>				<b>\$ 215.53</b>					<b>\$ 224.01</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide Rate Cell: DAB - Enrolled - F - 65+		Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 135,483 Category of Service		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
Additional Support Services		342.2	\$ 71.90	\$ 2.05	\$ (0.15)	\$ 0.76	\$ 0.00	316.8	\$ 100.57
Assertive Community Treatment (ACT)		453.1	68.06	2.57	0.20	0.25	-	488.7	74.23
Assessments and Testing		20.7	277.91	0.48	(0.02)	0.03	-	20.0	293.23
Case Management / Treatment Planning		477.7	219.57	8.74	0.10	1.05	-	482.9	245.76
Crisis		8.5	437.50	0.31	(0.00)	(0.03)	-	8.4	397.55
Evaluation and Management		123.4	173.12	1.78	(0.04)	(0.04)	-	120.7	169.39
Inpatient		50.8	509.83	2.16	0.63	(0.81)	-	65.8	362.12
Licensed Residential		1,981.0	58.56	9.57	(0.17)	1.37	0.28	1,926.7	68.86
Medication Administration		29.3	61.40	0.15	(0.01)	0.04	-	27.9	79.59
Non-Licensed CLS		-	-	-	-	-	-	-	-
Other		55.4	145.01	0.67	(0.04)	0.03	-	52.0	152.23
Other Therapy		6.7	178.27	0.10	0.00	0.04	-	6.8	255.82
Outpatient Services		1.9	193.55	0.03	(0.00)	0.00	-	1.8	203.03
Prevention and Early Intervention		-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		3.4	356.53	0.10	(0.01)	(0.01)	-	3.1	325.70
Psychotherapy		74.0	129.80	0.80	(0.04)	0.32	-	70.4	163.03
Rehabilitative Services		6.6	361.29	0.20	(0.01)	0.02	-	6.4	390.45
Skill Building		-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>				<b>\$ 28.71</b>					<b>\$ 33.47</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services		8.6	\$ 69.84	\$ 0.05	\$ 0.01	\$ 0.02	\$ 0.00	11.1	\$ 87.13
Licensed Residential		1,681.1	91.96	12.73	0.33	0.04	0.15	1,704.4	93.34
Non-Licensed CLS		752.9	90.06	5.65	0.07	0.78	0.04	762.8	102.96
Other		8.5	112.90	0.08	0.03	0.04	-	11.3	156.86
Prevention and Early Intervention		-	-	-	-	-	-	-	-
Skill Building		3,426.6	3.54	1.01	0.06	0.20	0.01	3,618.1	4.24
Vocational Supports		115.9	29.00	0.28	0.09	0.08	0.00	152.8	35.36
<b>Subtotal Mental Health 1915(i)</b>				<b>\$ 19.80</b>					<b>\$ 21.76</b>
<b>Autism</b>									
Assessments and Testing		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Autism Services		-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services		14.2	\$ 50.81	\$ 0.06	\$ (0.00)	\$ 0.03	\$ 0.00	14.0	\$ 77.40
Assessments and Testing		21.1	34.16	0.06	(0.00)	(0.02)	-	21.0	22.84
Case Management / Treatment Planning		-	-	-	-	-	-	-	-
Crisis		-	-	-	-	-	-	-	-
Evaluation and Management		5.0	71.31	0.03	(0.00)	0.00	-	5.0	72.61
Medication Assisted Treatment		1,124.0	7.15	0.67	(0.01)	0.01	-	1,099.8	7.25
Outpatient Services		49.2	38.99	0.16	(0.00)	0.00	-	48.1	39.15
Prevention and Early Intervention		0.2	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-
Residential Services		16.6	101.43	0.14	(0.00)	(0.00)	-	16.5	101.14
Withdrawal Management		0.4	541.93	0.02	0.00	0.00	-	0.4	547.35
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 1.14</b>					<b>\$ 1.14</b>
<b>Children's Waiver Program</b>									
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-
Skill Building		-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning		-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 50.65</b>					<b>\$ 56.37</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide		Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Enrolled - M - 0 - 5		SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 98,404	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>										
	Additional Support Services	1,271.9	\$ 339.93	\$ 36.03	\$ 0.21	\$ 2.43	\$ 0.00	1,279.5	\$ 362.75	\$ 38.68
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
	Assessments and Testing	221.2	222.14	4.28	(0.12)	0.74	-	224.9	261.46	4.90
	Case Management / Treatment Planning	1,740.1	246.82	35.79	(9.25)	12.46	-	1,290.1	362.75	39.00
	Crisis	9.9	437.35	0.36	(0.02)	0.06	-	9.4	510.20	0.40
	Evaluation and Management	83.0	193.63	1.34	(0.05)	0.07	-	80.1	204.09	1.36
	Inpatient	1.6	681.26	0.09	0.01	(0.02)	-	1.8	575.35	0.09
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	975.1	93.65	7.61	0.33	0.19	0.06	1,017.5	96.58	8.19
	Other	389.5	108.45	3.52	(0.13)	0.18	-	375.0	114.22	3.57
	Outpatient Services	2,261.2	87.67	16.52	(0.49)	0.17	-	2,194.6	88.57	16.20
	Prevention and Early Intervention	9.1	301.77	0.23	(0.02)	0.00	-	8.5	308.37	0.22
	Psychiatric diagnostic evaluation	1.7	351.44	0.05	(0.00)	0.01	-	1.6	398.51	0.05
	Psychotherapy	24.9	414.84	0.86	(0.03)	0.08	-	23.9	456.82	0.91
	Residential Services	346.7	139.84	4.04	(0.17)	0.51	-	331.6	136.22	4.37
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	28.3	4.24	0.01	(0.00)	0.00	-	26.1	5.17	0.01
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 110.73</b>	-	-	-	-	-	<b>\$ 117.95</b>
<b>Mental Health 1915(i)</b>										
	Additional Support Services	1,070.4	\$ 62.78	\$ 5.60	\$ 1.80	\$ 0.42	\$ 0.07	1,413.7	\$ 66.90	\$ 7.88
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	79.5	76.48	0.52	0.17	0.03	-	105.8	82.18	0.72
	Prevention and Early Intervention	162.2	197.55	2.67	0.71	0.34	-	205.6	217.35	3.72
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 8.79</b>	-	-	-	-	-	<b>\$ 12.33</b>
<b>Autism</b>										
	Assessments and Testing	384.7	\$ 414.83	\$ 13.30	\$ (0.17)	\$ 1.39	\$ 0.79	379.7	\$ 483.68	\$ 15.30
	Autism Services	293,535.3	17.30	426.15	(2.88)	17.09	(39.03)	293,539.5	16.41	401.33
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 439.45</b>	-	-	-	-	-	<b>\$ 416.63</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 558.97</b>	-	-	-	-	-	<b>\$ 546.92</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - M - 19 - 20		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 65,349	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	258.0	\$ 83.26	\$ 1.79	\$ (0.02)	\$ 0.42	255.2	\$ 103.33	\$ 2.20
	Assertive Community Treatment (ACT)	491.1	54.74	2.24	0.25	0.21	546.0	59.37	2.70
	Assessments and Testing	171.7	299.97	3.72	(0.05)	0.42	169.5	290.00	4.10
	Case Management / Treatment Planning	1,965.6	236.94	38.81	(2.56)	6.50	1,836.0	279.42	42.75
	Crisis	82.0	358.74	2.45	(0.07)	0.39	79.6	417.21	2.77
	Evaluation and Management	441.6	167.65	6.17	(0.04)	0.54	438.9	182.52	6.68
	Inpatient	356.0	655.96	19.46	1.05	(0.80)	375.2	630.41	19.71
	Licensed Residential	9,797.0	115.26	94.10	(4.68)	0.23	9,309.6	117.41	91.08
	Medication Administration	75.2	100.49	0.63	(0.02)	0.02	73.0	103.46	0.63
	Non-Licensed CLS	7,015.2	104.46	61.07	1.79	2.72	7,220.5	109.77	66.05
	Other	206.4	85.47	1.47	(0.06)	0.04	197.9	88.15	1.45
	Other Therapy	435.8	74.07	2.69	(0.05)	(0.07)	427.0	72.12	2.57
	Outpatient Services	27.8	220.53	0.51	(0.00)	0.02	27.7	228.60	0.53
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	43.6	311.17	1.13	(0.01)	0.18	43.2	382.57	1.30
	Psychotherapy	481.2	124.23	1.4	(0.27)	0.14	451.2	143.85	1.11
	Rehabilitative Services	44.6	444.67	2.37	(0.03)	0.04	44.6	446.89	2.54
	Skill Building	11,840.9	18.83	4.77	(0.33)	(0.24)	11,032.8	18.62	4.25
	Vocational Supports	486.7	75.94	3.08	0.06	0.82	485.6	96.11	3.97
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 251.40</b>					<b>\$ 260.68</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	1,739.9	\$ 60.07	\$ 8.71	\$ 2.43	\$ 0.61	2,225.1	\$ 63.89	\$ 11.85
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	226.6	92.16	1.74	0.48	0.19	289.1	100.12	2.41
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 10.45</b>					<b>\$ 14.26</b>
<b>Autism</b>									
	Assessments and Testing	30.6	\$ 384.70	\$ 0.98	\$ (0.04)	\$ 0.12	29.3	\$ 464.01	\$ 1.13
	Autism Services	24,959.8	18.63	39.71	0.03	(0.95)	24,978.3	17.20	35.79
	Psychiatric diagnostic evaluation	0.2	553.49	0.01	(0.00)	0.00	0.2	593.09	0.01
	<b>Subtotal Autism</b>			<b>\$ 39.73</b>					<b>\$ 36.94</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	20.6	\$ 87.39	\$ 0.15	\$ 0.00	\$ (0.01)	20.8	\$ 83.88	\$ 0.15
	Assessments and Testing	10.2	94.21	0.08	(0.00)	0.02	9.9	124.46	0.10
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.2	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	45.5	86.98	0.33	(0.00)	(0.00)	45.4	86.37	0.33
	Prevention and Early Intervention	1.3	92.25	0.01	(0.00)	(0.01)	1.1	2.89	0.00
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	36.6	173.58	0.53	(0.01)	(0.01)	35.8	168.98	0.50
	Withdrawal Management	1.5	237.21	0.03	0.00	(0.00)	1.6	234.46	0.03
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.13</b>					<b>\$ 1.11</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 302.71</b>					<b>\$ 312.98</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - M - 21 - 25		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 99,938	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	602.3	\$ 94.64	\$ 4.75	\$ (0.02)	\$ 0.80	599.1	\$ 110.62	\$ 5.52
	Assertive Community Treatment (ACT)	1,570.9	53.78	7.04	0.74	1.20	1,737.0	61.74	8.94
	Assessments and Testing	215.3	275.35	4.94	(0.05)	0.52	213.3	304.41	5.41
	Case Management / Treatment Planning	2,836.3	229.91	54.34	(3.57)	9.26	2,650.2	271.65	59.99
	Crisis	115.2	354.32	3.40	(0.14)	0.51	110.4	402.27	3.70
	Evaluation and Management	669.5	160.05	8.93	(0.07)	0.60	664.1	170.80	9.45
	Inpatient	586.6	717.26	35.06	1.00	(0.19)	603.3	623.28	31.34
	Licensed Residential	9,567.1	47.20	37.63	0.70	3.31	9,743.8	52.60	42.71
	Medication Administration	239.2	86.79	1.73	(0.02)	0.20	236.1	96.93	1.91
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	323.4	65.31	1.76	(0.06)	0.14	313.1	70.60	1.84
	Other Therapy	293.3	84.68	2.07	(0.05)	(0.06)	285.9	82.02	1.95
	Outpatient Services	19.8	272.56	0.45	(0.04)	0.05	18.0	305.39	0.46
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	45.9	303.48	1.16	(0.00)	0.28	45.7	376.44	1.43
	Psychotherapy	800.3	120.15	6.01	(0.18)	0.89	581.8	136.51	6.72
	Residential Services	61.8	423.04	2.18	0.07	0.08	63.8	435.46	2.31
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 171.45</b>					<b>\$ 183.69</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	1,796.7	\$ 66.92	\$ 10.02	\$ 2.84	\$ 1.03	2,305.1	\$ 72.93	\$ 14.01
	Licensed Residential	7,935.8	166.95	110.41	5.05	(11.05)	8,298.9	152.69	105.60
	Non-Licensed CLS	10,437.2	123.60	107.50	4.33	10.13	10,857.3	135.74	122.81
	Other	372.4	99.91	3.10	0.89	0.43	478.9	110.65	4.42
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	32,658.2	3.59	9.76	0.38	1.01	33,936.1	3.98	11.25
	Vocational Supports	1,427.4	85.33	10.15	3.35	1.32	1,896.3	94.08	14.88
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 250.94</b>					<b>\$ 272.97</b>
<b>Autism</b>									
	Assessments and Testing	0.1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Additional Support Services	111.4	16.15	0.15	0.02	(0.01)	124.2	14.99	0.16
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.15</b>					<b>\$ 0.16</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	35.9	\$ 70.19	\$ 0.21	\$ 0.01	\$ (0.00)	36.8	\$ 69.28	\$ 0.21
	Assessments and Testing	20.8	57.77	0.10	0.00	0.00	20.9	58.06	0.10
	Case Management / Treatment Planning	0.5	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	4.8	74.95	0.03	(0.00)	0.00	4.8	76.29	0.03
	Medication Assisted Treatment	237.5	6.57	0.13	0.00	0.00	239.2	6.71	0.13
	Outpatient Services	120.0	72.03	0.72	0.00	0.01	120.2	72.70	0.73
	Prevention and Early Intervention	0.5	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-
	Residential Services	68.0	185.40	1.05	(0.00)	(0.01)	68.0	184.44	1.04
	Withdrawal Management	4.6	236.70	0.09	0.00	(0.00)	4.6	233.07	0.09
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 2.33</b>					<b>\$ 2.34</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 424.87</b>					<b>\$ 459.15</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: DAB - Enrolled - M - 40 - 49		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 137,795	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	1,211.5	\$71.51	\$7.22	\$ (0.42)	\$2.03	\$ (0.01)	1,140.4	\$92.84
	Assessments and Testing	3,057.1	53.82	13.71	0.69	1.51	(0.03)	3,210.1	59.36
	Case Management / Treatment Planning	2,282.1	226.27	3.45	(0.09)	0.20	(0.01)	1,78.2	238.99
	Crisis	120.3	387.15	3.88	(0.15)	9.36	(0.03)	1,945.0	265.54
	Evaluation and Management	767.7	145.53	9.31	(0.21)	0.44	(0.11)	115.7	421.69
	Inpatient	556.0	676.57	31.35	1.35	0.38	(0.00)	750.0	152.99
	Licensed Residential	7,105.4	49.87	29.53	0.70	1.99	0.83	580.0	589.14
	Medication Administration	304.5	75.68	1.92	(0.06)	0.29	(0.00)	7,274.5	54.54
	Non-Licensed CLS	-	-	-	-	-	-	294.5	87.49
	Other	248.5	85.94	1.78	(0.10)	0.18	(0.00)	234.1	95.05
	Outpatient Services	21.8	154.33	0.28	(0.01)	(0.00)	-	21.0	152.72
	Prevention and Early Intervention	29.2	222.12	0.54	(0.02)	0.07	-	28.1	253.01
	Psychiatric diagnostic evaluation	55.6	274.30	1.27	(0.04)	0.11	(0.01)	53.7	296.76
	Psychotherapy	673.2	120.68	6.77	(0.27)	1.06	(0.01)	646.5	140.26
	Residential Services	87.6	425.25	3.09	0.04	(0.00)	(0.00)	88.8	415.23
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$153.31</b>					<b>\$163.28</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	270.4	\$45.71	\$1.03	\$0.27	\$0.28	\$0.01	340.2	\$56.17
	Licensed Residential	5,529.0	140.42	64.70	3.37	(3.15)	0.76	5,817.0	135.49
	Non-Licensed CLS	4,447.0	99.90	37.02	1.15	3.09	0.27	4,584.7	108.70
	Other	64.8	120.39	0.65	0.20	0.23	-	85.2	153.31
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	50,102.3	3.26	13.62	0.40	1.53	0.14	51,557.0	3.65
	Vocational Supports	617.8	74.98	3.86	1.23	0.64	0.02	814.5	64.80
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$120.88</b>					<b>\$131.33</b>
<b>Autism</b>									
	Assessments and Testing	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$0.00</b>					<b>\$0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	199.2	\$53.02	\$0.88	\$0.02	\$0.07	\$0.00	204.3	\$57.01
	Assessments and Testing	137.8	40.94	0.47	0.00	(0.09)	(0.00)	138.1	35.97
	Case Management / Treatment Planning	2.6	91.86	0.02	0.00	(0.00)	-	3.0	90.82
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	38.1	72.52	0.23	0.00	0.00	-	38.1	72.59
	Medication Assisted Treatment	2,800.1	7.07	1.65	0.01	0.03	-	2,824.1	7.21
	Outpatient Services	487.3	72.87	3.02	0.03	(0.03)	-	502.2	72.26
	Prevention and Early Intervention	0.8	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	0.3	459.32	0.01	(0.00)	(0.00)	(0.02)	0.3	392.41
	Residential Services	298.1	196.05	4.87	0.04	(0.09)	(0.00)	300.7	192.31
	Withdrawal Management	46.1	265.30	1.03	0.01	0.04	(0.00)	46.4	277.21
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$12.18</b>					<b>\$12.26</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$0.00</b>					<b>\$0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$0.00</b>					<b>\$0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$0.00</b>					<b>\$0.00</b>
	<b>Total Medical Costs</b>			<b>\$286.37</b>					<b>\$306.87</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Enrolled - M - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 437,698	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	1,179.3	\$ 66.96	\$ 6.58	\$ (0.38)	\$ 1.86		1,111.9	\$ 87.02	\$ 8.06
Assertive Community Treatment (ACT)	1,695.6	54.85	7.75	0.68	1.09		1,843.3	61.82	9.50
Assessments and Testing	118.8	198.91	1.97	(0.06)	0.11		115.5	209.71	2.02
Case Management / Treatment Planning	1,414.7	200.60	23.65	(3.08)	5.47		1,230.7	253.73	26.02
Crisis	60.9	372.30	1.89	(0.08)	0.29		58.4	424.11	2.06
Evaluation and Management	510.8	137.18	5.84	(0.19)	0.16		494.6	140.95	5.81
Inpatient	299.4	694.22	17.32	0.72	0.21		311.8	601.33	15.63
Licensed Residential	3,830.5	52.29	16.69	0.20	1.56		3,877.0	58.58	18.92
Medication Administration	162.8	77.41	1.05	(0.03)	0.13		157.7	87.43	1.15
Non-Licensed CLS	-	-	-	-	-		-	-	-
Other	173.7	91.19	1.32	(0.07)	0.12		165.1	99.74	1.37
Other Therapy	7.8	185.60	0.12	0.01	(0.01)		8.3	188.66	0.12
Outpatient Services	9.7	211.39	0.17	(0.01)	0.04		9.2	205.08	0.20
Prevention and Early Intervention	-	-	-	-	-		-	-	-
Psychiatric diagnostic evaluation	37.3	263.91	0.82	(0.03)	0.06		36.0	284.07	0.85
Psychotherapy	458.7	114.86	4.17	(0.22)	0.89		412.2	140.71	4.63
Residential Services	38.4	437.07	1.40	0.04	0.01		39.7	433.25	1.43
Skill Building	-	-	-	-	-		-	-	-
Vocational Supports	-	-	-	-	-		-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 90.74</b>						<b>\$ 97.98</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	53.2	\$ 54.09	\$ 0.24	\$ 0.05	\$ 0.02		65.3	\$ 57.44	\$ 0.31
Licensed Residential	3,654.5	116.47	35.47	1.65	(0.07)		3,824.7	117.57	37.47
Non-Licensed CLS	1,773.8	95.32	14.09	0.61	2.85		1,850.1	114.38	17.63
Other	17.1	98.20	0.14	0.05	0.17		23.0	171.49	0.33
Prevention and Early Intervention	-	-	-	-	-		-	-	-
Skill Building	15,081.4	3.20	4.02	0.12	0.39		15,530.5	3.53	4.57
Vocational Supports	295.5	85.67	2.11	0.70	0.54		394.2	102.51	3.37
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 56.07</b>						<b>\$ 63.69</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-		-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-		-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	290.1	\$ 46.74	\$ 1.13	\$ 0.02	\$ 0.03		295.0	\$ 47.96	\$ 1.18
Assessments and Testing	337.4	36.27	1.02	0.01	(0.37)		339.5	23.22	0.66
Case Management / Treatment Planning	2.4	98.36	0.02	(0.00)	(0.00)		2.8	96.42	0.02
Crisis	0.1	1,094.25	0.01	(0.00)	(0.00)		0.1	997.57	0.01
Evaluation and Management	65.2	73.66	0.40	0.01	(0.00)		66.1	73.28	0.40
Medication Assisted Treatment	4,920.4	7.17	2.94	0.03	0.02		4,976.8	7.22	3.00
Outpatient Services	760.1	71.36	4.52	0.08	(0.03)		773.7	70.88	4.57
Prevention and Early Intervention	2.1	57.59	0.01	0.00	(0.00)		2.1	44.82	0.01
Psychiatric diagnostic evaluation	0.2	-	-	-	-		-	-	-
Residential Services	396.7	201.77	6.67	0.09	(0.09)		402.2	199.13	6.67
Withdrawal Management	59.4	235.54	1.26	0.01	0.02		60.1	262.07	1.31
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 16.00</b>						<b>\$ 17.83</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-		-	-	-
Non-Licensed CLS	-	-	-	-	-		-	-	-
Other	-	-	-	-	-		-	-	-
Other Therapy	-	-	-	-	-		-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-		-	-	-
Non-Licensed CLS	-	-	-	-	-		-	-	-
Other	-	-	-	-	-		-	-	-
Skill Building	-	-	-	-	-		-	-	-
Vocational Supports	-	-	-	-	-		-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-		-	-	-
Non-Licensed CLS	-	-	-	-	-		-	-	-
Other	-	-	-	-	-		-	-	-
Other Therapy	-	-	-	-	-		-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 164.81</b>						<b>\$ 179.50</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - M - 6 - 18		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 360,076	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	1,186.6	\$ 264.14	\$ 26.12	\$ 1.06	\$ 2.54	\$ 0.00	1,234.6	\$ 268.88
	Asserive Community Treatment (ACT)	30.9	58.34	0.15	0.03	0.04	-	36.9	69.76
	Assessments and Testing	269.1	239.55	5.97	(0.15)	0.70	-	291.5	268.36
	Case Management / Treatment Planning	2,129.4	257.81	45.75	(8.70)	13.03	-	1,724.6	348.49
	Crisis	101.9	383.91	3.26	(0.11)	0.70	-	98.5	468.75
	Evaluation and Management	669.7	177.76	9.92	(0.20)	0.41	-	656.1	185.17
	Inpatient	187.9	847.49	13.27	(1.56)	0.12	-	165.8	856.18
	Licensed Residential	425.9	150.18	5.33	(0.20)	(0.19)	0.07	410.2	146.80
	Medication Administration	9.0	79.66	0.06	(0.00)	0.01	-	8.7	95.25
	Non-Licensed CLS	3,331.1	92.01	25.54	0.73	0.00	0.19	3,425.9	92.70
	Other	484.4	139.55	5.75	(0.22)	0.56	-	475.4	153.74
	Outpatient Services	1,284.5	87.73	9.39	(0.21)	(0.11)	-	1,256.6	86.68
	Prevention and Early Intervention	88.9	271.24	2.01	(0.12)	(0.03)	-	83.6	266.95
	Psychiatric diagnostic evaluation	0.9	546.78	0.04	(0.00)	(0.00)	-	0.8	487.90
	Psychotherapy	71.7	313.15	1.87	(0.05)	0.18	-	69.8	343.97
	Residential Services	1,268.6	148.99	15.00	(0.46)	0.38	-	1,251.4	152.22
	Skill Building	617.3	468.83	10.00	0.03	0.00	-	617.3	468.83
	Skill Building Services	617.3	468.83	0.30	0.01	(0.09)	0.00	635.8	4.81
	Vocational Supports	5.3	90.57	0.04	(0.00)	(0.01)	0.00	5.3	64.64
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 171.37</b>					<b>\$ 180.78</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	2,095.0	\$ 64.21	\$ 11.21	\$ 3.27	\$ 1.32	\$ 0.14	2,705.6	\$ 70.68
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	150.4	86.18	1.08	0.29	0.13	-	191.4	94.40
	Prevention and Early Intervention	20.5	216.42	0.37	0.11	0.03	-	26.7	231.99
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 12.66</b>					<b>\$ 17.96</b>
<b>Autism</b>									
	Assessments and Testing	170.8	\$ 446.77	\$ 6.36	\$ (0.10)	\$ 0.59	\$ 0.38	168.0	\$ 516.02
	Autism Services	94,006.6	17.51	137.21	(0.39)	3.95	(10.21)	93,736.4	16.71
	Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 143.57</b>					<b>\$ 137.78</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	1.3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Assessments and Testing	2.1	111.84	0.02	(0.00)	0.00	-	2.1	123.01
	Case Management / Treatment Planning	0.1	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	19.7	103.71	0.17	(0.00)	0.01	-	19.5	108.81
	Prevention and Early Intervention	0.2	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	12.6	352.86	0.37	(0.00)	(0.02)	-	12.5	334.97
	Withdrawal Management	0.3	461.35	0.01	0.00	0.00	-	0.3	498.21
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.57</b>					<b>\$ 0.56</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 328.17</b>					<b>\$ 337.07</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Enrolled - M - 65+		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 84,662	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	299.5	\$ 82.94	\$ 2.07	\$ (0.13)	\$ 0.78	280.2	\$ 116.29	\$ 2.72
	Assertive Community Treatment (ACT)	547.8	60.24	2.75	0.49	0.25	646.0	64.85	3.49
	Assessments and Testing	24.2	306.96	0.62	(0.02)	(0.01)	23.5	303.78	0.59
	Case Management / Treatment Planning	584.0	205.28	9.99	0.07	1.22	587.8	230.24	11.28
	Crisis	13.3	396.29	0.44	(0.03)	(0.05)	12.5	349.73	0.37
	Evaluation and Management	123.5	154.55	1.59	(0.05)	(0.05)	119.4	149.44	1.49
	Inpatient	39.4	581.67	1.91	0.28	(0.67)	45.1	404.60	1.52
	Licensed Residential	3,430.5	55.37	15.83	0.23	1.82	3,479.3	63.24	18.34
	Medication Administration	51.7	90.46	0.39	(0.02)	0.16	49.2	129.61	0.53
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	72.0	109.99	0.66	(0.03)	0.10	69.2	127.31	0.73
	Outpatient Services	1.4	169.32	0.02	0.00	0.00	1.5	183.69	0.02
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	4.4	382.34	0.14	-	(0.01)	4.4	387.47	0.13
	Psychotherapy	48.6	66.39	0.35	(0.04)	0.24	43.1	64.12	0.58
	Rehabilitation Services	6.1	334.71	0.17	(0.00)	0.00	6.0	362.29	0.18
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 36.93</b>					<b>\$ 41.94</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	16.2	\$ 81.69	\$ 0.11	\$ 0.01	\$ (0.00)	18.0	\$ 82.17	\$ 0.12
	Licensed Residential	2,709.1	89.12	20.12	0.49	(0.23)	2,775.3	89.18	20.62
	Non-Licensed CLS	960.3	86.22	6.90	0.23	1.04	992.0	99.49	8.22
	Other	14.7	89.55	0.11	0.03	0.02	18.9	102.77	0.16
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	5,216.2	3.86	1.68	0.11	0.28	5,599.2	4.52	2.09
	Vocational Supports	80.1	94.40	0.63	0.20	0.25	105.4	123.11	1.08
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 29.55</b>					<b>\$ 32.31</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	19.3	\$ 68.48	\$ 0.11	\$ (0.01)	\$ 0.00	18.0	\$ 68.81	\$ 0.10
	Assessments and Testing	68.9	40.07	0.23	(0.00)	(0.05)	68.2	30.68	0.17
	Case Management / Treatment Planning	0.3	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	11.2	64.30	0.06	(0.00)	0.00	11.0	66.10	0.06
	Medication Assisted Treatment	2,834.5	7.54	1.78	(0.03)	0.01	2,790.9	7.58	1.76
	Outpatient Services	145.4	51.99	0.63	(0.01)	(0.01)	142.0	51.15	0.61
	Prevention and Early Intervention	1.7	70.55	0.01	0.00	(0.00)	1.7	68.55	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	33.6	246.48	0.69	(0.00)	0.00	33.4	246.56	0.69
	Withdrawal Management	5.0	230.27	0.12	0.00	0.00	5.0	300.64	0.13
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.83</b>					<b>\$ 3.53</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 70.11</b>					<b>\$ 77.78</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model											
Region: Statewide Rate Cell: DAB - Unenrolled - F - 0 - 5		Encounter Data SFY 2019 Base Experience			MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience		
Member Months: 16,386	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM	
Mental Health State Plan											
	Additional Support Services	280.5	\$ 320.02	\$ 7.48	\$ 0.21	\$ 0.47	\$ 0.00	288.5	\$ 339.58	\$ 8.16	
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-	
	Assessments and Testing	62.2	289.16	1.50	(0.04)	0.16	-	60.7	321.45	1.63	
	Crisis Management / Treatment Planning	380.1	249.74	7.91	(1.76)	2.99	-	285.7	370.95	9.14	
	Evaluation and Management	11.7	194.58	0.19	0.00	0.06	-	12.0	255.67	0.26	
	Inpatient	-	-	-	-	-	-	-	-	-	
	Licensed Residential	-	-	-	-	-	-	-	-	-	
	Medication Administration	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	470.2	90.86	3.56	0.05	0.19	0.03	477.2	96.22	3.83	
	Other	31.5	133.37	0.35	(0.03)	(0.01)	-	29.1	127.20	0.31	
	Other Therapy	142.8	78.15	0.93	(0.01)	(0.02)	-	140.9	76.30	0.90	
	Outpatient Services	-	-	-	-	-	-	-	-	-	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	1.5	491.58	0.06	(0.00)	0.01	-	1.4	564.14	0.07	
	Psychotherapy	63.0	133.37	0.70	0.02	0.13	-	64.5	156.70	0.84	
	Residential Services	-	-	-	-	-	-	-	-	-	
	Skill Building	52.0	4.62	0.02	(0.00)	0.00	0.00	48.2	5.69	0.02	
	Vocational Supports	-	-	-	-	-	-	-	-	-	
	Subtotal Mental Health State Plan			\$ 22.70	-	-	-			\$ 25.15	
Mental Health 1915(i)											
	Additional Support Services	692.8	\$ 71.36	\$ 4.12	\$ 1.31	\$ 0.77	\$ 0.06	913.2	\$ 82.26	\$ 6.26	
	Licensed Residential	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	
	Other	47.6	85.71	0.34	0.12	0.04	-	63.8	93.65	0.50	
	Prevention and Early Intervention	54.9	155.12	0.71	0.16	0.05	-	67.2	163.50	0.92	
	Skill Building	-	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	-	
	Subtotal Mental Health 1915(i)			\$ 5.17	-	-	-			\$ 7.67	
Autism											
	Assessments and Testing	41.0	\$ 310.16	\$ 1.06	\$ (0.07)	\$ 0.13	\$ 0.13	38.3	\$ 391.47	\$ 1.25	
	Autism Services	33,368.0	17.16	47.71	(1.78)	2.22	(3.50)	32,125.8	16.68	44.65	
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	
	Subtotal Autism			\$ 48.77						\$ 45.90	
Substance Abuse State Plan											
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Assessments and Testing	-	-	-	-	-	-	-	-	-	
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	
	Crisis	-	-	-	-	-	-	-	-	-	
	Evaluation and Management	-	-	-	-	-	-	-	-	-	
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	
	Outpatient Services	-	-	-	-	-	-	-	-	-	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	
	Residential Services	-	-	-	-	-	-	-	-	-	
	Withdrawal Management	-	-	-	-	-	-	-	-	-	
	Subtotal Substance Abuse State Plan			\$ 0.00						\$ 0.00	
Children's Waiver Program											
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	-	
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00	
Habilitative Supports Waiver											
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	
	Skill Building	-	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	-	
	Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00	
Serious Emotional Disturbances											
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	-	
	Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00	
Total Medical Costs										\$ 76.64	\$ 78.72

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - F -19 -20	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 17,570	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	247.9	\$ 131.65	\$ 2.72	\$ (0.09)	\$ 0.35	\$ 0.00	239.3	\$ 149.17	\$ 2.97
Assertive Community Treatment (ACT)	400.2	62.36	2.08	0.47	0.03	-	489.9	63.15	2.59
Assessments and Testing	163.2	285.24	3.88	(0.05)	0.76	-	161.3	341.49	4.59
Case Management / Treatment Planning	1,808.5	251.08	37.84	(1.26)	5.41	-	1,748.3	288.24	42.00
Crisis	47.1	465.99	1.83	0.04	(0.03)	-	48.1	458.12	1.84
Evaluation and Management	206.9	143.23	2.47	(0.01)	0.14	-	206.4	151.10	2.60
Inpatient	162.5	512.34	6.94	1.47	0.68	-	196.9	553.82	9.09
Licensed Residential	4,000.9	111.87	37.30	(4.58)	7.91	0.66	3,509.4	141.19	41.29
Medication Administration	28.7	213.35	0.51	(0.01)	(0.07)	-	27.9	182.16	0.42
Non-Licensed CLS	8,802.2	122.22	89.65	5.90	(3.15)	0.65	9,381.2	119.01	93.04
Other	84.0	95.71	0.67	(0.03)	0.09	-	80.7	109.33	0.73
Other Therapy	171.4	70.70	1.01	0.00	(0.09)	-	171.6	64.33	0.92
Outpatient Services	25.3	208.94	0.44	(0.01)	0.18	-	24.8	295.36	0.61
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	21.2	325.06	0.57	(0.01)	-	-	-	435.32	0.76
Psychotherapy	110.81	110.81	1.51	(0.02)	0.39	-	27.2	171.83	2.59
Residential Services	27.8	412.60	0.34	(0.02)	0.39	-	27.6	420.98	0.86
Skill Building	8,915.6	12.43	2.55	0.03	1.60	0.04	9,026.9	5.61	4.22
Vocational Supports	324.4	107.64	2.91	(0.04)	0.06	0.01	320.4	110.50	2.95
<b>Subtotal Mental Health State Plan</b>			<b>\$ 196.82</b>						<b>\$ 214.46</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	2,063.3	\$ 59.26	\$ 10.19	\$ 2.89	\$ 1.89	\$ 0.13	2,647.6	\$ 68.42	\$ 15.10
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	403.0	92.32	3.10	0.84	0.29	-	511.6	99.21	4.23
Prevention and Early Intervention	2.0	58.57	0.01	0.00	0.03	-	2.7	173.25	0.04
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 13.30</b>						<b>\$ 19.36</b>
<b>Autism</b>									
Assessments and Testing	14.3	\$ 610.77	\$ 0.73	\$ (0.00)	\$ 0.13	\$ (0.04)	14.3	\$ 686.08	\$ 0.82
Psychiatric diagnostic evaluation	6,188.5	13.98	8.24	0.21	1.01	(0.71)	6,346.8	16.55	8.75
<b>Subtotal Autism</b>			<b>\$ 8.97</b>						<b>\$ 9.57</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	5.5	\$ 109.81	\$ 0.05	\$ 0.00	\$ (0.00)	\$ 0.00	5.6	\$ 104.72	\$ 0.05
Assessments and Testing	0.7	175.70	0.01	(0.00)	0.00	-	0.7	176.35	0.01
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	5.5	87.85	0.04	(0.00)	0.00	-	5.4	95.76	0.04
Medication Assisted Treatment	243.8	7.38	0.15	(0.00)	0.00	-	242.3	7.42	0.15
Outpatient Services	24.6	78.09	0.16	0.00	0.01	-	24.6	82.70	0.17
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	34.8	106.80	0.31	(0.01)	0.00	-	33.2	108.46	0.30
Withdrawal Management	1.4	265.55	0.03	(0.00)	(0.00)	-	1.2	256.56	0.03
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.75</b>						<b>\$ 0.75</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 219.84</b>						<b>\$ 244.15</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide Rate Cell: DAB - Unenrolled - F - 21 - 25		Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 37,266	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	780.6	\$ 105.16	\$ 6.84	\$ (0.15)	\$ 1.05	\$ (0.00)	763.4	\$ 121.67
	Assertive Community Treatment (ACT)	1,593.4	61.41	8.00	0.94	0.03	-	1,747.2	61.59
	Assessments and Testing	246.0	298.03	6.11	(0.21)	0.74	(0.01)	237.7	334.89
	Case Management / Treatment Planning	3,295.2	296.74	70.50	(4.06)	12.36	(0.08)	3,105.6	304.21
	Crisis	63.8	367.01	1.95	(0.04)	0.19	(0.09)	62.6	386.11
	Evaluation and Management	336.8	149.63	4.20	0.00	0.15	-	337.1	155.06
	Inpatient	221.2	430.70	7.94	4.36	(0.40)	(2.64)	342.7	324.34
	Licensed Residential	8,015.2	50.89	33.99	1.57	3.20	1.00	8,386.5	56.90
	Medication Administration	92.4	74.01	0.57	(0.01)	0.12	(0.00)	90.6	90.04
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	193.5	107.27	1.73	0.00	0.19	(0.00)	193.8	118.71
	Other Therapy	242.8	72.65	1.47	(0.02)	0.12	-	240.2	78.88
	Outpatient Services	73.7	193.65	1.19	0.02	0.00	-	75.3	194.26
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	26.1	303.65	0.66	(0.01)	0.10	-	25.6	349.55
	Psychotherapy	543.6	120.54	9.46	(0.12)	0.88	-	531.7	140.50
	Residential Services	36.3	475.13	1.53	0.09	0.10	(0.24)	40.3	437.36
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$152.14</b>	-	-	-	-	<b>\$ 171.32</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	3,006.3	\$ 72.37	\$ 18.13	\$ 5.03	\$ 2.29	\$ 0.23	3,839.9	\$ 80.22
	Licensed Residential	6,345.3	178.41	94.34	5.74	2.23	1.14	6,731.6	184.41
	Non-Licensed CLS	16,300.0	117.61	159.75	6.22	19.33	1.23	16,934.8	132.18
	Other	831.8	98.83	6.85	2.03	0.92	-	1,078.3	109.03
	Prevention and Early Intervention	21.6	100.12	0.18	0.06	0.25	-	28.5	204.38
	Skill Building	46,203.4	3.79	14.58	0.43	1.61	0.15	47,557.7	4.23
	Vocational Supports	1,075.5	80.22	7.19	2.58	1.86	0.05	1,461.0	95.93
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 301.02</b>	-	-	-	-	<b>\$ 354.38</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	10.3	\$ 93.16	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	10.4	\$ 94.49
	Assessments and Testing	7.4	97.21	0.06	(0.00)	0.01	-	7.2	118.86
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	1.0	124.22	0.01	(0.00)	(0.00)	-	0.9	122.50
	Medication Assisted Treatment	60.9	11.83	0.06	(0.00)	(0.00)	-	59.2	11.72
	Outpatient Services	29.0	74.53	0.18	(0.00)	0.03	-	29.0	85.35
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	18.4	208.21	0.32	(0.00)	(0.00)	-	18.1	206.49
	Withdrawal Management	3.9	403.71	0.13	0.00	(0.01)	-	3.9	376.28
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 0.84</b>	-	-	-	-	<b>\$ 0.86</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 454.00</b>	-	-	-	-	<b>\$ 526.95</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - F - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 125,625	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	1,164.7	\$ 89.64	\$ 9.70	\$ (0.28)	\$ 1.88	\$ 0.00	1,126.9	\$ 109.69	\$ 10.30
Asserive Community Treatment (ACT)	2,444.0	58.72	11.96	0.79	1.71	(0.06)	2,604.4	66.33	14.39
Assessments and Testing	247.2	277.21	5.71	(0.12)	0.63	(0.01)	242.0	310.65	6.27
Case Management / Treatment Planning	3,580.4	240.94	71.89	(5.85)	14.06	(0.03)	3,288.9	292.13	80.07
Crisis	72.3	380.08	2.29	(0.06)	0.25	(0.14)	70.5	398.45	2.34
Evaluation and Management	514.0	150.12	6.43	(0.05)	0.33	(0.00)	509.8	157.98	6.71
Inpatient	292.5	387.23	9.44	5.71	(1.27)	(3.26)	469.5	271.45	10.62
Licensed Residential	10,388.5	55.42	47.98	1.84	4.34	1.40	10,786.5	61.81	55.56
Medication Administration	148.8	77.44	0.96	(0.04)	0.14	(0.00)	143.1	89.03	1.06
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	297.5	123.01	3.05	(0.02)	0.54	-	296.0	144.71	3.57
Other Therapy	132.1	119.91	1.32	(0.02)	0.32	-	130.2	148.96	1.62
Outpatient Services	100.9	240.22	2.02	(0.10)	0.26	(0.00)	95.8	272.87	2.18
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	35.3	295.99	0.87	(0.00)	0.19	-	35.1	360.17	1.06
Psychotherapy	528.0	115.76	5.27	(0.18)	0.98	(0.00)	509.7	142.71	6.06
Residential Services	48.2	415.50	1.67	0.05	0.00	-	49.6	416.39	1.72
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$175.56</b>						<b>\$ 203.51</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	1,991.8	\$ 69.34	\$ 11.51	\$ 2.78	\$ 2.02	\$ 0.14	2,472.9	\$ 79.85	\$ 16.46
Licensed Residential	7,167.4	151.79	90.66	4.15	(6.41)	0.97	7,495.6	143.07	89.37
Non-Licensed CLS	18,557.0	98.71	152.65	5.57	15.88	1.21	19,234.4	109.37	175.31
Other	588.0	102.65	5.03	1.45	0.46	(0.00)	758.0	109.87	6.94
Prevention and Early Intervention	6.6	328.63	0.18	0.06	0.04	-	8.9	388.86	0.29
Skill Building	194,483.4	3.37	54.63	2.49	4.93	0.56	203,394.4	3.70	62.62
Vocational Supports	2,684.8	58.95	13.19	4.53	3.94	0.10	3,607.5	72.39	21.76
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 327.85</b>						<b>\$ 372.74</b>
<b>Autism</b>									
Assessments and Testing	0.1	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	68.8	\$ 73.27	\$ 0.42	\$ 0.04	\$ (0.00)	\$ 0.00	75.3	\$ 72.62	\$ 0.46
Assessments and Testing	56.7	33.83	0.16	0.00	(0.01)	-	56.9	30.80	0.15
Case Management / Treatment Planning	1.3	92.59	0.01	0.00	(0.00)	-	1.5	91.19	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	10.6	56.36	0.05	(0.00)	0.00	-	10.4	57.98	0.05
Medication Assisted Treatment	2,172.3	7.57	1.37	0.02	0.01	-	2,202.4	7.64	1.40
Outpatient Services	175.1	79.52	1.16	0.01	(0.18)	-	176.3	67.08	0.99
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.6	-	-	-	-	-	-	-	-
Residential Services	174.5	174.67	2.54	0.08	(0.08)	-	179.9	169.59	2.54
Withdrawal Management	11.5	315.61	0.30	0.01	(0.01)	-	11.8	307.99	0.30
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 6.01</b>						<b>\$ 5.90</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 513.42</b>						<b>\$ 582.15</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model												
Region: Statewide			Encounter Data			MUNC			Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Unenrolled - F - 40 - 49			SFY 2019 Base Experience			Adjustments			Adjustments		Adjusted Base Experience	
Member Months: 158,974	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM	
Mental Health State Plan												
	Additional Support Services	1,162.7	\$ 85.35	\$ 8.27	\$ (0.37)	\$ 1.54		\$ (0.00)	1,110.5	\$ 101.93	\$ 9.43	
	Assertive Community Treatment (ACT)	2,334.3	59.32	11.54	1.01	0.88		(0.03)	2,538.7	63.37	13.41	
	Assessments and Testing	198.1	269.41	4.30	(0.09)	0.35		(0.00)	194.1	282.21	4.57	
	Case Management / Treatment Planning	2,673.9	226.41	50.45	(6.40)	11.84		(0.03)	2,334.7	287.15	55.87	
	Crisis	46.6	375.57	1.46	(0.00)	0.09		(0.02)	46.5	392.24	1.52	
	Evaluation and Management	529.5	139.60	6.16	(0.07)	0.48		(0.00)	523.9	150.44	6.57	
	Inpatient	221.5	323.91	5.98	(0.17)	0.89		(2.06)	412.5	238.21	8.19	
	Licensed Residential	10,294.8	53.55	45.94	2.39	4.09		1.34	10,830.9	59.57	53.76	
	Medication Administration	142.3	78.43	0.93	(0.04)	0.11		-	136.7	88.05	1.00	
	Non-Licensed CLS	-	-	-	-	-		(0.00)	-	-	-	
	Other	210.1	129.05	2.26	(0.06)	0.24		(0.00)	204.2	143.28	2.44	
	Other Therapy	42.6	157.85	0.56	0.01	0.11		(0.00)	43.1	188.04	0.68	
	Outpatient Services	52.0	269.96	1.17	(0.09)	0.11		(0.00)	47.9	297.77	1.19	
	Prevention and Early Intervention	27.9	279.28	0.65	(0.00)	0.12		-	27.8	330.45	0.76	
	Psychiatric diagnostic evaluation	526.0	101.06	4.43	(0.17)	0.94		(0.00)	505.6	123.28	5.19	
	Psychotherapy	40.8	415.10	1.41	0.02	0.08		(0.00)	41.4	436.33	1.51	
	Residential Services	-	-	-	-	-		-	-	-	-	
	Skill Building	-	-	-	-	-		-	-	-	-	
	Vocational Supports	-	-	-	-	-		-	-	-	-	
Subtotal Mental Health State Plan				\$ 14551							\$ 166.09	
Mental Health 1915(i)												
	Additional Support Services	493.2	\$ 59.85	\$ 2.46	\$ 0.66	\$ 0.30		\$ 0.03	626.5	\$ 66.10	\$ 3.45	
	Licensed Residential	6,136.5	122.55	62.67	3.20	(0.88)		0.71	6,449.9	122.25	65.71	
	Non-Licensed CLS	8,324.0	109.66	76.07	1.97	4.83		0.57	8,540.0	117.25	83.44	
	Other	142.7	90.84	1.08	0.31	0.11		-	183.5	98.01	1.50	
	Prevention and Early Intervention	1.0	366.86	0.03	0.01	0.00		-	1.3	395.22	0.04	
	Skill Building	106,036.4	3.32	29.37	1.14	3.43		0.31	110,144.0	3.73	34.25	
	Vocational Supports	1,202.5	66.46	6.66	2.16	0.83		0.04	1,593.0	73.05	9.70	
Subtotal Mental Health 1915(i)				\$ 17834							\$ 198.09	
Autism												
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00	-	
	Autism Services	-	-	-	-	-		-	-	-	-	
	Psychiatric diagnostic evaluation	-	-	-	-	-		-	-	-	-	
Subtotal Autism				\$ 0.00							\$ 0.00	
Substance Abuse State Plan												
	Additional Support Services	31.5	\$ 72.43	\$ 0.19	\$ 0.01	\$ 0.06		\$ 0.00	32.5	\$ 93.53	\$ 0.25	
	Assessments and Testing	60.4	35.77	0.18	(0.00)	(0.02)		-	60.0	32.09	0.16	
	Case Management / Treatment Planning	1.1	105.98	0.01	0.00	(0.00)		-	1.3	103.37	0.01	
	Crisis	-	-	-	-	-		-	-	-	-	
	Evaluation and Management	16.1	59.71	0.08	(0.00)	0.01		-	15.8	64.53	0.09	
	Medication Assisted Treatment	1,667.4	7.56	1.05	0.03	(0.00)		-	1,711.3	7.53	1.07	
	Outpatient Services	126.7	71.05	0.75	0.01	(0.01)		-	127.5	70.05	0.74	
	Prevention and Early Intervention	0.2	-	-	-	-		-	-	-	-	
	Psychiatric diagnostic evaluation	0.2	-	-	-	-		-	-	-	-	
	Residential Services	60.8	191.56	0.97	0.03	(0.03)		-	62.9	185.92	0.97	
	Withdrawal Management	9.4	282.05	0.22	0.01	(0.01)		(0.01)	9.9	284.19	0.22	
Subtotal Substance Abuse State Plan				\$ 3.45							\$ 3.52	
Children's Waiver Program												
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00	-	
	Licensed Residential	-	-	-	-	-		-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-		-	-	-	-	
	Other	-	-	-	-	-		-	-	-	-	
	Other Therapy	-	-	-	-	-		-	-	-	-	
Subtotal Children's Waiver Program				\$ 0.00							\$ 0.00	
Habilitative Supports Waiver												
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00	-	
	Licensed Residential	-	-	-	-	-		-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-		-	-	-	-	
	Other	-	-	-	-	-		-	-	-	-	
	Skill Building	-	-	-	-	-		-	-	-	-	
	Vocational Supports	-	-	-	-	-		-	-	-	-	
Subtotal Habilitative Supports Waiver				\$ 0.00							\$ 0.00	
Serious Emotional Disturbances												
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00	-	
	Case Management / Treatment Planning	-	-	-	-	-		-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-		-	-	-	-	
	Other	-	-	-	-	-		-	-	-	-	
	Other Therapy	-	-	-	-	-		-	-	-	-	
Subtotal Serious Emotional Disturbances				\$ 0.00							\$ 0.00	
Total Medical Costs				\$ 327.30							\$ 387.70	

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - F - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 445,918	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Adjusted Base Experience
Category of Service									
<b>Mental Health State Plan</b>									
Additional Support Services	1,328.9	\$ 75.67	\$ 8.38	\$ (0.33)	\$ 1.99	\$ (0.00)	1,276.9	\$ 94.32	\$ 10.04
Asserive Community Treatment (ACT)	1,707.6	57.97	8.25	0.83	0.68	(0.02)	1,879.8	62.23	9.75
Assessments and Testing	147.8	254.86	3.14	(0.08)	0.18	(0.00)	144.1	269.20	3.23
Case Management / Treatment Planning	2,081.8	224.98	39.03	(4.77)	8.66	(0.02)	1,827.2	281.71	42.89
Crisis	29.3	360.01	0.88	(0.02)	0.07	(0.00)	28.8	381.23	0.91
Evaluation and Management	403.1	134.26	4.51	(0.05)	0.22	(0.00)	398.9	140.67	4.68
Inpatient	178.9	442.63	6.60	2.53	(1.33)	(1.40)	247.6	309.95	6.39
Licensed Residential	10,766.0	56.61	50.79	2.17	5.31	1.51	11,225.2	63.90	59.77
Medication Administration	101.8	75.42	0.64	(0.02)	0.10	(0.00)	98.9	87.19	0.72
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	198.1	127.21	2.10	(0.04)	0.22	(0.01)	194.5	140.49	2.28
Other Therapy	34.4	160.63	0.46	(0.01)	0.09	-	33.5	192.27	0.54
Outpatient Services	22.9	235.80	0.45	(0.04)	0.10	(0.00)	21.1	293.28	0.52
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	21.3	254.00	0.45	(0.00)	0.09	(0.00)	21.2	303.57	0.54
Psychotherapy	374.0	102.99	3.21	(0.14)	0.73	(0.00)	357.2	127.44	3.79
Residential Services	21.0	434.48	0.76	0.01	0.04	-	21.2	459.65	0.81
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$125.65</b>						<b>\$ 146.86</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	168.5	\$ 63.40	\$ 0.89	\$ 0.25	\$ 0.11	\$ 0.01	215.0	\$ 69.86	\$ 1.25
Licensed Residential	5,859.2	104.33	50.94	3.39	(0.31)	0.63	6,249.1	104.95	54.66
Non-Licensed CLS	5,467.9	107.38	48.93	1.57	3.40	0.37	5,643.7	115.39	54.27
Other	79.6	107.03	0.71	0.21	0.05	-	103.1	112.78	0.97
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	62,511.7	3.22	16.76	0.62	1.90	0.18	64,839.6	3.60	19.46
Vocational Supports	525.5	70.80	3.10	1.00	0.88	0.02	695.4	86.31	5.00
<b>Subtotal Mental Health 1915(i)</b>			<b>\$121.33</b>						<b>\$ 135.61</b>
<b>Autism</b>									
Assessments and Testing	0.0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	29.9	\$ 60.20	\$ 0.15	\$ 0.00	\$ 0.01	\$ 0.00	30.8	\$ 62.74	\$ 0.16
Assessments and Testing	71.7	30.14	0.18	0.00	(0.09)	-	71.7	19.60	0.12
Case Management / Treatment Planning	0.8	148.64	0.01	0.00	(0.00)	-	1.0	147.26	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	11.5	62.51	0.06	0.00	0.00	-	11.6	62.78	0.06
Medication Assisted Treatment	1,643.7	7.23	0.99	0.02	0.01	-	1,673.0	7.28	1.02
Outpatient Services	110.9	59.50	0.55	0.00	(0.00)	-	111.9	58.97	0.55
Prevention and Early Intervention	0.1	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-	-
Residential Services	45.2	164.66	0.62	0.02	(0.02)	-	46.3	159.31	0.61
Withdrawal Management	0.12	-	-	-	-	-	5.0	294.16	0.12
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 2.88</b>						<b>\$ 2.85</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 253.66</b>						<b>\$ 285.12</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Unenrolled - F - 6 - 18		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 78,098	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	683.3	\$ 284.85	\$ 16.22	\$ 0.56	\$ 2.45	707.0	\$ 326.42	\$ 19.23
	Assessment and Testing	8.0	150.19	0.10	0.00	(0.00)	8.2	143.26	0.10
	Assessments and Testing	154.0	296.05	3.67	(0.06)	0.30	151.3	309.54	3.90
	Case Management / Treatment Planning	783.6	267.68	17.48	(1.89)	4.18	699.1	339.48	19.78
	Crisis	87.7	421.26	3.08	0.04	0.52	88.9	491.07	3.64
	Evaluation and Management	179.8	196.25	2.94	(0.03)	0.09	178.0	202.12	3.00
	Inpatient	238.5	756.32	15.03	(0.45)	(0.28)	231.4	741.65	14.30
	Licensed Residential	482.5	226.62	9.30	(0.34)	(2.57)	474.2	163.97	6.48
	Medication Administration	5.4	66.94	0.03	(0.00)	0.00	5.1	78.68	0.03
	Non-Licensed CLS	1,952.6	94.15	15.32	0.43	0.45	2,007.1	97.54	16.31
	Other	147.7	152.78	1.88	(0.10)	0.21	139.6	170.42	1.98
	Outpatient Services	100.3	95.68	0.80	(0.01)	0.00	99.6	96.05	0.80
	Prevention and Early Intervention	45.6	244.55	0.93	(0.06)	(0.05)	42.6	229.99	0.82
	Psychiatric diagnostic evaluation	0.6	185.24	0.01	0.00	0.01	0.6	305.96	0.02
	Psychotherapy	31.7	360.16	0.95	0.00	0.18	31.6	428.58	1.13
	Residential Services	482.5	153.62	9.30	(0.34)	0.72	436.7	173.43	9.04
	Skill Building	148.9	421.08	2.02	0.03	0.02	149.7	442.44	2.02
	Skill Building Services	421.08	421.08	0.05	0.00	0.01	421.08	421.08	0.05
	Vocational Supports	147.2	117.15	0.03	0.00	0.00	149.7	105.82	0.03
	<b>Subtotal Mental Health State Plan</b>	3.1		<b>\$ 94.48</b>	0.00	(0.00)	3.3		<b>\$ 98.96</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	1,024.4	\$ 73.10	\$ 6.24	\$ 1.68	\$ 0.80	1,301.0	\$ 81.15	\$ 8.80
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	102.8	162.27	1.39	0.33	0.08	127.3	170.06	1.80
	Prevention and Early Intervention	1.4	260.33	0.03	0.01	(0.00)	1.8	258.59	0.04
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 7.66</b>	-	-	-	-	<b>\$ 10.64</b>
<b>Autism</b>									
	Assessments and Testing	19.8	\$ 339.03	\$ 0.56	\$ (0.03)	\$ 0.06	18.9	\$ 398.47	\$ 0.63
	Assessment and Testing	10,934.0	16.34	14.89	(0.30)	1.34	10,715.7	16.37	14.62
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 15.45</b>	-	-	-	-	<b>\$ 15.25</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	2.2	111.57	0.02	(0.00)	0.00	2.1	132.20	0.02
	Case Management / Treatment Planning	0.2	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	5.7	105.54	0.05	(0.00)	0.01	5.6	120.01	0.06
	Prevention and Early Intervention	1.4	85.78	0.01	0.00	(0.00)	1.4	85.69	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	5.2	551.28	0.24	0.00	0.00	5.3	559.01	0.25
	Withdrawal Management	0.1	390.49	0.01	(0.00)	0.00	0.3	462.94	0.01
	<b>Subtotal Substance Abuse State Plan</b>	0.3		<b>\$ 0.33</b>	(0.00)	0.00	0.3		<b>\$ 0.35</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-		<b>\$ 0.00</b>	-	-	-		<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-		<b>\$ 0.00</b>	-	-	-		<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-		<b>\$ 0.00</b>	-	-	-		<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 117.92</b>				<b>\$ 125.20</b>	

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - F - 65+	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 873,308	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	253.9	\$ 84.11	\$ 1.78	\$ (0.07)	\$ 0.37	\$ 0.00	244.1	\$ 102.07	\$ 2.08
Assertive Community Treatment (ACT)	314.5	55.71	1.46	0.01	0.07	-	317.1	58.23	1.54
Assessments and Testing	42.5	234.43	0.83	(0.02)	0.05	-	41.4	249.29	0.86
Case Management / Treatment Planning	588.7	219.52	10.77	(1.33)	2.35	-	515.9	274.30	11.79
Crisis	7.1	369.48	0.22	(0.00)	0.01	-	7.1	384.21	0.23
Evaluation and Management	97.6	125.44	1.02	(0.01)	0.03	-	96.7	128.92	1.04
Inpatient	37.0	331.14	1.02	0.81	(0.17)	-	66.2	300.72	1.66
Licensed Residential	4,123.4	62.86	21.60	0.98	2.20	0.64	4,310.2	70.77	25.42
Medication Administration	20.1	77.60	0.13	(0.00)	0.01	-	19.7	86.72	0.14
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	52.0	157.02	0.68	0.00	0.25	-	52.1	214.55	0.93
Other Therapy	13.5	133.26	0.15	(0.00)	0.01	-	13.4	144.96	0.16
Outpatient Services	2.5	97.58	0.02	(0.00)	(0.00)	-	2.4	96.64	0.02
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	4.9	216.33	0.09	(0.00)	0.01	-	4.9	254.79	0.10
Psychotherapy	52.7	102.45	0.45	(0.01)	0.06	-	51.3	116.56	0.50
Residential Services	4.7	463.70	0.18	0.00	0.01	-	4.7	487.61	0.19
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 48.40</b>						<b>\$ 46.66</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	25.5	\$ 51.79	\$ 0.11	\$ 0.03	\$ 0.01	\$ 0.00	32.2	\$ 56.31	\$ 0.15
Licensed Residential	2,631.4	104.66	22.95	1.62	0.37	0.29	2,816.8	107.51	25.24
Non-Licensed CLS	1,205.3	117.38	11.79	0.44	0.60	0.09	1,250.5	124.01	12.92
Other	15.1	111.55	0.14	0.04	0.01	-	19.8	115.16	0.19
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	12,533.1	3.18	3.32	0.13	0.34	0.03	13,013.4	3.52	3.82
Vocational Supports	53.8	57.95	0.26	0.08	0.03	0.00	71.3	62.81	0.37
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 38.57</b>						<b>\$ 42.69</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	13.4	\$ 71.58	\$ 0.08	\$ 0.00	\$ (0.00)	\$ 0.00	13.6	\$ 68.79	\$ 0.08
Assessments and Testing	55.6	28.04	0.13	0.00	(0.08)	-	56.4	11.17	0.05
Case Management / Treatment Planning	0.0	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	8.8	68.01	0.05	0.00	(0.00)	-	9.0	67.89	0.05
Medication Assisted Treatment	992.1	7.02	0.58	0.01	0.01	-	1,003.7	7.08	0.59
Outpatient Services	52.5	66.30	0.29	0.00	(0.01)	-	53.3	64.88	0.29
Prevention and Early Intervention	0.4	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-	-
Residential Services	3.1	288.12	0.07	0.00	(0.00)	-	3.2	265.43	0.07
Withdrawal Management	0.8	301.14	0.02	0.00	(0.00)	-	0.8	294.59	0.02
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.22</b>						<b>\$ 1.15</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 80.19</b>						<b>\$ 90.51</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide		Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - M - 0 - 5		SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 20205	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>										
	Additional Support Services	292.8	\$ 359.20	\$ 9.74	\$ (0.05)	\$ 0.93	\$ 0.00	291.1	\$ 396.63	\$ 9.62
	Asserive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
	Assessments and Testing	96.2	250.69	2.01	(0.03)	0.26	-	94.7	283.88	2.24
	Case Management / Treatment Planning	676.5	252.08	14.21	(3.39)	4.38	-	515.0	354.07	15.19
	Crisis	5.9	303.08	0.15	0.00	0.00	-	6.1	312.48	0.16
	Evaluation and Management	19.0	183.11	0.29	(0.02)	0.02	-	17.8	195.40	0.29
	Inpatient	-	-	-	-	-	-	-	-	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	1,080.3	78.75	7.09	0.05	0.14	0.05	1,087.4	80.91	7.33
	Other	67.7	164.83	0.93	(0.10)	0.16	-	60.3	196.09	0.98
	Outpatient Services	651.5	82.88	4.50	(0.09)	0.26	-	639.0	87.69	4.67
	Prevention and Early Intervention	12.5	221.29	0.23	0.03	(0.01)	-	14.0	216.92	0.25
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Psychotherapy	5.9	484.92	0.24	(0.01)	0.02	-	5.8	522.28	0.25
	Residential Services	75.4	157.50	0.99	(0.07)	0.10	-	69.8	174.76	1.02
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	101.6	5.91	0.05	(0.00)	0.01	0.00	93.1	7.16	0.06
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 39.43</b>						<b>\$ 42.07</b>
<b>Mental Health 1915(i)</b>										
	Additional Support Services	986.5	\$ 70.80	\$ 5.82	\$ 2.15	\$ 0.68	\$ 0.08	1,351.5	\$ 77.57	\$ 8.74
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	61.8	235.08	1.21	0.25	0.10	-	74.6	251.55	1.56
	Prevention and Early Intervention	41.0	178.62	0.61	0.11	0.00	-	48.1	179.66	0.72
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 7.64</b>						<b>\$ 11.02</b>
<b>Autism</b>										
	Assessments and Testing	103.9	\$ 404.10	\$ 3.50	\$ (0.10)	\$ 0.26	\$ 0.25	101.0	\$ 464.80	\$ 3.81
	Additional Support Services	80,953.9	17.32	116.87	(2.49)	2.17	(8.38)	79,232.8	16.39	108.19
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 120.37</b>						<b>\$ 112.11</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 187.44</b>						<b>\$ 185.20</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: DAB - Unenrolled - M - 19 - 20		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 26,280	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	188.1	\$ 119.64	\$ 1.86	\$ (0.02)	\$ 0.11	\$ 0.01	186.6	\$ 125.83
	Assertive Community Treatment (ACT)	597.3	47.82	2.38	0.26	0.75	-	663.1	61.40
	Assessments and Testing	186.8	306.71	4.82	(0.17)	0.24	-	180.3	325.91
	Case Management / Treatment Planning	2,319.1	246.71	47.68	(2.22)	8.43	-	2,211.3	292.47
	Crisis	42.9	413.78	1.48	0.01	0.22	-	43.2	475.68
	Evaluation and Management	291.8	182.19	4.43	(0.04)	0.33	-	289.3	195.78
	Inpatient	134.2	523.82	5.86	1.44	0.26	-	167.2	542.54
	Licensed Residential	10,763.8	120.78	108.34	(4.68)	(6.81)	1.53	10,298.5	114.62
	Medication Administration	63.0	118.07	0.62	(0.01)	0.07	-	61.7	132.14
	Non-Licensed CLS	9,387.0	98.75	77.08	1.16	(1.64)	0.54	9,507.5	97.36
	Other	139.7	86.74	1.01	(0.07)	0.05	-	130.5	91.72
	Outpatient Services	432.9	73.46	2.65	(0.07)	(0.17)	-	421.8	68.69
	Prevention and Early Intervention	11.9	303.24	0.30	(0.02)	0.02	-	11.0	322.52
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychiatry	22.4	434.43	0.81	0.00	0.23	-	22.5	557.91
	Psychiatry Services	266.7	110.70	0.26	(0.26)	0.23	-	236.6	172.33
	Skill Building	13,941.8	473.89	5.59	(0.46)	(0.03)	0.05	12,791.1	483.29
	Vocational Supports	246.6	123.13	2.53	0.06	0.36	0.01	252.4	141.01
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 276.17</b>					<b>\$ 270.81</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	2,453.4	\$ 75.47	\$ 15.43	\$ 4.30	\$ 1.55	\$ 0.19	3,136.8	\$ 82.10
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	1.4	1,927.23	0.22	0.07	0.06	-	1.8	2,327.86
	Other	544.3	101.64	4.61	1.31	0.42	-	686.5	108.85
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 20.26</b>					<b>\$ 28.15</b>
<b>Autism</b>									
	Assessments and Testing	47.5	\$ 298.07	\$ 1.14	\$ (0.13)	\$ 0.14	\$ 0.01	42.2	\$ 331.79
	Psychiatric diagnostic evaluation	21,827.1	20.50	37.29	(0.16)	0.86	(6.62)	21,732.7	17.32
	<b>Subtotal Autism</b>			<b>\$ 38.43</b>					<b>\$ 32.53</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	8.7	\$ 96.82	\$ 0.07	\$ 0.00	\$ (0.00)	\$ 0.00	8.8	\$ 92.55
	Assessments and Testing	5.5	87.60	0.04	0.00	0.01	-	5.6	100.00
	Case Management / Treatment Planning	0.9	131.40	0.01	0.00	(0.00)	-	1.0	120.95
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.5	262.80	0.01	(0.00)	0.00	-	0.5	266.36
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	28.3	80.54	0.19	0.00	(0.00)	-	28.8	79.08
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	21.9	186.15	0.34	(0.00)	(0.00)	-	21.9	185.79
	Withdrawal Management	0.9	131.40	0.01	0.00	(0.00)	-	0.9	128.73
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.67</b>					<b>\$ 0.67</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 328.53</b>					<b>\$ 332.27</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: DAB - Unenrolled - M - 21 - 25		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 56,664	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	496.7	\$ 62.34	\$ 2.58	\$ (0.05)	\$ 0.48	486.5	\$ 74.17	\$ 3.01
	Assertive Community Treatment (ACT)	1,440.2	56.41	6.77	(0.08)	1.44	1,424.2	68.10	8.08
	Assessments and Testing	258.5	300.36	6.47	(0.30)	0.47	246.5	323.43	6.64
	Case Management / Treatment Planning	3,857.4	244.64	78.64	(1.99)	10.03	3,759.6	276.66	86.68
	Crisis	72.2	374.01	2.25	(0.08)	0.15	69.7	398.17	2.31
	Evaluation and Management	454.7	153.58	5.82	(0.06)	0.17	449.8	158.03	5.92
	Inpatient	302.1	537.44	13.53	4.28	(0.84)	397.7	460.59	15.27
	Licensed Residential	10,519.0	56.24	49.30	1.18	1.85	10,769.9	59.81	53.68
	Medication Administration	152.0	92.37	1.17	(0.04)	0.11	146.5	101.30	1.24
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	226.7	76.21	1.44	(0.07)	0.07	216.2	79.80	1.44
	Other Therapy	334.3	80.05	2.23	(0.03)	(0.01)	329.6	79.80	2.19
	Outpatient Services	40.4	225.55	0.76	0.03	0.12	41.8	259.27	0.90
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	30.9	310.60	0.80	(0.01)	0.16	30.7	373.08	0.95
	Psychotherapy	303.4	106.80	6.70	(0.21)	0.80	279.9	140.30	3.28
	Rehabilitation Services	27.5	409.67	0.94	0.02	0.06	28.1	436.36	1.02
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$175.40</b>					<b>\$ 192.63</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	3,126.2	\$ 64.18	\$ 16.72	\$ 4.36	\$ 1.27	3,940.8	\$ 68.65	\$ 22.54
	Licensed Residential	8,651.2	173.60	125.15	4.63	(6.17)	8,971.6	167.28	125.06
	Non-Licensed CLS	16,979.0	116.93	165.45	8.00	6.51	17,800.3	122.17	181.22
	Other	876.4	93.93	6.86	1.95	0.77	1,125.5	102.15	9.98
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	39,017.1	3.88	12.62	0.57	1.01	40,768.5	4.22	14.32
	Vocational Supports	2,340.8	69.62	13.58	4.67	2.33	3,146.0	78.86	20.68
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 340.38</b>					<b>\$ 373.41</b>
<b>Autism</b>									
	Assessments and Testing	0.2	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Additional Support Services	101.6	20.08	0.17	(0.03)	(0.00)	84.4	13.77	0.10
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.17</b>					<b>\$ 0.10</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	21.2	\$ 51.02	\$ 0.09	\$ 0.00	\$ (0.00)	21.9	\$ 49.13	\$ 0.09
	Assessments and Testing	9.1	79.09	0.06	(0.00)	0.01	8.9	88.74	0.07
	Case Management / Treatment Planning	1.1	113.37	0.01	0.00	(0.00)	1.1	98.97	0.01
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.2	-	0.03	-	-	-	-	-
	Medication Assisted Treatment	54.0	6.67	0.00	0.00	(0.00)	56.6	6.42	0.03
	Outpatient Services	40.0	92.97	0.31	0.00	(0.01)	40.3	89.99	0.30
	Prevention and Early Intervention	1.7	70.85	0.01	(0.00)	(0.01)	1.5	2.22	0.00
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	26.5	231.27	0.51	0.01	(0.01)	26.8	214.19	0.48
	Withdrawal Management	2.5	236.16	0.05	0.00	(0.00)	2.6	231.36	0.05
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.07</b>					<b>\$ 1.03</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 517.02</b>					<b>\$ 587.16</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model												
Region: Statewide		SFY 2019 Base Experience			MUNC Adjustments			Policy and Program Changes		Encounter Data		
Rate Cell: DAB - Unenrolled - M - 26 - 39	Member Months: 153,382	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Program Changes Adjustments	Utilization per 1,000	Cost per Service	Adjusted Base Experience		
Category of Service												
Mental Health State Plan												
Additional Support Services	1,519.7	\$ 63.72	\$ 6.07	\$ (0.24)	\$ (0.01)	\$ (0.01)		1,475.4	\$ 75.11	\$ 9.24		
Assessments and Testing	2,887.4	68.00	15.88	1.08	2.38	(0.03)		3,083.8	75.13	19.31		
Case Management / Treatment Planning	274.5	290.32	6.64	(0.13)	0.51	(0.01)		269.2	312.83	7.02		
Crisis	4,410.9	234.78	86.30	(7.96)	18.09	(0.02)		4,004.1	288.95	96.42		
Evaluation and Management	87.4	385.66	2.81	(0.06)	0.28	(0.03)		85.4	421.34	3.00		
Inpatient	677.2	147.43	8.32	(0.10)	0.47	(0.02)		669.2	155.48	8.67		
Licensed Residential	433.3	416.75	15.05	6.84	(1.64)	(3.87)		630.4	311.83	16.38		
Medication Administration	14,138.9	52.52	61.88	2.66	5.73	1.81		14,747.0	58.66	72.08		
Non-Licensed CLS	343.1	76.94	2.20	(0.07)	0.22	(0.00)		332.3	84.75	2.35		
Other	421.6	85.96	3.02	(0.10)	0.18	(0.00)		407.7	91.28	3.10		
Outpatient Services	173.5	88.52	1.28	(0.03)	0.16	(0.00)		169.9	99.68	1.41		
Prevention and Early Intervention	18.3	229.42	0.35	(0.01)	0.03	(0.00)		17.9	247.52	0.37		
Psychiatric diagnostic evaluation	36.1	322.74	0.97	(0.00)	0.18	(0.00)		35.9	383.74	1.15		
Psychotherapy	453.7	115.73	4.11	(0.17)	0.89	(0.00)		415.4	133.53	4.62		
Rehabilitative Services	52.2	416.23	1.81	0.08	0.01	(0.01)		54.6	416.77	1.50		
Skill Building	-	-	-	-	-	-		-	-	-		
Vocational Supports	-	-	-	-	-	-		-	-	-		
Subtotal Mental Health State Plan			\$ 218.69							\$ 247.01		
Mental Health 1915(i)												
Additional Support Services	1,996.4	\$ 67.92	\$ 11.30	\$ 2.93	\$ 1.36	\$ 0.14		2,514.6	\$ 75.07	\$ 15.73		
Licensed Residential	10,907.1	148.35	134.84	7.61	(8.96)	1.53		11,523.0	140.62	135.03		
Non-Licensed CLS	21,521.5	111.48	199.94	7.92	8.62	1.48		22,374.1	116.90	217.96		
Other	672.8	99.18	5.56	1.65	0.53	(0.00)		872.5	106.40	7.74		
Prevention and Early Intervention	-	-	-	-	-	-		-	-	-		
Skill Building	245,057.9	3.35	68.42	3.07	6.16	0.71		256,088.9	3.67	78.36		
Vocational Supports	3,975.4	67.86	22.48	7.33	6.23	0.17		5,271.2	82.42	36.20		
Subtotal Mental Health 1915(i)			\$ 442.54							\$ 491.01		
Autism												
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00		
Autism Services	-	-	-	-	-	-		-	-	-		
Psychiatric diagnostic evaluation	-	-	-	-	-	-		-	-	-		
Subtotal Autism			\$ 0.00							\$ 0.00		
Substance Abuse State Plan												
Additional Support Services	51.0	\$ 65.87	\$ 0.28	\$ 0.01	\$ 0.02	\$ 0.00		53.3	\$ 69.69	\$ 0.31		
Assessments and Testing	58.3	32.94	0.16	(0.00)	0.00	-		57.8	32.96	0.16		
Case Management / Treatment Planning	0.7	170.42	0.01	0.00	(0.00)	-		0.8	163.92	0.01		
Crisis	-	-	-	-	-	-		-	-	-		
Evaluation and Management	7.3	65.97	0.04	(0.00)	0.00	-		7.2	69.10	0.04		
Medication Assisted Treatment	1,475.6	7.40	0.91	0.02	0.01	-		1,506.1	7.45	0.93		
Outpatient Services	126.4	62.64	0.66	0.00	(0.03)	-		127.2	60.18	0.64		
Prevention and Early Intervention	0.5	-	-	-	-	-		-	-	-		
Psychiatric diagnostic evaluation	0.2	-	-	-	-	-		-	-	-		
Residential Services	103.0	184.01	1.58	0.03	(0.04)	-		105.1	179.21	1.57		
Withdrawal Management	15.1	302.00	0.36	0.01	0.00	-		15.3	302.18	0.39		
Subtotal Substance Abuse State Plan			\$ 4.02							\$ 4.05		
Children's Waiver Program												
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00		
Licensed Residential	-	-	-	-	-	-		-	-	-		
Non-Licensed CLS	-	-	-	-	-	-		-	-	-		
Other	-	-	-	-	-	-		-	-	-		
Other Therapy	-	-	-	-	-	-		-	-	-		
Subtotal Children's Waiver Program			\$ 0.00							\$ 0.00		
Habilitative Supports Waiver												
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00		
Licensed Residential	-	-	-	-	-	-		-	-	-		
Non-Licensed CLS	-	-	-	-	-	-		-	-	-		
Other	-	-	-	-	-	-		-	-	-		
Skill Building	-	-	-	-	-	-		-	-	-		
Vocational Supports	-	-	-	-	-	-		-	-	-		
Subtotal Habilitative Supports Waiver			\$ 0.00							\$ 0.00		
Serious Emotional Disturbances												
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00	\$ 0.00		
Case Management / Treatment Planning	-	-	-	-	-	-		-	-	-		
Non-Licensed CLS	-	-	-	-	-	-		-	-	-		
Other	-	-	-	-	-	-		-	-	-		
Other Therapy	-	-	-	-	-	-		-	-	-		
Subtotal Serious Emotional Disturbances			\$ 0.00							\$ 0.00		
Total Medical Costs			\$ 665.25							\$ 742.07		

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: DAB - Unenrolled - M -40 -49	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 140,357	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	2,125.2	\$ 62.85	\$ 11.13	\$ (0.24)	\$ 1.78	\$ (0.24)	2,080.2	\$ 73.11	\$ 12.67
Assertive Community Treatment (ACT)	3,592.9	59.48	17.81	1.01	2.31	1.01	3,795.7	66.75	21.12
Assessments and Testing	241.3	270.07	5.43	(0.12)	0.46	(0.12)	235.9	292.89	5.76
Case Management / Treatment Planning	3,715.4	221.98	68.73	(7.70)	14.54	(0.03)	3,299.2	274.75	75.54
Crisis	66.8	377.40	2.10	(0.08)	0.31	(0.01)	64.2	433.76	2.32
Evaluation and Management	641.2	137.55	7.35	(0.08)	0.43	(0.00)	634.4	145.59	7.70
Inpatient	338.1	361.72	10.19	(2.52)	(1.56)	(0.00)	518.0	287.19	11.53
Licensed Residential	16,501.7	52.59	72.32	2.66	5.90	2.09	17,109.1	58.20	82.97
Medication Administration	322.7	73.27	1.97	(0.06)	0.39	(0.00)	312.8	88.31	2.30
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	382.2	108.32	3.30	(0.06)	0.30	(0.00)	355.1	119.53	3.54
Other Therapy	66.1	107.13	0.59	0.00	0.11	-	66.3	126.82	0.70
Outpatient Services	21.3	242.38	0.43	(0.01)	0.00	-	20.9	244.76	0.43
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	34.1	309.56	0.86	(0.00)	0.16	(0.00)	34.0	384.25	1.03
Psychotherapy	385.0	108.46	3.57	(0.18)	0.86	(0.00)	373.6	138.27	4.36
Residential Services	37.3	405.62	1.26	0.07	0.08	-	39.3	430.43	1.41
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 207.06</b>						<b>\$ 233.38</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	684.1	\$ 63.67	\$ 3.63	\$ 0.99	\$ 0.28	\$ 0.04	870.3	\$ 68.08	\$ 4.94
Licensed Residential	10,900.9	130.45	118.50	6.81	(1.76)	1.41	11,527.4	130.08	124.96
Non-Licensed CLS	12,963.4	102.92	111.18	3.78	5.67	0.82	13,403.8	108.73	121.45
Other	246.1	106.28	2.18	0.67	0.49	-	321.5	124.66	3.34
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	160,080.4	3.16	42.14	1.68	4.58	0.44	166,455.9	3.52	48.83
Vocational Supports	2,365.5	63.77	12.57	4.16	4.24	0.09	3,148.5	80.30	21.07
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 290.20</b>						<b>\$ 324.59</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	130.3	\$ 54.34	\$ 0.59	\$ 0.04	\$ 0.01	\$ 0.00	138.1	\$ 55.00	\$ 0.63
Assessments and Testing	49.2	36.61	0.15	(0.00)	(0.00)	-	48.9	35.98	0.15
Case Management / Treatment Planning	0.8	155.95	0.01	0.00	(0.00)	-	0.9	152.64	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	11.3	42.53	0.04	(0.00)	0.00	-	11.2	46.12	0.04
Medication Assisted Treatment	1,603.7	7.63	1.02	0.01	0.02	-	1,614.9	7.77	1.05
Outpatient Services	192.9	65.33	1.05	0.02	(0.02)	-	195.7	64.19	1.05
Prevention and Early Intervention	0.8	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.5	-	-	-	-	-	-	-	-
Residential Services	97.0	209.17	1.69	0.06	(0.05)	-	100.6	203.62	1.71
Withdrawal Management	11.9	232.83	0.29	0.01	(0.01)	-	12.3	237.63	0.30
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 4.84</b>						<b>\$ 4.93</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 502.10</b>						<b>\$ 562.89</b>

<div> <div>State of Michigan</div> <div>Department of Health and Human Services</div> <div>SFY 2021 Behavioral Health Capitation Rate Setting</div> <div>Retrospective Rate Development Model</div> </div>									
Region: Statewide	Rate Cell: DAB - Unenrolled - M - 50 - 64	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Member Months: 341,246	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Program Adjustments	Utilization per 1,000	Cost per Service
Category of Service				PMPM					PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	2,161.3	\$ 66.90		\$ 12.05	\$ (0.41)	\$ 2.21	\$ (0.00)	2,087.2	\$ 79.61
Asserive Community Treatment (ACT)	2,746.3	61.65		14.11	1.19	1.72	(0.03)	2,978.3	68.47
Assessments and Testing	189.2	271.62		4.26	(0.12)	0.30	(0.00)	182.9	290.87
Case Management / Treatment Planning	3,089.3	219.31		56.46	(5.97)	11.76	(0.04)	2,762.9	270.20
Crisis	36.6	337.96		1.03	(0.03)	0.13	(0.01)	35.5	377.88
Evaluation and Management	524.0	135.34		5.91	(0.08)	0.21	(0.00)	517.0	140.12
Inpatient	281.4	453.99		9.89	4.94	(2.62)	(0.00)	391.9	300.49
Licensed Residential	19,450.0	52.61		85.28	3.25	8.00	2.50	20,190.8	58.86
Medication Administration	206.3	89.56		1.54	(0.05)	0.19	(0.00)	199.6	100.93
Non-Licensed CLS	-	-		-	-	-	-	-	-
Other	292.8	129.91		3.17	(0.06)	0.15	(0.00)	287.3	135.88
Other Therapy	54.6	140.54		0.64	(0.02)	0.05	-	53.3	151.10
Outpatient Services	3.3	183.47		0.05	(0.00)	(0.00)	(0.00)	3.3	181.55
Prevention and Early Intervention	-	-		-	-	-	-	-	-
Psychiatric diagnostic evaluation	23.0	245.24		0.47	0.00	0.07	(0.00)	23.0	283.97
Psychotherapy	246.7	103.60		2.13	(0.10)	0.53	-	236.6	130.77
Residential Services	26.4	463.48		1.02	0.01	0.05	(0.01)	26.7	477.51
Skill Building	-	-		-	-	-	-	-	-
Vocational Supports	-	-		-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>				<b>\$ 193.01</b>					<b>\$ 223.31</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	284.5	\$ 59.89		\$ 1.42	\$ 0.39	\$ 0.26	\$ 0.02	363.2	\$ 69.18
Licensed Residential	12,406.9	113.38		117.22	6.62	(0.50)	1.42	13,107.2	114.21
Non-Licensed CLS	8,875.5	105.44		77.99	2.38	8.21	0.59	9,145.9	116.98
Other	134.7	110.45		1.24	0.40	0.07	-	178.0	115.17
Prevention and Early Intervention	-	-		-	-	-	-	-	-
Skill Building	106,807.6	3.14		27.93	1.04	3.28	0.29	110,775.1	3.53
Vocational Supports	1,433.4	64.96		7.76	2.65	2.03	0.06	1,922.1	12.49
<b>Subtotal Mental Health 1915(i)</b>				<b>\$ 233.56</b>					<b>\$ 262.75</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Autism Services	-	-		-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-		-	-	-	-	-	-
<b>Subtotal Autism</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	77.7	\$ 54.07		\$ 0.35	\$ 0.01	\$ 0.01	\$ 0.00	80.7	\$ 54.87
Assessments and Testing	70.8	37.28		0.22	0.00	(0.05)	-	71.1	28.51
Case Management / Treatment Planning	1.1	110.08		0.01	0.00	(0.00)	-	1.3	108.86
Crisis	0.0	-		-	-	-	-	-	-
Evaluation and Management	10.5	56.87		0.05	0.00	0.00	-	10.6	57.22
Medication Assisted Treatment	1,833.0	7.27		1.11	0.02	0.01	-	1,873.1	7.32
Outpatient Services	158.7	61.23		0.81	0.01	(0.01)	-	161.6	60.13
Prevention and Early Intervention	0.5	-		-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.3	-		-	-	-	-	-	-
Residential Services	103.3	199.78		1.72	0.05	(0.04)	(0.00)	106.4	194.26
Withdrawal Management	13.4	217.65		0.31	0.02	(0.01)	-	14.1	259.79
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 4.58</b>					<b>\$ 4.59</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-		-	-	-	-	-	-
Non-Licensed CLS	-	-		-	-	-	-	-	-
Other	-	-		-	-	-	-	-	-
Other Therapy	-	-		-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-		-	-	-	-	-	-
Non-Licensed CLS	-	-		-	-	-	-	-	-
Other	-	-		-	-	-	-	-	-
Skill Building	-	-		-	-	-	-	-	-
Vocational Supports	-	-		-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-		-	-	-	-	-	-
Non-Licensed CLS	-	-		-	-	-	-	-	-
Other	-	-		-	-	-	-	-	-
Other Therapy	-	-		-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 436.15</b>					<b>\$ 490.64</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide	Rate Cell: DAB - Unenrolled - M - 6 - 18	Encounter Data SFY 2019 Base Experience			MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 109,006	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Mental Health State Plan										
	Additional Support Services	836.2	\$ 257.73	\$ 17.96	\$ 0.69	\$ 3.52	\$ 0.00	868.4	\$ 306.37	\$ 22.17
	Assertive Community Treatment (ACT)	177.5	298.21	4.41	(0.09)	0.35	-	173.9	322.17	4.67
	Case Management / Treatment Planning	1,302.1	269.20	29.21	(5.71)	9.09	-	1,047.4	373.36	32.59
	Crisis	76.5	376.42	2.40	(0.00)	0.31	-	76.4	425.64	2.71
	Evaluation and Management	283.0	201.39	4.75	(0.06)	0.07	-	279.2	204.53	4.76
	Inpatient	136.1	730.23	8.28	0.21	(0.29)	-	139.6	705.22	8.20
	Licensed Residential	1,177.3	187.35	18.38	(0.23)	(0.55)	0.24	1,162.5	184.16	17.84
	Medication Administration	3.5	136.26	0.04	(0.00)	0.01	-	3.5	182.65	0.05
	Non-Licensed CLS	2,411.5	98.87	19.87	0.18	(0.17)	0.14	2,433.3	98.74	20.02
	Other	207.0	148.43	2.56	(0.08)	0.43	-	200.9	173.98	2.91
	Other Therapy	368.5	83.70	2.57	(0.06)	(0.01)	-	359.4	83.46	2.50
	Outpatient Services	22.9	295.79	0.49	(0.01)	(0.02)	-	22.4	244.07	0.46
	Prevention and Early Intervention	1.8	204.39	0.03	(0.00)	0.01	-	1.7	285.33	0.04
	Psychiatric diagnostic evaluation	34.1	432.51	1.23	(0.03)	0.16	-	33.3	490.76	1.36
	Psychotherapy	429.6	171.22	5.27	(0.08)	0.84	-	423.0	165.86	5.63
	Residential Services	442.4	145.43	0.71	0.03	0.03	-	447.6	155.40	0.73
	Skill Building	526.0	44.33	0.19	0.01	0.02	0.00	547.6	4.78	0.22
	Vocational Supports	9.7	99.10	0.08	0.00	0.00	0.00	10.0	102.96	0.09
	Subtotal Mental Health State Plan			\$ 118.33						\$ 127.12
Mental Health 1915(i)										
	Additional Support Services	1,538.1	\$ 71.62	\$ 9.18	\$ 2.76	\$ 2.10	\$ 0.12	1,999.9	\$ 84.95	\$ 14.16
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	0.9	1,498.83	0.11	0.04	0.02	-	1.2	1,689.33	0.17
	Other	156.7	74.30	0.97	0.30	0.12	-	204.7	81.07	1.38
	Prevention and Early Intervention	6.3	267.73	0.14	0.04	0.03	-	8.2	305.07	0.21
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health 1915(i)			\$ 10.40						\$ 15.92
Autism										
	Assessments and Testing	76.1	\$ 329.70	\$ 2.09	\$ (0.07)	\$ 0.15	\$ 0.23	73.4	\$ 392.77	\$ 2.40
	Autism Services	36,014.4	16.85	50.56	0.29	2.94	(2.68)	36,217.8	16.93	51.11
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Subtotal Autism			\$ 52.65						\$ 53.51
Substance Abuse State Plan										
	Additional Support Services	0.2	\$ 545.03	\$ 0.01	\$ (0.00)	\$ 0.00	\$ 0.00	0.2	\$ 580.23	\$ 0.01
	Assessments and Testing	4.5	106.35	0.04	(0.00)	0.00	-	4.5	116.55	0.04
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	50.6	154.03	0.65	(0.00)	0.02	-	50.6	158.88	0.67
	Prevention and Early Intervention	1.1	109.01	0.01	(0.00)	(0.00)	-	1.1	108.50	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	40.2	486.79	1.63	0.02	0.02	-	40.6	492.44	1.67
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	Subtotal Substance Abuse State Plan			\$ 2.34						\$ 2.40
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00
Serious Emotional Disturbances										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00
Total Medical Costs				\$ 183.72						\$ 198.94

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide	Rate Cell: DAB - Unenrolled - M - 65+	Encounter Data SFY 2019 Base Experience			MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 451,024	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Mental Health State Plan										
	Additional Support Services	498.6	\$ 68.84	\$ 2.86	\$ (0.11)	\$ 0.58	\$ 0.00	479.1	\$ 83.46	\$ 3.33
	Assertive Community Treatment (ACT)	390.7	55.28	1.80	0.08	0.14	-	407.5	59.41	2.02
	Assessments and Testing	67.5	243.46	1.37	(0.04)	0.10	-	65.6	262.61	1.44
	Case Management / Treatment Planning	958.5	213.72	17.07	(1.15)	2.95	-	893.7	253.38	18.87
	Crisis	8.1	326.40	0.22	(0.01)	0.02	-	7.8	354.30	0.23
	Evaluation and Management	133.2	122.48	1.36	(0.02)	0.06	-	130.9	127.80	1.39
	Inpatient	67.0	331.11	1.85	1.34	(0.41)	-	115.5	288.54	2.78
	Licensed Residential	7,562.3	57.82	36.44	1.37	3.34	1.07	7,846.9	64.56	42.22
	Medication Administration	33.4	57.41	0.16	(0.01)	0.02	-	32.1	63.44	0.17
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	98.7	144.75	1.19	(0.00)	0.14	-	98.5	161.50	1.33
	Other Therapy	16.5	152.28	0.21	(0.00)	0.04	-	16.4	178.38	0.24
	Outpatient Services	1.6	145.49	0.02	(0.00)	(0.00)	-	1.6	145.20	0.02
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	6.4	205.01	0.11	0.00	0.02	-	6.5	235.04	0.13
	Psychotherapy	64.8	65.39	0.45	(0.03)	0.12	-	60.3	107.09	0.54
	Rehabilitation Services	6.2	405.25	0.21	(0.01)	0.01	-	6.0	436.12	0.22
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health State Plan			\$ 65.32						\$ 74.92
Mental Health 1915(i)										
	Additional Support Services	29.1	\$ 70.02	\$ 0.17	\$ 0.05	\$ 0.08	\$ 0.00	37.6	\$ 95.78	\$ 0.30
	Licensed Residential	4,804.3	104.73	41.93	2.36	(0.03)	0.52	5,075.1	105.88	44.78
	Non-Licensed CLS	2,554.6	100.48	21.39	0.74	2.18	0.16	2,642.7	111.14	24.48
	Other	33.6	110.70	0.31	0.10	0.01	-	44.3	112.37	0.42
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Skill Building	19,000.5	3.23	5.28	0.24	0.68	0.06	20,486.8	3.67	6.26
	Vocational Supports	93.9	70.31	0.55	0.16	0.31	0.00	122.0	101.26	1.03
	Subtotal Mental Health 1915(i)			\$ 69.63						\$ 77.26
Autism										
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Subtotal Autism			\$ 0.00						\$ 0.00
Substance Abuse State Plan										
	Additional Support Services	60.3	\$ 65.63	\$ 0.33	\$ 0.01	\$ (0.01)	\$ 0.00	61.7	\$ 63.16	\$ 0.32
	Assessments and Testing	157.9	29.63	0.39	0.01	(0.23)	-	160.0	12.63	0.17
	Case Management / Treatment Planning	0.6	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	22.4	64.36	0.12	0.00	(0.00)	-	22.7	64.24	0.12
	Medication Assisted Treatment	2,922.3	6.94	1.69	0.03	0.00	-	2,981.0	6.96	1.73
	Outpatient Services	188.4	63.06	0.99	0.01	(0.02)	-	191.0	61.78	0.98
	Prevention and Early Intervention	1.4	88.44	0.01	0.00	(0.00)	-	1.4	84.06	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	28.5	227.19	0.54	0.01	(0.01)	-	29.2	223.14	0.54
	Withdrawal Management	5.6	236.25	0.11	0.00	(0.00)	-	5.8	228.72	0.11
	Subtotal Substance Abuse State Plan			\$ 4.18						\$ 3.99
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00
Serious Emotional Disturbances										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00
Total Medical Costs				\$ 139.13						\$ 156.17



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: HMP - Enrolled - F - 19 - 20		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 191,163	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	61.1	\$ 100.10	\$ 0.51	\$ 0.04	\$ 0.05	\$ 0.00	65.4	\$ 109.79
	Asserive Community Treatment (ACT)	97.2	64.17	0.52	0.06	0.11	-	108.1	76.21
	Assessments and Testing	40.4	295.28	0.86	0.09	0.13	-	44.9	290.71
	Case Management / Treatment Planning	155.7	208.89	2.71	0.11	0.24	-	162.1	226.38
	Crisis	39.7	401.65	1.33	0.11	0.15	-	43.0	443.99
	Evaluation and Management	77.9	157.12	1.02	0.04	0.11	-	80.9	174.14
	Inpatient	127.7	730.25	7.77	0.55	(0.29)	-	136.8	704.44
	Licensed Residential	99.1	116.30	0.96	0.05	0.10	0.01	104.2	129.15
	Medication Administration	5.7	84.03	0.04	0.00	0.01	-	6.1	94.15
	Non-Licensed CLS	73.7	130.26	0.80	0.04	0.14	0.01	77.1	152.79
	Other	22.5	170.87	0.32	0.03	0.02	-	24.7	182.36
	Other Therapy	0.9	138.55	0.01	(0.00)	(0.00)	-	0.9	135.71
	Outpatient Services	53.3	238.67	1.06	0.08	0.10	-	57.5	259.30
	Prevention and Early Intervention	1.4	260.68	0.03	0.00	0.01	-	1.5	323.22
	Psychiatric diagnostic evaluation	14.6	336.38	0.41	0.04	0.07	-	15.9	388.38
	Psychotherapy	162.2	148.46	1.96	0.05	0.22	-	166.2	192.22
	Recovery Services	32.7	449.73	0.96	0.04	0.04	-	34.6	464.84
	Skill Building	551.6	429.48	0.16	0.02	0.01	0.00	612.3	3.67
	Vocational Supports	52.8	131.84	0.58	0.12	(0.15)	-	63.6	104.02
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 21.81</b>					<b>\$ 24.43</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Autism</b>									
	Assessments and Testing	0.6	\$ 212.40	\$ 0.01	\$ (0.00)	\$ 0.00	\$ 0.00	0.4	\$ 352.94
	Autism Services	58.1	16.53	0.08	(0.01)	0.01	(0.01)	51.9	17.10
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.09</b>					<b>\$ 0.09</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	7.5	\$ 96.38	\$ 0.06	\$ 0.00	\$ (0.00)	\$ 0.00	7.6	\$ 92.46
	Assessments and Testing	4.9	98.03	0.04	0.00	0.00	-	4.9	104.08
	Case Management / Treatment Planning	0.3	-	-	-	-	-	-	-
	Crisis	0.1	-	-	-	-	-	-	-
	Evaluation and Management	1.3	95.58	0.01	(0.00)	0.00	-	1.2	102.93
	Medication Assisted Treatment	23.4	5.13	0.01	0.00	0.00	-	23.8	5.19
	Outpatient Services	37.7	89.21	0.28	(0.00)	0.00	-	37.5	89.81
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	36.9	159.30	0.49	0.00	(0.02)	-	37.1	154.13
	Withdrawal Management	2.6	325.38	0.07	0.00	0.01	-	2.6	351.44
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.96</b>					<b>\$ 0.96</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 22.86</b>					<b>\$ 25.47</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Enrolled - F - 21 - 25	SFY 2019 Base Experience			Adjustments			Adjusted Base Experience		
Member Months: 447,895	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	65.3	\$ 121.30	\$ 0.66	\$ 0.04	\$ 0.11	\$ 0.00	69.3	\$ 140.28	\$ 0.81
Assertive Community Treatment (ACT)	74.3	58.11	0.36	0.01	0.07	(0.00)	76.3	69.57	0.44
Assessments and Testing	44.7	247.19	0.92	0.09	0.10	(0.01)	49.2	268.86	1.10
Case Management / Treatment Planning	169.1	192.98	2.72	0.11	0.25	(0.00)	176.2	210.17	3.09
Crisis	40.6	402.07	1.36	0.11	0.20	(0.00)	43.9	454.93	1.66
Evaluation and Management	97.3	155.34	1.26	0.05	0.11	(0.73)	101.0	167.89	1.41
Inpatient	129.2	754.23	8.12	0.80	(0.45)	(0.00)	142.0	654.41	7.74
Licensed Residential	62.6	107.42	0.56	0.10	0.28	0.02	73.5	156.14	0.96
Medication Administration	12.3	78.23	0.08	0.00	0.03	(0.00)	13.0	101.51	0.11
Non-Licensed CLS	54.2	115.19	0.52	0.04	0.05	(0.00)	58.8	124.38	0.61
Other	21.9	76.84	0.14	0.01	0.03	(0.00)	24.0	92.78	0.19
Other Therapy	1.5	81.44	0.01	0.00	0.00	(0.00)	1.5	88.02	0.01
Outpatient Services	56.4	268.10	1.26	0.07	(0.07)	-	59.5	253.11	1.25
Prevention and Early Intervention	1.9	191.96	0.03	0.00	0.00	(0.00)	2.1	208.32	0.04
Psychiatric diagnostic evaluation	18.1	332.27	0.50	0.04	0.09	(0.00)	19.5	384.30	0.62
Psychotherapy	193.6	144.44	1.33	0.08	0.26	(0.00)	200.6	191.15	2.63
Rehabilitative Services	14.3	483.31	0.53	0.03	(0.00)	(0.01)	14.6	471.52	0.52
Skill Building	382.3	483.31	0.14	0.01	0.01	0.00	389.5	515.08	0.16
Skill Building Services	45.9	169.76	0.65	0.03	(0.07)	0.00	48.3	152.66	0.61
<b>Subtotal Mental Health State Plan</b>			<b>\$ 22.10</b>						<b>\$ 24.03</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	0.3	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	38.8	\$ 52.62	\$ 0.17	\$ 0.00	\$ (0.01)	\$ 0.00	39.2	\$ 48.96	\$ 0.16
Assessments and Testing	33.7	53.36	0.15	(0.00)	0.02	(0.00)	33.5	60.03	0.17
Case Management / Treatment Planning	0.5	-	-	-	-	-	-	-	-
Crisis	0.0	-	-	-	-	-	-	-	-
Evaluation and Management	11.5	83.33	0.08	(0.00)	0.00	-	11.5	85.99	0.08
Medication Assisted Treatment	508.1	7.32	0.31	0.00	0.00	-	510.6	7.37	0.31
Outpatient Services	198.3	79.26	1.31	0.02	0.05	-	201.0	82.30	1.38
Prevention and Early Intervention	0.5	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-	-
Residential Services	129.1	173.80	1.87	(0.00)	(0.03)	-	129.0	170.59	1.83
Withdrawal Management	16.6	311.14	0.43	0.00	0.02	-	16.6	327.22	0.45
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 4.32</b>						<b>\$ 4.39</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 26.42</b>						<b>\$ 28.42</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: HMP - Enrolled - F - 26 - 39		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 1,072,459	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	88.7	\$ 115.06	\$ 0.85	\$ 0.05	\$ 0.20	\$ (0.00)	94.4	\$ 140.32
	Assertive Community Treatment (ACT)	107.2	47.01	0.42	0.03	0.14	(0.01)	114.6	60.75
	Assessments and Testing	51.1	251.49	1.07	0.12	0.08	(0.00)	56.8	267.12
	Case Management / Treatment Planning	225.8	192.94	3.63	0.12	0.39	(0.01)	233.4	212.69
	Crisis	43.9	377.45	1.38	0.11	0.11	(0.00)	47.4	402.47
	Evaluation and Management	129.9	155.17	1.68	0.06	0.16	(0.00)	134.7	168.87
	Inpatient	146.3	751.39	9.16	0.64	(0.33)	(0.53)	156.5	685.51
	Licensed Residential	125.6	115.61	1.21	0.15	0.03	0.02	141.0	119.98
	Medication Administration	17.2	76.80	0.11	0.01	0.03	(0.00)	18.5	93.15
	Non-Licensed CLS	63.5	90.69	0.48	0.03	0.03	(0.00)	67.9	96.63
	Other	33.9	88.43	0.25	0.02	0.07	(0.00)	36.9	111.74
	Outpatient Services	1.0	588.26	0.05	0.00	0.00	-	1.1	623.96
	Prevention and Early Intervention	51.6	269.74	1.16	0.08	0.08	(0.00)	55.0	286.90
	Psychiatric diagnostic evaluation	1.8	197.39	0.03	0.01	0.00	-	2.2	210.35
	Psychotherapy	19.9	331.94	0.55	0.04	0.08	(0.00)	21.5	377.14
	Residential Services	224.5	141.10	3.74	0.09	0.45	(0.00)	232.4	194.25
	Skill Building	19.3	451.60	0.74	0.06	0.01	(0.00)	21.0	458.14
	Skill Building Services	708.0	3,356	0.21	0.01	0.02	0.00	751.9	3,88
	Vocational Supports	42.2	145.08	0.51	0.03	(0.04)	0.00	44.8	133.88
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 26.12</b>					<b>\$ 28.76</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	107.9	\$ 53.38	\$ 0.48	\$ 0.01	\$ (0.03)	\$ (0.00)	110.4	\$ 50.15
	Assessments and Testing	136.0	44.13	0.50	(0.00)	0.03	-	135.5	47.12
	Case Management / Treatment Planning	3.2	75.53	0.02	0.00	0.00	-	3.5	80.62
	Crisis	0.1	-	-	-	-	-	-	-
	Evaluation and Management	57.4	79.46	0.38	0.00	0.02	(0.00)	57.4	84.37
	Medication Assisted Treatment	2,968.8	7.44	1.84	0.02	0.01	(0.00)	3,002.2	7.48
	Outpatient Services	579.9	75.53	3.65	0.05	0.12	(0.00)	587.3	77.99
	Prevention and Early Intervention	2.1	56.15	0.01	0.00	(0.01)	-	2.2	13.24
	Psychiatric diagnostic evaluation	0.6	198.60	0.01	(0.00)	(0.00)	-	0.6	146.86
	Residential Services	292.4	182.20	4.44	0.03	(0.08)	(0.00)	294.7	178.86
	Withdrawal Management	41.6	305.64	1.00	0.01	0.05	-	41.9	323.23
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 12.40</b>					<b>\$ 12.64</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 38.52</b>					<b>\$ 41.40</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide Rate Cell: HMP - Enrolled - F - 40 - 49			Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 591,939	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM	
Mental Health State Plan										
	Additional Support Services	128.0	\$ 85.29	\$ 0.91	\$ 0.07	\$ 0.18	137.9	\$ 101.20	\$ 1.16	
	Assertive Community Treatment (ACT)	125.4	46.90	0.49	0.04	0.21	134.5	65.21	0.73	
	Assessments and Testing	59.6	221.29	1.08	0.11	0.14	64.3	246.64	1.32	
	Case Management / Treatment Planning	321.7	196.18	5.26	0.15	0.58	330.7	217.01	5.98	
	Crisis	37.7	372.55	1.17	0.10	0.08	40.9	389.57	1.33	
	Evaluation and Management	186.4	148.73	2.31	0.07	0.21	191.9	161.65	2.58	
	Inpatient	114.8	757.69	7.25	0.60	(0.35)	124.4	672.92	6.97	
	Licensed Residential	108.3	97.47	0.88	0.07	0.01	116.6	99.89	0.97	
	Medication Administration	17.7	81.37	0.12	0.01	0.03	19.0	102.46	0.16	
	Non-Licensed CLS	52.2	78.22	0.34	0.02	0.09	55.9	97.70	0.46	
	Other	40.5	79.99	0.27	0.03	0.09	44.9	104.71	0.39	
	Other Therapy	0.7	717.50	0.04	0.00	0.00	0.7	749.18	0.04	
	Outpatient Services	37.6	261.52	0.82	0.04	(0.01)	39.6	259.43	0.86	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	24.5	313.87	0.64	0.05	0.10	26.3	358.08	0.79	
	Psychotherapy	300.4	137.80	3.45	0.12	0.49	311.2	156.74	4.07	
	Residential Services	23.0	484.16	0.89	0.08	0.02	25.0	471.48	0.98	
	Skill Building	177.4	3.38	0.05	0.00	0.00	181.7	3.59	0.05	
	Vocational Supports	56.3	147.03	0.69	0.04	(0.04)	59.8	139.47	0.70	
	Subtotal Mental Health State Plan			\$ 26.66					\$ 29.55	
Mental Health 1915(i)										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	
	Skill Building	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	
	Subtotal Mental Health 1915(i)			\$ 0.00					\$ 0.00	
Autism										
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Autism Services	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	
	Subtotal Autism			\$ 0.00					\$ 0.00	
Substance Abuse State Plan										
	Additional Support Services	101.1	\$ 54.61	\$ 0.46	\$ 0.02	\$ (0.04)	104.6	\$ 50.04	\$ 0.44	
	Assessments and Testing	109.3	42.82	0.39	0.00	(0.02)	109.5	41.05	0.37	
	Case Management / Treatment Planning	2.1	112.75	0.02	0.00	0.00	2.4	120.49	0.02	
	Crisis	0.1	-	-	-	-	-	-	-	
	Evaluation and Management	40.9	76.34	0.26	0.00	0.02	41.0	80.97	0.28	
	Medication Assisted Treatment	2,191.0	7.28	1.33	0.02	0.01	2,222.8	7.31	1.35	
	Outpatient Services	471.2	73.09	2.87	0.05	0.09	478.8	75.40	3.01	
	Prevention and Early Intervention	1.4	88.35	0.01	0.00	(0.00)	1.4	53.98	0.01	
	Psychiatric diagnostic evaluation	0.5	227.67	0.01	(0.00)	0.00	0.5	250.96	0.01	
	Residential Services	236.4	176.16	3.47	0.05	(0.06)	240.0	173.19	3.46	
	Withdrawal Management	29.8	310.27	0.77	0.01	0.04	30.2	325.25	0.82	
	Subtotal Substance Abuse State Plan			\$ 9.59					\$ 9.77	
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	
	Subtotal Children's Waiver Program			\$ 0.00					\$ 0.00	
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	
	Skill Building	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	
	Subtotal Habilitative Supports Waiver			\$ 0.00					\$ 0.00	
Serious Emotional Disturbances										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	
	Subtotal Serious Emotional Disturbances			\$ 0.00					\$ 0.00	
Total Medical Costs				\$ 36.25					\$ 39.32	

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Enrolled - F - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 959,980	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	102.1	\$ 77.58	\$ 0.66	\$ 0.06	\$ 0.18	\$ 0.66	111.1	\$ 96.67	\$ 0.90
Assertive Community Treatment (ACT)	112.6	61.81	0.58	0.01	0.07	0.58	114.3	69.37	0.66
Assessments and Testing	36.6	219.79	0.67	0.06	0.08	0.67	39.8	243.48	0.81
Case Management / Treatment Planning	238.7	199.10	3.96	0.14	0.44	3.96	247.4	220.23	4.54
Crisis	20.6	373.56	0.64	0.05	0.06	0.64	22.2	400.70	0.74
Evaluation and Management	129.7	143.46	1.55	0.05	0.08	1.55	133.8	150.47	1.68
Inpatient	74.1	749.68	4.63	0.27	(0.19)	4.63	78.4	673.93	4.41
Licensed Residential	96.3	92.24	0.74	0.06	0.09	0.74	103.7	103.22	0.89
Medication Administration	13.6	70.47	0.08	0.01	0.01	0.08	14.7	80.40	0.10
Non-Licensed CLS	43.9	90.12	0.33	0.03	0.03	0.33	48.0	98.90	0.40
Other	30.6	74.46	0.19	0.02	0.05	0.19	33.6	90.70	0.25
Other Therapy	0.5	758.32	0.03	0.01	(0.00)	0.03	0.6	462.40	0.02
Outpatient Services	19.6	232.54	0.38	0.04	0.04	0.38	21.6	256.62	0.46
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	14.5	297.27	0.36	0.03	0.04	0.36	15.7	327.79	0.43
Psychotherapy	227.0	136.92	0.59	0.10	0.35	0.59	235.9	165.89	3.25
Residential Services	11.0	439.46	0.37	0.03	0.02	0.37	11.9	440.76	0.42
Skill Building	322.7	101.46	0.12	0.01	0.01	0.12	337.2	4.82	0.14
Vocational Supports	56.0	100.66	0.47	0.04	(0.07)	0.47	61.0	87.88	0.45
<b>Subtotal Mental Health State Plan</b>			<b>\$ 18.39</b>						<b>\$ 20.57</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	55.5	\$ 56.21	\$ 0.26	\$ 0.01	\$ (0.02)	\$ 0.26	57.3	\$ 52.32	\$ 0.25
Assessments and Testing	85.5	36.49	0.26	0.00	(0.05)	0.26	85.6	28.80	0.21
Case Management / Treatment Planning	1.0	118.18	0.01	0.00	0.00	0.01	1.1	125.75	0.01
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	22.4	75.12	0.14	0.00	0.01	0.14	22.5	77.96	0.15
Medication Assisted Treatment	1,463.2	7.13	0.87	0.02	0.00	0.87	1,489.9	7.16	0.89
Outpatient Services	288.5	71.05	1.59	0.02	0.02	1.59	272.0	72.14	1.63
Prevention and Early Intervention	0.5	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-	-
Residential Services	112.1	192.63	1.80	0.01	(0.04)	1.80	112.6	188.48	1.77
Withdrawal Management	15.0	305.06	0.36	0.00	0.01	0.36	15.1	314.69	0.40
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 5.31</b>						<b>\$ 5.30</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 23.70</b>						<b>\$ 25.87</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: HMP - Enrolled - M - 19 - 20	Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 171,083	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	71.6	\$ 87.13	\$ 0.52	\$ 0.02	\$ 0.18	75.0	\$ 116.76	\$ 0.73
	Assertive Community Treatment (ACT)	134.0	57.33	0.64	0.07	0.13	149.1	67.54	0.84
	Assessments and Testing	40.3	258.86	0.87	0.10	0.10	44.8	286.36	1.07
	Case Management / Treatment Planning	222.6	207.59	3.85	0.19	0.37	233.6	226.63	4.41
	Crisis	39.1	370.99	1.21	0.09	0.13	42.1	408.42	1.43
	Evaluation and Management	89.4	166.39	1.24	0.05	0.11	92.8	181.00	1.40
	Inpatient	194.3	731.27	11.84	0.71	(0.37)	206.0	709.69	12.18
	Licensed Residential	249.5	148.14	3.08	0.39	(0.14)	281.0	144.08	3.37
	Medication Administration	24.3	74.17	0.15	0.01	0.05	25.9	99.57	0.21
	Non-Licensed CLS	183.7	111.05	1.70	0.13	0.11	197.8	118.71	1.96
	Other	27.5	104.74	0.24	0.02	0.06	30.1	126.87	0.32
	Other Therapy	2.0	117.99	0.02	0.00	0.00	2.1	118.49	0.02
	Outpatient Services	15.8	286.13	0.35	0.02	(0.06)	16.6	225.64	0.31
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	15.4	318.84	0.41	0.04	0.05	16.8	355.33	0.50
	Psychotherapy	116.7	153.60	1.32	0.04	0.09	121.6	172.82	1.28
	Rehabilitative Services	18.7	493.73	0.16	0.01	0.02	19.3	476.86	0.18
	Skill Building	483.0	-	0.15	0.01	0.00	500.3	4.24	0.18
	Vocational Supports	55.2	156.52	0.72	0.06	(0.03)	59.6	150.14	0.75
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 28.92</b>					<b>\$ 31.89</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Autism</b>									
	Assessments and Testing	1.7	\$ 285.14	\$ 0.04	\$ 0.01	\$ (0.00)	2.0	\$ 287.89	\$ 0.04
	Psychiatric diagnostic evaluation	194.5	23.61	0.48	(0.05)	(0.03)	175.4	23.63	0.35
	<b>Subtotal Autism</b>			<b>\$ 0.52</b>					<b>\$ 0.39</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	35.3	\$ 61.22	\$ 0.18	\$ 0.00	\$ (0.00)	36.1	\$ 60.01	\$ 0.18
	Assessments and Testing	17.2	76.81	0.11	(0.00)	0.01	17.1	84.99	0.12
	Case Management / Treatment Planning	0.9	131.60	0.01	0.00	(0.00)	1.0	128.45	0.01
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	3.8	95.05	0.03	(0.00)	0.00	3.7	102.68	0.03
	Medication Assisted Treatment	63.7	7.54	0.04	0.00	0.00	64.3	7.65	0.04
	Outpatient Services	90.0	76.67	0.59	0.00	0.00	90.7	79.20	0.60
	Prevention and Early Intervention	0.6	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-
	Residential Services	53.8	167.29	0.75	0.00	(0.01)	53.9	164.53	0.74
	Withdrawal Management	0.1	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>	<b>4.3</b>	<b>305.53</b>	<b>0.11</b>	<b>(0.00)</b>	<b>0.00</b>	<b>4.2</b>	<b>305.06</b>	<b>0.11</b>
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.82</b>					<b>\$ 1.83</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 31.26</b>					<b>\$ 34.11</b>

State of Michigan Department of Health and Human Services SFY 2021 Budget Request for Case Management and Case Management Selfing Retrospective Rate Development Model										
Region: Statewide	Encounter Data			MUNC Adjustments		Policy and Program Changes		Encounter Data		
Rate Call: HMP - Enrolled - M - Z1 - 25	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Program Changes Adjustments	Utilization per 1,000	Cost per Service	Adjusted Base Experience	
Member Months: 719,039	Category of Service									PMPM
Mental Health State Plan										
	Additional Support Services	103.6	\$ 77.58	\$ 0.67	\$ 0.03	\$ 0.09	107.7	\$ 87.22		\$ 0.78
	Assertive Community Treatment (ACT)	238.8	69.35	1.38	0.11	0.17	258.2	76.59		1.65
	Assessments and Testing	176.7	10.81	0.03	0.03	0.01	189.4	10.81		1.65
	Case Management / Treatment Planning	249.1	198.14	4.92	0.41	0.41	258.8	212.26		1.65
	Crisis Management / Treatment Planning	52.8	381.98	1.65	0.13	0.19	56.8	416.97		1.97
	Evaluation and Management	111.0	145.99	1.35	0.13	0.12	114.6	158.11		1.51
	Inpatient	245.3	711.69	14.55	0.90	(0.38)	260.4	647.88		14.06
	Licensed Residential	140.2	123.25	1.44	0.08	0.02	148.5	129.05		16.06
	Medication Administration	40.4	86.19	0.29	0.02	0.05	42.6	100.49		0.36
	Non-Licensed CLS	124.7	115.49	1.20	0.06	(0.12)	131.0	104.98		1.15
	Other	40.2	74.67	0.25	0.02	0.04	43.7	86.12		0.31
	Other Therapy	4.0	120.59	0.04	0.01	(0.00)	4.8	115.13		0.05
	Outpatient Services	17.2	257.98	0.37	0.03	(0.02)	18.4	245.68		0.36
	Prevention and Early Intervention	0.1	-	-	-	-	-	-		-
	Psychiatric diagnostic evaluation	20.8	339.61	0.59	0.05	0.11	22.5	391.54		0.73
	Psychotherapy	157.3	136.55	0.79	0.05	0.19	161.3	150.90		2.03
	Residential Services	34.9	468.76	0.66	0.06	(0.02)	369.5	462.95		0.10
	Skill Building	343.1	8.22	0.01	0.01	0.01	349.5	8.22		1.07
	Vocational Supports	99.3	128.04	1.06	0.07	0.00	106.3	120.58		1.07
	Subtotal Mental Health State Plan			\$ 32.55						\$ 34.29
Mental Health 1915(i)										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00		\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-		-
	Non-Licensed CLS	-	-	-	-	-	-	-		-
	Other	-	-	-	-	-	-	-		-
	Prevention and Early Intervention	-	-	-	-	-	-	-		-
	Skill Building	-	-	-	-	-	-	-		-
	Vocational Supports	-	-	-	-	-	-	-		-
	Subtotal Mental Health 1915(i)			\$ 0.00						\$ 0.00
Autism										
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00		\$ 0.00
	Autism Services	-	-	-	-	-	-	-		-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-		-
	Subtotal Autism			\$ 0.00						\$ 0.00
Substance Abuse State Plan										
	Additional Support Services	80.6	\$ 46.15	\$ 0.31	\$ 0.01	\$ (0.01)	83.1	\$ 44.11		\$ 0.31
	Assessments and Testing	56.7	57.14	0.27	0.00	0.02	56.8	61.07		0.29
	Case Management / Treatment Planning	1.3	93.12	0.01	0.00	0.00	1.4	93.75		0.01
	Crisis	0.0	-	-	-	-	-	-		-
	Evaluation and Management	14.7	81.84	0.10	0.00	0.01	14.7	86.02		0.11
	Medication Assisted Treatment	584.3	7.44	0.35	0.01	0.00	574.5	7.47		0.36
	Outpatient Services	287.2	76.78	1.71	0.03	0.02	271.2	77.59		1.75
	Prevention and Early Intervention	0.4	-	-	-	-	-	-		-
	Psychiatric diagnostic evaluation	0.4	322.34	0.01	(0.00)	0.00	0.4	335.82		0.01
	Residential Services	181.2	190.74	2.88	0.03	(0.05)	182.9	187.47		2.86
	Withdrawal Management	21.8	302.06	0.55	0.01	0.02	22.1	313.64		0.59
	Subtotal Substance Abuse State Plan			\$ 6.19						\$ 6.27
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00		\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-		-
	Non-Licensed CLS	-	-	-	-	-	-	-		-
	Other	-	-	-	-	-	-	-		-
	Other Therapy	-	-	-	-	-	-	-		-
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00		\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-		-
	Non-Licensed CLS	-	-	-	-	-	-	-		-
	Other	-	-	-	-	-	-	-		-
	Skill Building	-	-	-	-	-	-	-		-
	Vocational Supports	-	-	-	-	-	-	-		-
	Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00
Serious Emotional Disturbances										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00		\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-		-
	Non-Licensed CLS	-	-	-	-	-	-	-		-
	Other	-	-	-	-	-	-	-		-
	Other Therapy	-	-	-	-	-	-	-		-
	Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00
Total Medical Costs										
										\$ 40.56

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Enrolled - M - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 1,152,232	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	100.5	\$ 71.64	\$ 0.60	\$ 0.04	\$ 0.14	\$ 0.60	107.9	\$ 86.90	\$ 0.78
Asserive Community Treatment (ACT)	222.7	58.75	1.09	0.09	0.21	1.09	241.2	69.02	1.39
Assessments and Testing	60.3	244.65	1.23	0.12	0.08	1.23	66.4	259.09	1.43
Case Management / Treatment Planning	288.9	191.09	4.60	0.15	0.51	4.60	298.1	211.38	5.25
Crisis	65.3	376.49	2.05	0.17	0.23	2.05	70.7	412.25	2.43
Evaluation and Management	145.6	151.66	1.84	0.06	0.14	1.84	150.6	162.26	2.04
Inpatient	238.4	734.84	14.60	1.12	(0.59)	14.60	256.7	686.44	14.26
Licensed Residential	228.1	105.21	2.00	0.20	0.06	2.00	251.3	109.50	2.29
Medication Administration	38.6	87.15	0.28	0.02	0.05	0.28	41.4	101.73	0.35
Non-Licensed CLS	85.9	92.17	0.66	0.04	0.11	0.66	91.2	106.93	0.81
Other	42.8	81.36	0.29	0.03	0.08	0.29	47.0	102.41	0.40
Other Therapy	0.9	411.51	0.03	0.00	0.02	0.03	1.0	625.96	0.05
Outpatient Services	15.7	282.15	0.37	0.02	(0.03)	0.37	16.6	260.96	0.36
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	24.4	329.63	0.67	0.05	0.12	0.67	26.3	384.82	0.84
Psychotherapy	19.3	135.17	0.19	0.08	0.36	0.19	20.2	255.43	0.24
Residential Services	39.0	493.60	1.11	0.34	0.01	1.11	40.8	450.44	1.29
Skill Building	1,232.9	493.60	0.37	0.02	0.05	0.37	1,314.5	4.07	0.45
Vocational Supports	60.2	135.60	0.68	0.04	(0.00)	0.68	64.0	134.82	0.72
<b>Subtotal Mental Health State Plan</b>			<b>\$ 34.67</b>						<b>\$ 37.72</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	237.7	\$ 45.95	\$ 0.91	\$ 0.03	\$ (0.04)	\$ 0.91	245.7	\$ 43.96	\$ 0.90
Assessments and Testing	212.0	44.14	0.78	(0.00)	0.04	0.78	210.8	46.66	0.82
Case Management / Treatment Planning	4.3	83.70	0.03	0.00	0.00	0.03	4.7	88.94	0.04
Crisis	0.1	1,047.48	0.01	(0.00)	0.00	0.01	0.1	940.38	0.01
Evaluation and Management	76.0	78.93	0.50	0.00	0.02	0.50	76.1	82.66	0.52
Medication Assisted Treatment	4,065.4	7.32	2.48	0.03	0.01	2.48	4,117.5	7.35	2.52
Outpatient Services	870.4	73.48	5.33	0.06	0.09	5.33	881.0	74.77	5.49
Prevention and Early Intervention	1.7	70.26	0.01	0.00	(0.01)	0.01	1.7	16.66	0.00
Psychiatric diagnostic evaluation	0.8	144.03	0.01	(0.00)	(0.00)	0.01	0.8	122.77	0.01
Residential Services	531.1	190.70	8.44	0.04	(0.14)	8.44	533.7	187.57	8.34
Withdrawal Management	87.8	300.74	2.20	0.00	0.10	2.20	87.9	313.74	2.30
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 20.70</b>						<b>\$ 20.95</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 55.37</b>						<b>\$ 58.67</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Enrolled - M - 40 - 49	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 611,539	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	128.1	\$ 74.94	\$ 0.80	\$ 0.06	\$ 0.14	\$ 0.06	137.3	\$ 87.23	\$ 1.00
Assertive Community Treatment (ACT)	160.9	59.71	0.68	0.04	0.16	0.04	169.5	61.93	0.87
Assessments and Testing	59.3	226.50	1.10	0.09	0.09	0.09	63.0	243.14	1.28
Case Management / Treatment Planning	349.3	189.61	5.52	0.15	0.59	0.15	358.7	209.24	6.26
Crisis	50.3	379.08	1.59	0.12	0.15	0.12	54.1	407.55	1.84
Evaluation and Management	167.5	144.68	2.02	0.07	0.13	0.07	173.2	153.44	2.22
Inpatient	156.6	733.11	9.57	0.67	(0.32)	0.67	167.6	665.45	9.29
Licensed Residential	165.8	110.00	1.52	0.15	0.08	0.15	181.7	116.98	1.77
Medication Administration	25.1	81.28	0.01	0.01	0.03	0.01	27.1	93.91	0.21
Non-Licensed CLS	111.6	89.27	0.83	0.03	0.08	0.03	116.1	98.66	0.95
Other	43.8	76.72	0.83	0.02	0.07	0.02	47.5	94.24	0.37
Outpatient Services	1.3	539.59	0.06	0.00	(0.01)	0.00	1.4	473.30	0.06
Prevention and Early Intervention	13.3	279.20	0.31	0.02	(0.02)	0.02	14.2	260.76	0.31
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Psychotherapy	25.0	311.52	0.65	0.05	0.10	0.05	26.9	354.15	0.79
Residential Services	249.7	139.59	1.86	0.10	0.42	0.10	249.0	156.85	2.03
Skill Building	144.3	439.66	1.26	0.12	0.44	0.12	149.3	446.83	1.39
Skill Building Supports	416.5	134.03	0.14	0.01	0.01	0.01	442.3	141.35	0.16
Vocational Supports	84.6	134.76	0.95	0.05	(0.02)	0.05	89.3	132.09	0.98
<b>Subtotal Mental Health State Plan</b>			<b>\$ 30.22</b>						<b>\$ 33.06</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	261.2	\$ 46.39	\$ 1.01	\$ 0.04	\$ (0.00)	\$ 0.04	270.8	\$ 46.30	\$ 1.04
Assessments and Testing	176.4	43.54	0.64	(0.00)	(0.01)	(0.00)	176.1	43.19	0.63
Case Management / Treatment Planning	3.8	93.60	0.03	0.00	0.00	0.00	4.3	101.17	0.04
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	53.9	77.95	0.35	0.00	0.02	0.00	54.2	81.68	0.37
Medication Assisted Treatment	3,235.0	7.27	1.96	0.03	0.01	0.03	3,286.9	7.30	2.00
Outpatient Services	744.8	74.28	4.61	0.08	0.12	0.08	757.2	76.18	4.81
Prevention and Early Intervention	0.6	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.5	235.21	0.01	(0.00)	(0.00)	(0.00)	0.5	166.30	0.01
Residential Services	463.0	189.20	7.30	0.08	(0.12)	0.08	467.9	186.01	7.25
Withdrawal Management	66.4	287.70	1.64	0.01	0.06	0.01	69.0	301.60	1.73
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 17.35</b>						<b>\$ 17.88</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 47.77</b>						<b>\$ 50.94</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Enrolled - M - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjusted Base Experience		
Member Months: 634,560	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	141.3	\$ 61.99	\$ 0.73	\$ 0.06	\$ 0.18	\$ 0.06	153.4	\$ 75.86	\$ 0.97
Assertive Community Treatment (ACT)	106.8	55.08	0.49	0.02	0.08	0.02	110.3	64.22	0.59
Assessments and Testing	42.1	225.17	0.79	0.06	0.08	0.06	45.2	245.43	0.92
Case Management / Treatment Planning	277.0	193.20	4.46	0.13	0.53	0.13	285.3	215.39	5.12
Crisis	32.2	368.52	0.99	0.08	0.11	0.08	34.9	404.88	1.18
Evaluation and Management	118.2	141.16	1.39	0.04	0.08	0.04	121.8	148.57	1.51
Inpatient	101.6	741.73	6.28	0.28	(0.09)	0.28	106.1	684.48	6.05
Licensed Residential	228.8	106.98	2.04	0.09	0.02	0.09	239.2	112.56	2.24
Medication Administration	13.0	74.02	0.08	0.01	0.02	0.01	14.0	92.17	0.11
Non-Licensed CLS	99.5	90.46	0.75	0.05	0.09	0.05	106.3	100.89	0.89
Other	39.9	72.18	0.24	0.02	0.07	0.02	43.2	91.06	0.33
Other Therapy	0.5	695.47	0.03	0.00	(0.00)	0.00	0.6	543.75	0.03
Outpatient Services	7.6	253.86	0.16	0.01	(0.01)	0.01	8.1	245.37	0.16
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	16.9	298.82	0.42	0.03	(0.00)	0.03	18.2	332.22	0.50
Psychotherapy	127.70	127.70	0.96	0.07	0.37	0.07	135.4	190.85	2.04
Residential Services	50.2	493.60	0.16	0.01	0.01	0.01	52.9	490.86	0.18
Skill Building	489.4	3.60	0.15	0.01	0.01	0.01	522.9	3.79	0.17
Vocational Supports	44.9	168.30	0.63	0.04	(0.03)	0.04	47.7	157.27	0.63
<b>Subtotal Mental Health State Plan</b>			<b>\$ 22.35</b>						<b>\$ 24.67</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	227.1	\$ 49.68	\$ 0.94	\$ 0.03	\$ (0.02)	\$ 0.03	234.7	\$ 48.46	\$ 0.95
Assessments and Testing	114.5	44.03	0.42	0.00	(0.05)	0.00	114.5	38.58	0.37
Case Management / Treatment Planning	1.8	65.71	0.01	0.00	0.00	0.00	2.0	69.33	0.01
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	24.4	73.68	0.15	0.00	0.00	0.00	24.6	75.87	0.16
Medication Assisted Treatment	1,741.7	7.17	1.04	0.02	0.00	0.02	1,778.2	7.19	1.06
Outpatient Services	531.2	75.90	3.36	0.05	0.06	0.05	539.9	77.20	3.47
Prevention and Early Intervention	0.8	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.4	-	-	-	-	-	-	-	-
Residential Services	335.6	193.79	5.42	0.04	(0.08)	0.04	338.1	190.84	5.38
Withdrawal Management	1.0	1.00	0.01	0.00	0.00	0.00	1.0	1.00	0.01
<b>Subtotal Substance Abuse State Plan</b>	<b>42.9</b>	<b>282.66</b>	<b>\$ 12.35</b>				<b>43.1</b>	<b>250.91</b>	<b>\$ 12.44</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 34.70</b>						<b>\$ 37.11</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - F - 19 - 20	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 101,855	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	114.4	\$ 83.92	\$ 0.80	\$ 0.03	\$ 0.25	\$ 0.80	119.0	\$ 109.45	\$ 1.09
Assertive Community Treatment (ACT)	128.7	72.75	0.78	0.05	0.08	0.78	136.7	79.39	0.90
Assessments and Testing	48.4	255.78	1.02	0.10	0.08	1.02	52.9	271.57	1.20
Case Management / Treatment Planning	149.2	206.77	2.57	0.13	0.19	2.57	156.8	221.01	2.89
Crisis	44.7	424.62	1.58	0.12	0.11	1.58	47.9	452.98	1.81
Evaluation and Management	55.3	169.40	0.78	0.04	0.01	0.78	57.8	171.53	0.83
Inpatient	146.4	709.63	8.66	1.95	(0.63)	8.66	179.4	667.78	9.99
Licensed Residential	22.6	100.80	0.19	0.01	0.04	0.19	23.4	123.72	0.24
Medication Administration	6.2	76.87	0.04	0.00	0.01	0.04	6.4	104.25	0.06
Non-Licensed CLS	188.5	84.63	1.40	0.05	0.06	1.40	206.2	88.78	1.53
Other	19.8	103.07	0.17	0.01	0.05	0.17	21.4	132.95	0.24
Other Therapy	2.4	50.93	0.01	0.00	0.00	0.01	2.5	50.99	0.01
Outpatient Services	37.2	244.97	0.76	0.06	0.02	0.76	40.0	251.47	0.84
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	14.4	359.00	0.43	0.04	0.14	0.43	15.6	488.56	0.61
Psychotherapy	123.4	149.34	1.56	0.05	0.21	1.56	129.0	198.13	1.82
Rehabilitation Services	13.0	495.32	0.16	0.01	0.04	0.16	13.8	485.44	0.84
Skill Building	727.4	13.13	0.19	0.01	0.00	0.19	748.2	3.21	0.20
Vocational Supports	23.8	272.29	0.54	0.14	(0.14)	0.54	29.3	215.49	0.54
<b>Subtotal Mental Health State Plan</b>			<b>\$ 22.17</b>						<b>\$ 25.61</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	0.4	\$ 339.52	\$ 0.01	\$ (0.01)	\$ 0.00	\$ 0.00	0.1	\$ 795.65	\$ 0.01
Autism Services	40.6	14.76	0.05	0.00	0.01	0.05	41.8	14.69	0.05
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.06</b>						<b>\$ 0.06</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	28.7	\$ 66.79	\$ 0.16	\$ 0.00	\$ (0.01)	\$ 0.16	29.5	\$ 64.28	\$ 0.16
Assessments and Testing	6.0	99.86	0.05	0.00	0.00	0.05	6.0	100.63	0.05
Case Management / Treatment Planning	0.4	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	1.3	92.60	0.01	(0.00)	(0.00)	0.01	1.3	90.51	0.01
Medication Assisted Treatment	6.4	-	-	-	-	-	-	-	-
Outpatient Services	70.1	77.03	0.45	0.01	0.02	0.45	71.7	79.67	0.48
Prevention and Early Intervention	0.5	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-	-
Residential Services	62.3	165.59	0.86	0.01	(0.03)	0.86	62.9	160.13	0.84
Withdrawal Management	5.1	335.31	0.15	(0.00)	0.00	0.15	5.0	359.70	0.15
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.68</b>						<b>\$ 1.68</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 23.91</b>						<b>\$ 27.36</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - F - 21 - 25	SFY 2019 Base Experience			Adjustments			Adjusted Base Experience		
Member Months: 141,931	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	52.6	\$ 107.25	\$ 0.47	\$ 0.04	\$ 0.13	\$ 0.00	56.8	\$ 135.52	\$ 0.64
Asserive Community Treatment (ACT)	90.8	44.93	0.34	0.08	0.05	(0.00)	111.1	111.1	0.46
Assessments and Testing	50.9	278.20	1.18	0.14	0.08	(0.00)	57.0	293.70	1.40
Case Management / Treatment Planning	155.7	214.98	2.79	0.12	0.29	(0.00)	162.6	236.26	3.20
Crisis	48.4	388.89	1.57	0.15	0.08	(0.01)	53.1	405.81	1.80
Evaluation and Management	49.0	168.85	0.69	0.03	0.05	-	51.2	181.24	0.77
Inpatient	181.6	715.23	9.63	1.54	(0.65)	(0.34)	187.3	652.05	10.18
Licensed Residential	156.6	88.13	1.15	0.11	0.15	0.02	171.8	100.14	1.43
Medication Administration	5.8	102.85	0.05	0.00	0.02	-	6.2	133.73	0.07
Non-Licensed CLS	187.6	110.28	1.54	0.09	0.10	0.01	177.7	117.71	1.74
Other	35.1	296.50	0.75	0.06	0.10	-	38.0	289.57	0.92
Other Therapy	1.4	83.49	0.01	0.00	0.00	-	1.5	83.57	0.01
Outpatient Services	30.2	230.59	0.58	0.06	0.08	-	33.2	258.51	0.71
Prevention and Early Intervention	4.0	332.18	0.11	0.02	(0.02)	-	4.9	283.01	0.11
Psychiatric diagnostic evaluation	13.5	381.44	0.43	0.04	0.08	-	14.9	442.98	0.55
Psychotherapy	85.6	145.86	0.60	0.02	0.00	-	87.4	158.83	0.56
Residential Services	27.1	379.30	0.94	0.03	0.07	(0.01)	27.0	404.24	1.07
Skill Building	823.2	117.36	0.23	0.00	0.00	0.00	837.0	3.42	0.24
Vocational Supports	32.7	117.36	0.32	0.02	0.07	0.00	34.4	142.16	0.41
<b>Subtotal Mental Health State Plan</b>			<b>\$ 23.80</b>						<b>\$ 26.88</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	41.9	\$ 45.88	\$ 0.16	\$ 0.01	\$ (0.02)	\$ 0.00	43.2	\$ 41.68	\$ 0.15
Assessments and Testing	25.4	70.73	0.15	0.00	0.01	-	25.5	75.74	0.16
Case Management / Treatment Planning	0.8	157.70	0.01	0.00	(0.00)	-	0.8	153.11	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	7.0	85.50	0.05	(0.00)	0.00	-	6.9	86.79	0.05
Medication Assisted Treatment	299.5	7.21	0.18	0.00	0.00	-	302.5	7.29	0.18
Outpatient Services	118.2	70.05	0.69	0.01	0.01	-	119.2	71.15	0.71
Prevention and Early Intervention	0.1	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.4	283.86	0.01	(0.00)	(0.00)	-	0.4	218.59	0.01
Residential Services	141.7	177.84	2.10	0.02	(0.06)	-	143.0	173.00	2.06
Withdrawal Management	12.6	335.39	0.35	0.00	0.02	-	12.6	348.55	0.37
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.70</b>						<b>\$ 3.70</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 27.50</b>						<b>\$ 30.88</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - F - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 270,155	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	83.6	\$ 96.18	\$ 0.67	\$ 0.04	\$ 0.14	\$ 0.67	88.7	\$ 115.69	\$ 0.86
Assertive Community Treatment (ACT)	53.0	44.83	0.31	0.02	0.08	0.31	57.4	54.48	0.40
Assessments and Testing	83.9	262.59	1.18	0.10	0.08	1.18	87.4	277.43	1.36
Case Management / Treatment Planning	151.4	201.35	2.54	0.11	0.24	2.54	158.2	218.93	2.89
Crisis	54.6	377.78	1.72	0.15	0.16	1.72	59.4	405.65	2.01
Evaluation and Management	53.0	149.46	0.66	0.03	0.05	0.66	55.1	159.73	0.73
Inpatient	207.1	718.99	12.41	1.36	(0.66)	12.41	229.8	628.15	12.03
Licensed Residential	169.8	98.23	1.39	0.13	0.13	1.39	185.9	106.90	1.66
Medication Administration	9.0	93.16	0.07	0.00	0.02	0.07	9.7	113.02	0.09
Non-Licensed CLS	192.2	99.90	1.60	0.13	0.25	1.60	207.5	112.62	1.95
Other	29.4	94.00	0.23	0.02	0.08	0.23	31.9	125.66	0.33
Outpatient Services	3.2	114.15	0.03	0.00	0.00	0.03	3.3	115.98	0.03
Prevention and Early Intervention	27.1	260.87	0.59	0.05	0.01	0.59	29.6	283.68	0.65
Psychiatric diagnostic evaluation	0.8	284.37	0.02	0.00	(0.00)	0.02	1.0	277.93	0.02
Psychotherapy	18.3	322.08	0.49	0.04	0.09	0.49	19.9	372.28	0.62
Residential Services	66.9	138.12	0.70	0.04	0.05	0.70	70.5	152.35	0.74
Skill Building	13.2	49.32	0.03	0.02	0.02	0.03	14.1	49.63	0.03
Skill Building Services	2,385.9	3,187	0.77	0.05	0.07	0.77	2,531.8	4,230	0.89
Vocational Supports	31.4	103.03	0.27	0.03	(0.02)	0.27	35.1	97.53	0.28
<b>Subtotal Mental Health State Plan</b>			<b>\$ 26.66</b>						<b>\$ 28.73</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	56.9	\$ 52.72	\$ 0.25	\$ 0.01	\$ (0.03)	\$ 0.25	58.3	\$ 46.58	\$ 0.23
Assessments and Testing	63.0	60.92	0.32	(0.00)	0.03	0.32	62.4	66.36	0.34
Case Management / Treatment Planning	2.2	110.27	0.02	0.00	(0.00)	0.02	2.3	109.20	0.02
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	19.9	84.24	0.14	(0.00)	0.01	0.14	19.8	87.86	0.15
Medication Assisted Treatment	1,067.1	7.76	0.69	0.00	0.00	0.69	1,073.2	7.80	0.70
Outpatient Services	277.6	72.19	1.67	0.01	0.03	1.67	279.0	73.48	1.71
Prevention and Early Intervention	1.6	77.19	0.01	0.00	(0.01)	0.01	1.6	8.01	0.00
Psychiatric diagnostic evaluation	0.9	270.16	0.02	(0.00)	(0.00)	0.02	0.8	209.79	0.01
Residential Services	267.4	163.07	4.08	(0.01)	(0.06)	4.08	286.8	179.63	3.99
Withdrawal Management	32.3	325.30	0.87	(0.00)	0.04	0.87	32.1	340.07	0.91
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 8.07</b>						<b>\$ 8.06</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 34.73</b>						<b>\$ 36.79</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - F -40 -49	SFY 2019 Base Experience			Adjustments			Adjusted Base Experience		
Member Months: 116,195	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	90.5	\$ 71.63	\$ 0.54	\$ 0.04	\$ 0.23	\$ (0.00)	97.8	\$ 99.73	\$ 0.81
Assertive Community Treatment (ACT)	146.2	59.08	0.72	0.11	0.12	-	169.4	67.27	0.95
Assessments and Testing	66.7	250.02	1.39	0.12	0.12	(0.01)	72.6	268.84	1.63
Case Management / Treatment Planning	220.2	215.28	3.95	0.13	0.40	-	227.6	236.36	4.48
Crisis	56.6	373.18	1.76	0.15	0.25	(0.08)	61.5	406.67	2.09
Evaluation and Management	86.6	139.88	1.01	0.05	0.05	-	91.1	146.40	1.11
Inpatient	214.4	700.20	12.51	2.62	(1.05)	(1.43)	259.3	585.35	12.65
Licensed Residential	471.2	87.85	3.45	0.15	0.18	0.04	491.4	93.33	3.82
Medication Administration	13.5	70.96	0.08	0.01	0.02	-	14.7	83.58	0.10
Non-Licensed CLS	180.1	135.25	2.03	0.18	(0.02)	0.02	196.0	134.72	2.20
Other	32.9	83.78	0.23	0.02	0.06	(0.00)	35.8	104.75	0.31
Other Therapy	1.4	165.99	0.02	0.00	(0.01)	-	1.6	101.49	0.01
Outpatient Services	7.1	269.44	0.16	0.02	(0.01)	-	8.0	251.47	0.17
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	20.3	312.61	0.53	0.05	0.08	(0.01)	22.2	350.48	0.65
Psychotherapy	152.5	139.61	1.43	0.03	0.23	(0.00)	126.5	160.85	1.08
Residential Services	52.9	493.29	1.01	0.07	(0.02)	(0.02)	52.3	444.25	1.09
Skill Building	3,685.9	5.29	1.01	0.07	0.11	0.01	3,943.3	46.25	1.20
Vocational Supports	37.7	95.50	0.30	0.02	0.11	0.00	40.0	93.54	0.31
<b>Subtotal Mental Health State Plan</b>			<b>\$ 32.14</b>						<b>\$ 35.28</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	55.6	\$ 56.15	\$ 0.26	\$ 0.01	\$ (0.00)	\$ 0.00	57.5	\$ 55.80	\$ 0.27
Assessments and Testing	53.6	67.17	0.30	0.00	0.01	-	53.7	68.95	0.31
Case Management / Treatment Planning	2.8	86.07	0.02	0.00	0.00	-	3.0	88.88	0.02
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	16.7	78.90	0.11	0.00	0.01	-	16.8	82.76	0.12
Medication Assisted Treatment	1,014.0	7.46	0.63	0.00	0.00	-	1,018.5	7.51	0.64
Outpatient Services	253.0	76.36	1.61	0.02	0.03	(0.00)	255.4	77.87	1.66
Prevention and Early Intervention	0.2	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.6	193.66	0.01	(0.00)	(0.00)	-	0.6	159.30	0.01
Residential Services	218.0	192.65	3.50	0.02	(0.10)	(0.01)	219.2	186.61	3.41
Withdrawal Management	29.7	314.70	0.76	0.01	0.03	-	30.3	328.23	0.83
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 7.22</b>						<b>\$ 7.25</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 39.36</b>						<b>\$ 42.53</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - F - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 141,636	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	185.1	\$ 64.68	\$ 0.89	\$ 0.06	\$ 0.11	\$ 0.06	177.1	\$ 72.38	\$ 1.07
Assessments and Testing	195.5	57.10	0.93	0.02	0.06	0.02	200.1	60.83	1.01
Case Management / Treatment Planning	268.4	244.70	1.18	0.09	0.10	0.09	62.2	263.07	1.36
Crisis	42.7	354.09	1.26	0.10	0.52	0.10	278.6	241.68	5.61
Evaluation and Management	85.7	135.89	0.97	0.04	0.15	0.04	89.2	139.57	1.46
Inpatient	187.1	644.03	10.04	2.26	(0.60)	0.03	229.1	502.29	9.59
Licensed Residential	931.3	85.30	6.62	0.50	0.69	0.11	1,002.0	94.99	7.93
Medication Administration	13.2	54.48	0.06	0.01	0.01	0.01	14.6	64.38	0.08
Non-Licensed CLS	239.3	129.90	2.59	0.18	0.37	0.02	256.0	148.32	3.16
Other	39.8	78.35	0.26	0.02	0.05	(0.01)	43.3	88.56	0.32
Outpatient Services	3.1	229.68	0.06	0.01	(0.04)	0.01	3.5	99.09	0.03
Prevention and Early Intervention	19.7	224.92	0.37	0.03	(0.03)	-	21.3	209.22	0.37
Psychiatric diagnostic evaluation	20.4	311.48	0.53	0.04	-	-	22.1	354.76	0.65
Psychotherapy	116.3	125.85	0.22	0.04	0.08	(0.00)	120.6	117.68	0.46
Skill Building	18.3	418.35	0.32	0.04	0.22	0.01	20.0	411.83	0.97
Skill Building Services	416.8	13.25	0.66	0.04	0.04	0.01	2,591.3	3.47	0.75
Vocational Supports	2,434.1	110.20	0.34	0.03	(0.08)	0.00	40.8	85.85	0.29
<b>Subtotal Mental Health State Plan</b>	<b>37.0</b>	<b>\$ 33.81</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>40.8</b>	<b>\$ 85.85</b>	<b>\$ 37.18</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	29.5	\$ 52.91	\$ 0.13	\$ 0.01	\$ (0.00)	\$ 0.00	30.9	\$ 51.33	\$ 0.13
Assessments and Testing	39.4	54.83	0.18	0.00	(0.01)	(0.01)	39.6	50.87	0.17
Case Management / Treatment Planning	1.1	108.95	0.01	0.00	0.00	-	1.2	116.46	0.01
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	9.6	75.20	0.06	0.00	0.00	0.00	9.6	77.78	0.06
Medication Assisted Treatment	877.4	7.25	0.53	0.01	0.00	-	896.1	7.27	0.54
Outpatient Services	131.7	71.96	0.79	0.01	(0.00)	-	133.6	71.70	0.80
Prevention and Early Intervention	0.4	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.6	202.34	0.01	(0.00)	(0.00)	(0.00)	0.5	114.10	0.01
Residential Services	125.6	184.33	1.93	(0.00)	(0.06)	(0.06)	125.5	178.69	1.87
Withdrawal Management	14.8	281.37	0.36	0.00	0.01	-	14.8	296.69	0.37
<b>Subtotal Substance Abuse State Plan</b>	<b>14.8</b>	<b>\$ 4.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.01</b>	<b>\$ 0.00</b>	<b>14.8</b>	<b>\$ 3.96</b>	<b>\$ 3.96</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 37.81</b>						<b>\$ 41.14</b>

<div> <div>State of Michigan</div> <div>Department of Health and Human Services</div> <div>SFY 2021 Behavioral Health Capitation Rate Setting</div> <div>Retrospective Rate Development Model</div> </div>									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - M - 19 - 20	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 96,130	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	70.2	\$ 85.52	\$ 0.50	\$ 0.04	\$ 0.16	\$ 0.00	75.4	\$ 111.27	\$ 0.70
Assertive Community Treatment (ACT)	173.0	56.18	0.81	0.05	0.15	-	183.2	66.03	1.01
Assessments and Testing	57.2	291.75	1.39	0.14	0.13	-	62.7	316.35	1.65
Case Management / Treatment Planning	219.6	214.23	3.92	0.17	0.39	-	229.3	234.71	4.49
Crisis	54.6	402.56	1.83	0.15	0.20	-	59.1	443.46	2.19
Evaluation and Management	68.4	157.88	0.90	0.03	0.06	-	70.7	167.99	0.99
Inpatient	215.6	696.90	12.52	1.49	(0.46)	-	241.2	674.22	13.55
Licensed Residential	388.6	151.93	4.92	0.46	(0.64)	0.07	425.0	135.64	4.80
Medication Administration	17.0	113.09	0.16	0.01	0.04	-	18.4	136.51	0.21
Non-Licensed CLS	310.5	111.71	2.89	0.13	0.08	0.02	324.4	115.31	3.12
Other	35.2	109.08	0.32	0.02	0.06	-	37.9	127.30	0.40
Other Therapy	1.2	96.13	0.01	0.00	0.00	-	1.3	96.90	0.01
Outpatient Services	7.1	236.11	0.14	0.01	0.01	-	7.4	246.78	0.15
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	15.1	365.45	0.46	0.04	0.07	-	16.4	417.11	0.57
Psychotherapy	97.7	133.82	1.09	0.02	0.03	-	99.5	147.85	0.72
Residential Services	16.7	503.41	0.32	0.01	0.02	-	17.3	521.98	0.76
Skill Building	1,266.7	303.06	0.01	0.01	0.05	0.00	1,281.3	315.66	0.38
Vocational Supports	27.7	108.25	0.25	0.02	0.01	0.00	29.3	112.30	0.28
<b>Subtotal Mental Health State Plan</b>			<b>\$ 33.09</b>						<b>\$ 36.48</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	3.2	\$ 517.62	\$ 0.14	\$ (0.02)	\$ 0.03	\$ 0.01	2.7	\$ 683.48	\$ 0.15
Case Management / Treatment Planning	1,136.3	16.79	1.59	0.09	(0.04)	(0.05)	1,202.5	15.63	1.60
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 1.73</b>						<b>\$ 1.75</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	30.0	\$ 64.09	\$ 0.16	\$ 0.00	\$ (0.02)	\$ 0.00	30.8	\$ 55.71	\$ 0.14
Assessments and Testing	10.1	106.81	0.09	(0.00)	0.01	-	10.1	119.92	0.10
Case Management / Treatment Planning	0.9	137.33	0.01	0.00	(0.00)	-	0.9	135.63	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	2.9	83.59	0.02	0.00	0.00	-	2.9	86.12	0.02
Medication Assisted Treatment	103.7	6.94	0.06	0.00	0.00	-	106.6	7.04	0.06
Outpatient Services	88.8	82.47	0.61	0.01	0.03	-	90.0	86.03	0.65
Prevention and Early Intervention	0.6	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-	-
Residential Services	44.9	160.22	0.60	0.01	(0.00)	-	46.0	159.90	0.61
Withdrawal Management	0.7	329.43	0.02	0.00	0.00	-	0.8	373.23	0.02
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.57</b>						<b>\$ 1.62</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 36.39</b>						<b>\$ 39.84</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - M - 21 - 25	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 120,400	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment		Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	186.0	\$ 73.56	\$ 1.14	\$ 0.06	\$ 0.01	\$ 0.00	196.2	\$ 74.12	\$ 1.21
Assertive Community Treatment (ACT)	185.4	58.26	0.90	0.07	0.15	-	199.1	67.48	1.12
Assessments and Testing	87.4	262.22	1.91	0.19	0.15	(0.01)	96.0	279.58	2.24
Case Management / Treatment Planning	287.0	211.12	5.05	0.24	0.57	(0.02)	300.4	233.17	5.84
Crisis	99.0	378.30	3.12	0.26	0.34	(0.05)	107.3	411.59	3.68
Evaluation and Management	88.6	147.62	1.09	0.04	0.10	(0.00)	92.0	160.71	1.23
Inpatient	437.7	702.33	25.62	3.08	(1.31)	(2.14)	490.4	617.95	25.25
Licensed Residential	219.5	118.65	2.17	0.27	0.19	0.04	246.5	129.98	2.67
Medication Administration	32.4	103.73	0.61	0.02	0.02	-	35.0	110.77	0.32
Non-Licensed CLS	294.3	65.64	1.61	0.11	0.12	0.01	313.9	70.54	1.85
Other	69.8	67.08	0.39	0.04	0.00	(0.00)	76.9	77.05	0.49
Other Therapy	10.8	55.74	0.05	0.00	0.00	-	11.2	55.77	0.05
Outpatient Services	13.4	251.58	0.28	0.02	(0.02)	-	14.4	232.49	0.28
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	32.3	334.44	0.90	0.09	0.23	(0.01)	35.4	408.08	1.21
Psychotherapy	100.9	131.00	1.00	0.06	0.26	(0.00)	105.9	160.77	1.41
Residential Services	137.7	493.79	1.10	0.12	0.01	(0.02)	148.0	471.52	1.87
Skill Building	1,297.1	122.10	0.41	0.02	0.01	0.00	1,351.0	3.96	0.45
Vocational Supports	84.5	-	0.86	0.17	0.94	0.01	101.1	234.52	1.98
<b>Subtotal Mental Health State Plan</b>			<b>\$ 48.52</b>						<b>\$ 53.15</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	79.7	\$ 51.17	\$ 0.34	\$ 0.01	\$ (0.06)	\$ 0.00	82.0	\$ 42.75	\$ 0.29
Assessments and Testing	43.9	82.09	0.30	(0.00)	0.01	-	43.7	85.25	0.31
Case Management / Treatment Planning	1.3	92.62	0.01	0.00	(0.00)	-	1.4	90.08	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	10.6	90.87	0.08	(0.00)	0.00	-	10.4	92.69	0.08
Medication Assisted Treatment	326.7	9.18	0.25	(0.00)	(0.01)	-	326.2	8.99	0.24
Outpatient Services	221.9	83.30	1.54	(0.00)	(0.02)	-	221.7	82.05	1.52
Prevention and Early Intervention	2.3	52.35	0.01	(0.00)	(0.01)	-	2.2	4.28	0.00
Psychiatric diagnostic evaluation	1.0	240.80	0.02	(0.00)	(0.01)	-	0.9	156.65	0.01
Residential Services	328.3	176.54	4.83	0.05	(0.08)	(0.01)	332.0	173.36	4.80
Withdrawal Management	31.1	301.00	0.78	0.01	0.06	-	31.5	325.56	0.86
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 8.16</b>						<b>\$ 8.12</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 56.68</b>						<b>\$ 61.27</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - M - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 246,808	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	112.4	\$ 67.25	\$ 0.63	\$ 0.05	\$ 0.15	\$ 0.63	121.8	\$ 82.47	\$ 0.84
Asserive Community Treatment (ACT)	263.1	59.75	1.31	0.13	0.16	1.31	268.7	66.16	1.59
Assessments and Testing	114.3	267.70	2.55	0.31	0.14	2.55	128.2	280.10	2.99
Case Management / Treatment Planning	300.3	211.00	5.28	0.25	0.61	5.28	314.5	234.26	6.14
Crisis	118.1	383.07	3.77	0.34	0.32	3.77	128.7	407.24	4.37
Evaluation and Management	88.4	154.76	1.14	0.05	0.09	1.14	92.0	165.34	1.27
Inpatient	462.2	701.53	27.02	3.24	(0.74)	27.02	517.6	633.78	27.34
Licensed Residential	519.5	109.73	4.75	0.44	(0.16)	4.75	567.7	107.65	5.09
Medication Administration	29.3	73.80	0.18	0.01	0.04	0.18	31.0	90.29	0.23
Non-Licensed CLS	385.9	149.90	4.82	0.38	0.27	4.82	416.2	158.73	5.51
Other	59.5	96.87	0.48	0.04	0.12	0.48	64.7	119.60	0.64
Other Therapy	2.8	86.60	0.02	0.00	(0.01)	0.02	3.0	50.96	0.01
Outpatient Services	19.8	296.41	0.49	0.04	(0.07)	0.49	21.6	257.89	0.46
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	37.8	339.88	1.07	0.09	0.22	1.07	41.0	402.49	1.38
Psychotherapy	135.7	128.45	1.73	0.06	0.32	1.73	141.3	153.85	1.98
Rehabilitation Services	6.16	493.27	1.76	0.16	(0.09)	1.76	6.91	486.26	1.96
Skill Building	6,010.3	-	1.64	0.11	0.15	1.64	6,401.8	3.69	1.91
Vocational Supports	70.3	102.48	0.60	0.09	0.26	0.60	80.4	142.28	0.95
<b>Subtotal Mental Health State Plan</b>			<b>\$ 58.96</b>						<b>\$ 64.49</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	190.2	\$ 46.06	\$ 0.73	\$ 0.03	\$ (0.00)	\$ 0.73	197.4	\$ 45.85	\$ 0.75
Assessments and Testing	138.8	64.84	0.75	(0.00)	0.06	0.75	138.4	70.01	0.81
Case Management / Treatment Planning	5.3	90.57	0.04	0.00	0.00	0.04	5.8	94.79	0.05
Crisis	0.1	-	-	-	-	-	-	-	-
Evaluation and Management	43.7	85.11	0.31	0.00	0.01	0.31	43.8	88.58	0.32
Medication Assisted Treatment	2,183.2	7.53	1.37	0.02	0.00	1.37	2,211.5	7.55	1.39
Outpatient Services	573.5	74.91	3.58	0.03	0.05	3.58	578.0	75.97	3.66
Prevention and Early Intervention	1.7	70.52	0.01	(0.00)	(0.01)	0.01	1.6	6.87	0.00
Psychiatric diagnostic evaluation	0.9	299.80	0.02	(0.00)	0.00	0.02	0.9	261.76	0.02
Residential Services	727.9	195.39	1.73	0.06	(0.23)	1.73	731.7	189.59	1.96
Withdrawal Management	104.2	309.81	2.89	0.01	0.12	2.89	104.6	323.08	2.82
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 2,123</b>						<b>\$ 2,138</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 80.19</b>						<b>\$ 85.88</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - M -40 -49	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 104,442	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	202.0	\$ 70.10	\$ 1.18	\$ 0.11	\$ 0.24	\$ 0.00	220.5	\$ 83.18	\$ 1.53
Asserive Community Treatment (ACT)	389.5	50.53	1.64	0.06	0.36	(0.00)	403.4	61.03	2.05
Assessments and Testing	111.9	251.99	2.35	0.19	0.13	(0.01)	121.1	263.86	2.66
Case Management / Treatment Planning	339.6	214.11	6.06	0.23	0.64	(0.01)	352.6	235.55	6.92
Crisis	110.5	358.27	3.30	0.34	0.14	(0.10)	121.8	361.86	3.67
Evaluation and Management	99.0	155.09	1.28	0.05	0.08	(0.00)	103.2	164.05	1.41
Inpatient	380.7	690.73	20.76	3.02	(1.48)	(0.00)	413.2	593.58	20.44
Licensed Residential	666.1	116.57	6.47	0.73	0.95	(0.00)	740.8	133.97	8.27
Medication Administration	30.3	79.12	0.20	0.01	0.02	(0.00)	32.5	87.13	0.24
Non-Licensed CLS	380.3	105.70	3.35	0.27	(0.26)	0.02	411.5	98.49	3.38
Other	56.8	103.60	0.49	0.04	0.07	(0.01)	62.0	115.58	0.60
Other Therapy	1.4	261.11	0.03	0.00	(0.00)	-	1.6	226.97	0.03
Outpatient Services	11.6	289.54	0.28	0.02	(0.02)	-	12.4	274.16	0.28
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	36.5	325.15	0.99	0.09	0.20	(0.00)	39.8	385.44	1.28
Psychotherapy	151.9	123.73	1.36	0.28	(0.40)	(0.01)	160.0	156.76	1.51
Residential Services	132.2	439.59	1.46	0.21	(0.09)	(0.01)	140.0	434.53	2.91
Skill Building	4,356.1	2.92	1.06	0.09	0.08	0.01	4,720.4	3.16	1.24
Vocational Supports	77.3	55.11	0.60	0.09	0.28	0.00	88.3	131.62	0.97
<b>Subtotal Mental Health State Plan</b>			<b>\$ 53.31</b>						<b>\$ 58.94</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	241.5	\$ 46.21	\$ 0.93	\$ 0.03	\$ 0.06	\$ 0.00	248.3	\$ 49.15	\$ 1.02
Assessments and Testing	131.9	64.59	0.71	(0.01)	0.06	-	131.0	70.15	0.77
Case Management / Treatment Planning	5.2	92.84	0.04	0.00	0.00	-	5.7	97.66	0.05
Crisis	0.3	346.14	0.01	(0.00)	(0.00)	-	0.3	313.01	0.01
Evaluation and Management	31.7	87.04	0.23	0.00	0.00	-	32.2	88.79	0.24
Medication Assisted Treatment	1,558.7	7.47	0.97	0.01	0.00	-	1,578.7	7.50	0.99
Outpatient Services	540.7	82.34	3.71	0.04	0.05	-	547.1	83.35	3.80
Prevention and Early Intervention	0.1	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.5	-	-	-	-	-	-	-	-
Residential Services	811.4	187.68	12.69	0.12	(0.21)	-	819.0	184.63	12.60
Withdrawal Management	95.6	316.85	2.54	0.04	0.11	-	97.1	332.12	2.69
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 21.83</b>						<b>\$ 22.15</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 75.14</b>						<b>\$ 81.09</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: HMP - Unenrolled - M - 50 - 64	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 130,769	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment		Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	269.6	\$ 65.87	\$ 1.48	\$ 0.08	\$ 0.19	\$ 0.00	284.9	\$ 74.05	\$ 1.76
Assertive Community Treatment (ACT)	334.6	49.85	1.39	0.10	0.19	-	359.8	56.12	1.68
Assessments and Testing	91.9	229.69	1.76	0.16	0.16	(0.00)	100.5	248.33	2.08
Case Management / Treatment Planning	375.7	205.38	6.43	0.24	0.78	(0.03)	389.8	228.95	7.44
Crisis	65.9	378.83	2.08	0.17	0.22	(0.03)	71.2	411.44	2.44
Evaluation and Management	120.8	112.29	1.13	0.06	0.05	(0.69)	126.8	116.71	1.23
Inpatient	307.2	639.00	16.36	3.45	(0.69)	(2.22)	372.1	545.33	16.91
Licensed Residential	1,533.9	88.32	11.29	0.91	0.44	0.18	1,657.7	92.81	12.82
Medication Administration	19.5	61.39	0.10	0.01	0.02	-	21.4	71.97	0.13
Non-Licensed CLS	349.8	118.35	3.45	0.24	0.90	0.03	373.7	148.50	4.62
Other	55.7	73.25	0.34	0.03	0.08	(0.00)	61.0	88.04	0.45
Other Therapy	3.1	269.23	0.07	0.02	(0.01)	-	3.9	246.64	0.08
Outpatient Services	8.8	313.30	0.23	0.02	(0.01)	-	9.7	301.09	0.24
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	29.0	264.85	0.64	0.05	0.16	-	31.2	327.10	0.85
Psychotherapy	129.0	100.45	1.06	0.05	0.24	-	135.4	122.85	1.34
Residential Services	1,533.9	473.72	16.36	0.91	(0.69)	(0.01)	1,657.7	484.86	1.98
Skill Building	4,675.4	5.03	1.18	0.05	0.05	0.01	4,875.9	3.21	1.31
Vocational Supports	68.6	101.40	0.58	0.05	0.04	0.00	74.8	107.88	0.67
<b>Subtotal Mental Health State Plan</b>			<b>\$ 50.40</b>						<b>\$ 55.94</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	187.6	\$ 53.74	\$ 0.84	\$ 0.04	\$ (0.02)	\$ 0.00	195.8	\$ 52.74	\$ 0.86
Assessments and Testing	85.5	63.14	0.45	0.00	(0.00)	(0.00)	86.0	62.72	0.45
Case Management / Treatment Planning	2.5	96.87	0.02	0.00	0.00	-	2.7	97.48	0.02
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	13.2	81.73	0.09	(0.00)	0.00	-	13.2	84.01	0.09
Medication Assisted Treatment	1,003.9	7.41	0.62	0.01	0.00	-	1,021.8	7.44	0.63
Outpatient Services	396.8	75.91	2.51	0.03	0.02	-	401.4	76.56	2.56
Prevention and Early Intervention	1.3	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.8	290.60	0.02	(0.00)	(0.00)	(0.01)	0.8	259.20	0.02
Residential Services	472.7	207.92	8.19	0.10	(0.12)	-	478.6	204.61	8.16
Withdrawal Management	51.7	304.26	1.31	0.02	0.05	-	52.4	315.25	1.38
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 14.05</b>						<b>\$ 14.17</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 64.45</b>						<b>\$ 71.11</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: TANF - Enrolled - F - 0 - 5		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 1,594,353	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	66.5	\$ 394.12	\$ 2.13	\$ 0.02	\$ 0.11	67.1	\$ 403.40	\$ 2.26
	Asserive Community Treatment (ACT)	-	-	-	-	-	-	-	-
	Assessments and Testing	15.0	239.87	0.30	(0.00)	0.04	14.9	271.22	0.34
	Case Management / Treatment Planning	41.1	236.44	0.81	(0.21)	0.31	30.5	357.28	0.91
	Crisis	0.3	455.53	0.01	0.00	0.00	0.3	604.87	0.01
	Evaluation and Management	1.6	149.70	0.02	(0.00)	0.00	1.6	159.80	0.02
	Inpatient	0.1	2,277.65	0.01	(0.01)	0.00	0.0	2,498.61	0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-
	Non-Licensed CLS	13.5	115.60	0.13	0.00	0.01	14.0	121.74	0.14
	Other	8.1	103.24	0.07	(0.00)	0.01	8.1	114.76	0.08
	Outpatient Services	35.0	82.31	0.24	(0.01)	0.00	34.1	83.12	0.24
	Prevention and Early Intervention	0.4	284.71	0.01	(0.00)	0.00	0.4	283.72	0.01
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychotherapy	0.9	382.64	0.03	(0.00)	0.00	0.9	428.17	0.03
	Residential Services	17.9	140.66	0.21	(0.00)	0.02	17.5	152.05	0.22
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	3.9	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$3.97</b>	-	-	-	-	<b>\$ 4.26</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	11.5	\$ 135.91	\$ 0.13	\$ 0.04	\$ 0.01	15.1	\$ 141.51	\$ 0.18
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	0.9	-	-	-	-	-	-	-
	Prevention and Early Intervention	10.8	210.37	0.19	0.04	0.01	13.1	220.26	0.24
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$0.32</b>	-	-	-	-	<b>\$ 0.42</b>
<b>Autism</b>									
	Assessments and Testing	7.9	\$ 609.00	\$ 0.33	\$ (0.01)	\$ 0.04	7.7	\$ 586.88	\$ 0.33
	Autism Services	3,026.1	17.69	4.46	(0.05)	0.06	2,969.5	16.47	4.10
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$4.79</b>	-	-	-	-	<b>\$ 4.48</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$9.08</b>	-	-	-	<b>\$ 9.16</b>	-

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Enrolled - F - 19 - 20		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 97,557	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	70.5	\$ 280.92	\$ 1.65	\$ 0.03	\$ 0.10	\$ 0.00	71.9	\$ 298.22
	Assertive Community Treatment (ACT)	32.6	51.54	0.14	0.01	0.04	-	34.8	65.94
	Assessments and Testing	42.7	236.16	0.84	(0.01)	0.07	-	42.0	255.02
	Case Management / Treatment Planning	100.0	189.59	1.58	(0.14)	0.32	-	91.1	231.78
	Crisis	38.5	392.72	1.26	0.01	0.17	-	38.9	444.75
	Evaluation and Management	44.2	184.79	0.68	(0.02)	0.04	-	42.9	196.15
	Inpatient	64.7	799.37	4.31	(0.34)	0.27	-	59.6	853.29
	Licensed Residential	5.4	110.86	0.05	(0.03)	0.00	0.00	2.6	115.26
	Medication Administration	5.8	83.03	0.04	0.00	0.01	-	5.8	111.56
	Non-Licensed CLS	20.9	160.68	0.28	0.01	0.00	0.00	21.9	163.71
	Other	11.2	85.76	0.08	(0.01)	0.01	-	10.4	93.64
	Other Therapy	2.0	60.97	0.01	(0.00)	(0.00)	-	1.9	60.95
	Outpatient Services	10.6	283.60	0.25	(0.01)	(0.01)	-	10.2	287.65
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	12.7	322.03	0.34	0.00	0.11	-	12.7	427.28
	Psychotherapy	129.9	479.73	1.61	(0.05)	0.23	-	123.0	1118.36
	Residential Services	47.1	477.18	0.34	(0.01)	(0.01)	-	46.8	466.34
	Skill Building	41.5	11.58	0.04	0.01	(0.00)	0.00	47.0	10.86
	Vocational Supports	2.6	139.37	0.03	(0.00)	(0.00)	0.00	2.5	117.34
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 13.64</b>					<b>\$ 14.49</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	4.1	\$ 86.69	\$ 0.03	\$ 0.01	\$ 0.00	\$ 0.00	5.2	\$ 96.60
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	1.1	106.40	0.01	0.00	0.00	-	1.3	112.19
	Prevention and Early Intervention	10.1	130.87	0.11	0.03	0.07	-	12.9	199.77
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.15</b>					<b>\$ 0.27</b>
<b>Autism</b>									
	Assessments and Testing	0.6	\$ 195.11	\$ 0.01	\$ 0.00	\$ (0.00)	\$ 0.00	0.7	\$ 201.83
	Additional Support Services	136.9	21.04	0.24	(0.00)	0.00	0.00	135.1	21.74
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.25</b>					<b>\$ 0.26</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	15.5	\$ 61.94	\$ 0.08	\$ 0.00	\$ 0.02	\$ 0.00	15.5	\$ 78.92
	Assessments and Testing	8.5	98.97	0.07	(0.00)	0.01	-	8.4	109.56
	Case Management / Treatment Planning	0.4	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.2	-	-	-	-	-	-	-
	Medication Assisted Treatment	21.2	11.34	0.02	0.00	0.00	-	21.5	11.41
	Outpatient Services	60.6	77.17	0.39	(0.00)	0.01	-	60.0	79.02
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	40.0	210.12	0.70	(0.00)	(0.02)	-	39.7	202.96
	Withdrawal Management	1.6	300.16	0.04	0.00	(0.00)	-	1.6	297.87
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.30</b>					<b>\$ 1.31</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 15.34</b>					<b>\$ 16.32</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Enrolled - F - 21 - 25	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 346,774	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	117.4	\$ 270.84	\$ 2.65	\$ (0.02)	\$ 0.20	\$ 0.00	116.5	\$ 291.65	\$ 2.83
Asserive Community Treatment (ACT)	23.5	40.86	0.08	0.00	0.05	-	23.9	64.14	0.13
Assessments and Testing	51.8	259.44	1.12	(0.02)	0.04	(0.00)	50.7	267.54	1.13
Case Management / Treatment Planning	122.3	186.44	1.90	(0.26)	0.46	(0.00)	105.6	239.08	2.10
Crisis	29.8	402.29	1.00	0.00	0.13	-	29.9	453.90	1.13
Evaluation and Management	58.9	160.96	0.79	(0.01)	0.05	-	57.9	170.80	0.82
Inpatient	63.3	741.33	3.91	(0.13)	0.19	(0.14)	61.2	750.71	3.83
Licensed Residential	0.0	-	-	-	-	-	-	-	-
Medication Administration	2.7	88.92	0.02	(0.00)	(0.00)	-	2.5	84.35	0.02
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	14.6	73.78	0.09	(0.01)	(0.01)	-	13.8	67.39	0.08
Other Therapy	0.3	-	-	-	-	-	-	-	-
Outpatient Services	27.8	263.43	0.61	(0.00)	0.09	(0.01)	27.8	299.19	0.69
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	15.5	349.10	0.45	(0.01)	0.10	-	15.3	426.14	0.54
Psychotherapy	111.2	145.54	1.33	(0.03)	0.19	-	108.4	164.25	1.46
Residential Services	3.2	485.48	0.21	0.01	(0.01)	-	3.3	492.70	0.21
Skill Building	-	-	-	-	-	-	-	-	-
Skill Building Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 14.16</b>	-	-	-	-	-	<b>\$ 15.00</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	7.2	\$ 100.03	\$ 0.06	\$ 0.02	\$ 0.00	\$ 0.00	9.7	\$ 102.02	\$ 0.08
Licensed Residential	0.0	-	-	-	-	-	-	-	-
Non-Licensed CLS	14.5	24.83	0.03	0.00	0.00	0.00	14.7	27.06	0.03
Other	2.6	234.31	0.05	0.02	0.05	-	3.4	424.71	0.12
Prevention and Early Intervention	9.4	217.53	0.17	0.06	0.08	-	12.8	297.16	0.32
Skill Building	25.2	9.51	0.02	0.00	0.00	0.00	26.2	10.04	0.02
Vocational Supports	8.5	183.25	0.13	0.05	0.00	0.00	11.5	188.95	0.18
<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.46</b>	-	-	-	-	-	<b>\$ 0.76</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	27.7	\$ 69.27	\$ 0.16	\$ (0.00)	\$ 0.03	\$ 0.00	27.6	\$ 84.02	\$ 0.19
Assessments and Testing	50.2	50.22	0.21	0.00	0.01	-	49.9	52.76	0.22
Case Management / Treatment Planning	1.2	99.08	0.01	0.00	(0.00)	-	1.3	93.37	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	15.6	77.06	0.10	0.00	0.00	-	15.6	78.00	0.10
Medication Assisted Treatment	889.5	7.42	0.55	0.00	0.01	-	891.4	7.56	0.56
Outpatient Services	212.4	75.70	1.34	0.00	0.00	-	212.8	75.74	1.34
Prevention and Early Intervention	0.7	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-	-
Residential Services	73.2	185.36	1.13	0.01	(0.03)	-	73.6	180.36	1.11
Withdrawal Management	8.0	331.70	0.22	0.00	0.00	-	8.1	335.71	0.23
<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 3.72</b>	-	-	-	-	-	<b>\$ 3.76</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>	-	-	<b>\$ 18.34</b>	-	-	-	-	-	<b>\$ 19.52</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Enrolled - F - 26 - 39		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 1,353,577	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	54.1	\$ 246.38	\$ 1.11	\$ 0.01	\$ 0.15	\$ (0.00)	54.6	\$ 278.27
	Assertive Community Treatment (ACT)	42.0	57.18	0.20	0.02	0.04	-	46.1	67.56
	Assessments and Testing	46.1	247.13	0.95	(0.02)	0.03	(0.00)	45.3	254.42
	Case Management / Treatment Planning	167.6	187.63	2.62	(0.36)	0.65	(0.00)	144.2	241.49
	Crisis	26.5	403.02	0.89	(0.01)	0.10	(0.00)	26.2	445.73
	Evaluation and Management	91.2	155.33	1.18	(0.02)	0.10	(0.00)	89.7	168.97
	Inpatient	69.7	761.23	4.42	(0.23)	0.25	(0.11)	66.0	786.50
	Licensed Residential	1.0	116.73	0.01	0.00	0.00	0.00	1.0	130.64
	Medication Administration	6.4	74.78	0.04	(0.00)	0.01	(0.00)	6.1	85.56
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	17.4	68.99	0.10	(0.01)	0.00	(0.00)	16.3	69.21
	Other Therapy	0.2	541.41	0.01	0.00	(0.00)	-	0.2	459.90
	Outpatient Services	23.3	252.85	0.49	(0.02)	0.03	-	22.3	270.82
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	16.2	326.33	0.44	(0.01)	0.08	(0.00)	16.0	383.28
	Psychotherapy	153.6	146.09	1.87	(0.04)	0.23	(0.00)	150.3	164.16
	Residential Services	7.2	480.46	0.28	0.00	(0.01)	(0.00)	7.3	440.97
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 14.61</b>	-	-	-	-	-
	<b>Mental Health 1915(i)</b>	-	-	-	-	-	-	-	<b>\$ 15.44</b>
	Additional Support Services	1.3	\$ 93.99	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	1.7	\$ 96.33
	Licensed Residential	2.4	152.08	0.03	(0.00)	0.01	0.00	2.4	185.33
	Non-Licensed CLS	14.3	41.88	0.05	0.00	0.00	0.00	14.7	43.63
	Other	1.7	215.99	0.03	0.01	0.07	-	2.3	607.83
	Prevention and Early Intervention	5.5	238.98	0.11	0.03	0.04	-	7.2	310.58
	Skill Building	94.0	5.10	0.04	0.00	0.00	0.00	96.2	5.63
	Vocational Supports	9.1	197.31	0.15	0.05	0.04	0.00	12.5	233.38
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.42</b>	-	-	-	-	<b>\$ 0.69</b>
	<b>Autism</b>	-	-	-	-	-	-	-	-
	Assessments and Testing	0.0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Substance Abuse State Plan</b>	-	-	-	-	-	-	-	-
	Additional Support Services	46.9	\$ 59.79	\$ 0.23	\$ 0.00	\$ 0.06	\$ 0.00	47.4	\$ 72.84
	Assessments and Testing	143.1	39.41	0.47	(0.00)	0.02	(0.00)	141.9	40.86
	Case Management / Treatment Planning	2.7	87.32	0.02	0.00	(0.00)	-	3.1	85.70
	Crisis	0.0	-	-	-	-	-	-	-
	Evaluation and Management	58.0	76.59	0.37	(0.00)	0.01	-	57.9	78.03
	Medication Assisted Treatment	3,565.9	7.34	2.18	0.01	0.04	-	3,562.3	7.48
	Outpatient Services	472.6	92.93	3.66	0.01	(0.42)	(0.00)	474.2	82.25
	Prevention and Early Intervention	0.9	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	0.3	365.82	0.01	(0.00)	(0.00)	(0.00)	0.3	272.43
	Residential Services	147.4	162.38	2.24	0.01	(0.05)	(0.00)	148.1	178.01
	Withdrawal Management	19.2	312.59	0.50	0.01	0.01	-	19.4	320.94
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 9.68</b>	-	-	-	-	<b>\$ 9.38</b>
	<b>Children's Waiver Program</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Habilitative Supports Waiver</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Serious Emotional Disturbances</b>	-	-	-	-	-	-	-	-
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
	<b>Total Medical Costs</b>	-	-	<b>\$ 24.71</b>	-	-	-	-	<b>\$ 25.51</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Enrolled - F - 40 - 49	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Member Months: 395,717	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	Utilization Adjustment	Cost Adjustment	Program Changes Adjustments	Utilization per 1,000	Cost per Service	Adjusted Base Experience
Category of Service	PMPM								PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	\$ 0.55	47.9	\$ 137.75	\$ (0.01)	\$ 0.18	\$ 0.00	47.1	\$ 183.60	\$ 0.72
Asserive Community Treatment (ACT)	0.24	51.7	55.68	0.01	0.07	-	53.4	71.72	0.32
Assessments and Testing	0.87	46.7	223.64	(0.03)	0.01	-	45.2	225.56	0.85
Case Management / Treatment Planning	3.68	232.7	189.75	(0.65)	1.06	-	191.7	256.32	4.09
Crisis	0.71	21.7	391.99	(0.01)	0.10	(0.00)	21.3	445.32	0.79
Evaluation and Management	1.60	132.2	145.29	(0.04)	0.10	-	128.5	154.22	1.65
Inpatient	4.58	72.4	758.68	(0.24)	0.33	(0.11)	68.7	795.90	4.55
Licensed Residential	0.01	2.2	54.02	0.00	0.00	0.00	2.4	58.69	0.01
Medication Administration	0.03	7.7	47.03	(0.00)	0.01	-	7.2	56.64	0.03
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	0.14	23.8	70.66	(0.01)	0.00	-	22.2	71.06	0.13
Other Therapy	0.03	0.5	789.43	0.00	0.00	-	0.5	809.48	0.03
Outpatient Services	0.45	21.6	259.52	(0.03)	0.08	-	19.9	301.33	0.50
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.45	17.8	302.82	(0.01)	0.06	-	17.4	341.13	0.49
Psychotherapy	0.36	200.3	142.61	(0.09)	0.30	(0.00)	192.8	61.08	2.58
Residential Services	0.22	5.3	494.03	(0.01)	(0.03)	-	5.2	426.43	0.18
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>	<b>\$ 15.94</b>								<b>\$ 16.96</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	0.04	5.1	94.61	0.00	0.00	0.00	5.4	105.21	0.05
Non-Licensed CLS	0.08	23.8	40.38	(0.00)	0.01	0.00	23.7	44.12	0.09
Other	0.01	0.3	399.72	0.00	0.23	-	0.4	6,909.47	0.24
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	0.04	70.6	6.80	0.00	0.00	0.00	72.1	7.36	0.04
Vocational Supports	0.31	15.5	239.68	0.11	0.10	0.00	21.0	299.90	0.52
<b>Subtotal Mental Health 1915(i)</b>	<b>\$ 0.48</b>								<b>\$ 0.95</b>
<b>Autism</b>									
Assessments and Testing	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	\$ 0.20	38.6	\$ 62.12	\$ (0.00)	\$ 0.03	\$ 0.00	38.5	\$ 72.86	\$ 0.23
Assessments and Testing	0.31	94.0	39.59	(0.00)	(0.02)	-	93.3	37.33	0.29
Case Management / Treatment Planning	0.01	1.7	72.68	0.00	(0.00)	-	1.9	71.37	0.01
Crisis	0.01	1,998.59	0.01	(0.00)	0.00	-	0.1	1,810.09	0.01
Evaluation and Management	0.22	33.9	77.89	0.00	0.00	-	34.1	78.99	0.22
Medication Assisted Treatment	1.35	2,222.4	7.29	0.01	0.03	-	2,236.9	7.43	1.38
Outpatient Services	2.53	312.1	97.28	0.01	(0.38)	-	313.1	82.73	2.16
Prevention and Early Intervention	0.01	1.0	121.13	0.00	(0.01)	-	1.0	27.40	0.00
Psychiatric diagnostic evaluation	0.01	0.3	399.72	(0.00)	(0.00)	-	0.3	296.00	0.01
Residential Services	1.48	86.7	204.91	0.00	(0.04)	-	86.9	199.58	1.45
Withdrawal Management	0.43	16.2	317.70	0.00	0.01	-	16.4	324.59	0.44
<b>Subtotal Substance Abuse State Plan</b>	<b>\$ 6.56</b>								<b>\$ 6.21</b>
<b>Children's Waiver Program</b>									
Additional Support Services	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Total Medical Costs</b>	<b>\$ 22.98</b>								<b>\$ 24.12</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			Policy and Program Changes			Encounter Data		
Rate Cell: TANF - Enrolled - F - 50 - 64	SFY 2019 Base Experience			MUNC Adjustments			Adjusted Base Experience		
Member Months: 100,841	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	42.5	\$ 98.04	\$ 0.34	\$ (0.01)	\$ 0.06	\$ 0.00	41.0	\$ 113.55	\$ 0.30
Assertive Community Treatment (ACT)	60.6	85.19	0.43	0.04	0.03	-	66.4	90.07	0.50
Assessments and Testing	29.2	214.03	0.52	(0.01)	0.01	(0.00)	28.6	215.75	0.51
Case Management / Treatment Planning	170.9	216.29	3.08	(0.18)	0.58	-	160.8	259.69	3.48
Crisis	19.5	362.78	0.59	(0.01)	0.03	(0.00)	19.1	390.21	0.60
Evaluation and Management	94.1	144.06	1.13	(0.03)	0.04	(0.13)	91.3	149.05	1.13
Inpatient	60.8	858.43	4.35	(0.28)	0.10	0.00	57.0	853.96	4.05
Licensed Residential	10.4	81.14	0.07	(0.00)	0.02	0.00	10.0	103.41	0.09
Medication Administration	5.4	44.82	0.02	(0.00)	0.00	-	5.1	48.57	0.02
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	17.4	69.07	0.10	(0.01)	(0.01)	-	15.7	63.68	0.08
Other Therapy	0.4	336.14	0.01	(0.00)	0.02	-	0.3	1,247.79	0.03
Outpatient Services	21.8	258.99	0.47	(0.02)	0.03	-	20.7	278.19	0.48
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	11.9	282.35	0.28	(0.00)	0.04	-	11.7	320.69	0.31
Psychotherapy	173.0	133.85	1.93	(0.07)	0.34	-	167.0	156.03	2.21
Residential Services	2.4	504.21	0.10	(0.01)	(0.01)	-	2.2	466.36	0.09
Skill Building	-	-	-	-	-	-	-	-	-
Skill Building	3.8	-	-	-	-	-	-	-	-
Vocational Supports	29.9	196.86	0.49	0.17	0.07	0.00	40.4	218.71	0.74
<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 13.42</b>	-	-	-	-	-	<b>\$ 13.99</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	10.4	324.55	0.28	(0.00)	0.14	0.00	10.2	495.25	0.42
Non-Licensed CLS	15.1	71.46	0.09	0.00	(0.00)	0.00	15.2	68.45	0.09
Other	0.6	201.68	0.01	0.00	0.08	-	0.8	1,338.29	0.09
Prevention and Early Intervention	0.1	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	3.8	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.87</b>	-	-	-	-	-	<b>\$ 1.34</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	25.5	\$ 61.26	\$ 0.13	\$ 0.01	\$ 0.01	\$ 0.00	26.8	\$ 66.98	\$ 0.15
Assessments and Testing	82.9	31.83	0.22	0.00	(0.07)	-	83.2	21.34	0.15
Case Management / Treatment Planning	1.2	100.84	0.01	0.00	0.00	-	1.3	101.83	0.01
Crisis	0.1	1,008.41	0.01	(0.00)	(0.00)	-	0.1	919.32	0.01
Evaluation and Management	21.1	74.06	0.13	(0.00)	0.00	-	21.0	74.09	0.13
Medication Assisted Treatment	1,228.5	6.84	0.70	0.01	0.02	-	1,248.1	7.00	0.73
Outpatient Services	190.3	167.12	2.65	(0.01)	(0.89)	-	189.4	110.59	1.75
Prevention and Early Intervention	0.4	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.1	-	-	-	-	-	-	-	-
Residential Services	53.4	188.66	0.84	0.01	(0.03)	-	53.8	181.64	0.81
Withdrawal Management	8.9	235.80	0.22	(0.00)	0.01	-	8.9	309.70	0.23
<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 4.51</b>	-	-	-	-	-	<b>\$ 3.97</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>	-	-	<b>\$ 19.20</b>	-	-	-	-	-	<b>\$ 19.29</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Enrolled - F - 6 - 18	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 2,851,880	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	163.2	\$ 276.50	\$ 3.76	\$ 0.16	\$ 0.36	\$ 0.16	170.0	\$ 301.69	\$ 4.27
Assertive Community Treatment (ACT)	84.13	0.01	0.01	0.00	0.00	0.00	1.8	\$ 92.85	0.01
Assessments and Testing	56.6	290.26	1.18	(0.03)	0.11	0.11	55.4	273.07	1.26
Case Management / Treatment Planning	169.7	244.71	3.46	(0.36)	0.92	0.14	152.0	317.11	4.02
Crisis	28.8	379.36	0.91	(0.02)	0.14	0.06	28.3	439.12	1.04
Evaluation and Management	65.4	187.20	1.02	(0.02)	0.06	0.06	64.4	199.12	1.07
Inpatient	63.2	772.42	0.21	(0.32)	4.07	(0.01)	58.3	814.81	3.96
Licensed Residential	5.8	328.98	0.16	(0.01)	(0.02)	0.00	5.6	295.44	0.14
Medication Administration	0.5	-	-	-	-	-	-	-	-
Non-Licensed CLS	72.4	101.14	0.61	0.02	0.01	0.00	74.3	103.20	0.64
Other	34.2	143.93	0.41	0.00	0.07	0.00	34.3	166.75	0.48
Other Therapy	15.6	107.42	0.14	(0.00)	(0.00)	0.00	15.3	106.88	0.14
Outpatient Services	39.6	268.79	0.89	(0.05)	(0.01)	0.00	37.5	265.93	0.83
Prevention and Early Intervention	0.9	134.52	0.01	0.00	0.00	0.00	1.0	153.72	0.01
Psychiatric diagnostic evaluation	12.7	369.39	0.39	(0.00)	0.05	0.00	12.5	419.04	0.44
Psychotherapy	263.7	155.16	0.31	(0.08)	0.36	0.00	257.6	171.83	3.68
Residential Services	18.2	468.38	0.01	(0.00)	0.00	0.00	18.3	401.53	0.39
Skill Building	18.8	-	0.01	(0.00)	0.00	0.00	18.7	6.72	0.01
Vocational Supports	0.6	212.83	0.01	0.00	(0.01)	0.00	0.6	99.21	0.00
<b>Subtotal Mental Health State Plan</b>			<b>\$ 20.82</b>						<b>\$ 22.39</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	37.7	\$ 82.65	\$ 0.26	\$ 0.08	\$ 0.02	\$ 0.08	49.8	\$ 88.58	\$ 0.37
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	0.0	-	0.02	0.01	0.00	0.00	3.4	96.10	0.03
Other	2.7	90.54	0.02	0.04	0.01	0.01	10.6	209.35	0.18
Prevention and Early Intervention	8.4	199.13	0.14	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.42</b>						<b>\$ 0.98</b>
<b>Autism</b>									
Assessments and Testing	3.3	\$ 439.75	\$ 0.12	\$ (0.00)	\$ 0.01	\$ 0.01	3.3	\$ 512.77	\$ 0.14
Autism Services	1,082.2	17.63	1.59	0.01	0.06	0.06	1,087.8	16.92	1.53
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 1.71</b>						<b>\$ 1.67</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	0.3	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Assessments and Testing	1.1	110.54	0.01	(0.00)	0.00	0.00	1.1	112.07	0.01
Case Management / Treatment Planning	0.0	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	0.0	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
Outpatient Services	7.9	106.75	0.07	(0.00)	0.00	0.00	7.8	107.25	0.07
Prevention and Early Intervention	1.7	71.12	0.01	(0.00)	(0.00)	0.00	1.7	69.04	0.01
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	2.5	377.11	0.08	(0.00)	0.00	0.00	2.5	378.86	0.08
Withdrawal Management	0.0	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.17</b>						<b>\$ 0.17</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 23.12</b>						<b>\$ 24.81</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide Rate Cell: TANF - Enrolled - F - 65+		Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 575	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	83.5	\$ 294.63	\$ 1.98	\$ (0.07)	\$ 0.05	\$ 0.00	80.6	\$ 291.53
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-
	Assessments and Testing	20.9	465.75	0.81	(0.08)	(0.02)	-	18.9	455.96
	Case Management / Treatment Planning	62.6	168.67	0.88	(0.07)	0.47	-	57.7	266.19
	Crisis	41.7	592.25	2.06	(0.20)	0.95	-	37.8	894.75
	Evaluation and Management	-	-	-	-	-	-	-	-
	Inpatient	125.2	250.13	2.61	6.42	(0.88)	-	433.3	225.76
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychotherapy	-	-	-	-	-	-	-	-
	Rehabilitative Services	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 8.34</b>					<b>\$ 14.92</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 8.34</b>					<b>\$ 14.92</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model													
Region: Statewide	Rate Cell: TANF - Enrolled - M - 0 - 5	Encounter Data			MUNC			Policy and Program Changes			Encounter Data		
		SFY 2019 Base Experience			Adjustments			Adjustments			Adjusted Base Experience		
Member Months: 1,639,167	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
Mental Health State Plan													
	Additional Support Services	106.5	\$ 349.36	\$ 3.10	\$ 0.03	\$ 0.19	\$ 0.03	-	\$ 0.00	-	107.6	\$ 371.10	\$ 3.33
	Assessive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-	-	-	-
	Assessments and Testing	30.0	236.05	0.59	(0.01)	0.08	(0.01)	-	-	-	29.7	268.99	0.67
	Case Management / Treatment Planning	108.9	241.39	2.19	(0.61)	0.89	(0.61)	-	-	-	78.5	378.10	2.47
	Crisis	1.0	356.34	0.03	0.00	0.01	0.00	-	-	-	1.0	455.26	0.04
	Evaluation and Management	5.4	199.09	0.09	(0.00)	0.01	(0.00)	-	-	-	5.3	213.47	0.10
	Inpatient	0.2	712.68	0.01	(0.00)	0.00	(0.00)	-	-	-	0.1	866.50	0.01
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Medication Administration	32.2	104.26	0.28	0.01	0.00	0.01	-	0.00	-	33.8	105.14	0.30
	Non-Licensed CLS	18.5	110.19	0.17	(0.00)	0.01	(0.00)	-	-	-	18.3	118.27	0.18
	Other Therapy	102.4	82.02	0.70	(0.02)	0.01	(0.02)	-	-	-	99.5	82.66	0.69
	Outpatient Services	1.2	311.23	0.03	(0.00)	0.00	(0.00)	-	-	-	1.1	305.08	0.03
	Prevention and Early Intervention	0.2	565.23	0.01	0.00	0.00	0.00	-	-	-	0.2	714.14	0.01
	Psychiatric diagnostic evaluation	2.5	385.69	0.08	(0.00)	0.01	(0.00)	-	-	-	2.4	429.05	0.09
	Psychotherapy	31.9	142.83	0.38	(0.01)	0.03	(0.01)	-	-	-	31.0	155.28	0.40
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	-
	Skill Building	7.9	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health State Plan			\$7.66									\$8.30
Mental Health 1915(i)													
	Additional Support Services	28.4	\$ 67.61	\$ 0.16	\$ 0.05	\$ 0.02	\$ 0.05	-	\$ 0.00	-	37.4	\$ 73.20	\$ 0.23
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	2.2	55.75	0.01	0.00	0.00	0.00	-	-	-	2.9	65.04	0.02
	Prevention and Early Intervention	12.7	217.42	0.23	0.05	0.02	0.05	-	-	-	19.6	230.19	0.30
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health 1915(i)			\$0.40									\$0.54
Autism													
	Assessments and Testing	24.9	\$ 438.59	\$ 0.91	\$ (0.01)	\$ 0.08	\$ (0.01)	-	\$ 0.05	-	24.6	\$ 500.22	\$ 1.02
	Autism Services	11,064.5	17.35	16.00	(0.06)	0.55	(0.06)	-	(1.44)	-	11,019.9	16.38	15.05
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Autism			\$ 16.91									\$ 16.07
Substance Abuse State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	-	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Substance Abuse State Plan			\$ 0.00									\$ 0.00
Children's Waiver Program													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	-	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program			\$ 0.00									\$ 0.00
Habilitative Supports Waiver													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	-	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00									\$ 0.00
Serious Emotional Disturbances													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	-	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Serious Emotional Disturbances			\$ 0.00									\$ 0.00
Total Medical Costs				\$ 24.97									\$ 24.91

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Enrolled - M - 19 - 20	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 35,174	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	9.2	\$ 65.14	\$ 0.05	\$ (0.00)	\$ 0.02	8.6	\$ 95.13	\$ 0.07
	Assertive Community Treatment (ACT)	11.6	10.35	0.01	0.00	0.06	11.8	74.08	0.07
	Assessments and Testing	28.7	238.68	0.57	0.01	0.04	29.2	255.78	0.62
	Case Management / Treatment Planning	89.7	215.32	1.61	(0.19)	0.44	79.4	282.16	1.87
	Crisis	27.0	409.62	0.92	0.02	0.20	27.4	495.61	1.13
	Evaluation and Management	57.3	152.84	0.73	0.00	0.12	57.6	177.23	0.85
	Inpatient	89.0	769.52	5.71	(0.25)	0.11	85.1	784.68	5.57
	Licensed Residential	62.1	490.89	2.54	(0.22)	(0.05)	56.8	487.17	2.30
	Medication Administration	7.2	117.25	0.07	(0.00)	0.00	7.0	121.74	0.07
	Non-Licensed CLS	85.3	61.91	0.44	(0.13)	0.02	61.0	66.97	0.34
	Other	6.1	78.16	0.04	(0.00)	(0.01)	5.7	66.47	0.03
	Other Therapy	0.3	-	-	-	-	-	-	-
	Outpatient Services	20.5	246.22	0.42	(0.01)	0.00	19.8	247.80	0.41
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	12.6	351.74	0.37	0.00	0.07	12.6	413.70	0.44
	Psychotherapy	80.5	144.57	0.97	(0.00)	0.20	80.4	174.83	1.17
	Residential Services	144.5	506.50	3.37	(0.00)	0.00	144.5	494.36	3.37
	Skill Building	183.4	3.72	0.06	(0.01)	0.01	177.3	4.51	0.07
	Vocational Supports	6.1	97.71	0.05	(0.00)	0.18	6.0	453.88	0.23
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 14.76</b>					<b>\$ 15.42</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	34.5	\$ 38.31	\$ 0.11	\$ 0.04	\$ 0.01	48.0	\$ 40.66	\$ 0.16
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	5.8	82.76	0.04	0.01	0.01	7.6	92.58	0.06
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.15</b>					<b>\$ 0.22</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	13.3	\$ 81.17	\$ 0.09	\$ 0.00	\$ (0.00)	13.6	\$ 77.80	\$ 0.09
	Assessments and Testing	8.2	87.94	0.06	0.00	0.01	8.2	103.67	0.07
	Case Management / Treatment Planning	0.3	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	1.7	70.35	0.01	(0.00)	0.00	1.7	76.69	0.01
	Medication Assisted Treatment	91.8	6.54	0.05	(0.00)	(0.00)	88.0	6.43	0.05
	Outpatient Services	78.5	85.64	0.56	(0.00)	0.02	78.2	88.23	0.57
	Prevention and Early Intervention	1.4	87.94	0.01	(0.00)	(0.00)	1.4	87.53	0.01
	Psychiatric diagnostic evaluation	0.3	703.48	0.02	(0.00)	(0.00)	0.3	554.46	0.02
	Residential Services	6.5	203.64	0.11	0.00	(0.00)	6.6	200.20	0.11
	Withdrawal Management	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.91</b>					<b>\$ 0.93</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 15.82</b>					<b>\$ 16.57</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Member Months: 30,378	Encounter Data	MUNC			Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Enrolled - M - 21 - 25	SFY 2019 Base Experience	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
Additional Support Services	16.7	\$ 158.49	\$ 0.22	\$ (0.00)	\$ 0.07	\$ 0.00	\$ 208.61	16.4	\$ 0.20
Assessments and Testing	153.0	71.37	0.91	0.01	(0.01)	-	155.1	155.1	0.91
Case Management / Treatment Planning	40.3	265.10	0.89	0.01	0.04	(0.02)	270.52	40.8	0.92
Crisis	95.7	165.55	1.32	(0.26)	0.39	-	227.18	76.9	1.46
Evaluation and Management	37.6	392.81	1.23	0.00	0.11	-	426.67	37.7	1.34
Inpatient	55.8	129.08	0.60	(0.02)	0.12	(0.32)	155.30	53.5	0.69
Licensed Residential	114.3	807.53	7.69	(0.72)	0.46	0.00	824.04	103.6	7.12
Medication Administration	4.6	77.45	0.03	0.01	0.00	0.00	82.38	6.2	0.04
Non-Licensed CLS	12.4	125.65	0.13	(0.01)	(0.01)	-	114.66	11.6	0.11
Other	-	-	-	-	-	-	-	-	-
Other Therapy	9.3	77.45	0.06	(0.00)	0.00	-	78.84	8.7	0.06
Outpatient Services	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	7.7	402.71	0.26	(0.01)	0.01	-	411.62	7.4	0.25
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Psychotherapy	10.8	420.42	0.38	(0.00)	0.09	-	517.71	10.8	0.47
Residential Services	64.4	145.52	1.01	(0.02)	0.14	-	163.61	82.5	1.12
Skill Building	2.7	480.60	0.11	0.01	0.00	-	503.23	2.9	0.12
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 14.84</b>						<b>\$ 14.90</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	4.6	77.45	0.03	0.01	0.00	0.00	87.16	6.4	0.05
Non-Licensed CLS	3.5	103.26	0.03	(0.00)	0.00	0.00	108.66	3.4	0.03
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	3.9	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>	10.5	114.73	0.10	0.03	0.01	0.00	123.24	14.0	0.14
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Additional Support Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	22.5	\$ 96.14	\$ 0.18	\$ 0.00	\$ 0.04	\$ 0.00	\$ 115.49	22.6	\$ 0.22
Assessments and Testing	53.5	53.87	0.24	(0.00)	0.08	-	72.63	53.3	0.32
Case Management / Treatment Planning	1.5	77.45	0.01	0.00	0.00	-	79.55	1.7	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	12.4	87.13	0.09	0.00	0.01	-	93.04	12.5	0.10
Medication Assisted Treatment	550.5	8.07	0.37	(0.00)	0.01	-	8.27	546.7	0.38
Outpatient Services	255.3	80.85	1.72	0.04	0.09	-	85.21	260.7	1.85
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	1.2	309.78	0.03	(0.00)	(0.00)	-	264.65	1.1	0.03
Residential Services	118.9	176.58	1.75	0.02	(0.04)	-	172.55	120.2	1.73
Withdrawal Management	12.8	319.17	0.34	0.02	0.00	-	323.54	13.4	0.36
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 4.73</b>						<b>\$ 4.99</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 19.73</b>						<b>\$ 20.11</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Enrolled - M - 26 - 39	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Member Months: 307,089	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Program Changes Adjustments	Adjusted Base Experience	Adjusted Base Experience
Category of Service								Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
Additional Support Services	6.6	\$ 109.03	\$ 0.06	\$ (0.00)	\$ 0.05	\$ 0.00		6.3	\$ 202.62
Asserive Community Treatment (ACT)	28.8	66.76	0.16	0.01	0.02			30.1	76.56
Assessments and Testing	33.6	299.25	0.70	(0.01)	0.01			33.0	252.88
Case Management / Treatment Planning	92.5	178.96	1.38	(0.23)	0.42			77.3	243.78
Crisis	25.0	418.10	0.87	(0.01)	0.08	(0.00)		24.7	456.54
Evaluation and Management	58.0	153.13	0.74	(0.01)	0.08			57.2	169.42
Inpatient	63.5	797.98	4.22	(0.21)	0.29	(0.04)		60.2	847.89
Licensed Residential	-	-	-	-	-	-		-	-
Medication Administration	-	-	-	-	-	-		-	-
Non-Licensed CLS	7.0	86.26	0.05	0.00	0.00			7.0	92.16
Other	11.6	82.72	0.08	(0.00)	0.01			10.9	89.03
Other Therapy	-	-	-	-	-	-		-	-
Outpatient Services	14.0	258.06	0.30	(0.01)	0.00			13.5	260.12
Prevention and Early Intervention	-	-	-	-	-	-		-	-
Psychiatric diagnostic evaluation	11.2	354.33	0.33	(0.00)	0.08			11.1	437.87
Psychotherapy	68.9	132.14	0.14	(0.01)	0.14			88.6	170.90
Residential Services	9.1	463.28	0.35	0.00	(0.02)			9.1	436.26
Skill Building	-	-	-	-	-	-		-	-
Skill Building Services	-	-	-	-	-	-		-	-
Vocational Supports	-	-	-	-	-	-		-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 10.38</b>						<b>\$ 10.99</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00
Licensed Residential	-	-	-	-	-	-		-	-
Non-Licensed CLS	1.4	85.30	0.01	0.00	0.00			1.4	100.22
Other	0.4	279.17	0.01	0.00	0.06			0.6	1,593.61
Prevention and Early Intervention	-	-	-	-	-	-		-	-
Skill Building	4.1	28.25	0.01	0.00	0.00			4.2	31.53
Vocational Supports	7.1	168.73	0.10	0.03	0.03	0.00		9.6	208.28
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.13</b>						<b>\$ 0.27</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00
Autism Services	-	-	-	-	-	-		-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-		-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	49.1	\$ 56.19	\$ 0.23	\$ (0.00)	\$ 0.04	\$ 0.00		48.7	\$ 65.80
Assessments and Testing	145.6	42.87	0.52	(0.00)	0.04			145.0	46.35
Case Management / Treatment Planning	3.1	77.74	0.02	0.00	(0.00)			3.5	74.83
Crisis	0.2	-	-	-	-	-		-	-
Evaluation and Management	63.1	79.91	0.42	0.00	0.01			63.1	82.15
Medication Assisted Treatment	3,726.0	7.50	2.33	0.02	0.02			3,750.7	7.58
Outpatient Services	490.1	70.27	2.87	0.01	0.08			491.5	72.14
Prevention and Early Intervention	0.5	-	-	-	-	-		-	-
Psychiatric diagnostic evaluation	341.21	-	0.01	(0.00)	(0.00)			0.3	271.05
Residential Services	146.4	186.86	2.28	0.01	(0.05)			146.8	182.44
Withdrawal Management	28.5	325.57	0.76	0.01	0.03			29.0	339.58
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 9.46</b>						<b>\$ 9.67</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00
Licensed Residential	-	-	-	-	-	-		-	-
Non-Licensed CLS	-	-	-	-	-	-		-	-
Other	-	-	-	-	-	-		-	-
Other Therapy	-	-	-	-	-	-		-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00
Licensed Residential	-	-	-	-	-	-		-	-
Non-Licensed CLS	-	-	-	-	-	-		-	-
Other	-	-	-	-	-	-		-	-
Other Therapy	-	-	-	-	-	-		-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-		-	-
Non-Licensed CLS	-	-	-	-	-	-		-	-
Other	-	-	-	-	-	-		-	-
Other Therapy	-	-	-	-	-	-		-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 19.97</b>						<b>\$ 20.92</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Enrolled - M - 40 - 49	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Member Months: 174,270	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Adjusted Base Experience	Adjusted Base Experience
Category of Service	PMPM								PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	\$ 81.06	8.9		\$ 0.06	\$ 0.04			\$ 143.66	\$ 0.10
Assessments and Testing	39.91	27.1		0.09	0.11		8.4	33.0	80.98
Case Management / Treatment Planning	234.42	27.1		0.53	(0.01)			234.20	0.52
Crisis	184.91	120.7		1.86	0.48		105.7	237.16	2.09
Evaluation and Management	355.24	17.9		0.53	0.07		(0.01)	397.26	0.59
Inpatient	147.97	73.0		0.90	(0.01)		72.4	158.41	0.96
Licensed Residential	766.19	47.9		3.06	(0.26)		43.8	785.89	2.87
Medication Administration		0.7							
Non-Licensed CLS	96.82	5.0		0.04	(0.00)		4.9	96.06	0.04
Other	63.21	13.3		0.07	(0.00)		12.5	69.32	0.07
Outpatient Services	224.06	9.6		0.18	(0.01)		9.3	239.78	0.19
Prevention and Early Intervention									
Psychiatric diagnostic evaluation	304.67	9.8		0.25	(0.00)		9.8	383.80	0.30
Psychotherapy	144.95	110.9		1.34	0.17		109.0	163.34	1.46
Residential Services	433.63	6.6		0.23	0.02		6.9	493.39	0.28
Skill Building									
Vocational Supports									
<b>Subtotal Mental Health State Plan</b>	<b>\$ 5.16</b>								<b>\$ 9.70</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	\$ 0.00			\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
Licensed Residential	174.27	0.7		0.01	0.00			148.79	0.01
Non-Licensed CLS	76.43	15.7		0.10	(0.00)		15.7	79.84	0.10
Other	248.96	0.5		0.01	0.13		0.7	2,491.12	0.14
Prevention and Early Intervention									
Skill Building		86.8		0.02			89.8	3.02	0.02
Vocational Supports	2.77	6.7		0.14	0.02		9.1	278.75	0.21
<b>Subtotal Mental Health 1915(i)</b>	<b>\$ 0.28</b>								<b>\$ 0.49</b>
<b>Autism</b>									
Assessments and Testing	\$ 0.00			\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
Additional Support Services									
Psychiatric diagnostic evaluation									
<b>Subtotal Autism</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	\$ 49.79	14.5		\$ 0.06	\$ 0.00		14.5	\$ 51.06	\$ 0.06
Assessments and Testing	41.86	100.3		0.35	(0.00)		100.1	41.30	0.34
Case Management / Treatment Planning	91.72	2.6		0.02	0.00		3.0	92.13	0.02
Crisis									
Evaluation and Management	77.93	33.9		0.22	0.00		34.0	79.72	0.23
Medication Assisted Treatment	2,465.1	2,465.1		1.52	0.02		2,494.7	7.49	1.56
Outpatient Services	70.07	308.3		1.80	0.02		312.5	73.55	1.92
Prevention and Early Intervention									
Psychiatric diagnostic evaluation		0.1							
Residential Services	193.25	70.2		1.13	(0.03)		70.8	187.47	1.11
Withdrawal Management	325.31	15.2		0.41	0.02		15.3	336.42	0.43
<b>Subtotal Substance Abuse State Plan</b>	<b>\$ 5.51</b>								<b>\$ 5.66</b>
<b>Children's Waiver Program</b>									
Additional Support Services	\$ 0.00			\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
Licensed Residential									
Non-Licensed CLS									
Other									
Other Therapy									
<b>Subtotal Children's Waiver Program</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	\$ 0.00			\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
Licensed Residential									
Non-Licensed CLS									
Other									
Skill Building									
Vocational Supports									
<b>Subtotal Habilitative Supports Waiver</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	\$ 0.00			\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00
Case Management / Treatment Planning									
Non-Licensed CLS									
Other									
Other Therapy									
<b>Subtotal Serious Emotional Disturbances</b>	<b>\$ 0.00</b>								<b>\$ 0.00</b>
<b>Total Medical Costs</b>	<b>\$ 14.95</b>								<b>\$ 15.85</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			Policy and Program Changes			Encounter Data		
Rate Cell: TANF - Enrolled - M - 50 - 64	SFY 2019 Base Experience			MUNC Adjustments			Adjusted Base Experience		
Member Months: 79,815	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	6.3	\$ 38.01	\$ 0.02	\$ (0.00)	\$ 0.01	\$ 0.00	6.1	\$ 51.55	\$ 0.03
Assertive Community Treatment (ACT)	22.7	137.43	0.26	0.01	(0.03)	-	23.2	119.41	0.23
Assessments and Testing	19.1	226.25	0.36	(0.01)	0.00	-	18.6	227.45	0.35
Case Management / Treatment Planning	88.6	176.16	1.30	(0.06)	0.22	-	84.5	206.92	1.46
Crisis	8.7	385.31	0.28	0.01	0.04	-	8.9	436.22	0.32
Evaluation and Management	53.2	146.55	0.65	(0.01)	0.07	-	52.1	161.63	0.70
Inpatient	49.5	776.32	3.20	(0.27)	0.15	(0.17)	45.3	770.07	2.91
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	5.6	43.14	0.02	(0.00)	(0.00)	-	5.4	42.07	0.02
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	9.3	64.37	0.05	(0.00)	(0.01)	-	8.7	56.83	0.04
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	4.5	319.26	0.12	0.01	0.00	-	4.8	321.12	0.13
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	5.6	280.43	0.13	(0.01)	0.01	-	5.3	307.11	0.14
Psychotherapy	75.5	131.97	0.83	(0.01)	0.03	-	75.0	132.48	0.82
Residential Services	6.2	400.61	0.21	(0.01)	0.01	-	5.9	423.06	0.21
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 7.43</b>	-	-	-	-	-	<b>\$ 7.39</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	3.5	104.11	0.03	(0.00)	(0.01)	0.00	3.4	60.19	0.02
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>	17.0	169.52	0.24	0.08	0.00	0.00	23.0	172.29	0.33
<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.27</b>	-	-	-	-	-	<b>\$ 0.35</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	23.3	\$ 56.64	\$ 0.11	\$ 0.00	\$ 0.02	\$ 0.00	23.4	\$ 67.21	\$ 0.13
Assessments and Testing	38.6	52.80	0.17	(0.00)	(0.01)	-	38.4	49.67	0.16
Case Management / Treatment Planning	0.6	-	-	-	-	-	-	-	-
Crisis	0.2	2,394.45	0.03	0.01	(0.01)	-	0.2	1,828.54	0.03
Evaluation and Management	13.8	69.40	0.08	0.00	0.00	-	14.2	70.61	0.08
Medication Assisted Treatment	1,044.2	7.70	0.67	0.01	0.00	-	1,057.7	7.73	0.68
Outpatient Services	190.3	71.87	1.14	0.00	0.05	-	191.1	74.81	1.19
Prevention and Early Intervention	0.2	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.2	-	-	-	-	-	-	-	-
Residential Services	75.3	180.02	1.13	0.00	(0.05)	-	75.7	172.75	1.09
Withdrawal Management	13.7	315.75	0.36	0.01	0.00	-	14.1	317.82	0.37
<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 3.69</b>	-	-	-	-	-	<b>\$ 3.74</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>	-	-	<b>\$ 11.39</b>	-	-	-	-	-	<b>\$ 11.48</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Enrolled - M - 6 - 18		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 2,856,021	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	217.2	\$ 262.94	\$ 4.76	\$ 0.30	\$ 0.38	\$ 0.00	231.1	\$ 282.66
	Assessments and Testing	67.4	252.78	1.42	(0.03)	0.14	-	66.0	278.29
	Case Management / Treatment Planning	256.1	254.91	5.44	(0.81)	1.57	-	218.1	341.45
	Crisis	89.6	364.48	0.64	(0.01)	0.12	-	20.7	433.16
	Evaluation and Management	33.7	187.41	1.40	(0.02)	0.08	-	88.0	198.39
	Inpatient	11.9	779.59	2.19	(0.14)	0.10	-	31.5	816.11
	Licensed Residential	33.7	301.90	0.30	0.01	(0.05)	0.00	12.5	255.34
	Medication Administration	0.8	144.24	0.01	(0.00)	0.00	-	0.8	175.42
	Non-Licensed CLS	149.3	102.04	1.27	0.04	(0.00)	0.01	154.0	102.66
	Other	47.5	149.01	0.59	(0.01)	0.09	-	47.0	171.41
	Other Therapy	54.7	94.33	0.43	(0.01)	0.00	-	53.7	95.01
	Outpatient Services	24.4	279.91	0.57	(0.03)	(0.01)	-	23.0	274.82
	Prevention and Early Intervention	1.3	89.25	0.01	0.00	0.00	-	1.5	109.20
	Psychiatric diagnostic evaluation	15.2	362.52	0.46	(0.01)	0.05	-	15.0	405.66
	Psychotherapy	274.6	162.96	0.30	(0.09)	0.30	-	207.7	166.89
	Residential Services	494.6	494.60	0.00	0.00	0.00	-	500.0	500.00
	Skill Building	72.8	191.86	0.03	(0.00)	0.00	-	70.4	5.68
	Vocational Supports	0.7	163.20	0.01	(0.00)	(0.00)	0.00	0.7	143.44
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 23.18</b>					<b>\$ 25.18</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	79.8	\$ 67.69	\$ 0.45	\$ 0.14	\$ 0.07	\$ 0.01	104.4	\$ 76.15
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	6.1	78.57	0.04	0.01	0.01	-	7.7	90.75
	Prevention and Early Intervention	8.8	191.86	0.14	0.04	0.01	-	11.0	198.62
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.63</b>					<b>\$ 0.90</b>
<b>Autism</b>									
	Assessments and Testing	12.7	\$ 415.42	\$ 0.44	\$ (0.01)	\$ 0.05	\$ 0.03	12.5	\$ 483.46
	Additional Support Services	4,866.0	17.68	7.17	0.03	0.22	(0.61)	4,869.4	16.73
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 7.61</b>					<b>\$ 7.32</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	0.4	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Assessments and Testing	2.1	117.05	0.02	(0.00)	0.00	-	2.0	121.80
	Case Management / Treatment Planning	0.1	-	-	-	-	-	-	-
	Crisis	0.0	-	-	-	-	-	-	-
	Evaluation and Management	0.0	-	-	-	-	-	-	-
	Medication Assisted Treatment	0.6	-	-	-	-	-	-	-
	Outpatient Services	17.9	100.45	0.15	(0.00)	0.00	-	17.8	103.01
	Prevention and Early Intervention	1.3	89.25	0.01	(0.00)	(0.00)	-	1.3	84.85
	Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-
	Residential Services	10.2	342.68	0.29	(0.00)	(0.00)	-	10.1	339.91
	Withdrawal Management	0.1	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.47</b>					<b>\$ 0.47</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 31.89</b>					<b>\$ 33.88</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide Rate Cell: TANF - Enrolled - M - 65+		Encounter Data SFY 2019 Base Experience		MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 658	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-
	Assessments and Testing	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	127.7	448.38	4.77	0.03	0.10	-	128.6	457.57
	Crisis	-	-	-	-	-	-	-	4.90
	Evaluation and Management	18.2	184.24	0.28	(0.00)	0.01	-	17.9	192.06
	Inpatient	-	-	-	-	-	-	-	0.29
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychotherapy	-	-	-	-	-	-	-	-
	Rehabilitative Services	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 5.05</b>					<b>\$ 5.19</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 5.05</b>					<b>\$ 5.19</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			Policy and Program Changes			Encounter Data		
Rate Cell: TANF - Unenrolled - F - 0 - 5	SFY 2019 Base Experience			MUNC Adjustments			Adjusted Base Experience		
Member Months: 322,597	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	36.2	\$ 361.76	\$ 1.09	\$ 0.01	\$ 0.07	\$ 0.01	36.3	\$ 385.67	\$ 1.17
Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
Assessments and Testing	8.4	271.21	0.19	0.00	0.02	0.00	8.4	288.97	0.21
Case Management / Treatment Planning	20.2	266.85	0.45	(0.13)	0.22	0.00	14.6	447.42	0.54
Crisis	0.2	537.66	0.01	0.00	0.00	0.00	0.2	729.30	0.01
Evaluation and Management	0.9	268.83	0.02	(0.00)	(0.00)	0.00	0.8	250.27	0.02
Inpatient	-	-	-	-	-	-	-	-	-
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	12.6	95.16	0.10	0.01	0.00	0.00	13.4	96.78	0.11
Other	3.3	144.99	0.04	0.00	0.03	0.00	3.7	240.50	0.07
Outpatient Services	13.9	60.22	0.07	(0.00)	(0.01)	0.00	13.6	55.35	0.06
Prevention and Early Intervention	0.5	248.15	0.01	0.00	0.00	0.00	0.6	242.17	0.01
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Psychotherapy	0.4	322.60	0.01	(0.00)	0.00	0.00	0.4	383.18	0.01
Residential Services	12.5	134.02	0.14	(0.01)	0.01	0.01	12.0	149.00	0.15
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 2.13</b>						<b>\$ 2.37</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	31.4	\$ 61.23	\$ 0.16	\$ 0.05	\$ 0.15		41.1	\$ 106.39	\$ 0.36
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	2.1	115.21	0.02	0.01	0.00	0.00	2.7	122.24	0.03
Prevention and Early Intervention	3.9	243.47	0.08	0.02	0.01	0.01	4.9	258.73	0.11
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.26</b>						<b>\$ 0.50</b>
<b>Autism</b>									
Assessments and Testing	2.9	\$ 339.87	\$ 0.08	\$ (0.00)	\$ 0.01	\$ 0.01	2.8	\$ 385.26	\$ 0.09
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	867.3	13.36	1.11	0.02	0.03	0.03	881.7	16.67	1.23
<b>Subtotal Autism</b>			<b>\$ 1.19</b>						<b>\$ 1.31</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Withdrawal Management	-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 3.58</b>						<b>\$ 4.18</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Unenrolled - F - 19 - 20		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 38,035	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	49.8	\$ 322.58	\$ 1.34	\$ (0.00)	\$ 0.00	\$ 0.00	49.7	\$ 323.77
	Assertive Community Treatment (ACT)	13.3	63.39	0.07	0.00	0.00	-	14.0	64.30
	Assessments and Testing	19.2	296.82	0.46	0.01	0.05	-	19.6	317.86
	Case Management / Treatment Planning	38.8	216.46	0.70	(0.03)	0.10	-	37.1	250.03
	Crisis	16.7	373.18	0.52	0.01	0.08	-	17.2	426.86
	Evaluation and Management	14.5	173.64	0.21	(0.01)	0.01	-	14.1	178.38
	Inpatient	53.0	688.26	3.04	(0.00)	0.10	-	53.0	710.98
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	0.3	-	-	-	-	-	-	-
	Non-Licensed CLS	10.1	35.66	0.03	(0.00)	0.00	0.00	10.1	37.70
	Other	1.9	63.39	0.01	(0.00)	0.00	-	1.8	81.21
	Outpatient Services	9.8	73.62	0.06	(0.00)	(0.01)	-	9.6	65.31
	Prevention and Early Intervention	3.8	285.26	0.09	0.00	(0.00)	-	3.9	276.49
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychotherapy	2.8	295.83	0.07	(0.00)	0.03	-	2.8	408.10
	Residential Services	35.0	137.06	0.40	(0.00)	0.05	-	34.8	153.10
	Skill Building	4.4	434.69	0.16	0.02	(0.00)	-	5.0	426.37
	Vocational Supports	1.9	380.35	0.06	(0.00)	(0.03)	0.00	1.9	180.31
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 7.22</b>					<b>\$ 7.60</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	23.7	\$ 40.57	\$ 0.08	\$ 0.00	\$ (0.00)	\$ 0.00	24.9	\$ 38.62
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	1.9	126.78	0.02	0.00	(0.00)	-	2.0	120.83
	Prevention and Early Intervention	7.9	243.43	0.16	0.04	0.01	-	9.8	261.46
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.26</b>					<b>\$ 0.31</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	10.1	\$ 59.43	\$ 0.05	\$ (0.00)	\$ 0.00	\$ 0.00	9.8	\$ 59.55
	Assessments and Testing	5.0	118.86	0.05	(0.00)	0.00	-	5.0	129.98
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	73.8	6.50	0.04	0.00	0.00	-	76.0	6.60
	Outpatient Services	37.5	73.51	0.23	0.00	0.01	-	38.1	75.50
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	24.6	170.67	0.35	(0.01)	0.00	-	23.7	171.48
	Withdrawal Management	1.6	228.21	0.03	(0.00)	(0.00)	-	1.5	223.36
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.75</b>					<b>\$ 0.75</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 8.23</b>					<b>\$ 8.66</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			Policy and Program Changes			Encounter Data		
Rate Cell: TANF - Unenrolled - F - 21 - 25	SFY 2019 Base Experience			MUNC Adjustments			Adjusted Base Experience		
Member Months: 135,285	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	46.4	\$ 279.57	\$ 1.08	\$ (0.00)	\$ 0.10	\$ 1.08	46.2	\$ 305.45	\$ 1.18
Assertive Community Treatment (ACT)	34.1	28.13	0.08	0.02	0.03	0.03	42.6	37.96	0.13
Assessments and Testing	26.5	275.82	0.61	(0.00)	0.02	0.61	26.5	284.59	0.63
Case Management / Treatment Planning	50.0	187.29	0.78	(0.07)	0.15	0.71	45.2	227.67	0.86
Crisis	15.9	355.73	0.47	0.00	0.07	0.47	15.9	409.43	0.54
Evaluation and Management	14.7	203.60	0.25	(0.00)	0.02	0.25	14.9	218.87	0.27
Inpatient	32.4	707.44	1.91	(0.11)	0.16	1.80	30.6	770.19	1.96
Licensed Residential	-	-	-	(0.00)	0.00	-	-	-	-
Medication Administration	0.9	139.26	0.01	(0.00)	0.00	0.01	0.8	157.23	0.01
Non-Licensed CLS	-	-	-	(0.00)	-	-	-	-	-
Other	4.4	81.92	0.03	(0.00)	-	0.03	4.3	72.16	0.03
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	3.8	316.51	0.10	(0.00)	(0.00)	0.10	3.7	307.47	0.10
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	5.5	391.68	0.16	0.01	0.04	0.17	5.7	471.41	0.22
Psychotherapy	49.5	131.02	0.34	(0.00)	0.06	0.34	49.2	145.97	0.60
Residential Services	4.1	435.20	0.15	0.00	0.01	0.15	4.3	471.27	0.17
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 6.19</b>	-	-	-	-	-	<b>\$ 6.69</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	0.5	\$ 232.11	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	0.7	\$ 253.11	\$ 0.01
Licensed Residential	4.0	60.55	0.02	(0.00)	0.00	0.02	3.7	65.72	0.02
Non-Licensed CLS	4.8	49.74	0.02	0.00	(0.00)	0.02	5.0	45.78	0.02
Other	0.3	348.16	0.01	0.00	(0.00)	0.01	0.4	301.79	0.01
Prevention and Early Intervention	10.1	345.19	0.29	0.08	0.05	0.37	13.0	394.28	0.43
Skill Building	0.7	-	-	-	-	-	-	-	-
Vocational Supports	4.3	83.56	0.03	0.01	0.00	0.04	5.8	85.74	0.04
<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.38</b>	-	-	-	-	-	<b>\$ 0.53</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	12.7	\$ 56.84	\$ 0.06	\$ 0.00	\$ 0.01	\$ 0.06	12.7	\$ 65.19	\$ 0.07
Assessments and Testing	16.1	74.47	0.10	(0.00)	0.02	0.10	15.8	86.47	0.11
Case Management / Treatment Planning	0.9	139.26	0.01	0.00	(0.00)	0.01	1.0	131.72	0.01
Crisis	-	-	-	(0.00)	-	-	-	-	-
Evaluation and Management	7.0	85.97	0.05	(0.00)	0.00	0.05	7.0	87.62	0.05
Medication Assisted Treatment	385.8	7.47	0.24	0.01	(0.00)	0.25	394.6	7.44	0.24
Outpatient Services	83.5	66.11	0.46	0.00	(0.01)	0.45	84.0	65.12	0.46
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.2	-	-	(0.01)	(0.01)	-	-	-	-
Residential Services	49.1	180.80	0.74	(0.01)	(0.01)	0.72	48.7	177.15	0.72
Withdrawal Management	4.2	369.46	0.13	(0.00)	0.00	0.13	4.2	374.56	0.13
<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 1.79</b>	-	-	-	-	-	<b>\$ 1.79</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>	-	-	<b>\$ 8.36</b>	-	-	-	-	-	<b>\$ 9.02</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Unenrolled - F - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 279,534	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	16.8	\$ 185.41	\$ 0.26	\$ (0.00)	\$ 0.06	\$ 0.06	16.7	\$ 228.27	\$ 0.32
Assertive Community Treatment (ACT)	31.3	57.52	0.15	(0.00)	0.01	0.01	31.2	62.55	0.16
Assessments and Testing	31.8	253.09	0.67	(0.01)	0.02	(0.00)	31.3	261.64	0.68
Case Management / Treatment Planning	76.7	192.40	1.23	(0.28)	0.47	(0.01)	59.0	287.44	1.41
Crisis	22.3	387.05	0.72	(0.01)	0.11	(0.01)	22.0	446.72	0.82
Evaluation and Management	32.2	153.02	0.41	(0.00)	0.02	(0.28)	31.9	159.23	0.42
Inpatient	70.0	656.82	3.83	(0.02)	0.25	(0.28)	69.6	651.89	3.78
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	4.7	153.87	0.06	(0.00)	0.00	-	4.6	155.82	0.06
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	8.8	68.51	0.05	(0.00)	0.00	-	8.2	68.83	0.05
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	10.9	252.13	0.23	(0.02)	0.02	-	10.1	270.46	0.23
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	9.7	333.96	0.27	(0.00)	0.06	-	9.7	407.24	0.33
Psychotherapy	58.6	131.50	0.62	(0.01)	0.10	-	55.9	153.77	0.72
Residential Services	3.4	636.91	0.16	0.00	(0.03)	-	3.3	517.22	0.15
Skill Building	-	-	-	-	-	-	-	-	-
Subtotal Mental Health	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.14</b>						<b>\$ 0.23</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	15.7	\$ 68.93	\$ 0.09	\$ 0.00	\$ 0.03	\$ 0.00	16.1	\$ 93.18	\$ 0.12
Assessments and Testing	53.5	49.36	0.22	(0.00)	0.02	-	53.2	54.44	0.24
Case Management / Treatment Planning	1.2	96.39	0.01	0.00	(0.00)	-	1.4	93.35	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	17.9	80.25	0.12	(0.00)	0.00	-	17.8	82.76	0.12
Medication Assisted Treatment	1,162.6	7.64	0.00	0.00	0.01	-	1,165.0	7.77	0.05
Outpatient Services	173.4	71.27	1.03	0.00	0.02	-	173.7	72.32	1.05
Prevention and Early Intervention	0.5	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-	-
Residential Services	85.0	192.10	1.36	(0.01)	(0.03)	-	84.3	188.11	1.32
Withdrawal Management	15.2	322.84	0.41	(0.00)	0.01	-	15.1	327.78	0.41
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.98</b>						<b>\$ 4.03</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 12.80</b>						<b>\$ 13.39</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Unenrolled - F - 40 - 49	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 78,249	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Adjusted Base Experience
Category of Service									
<b>Mental Health State Plan</b>									
Additional Support Services	35.0	\$ 85.80	\$ 0.25	\$ (0.02)	\$ 0.12	\$ 0.00	31.5	\$ 130.14	\$ 0.34
Assessments and Testing	42.8	75.72	0.27	0.00	0.00	-	43.4	77.00	0.28
Case Management / Treatment Planning	38.3	234.75	0.75	(0.02)	0.00	-	37.1	235.87	0.73
Crisis	175.4	209.30	3.06	(0.90)	1.35	-	123.9	339.71	3.51
Evaluation and Management	23.9	346.10	0.69	(0.01)	0.07	-	23.7	383.96	0.76
Inpatient	67.9	141.31	0.80	0.00	0.05	-	68.0	150.16	0.85
Licensed Residential	38.0	700.45	2.22	0.24	(0.10)	-	42.1	671.34	2.35
Medication Administration	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	10.9	132.25	0.12	(0.00)	(0.00)	-	10.5	130.94	0.12
Other	16.3	51.67	0.07	(0.01)	0.01	-	14.9	58.06	0.07
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	33.0	243.84	0.67	(0.08)	0.22	-	28.9	336.15	0.81
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	12.1	307.05	0.31	(0.01)	0.06	-	11.8	383.10	0.36
Psychotherapy	107.5	133.95	1.20	(0.07)	0.25	-	101.3	163.18	1.38
Residential Services	6.9	504.27	0.29	(0.01)	(0.04)	-	6.7	439.36	0.24
Skill Building	-	-	-	-	-	-	-	-	-
Skill Building Management	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 10.70</b>						<b>\$ 11.80</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	15.2	142.27	0.18	0.02	0.01	0.00	17.1	152.33	0.22
Non-Licensed CLS	18.2	65.76	0.10	0.00	0.00	0.00	18.9	68.15	0.11
Other	1.2	195.62	0.02	0.01	0.24	-	1.7	1,832.09	0.26
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	1.4	-	-	-	-	-	-	-	-
Vocational Supports	2.1	391.24	0.07	0.03	0.06	0.00	3.0	652.23	0.16
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.37</b>						<b>\$ 0.75</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	15.2	\$ 79.04	\$ 0.10	\$ 0.00	\$ 0.01	\$ 0.00	15.3	\$ 88.60	\$ 0.11
Assessments and Testing	35.6	53.96	0.16	(0.00)	0.02	-	35.4	60.20	0.18
Case Management / Treatment Planning	1.2	97.81	0.01	0.00	(0.00)	-	1.4	93.18	0.01
Crisis	0.2	-	-	-	-	-	-	-	-
Evaluation and Management	9.2	65.21	0.05	0.00	0.00	-	9.2	66.67	0.05
Medication Assisted Treatment	699.9	7.20	0.42	0.01	(0.00)	-	721.1	7.12	0.43
Outpatient Services	115.3	82.20	0.79	0.00	0.00	-	116.0	82.45	0.80
Prevention and Early Intervention	0.3	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.6	195.62	0.01	(0.00)	(0.00)	-	0.6	162.88	0.01
Residential Services	84.2	206.67	1.45	(0.00)	(0.08)	-	84.2	195.34	1.37
Withdrawal Management	10.0	264.84	0.22	0.01	(0.01)	-	10.6	252.31	0.22
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.21</b>						<b>\$ 3.16</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 14.28</b>						<b>\$ 15.72</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Unenrolled - F - 50 - 64		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 21,405	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	68.4	\$ 105.27	\$ 0.60	\$ (0.03)	\$ 0.10	\$ 0.00	65.4	\$ 122.83
	Assertive Community Treatment (ACT)	23.0	67.87	0.13	0.01	(0.00)	-	24.7	67.20
	Assessments and Testing	30.8	202.37	0.52	(0.00)	(0.02)	-	30.8	210.23
	Case Management / Treatment Planning	199.6	186.39	3.10	(0.49)	0.84	-	198.4	246.05
	Crisis	6.7	338.91	0.19	0.01	0.00	-	7.0	340.80
	Evaluation and Management	57.7	147.55	0.71	(0.03)	(0.08)	-	55.5	130.21
	Inpatient	53.8	602.01	2.70	(0.18)	0.21	-	50.2	651.87
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	7.3	65.86	0.04	(0.01)	0.01	-	6.2	90.72
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	26.3	81.98	0.18	(0.02)	0.00	-	24.0	82.59
	Outpatient Services	2.8	899.00	0.21	(0.00)	0.02	-	2.7	984.00
	Prevention and Early Intervention	33.1	235.81	0.65	(0.11)	0.43	-	27.5	422.35
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Psychotherapy	3.9	336.36	0.11	(0.00)	(0.01)	-	3.8	316.38
	Residential Services	96.4	174.22	0.05	(0.02)	0.24	-	94.6	205.10
	Skill Building	1.7	355.74	0.05	0.01	0.02	-	2.1	449.47
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 10.59</b>	-	-	-	-	<b>\$ 11.53</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	21.3	45.06	0.08	0.00	0.00	-	21.4	45.71
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	1.7	214.05	0.03	0.02	0.03	-	2.7	380.85
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>	<b>27.5</b>	<b>74.26</b>	<b>\$ 0.28</b>	<b>0.06</b>	<b>0.06</b>	<b>0.00</b>	<b>37.0</b>	<b>\$ 95.22</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	3.9	\$ 61.16	\$ 0.02	\$ 0.00	\$ (0.00)	\$ 0.00	4.0	\$ 60.88
	Assessments and Testing	32.5	33.21	0.09	0.00	(0.04)	-	32.6	20.07
	Case Management / Treatment Planning	1.1	107.02	0.01	0.00	(0.00)	-	1.2	97.30
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	5.6	64.21	0.03	(0.00)	(0.00)	-	5.3	61.34
	Medication Assisted Treatment	185.0	6.49	0.10	0.01	(0.00)	-	196.6	6.43
	Outpatient Services	81.9	58.64	0.40	(0.01)	0.03	-	80.3	63.45
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	3.9	705.30	0.23	(0.00)	0.00	-	3.9	704.96
	Withdrawal Management	7.3	230.51	0.14	0.00	(0.00)	-	7.4	223.64
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 1.02</b>	<b>0.00</b>	<b>(0.00)</b>	-	-	<b>\$ 1.01</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 11.89</b>	-	-	-	-	<b>\$ 12.99</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Unenrolled - F - 6 - 18	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 661,707	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	114.8	\$ 278.98	\$ 2.67	\$ 0.07	\$ 0.22	\$ 0.00	118.1	\$ 301.25	\$ 2.96
Asserive Community Treatment (ACT)	2.5	47.60	0.01	0.00	0.00	-	2.7	48.20	0.01
Assessments and Testing	38.2	270.21	0.86	(0.01)	0.07	-	37.6	263.90	0.92
Case Management / Treatment Planning	101.5	260.05	2.20	(0.43)	0.78	-	81.6	374.77	2.55
Crisis	20.8	408.89	0.71	(0.00)	0.11	-	20.8	473.04	0.82
Evaluation and Management	31.6	189.82	0.50	(0.00)	0.02	-	31.3	198.33	0.52
Inpatient	49.5	601.33	2.48	0.25	0.12	-	54.4	627.45	2.85
Licensed Residential	12.0	130.14	0.13	0.01	(0.03)	0.00	13.1	103.52	0.11
Medication Administration	0.6	206.78	0.01	0.00	0.00	-	0.6	251.48	0.01
Non-Licensed CLS	61.7	105.00	0.54	0.01	0.02	0.00	62.4	109.51	0.57
Other	20.1	131.27	0.22	0.00	(0.00)	-	20.2	150.92	0.25
Other Therapy	16.3	66.24	0.09	(0.00)	(0.00)	-	16.0	62.72	0.08
Outpatient Services	15.2	237.17	0.30	(0.01)	0.02	-	14.5	253.72	0.31
Prevention and Early Intervention	0.2	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	6.9	381.09	0.22	(0.00)	0.03	-	6.9	436.24	0.25
Psychotherapy	132.2	146.12	1.51	(0.01)	0.16	-	131.7	160.38	1.76
Residential Services	6.2	500.95	0.23	0.02	0.00	-	5.8	513.36	0.23
Skill Building	6.2	-	-	-	-	-	-	-	-
Vocational Supports	1.1	110.28	0.01	0.00	(0.00)	0.00	1.2	104.80	0.01
<b>Subtotal Mental Health State Plan</b>			<b>\$ 12.78</b>						<b>\$ 14.24</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	40.4	\$ 97.96	\$ 0.33	\$ 0.10	\$ 0.07	\$ 0.00	52.4	\$ 115.25	\$ 0.50
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	5.1	70.90	0.03	0.01	0.00	-	6.3	73.68	0.04
Prevention and Early Intervention	6.8	230.01	0.13	0.03	0.01	-	8.5	243.13	0.17
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.49</b>						<b>\$ 0.71</b>
<b>Autism</b>									
Assessments and Testing	1.6	\$ 446.09	\$ 0.06	\$ (0.00)	\$ (0.00)	\$ 0.00	1.6	\$ 445.81	\$ 0.06
Autism Services	533.3	14.85	0.66	0.00	(0.01)	0.06	533.9	16.14	0.72
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.72</b>						<b>\$ 0.78</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	0.2	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Assessments and Testing	1.2	100.26	0.01	(0.00)	0.00	-	1.2	100.30	0.01
Case Management / Treatment Planning	0.1	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	0.1	-	-	-	-	-	-	-	-
Medication Assisted Treatment	1.9	-	-	-	-	-	-	-	-
Outpatient Services	4.6	79.09	0.03	(0.00)	0.00	-	4.5	79.74	0.03
Prevention and Early Intervention	2.2	108.48	0.02	(0.00)	(0.00)	-	2.2	106.27	0.02
Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-	-
Residential Services	8.8	409.30	0.30	(0.00)	(0.01)	-	8.8	400.42	0.29
Withdrawal Management	0.1	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.36</b>						<b>\$ 0.35</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 14.36</b>						<b>\$ 16.08</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide Rate Cell: TANF - Unenrolled - F - 65+		Encounter Data SFY 2019 Base Experience			MUNC Adjustments			Policy and Program Changes Adjustments		
Member Months: 1,935 Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	Adjusted Base Experience	PMPM
<b>Mental Health State Plan</b>										
Additional Support Services	18.6	\$ 45.14	\$ 0.07	\$ (0.00)	\$ 0.03	\$ 0.00	17.9	\$ 63.54	\$ 0.09	\$ 0.09
Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-	-
Assessments and Testing	6.2	135.43	0.07	(0.00)	0.01	-	6.0	150.44	0.07	0.07
Case Management / Treatment Planning	93.0	192.19	1.49	0.18	0.01	-	104.3	193.03	1.68	1.68
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	31.0	131.56	0.34	0.02	(0.03)	-	32.7	120.91	0.33	0.33
Inpatient	-	-	-	-	-	-	-	-	-	-
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Medication Administration	24.8	164.46	0.34	(0.01)	0.00	-	24.3	164.98	0.33	0.33
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	6.2	909.34	0.47	0.07	(0.05)	-	7.1	829.07	0.49	0.49
Psychotherapy	24.8	91.90	0.19	0.02	0.00	-	26.0	92.75	0.22	0.22
Residential Services	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 2.97</b>							<b>\$ 3.22</b>
<b>Mental Health 1915(i)</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Autism</b>										
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Assessments and Testing	-	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-	-
Withdrawal Management	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 2.97</b>							<b>\$ 3.22</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Unenrolled - M - 0 - 5	Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Member Months: 336,969	SFY 2019 Base Experience	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Program Changes Adjustments	Utilization per 1,000	Cost per Service
Category of Service				PMPM	Utilization Adjustment	Cost Adjustment			PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	63.3	\$ 358.20		\$ 1.89	\$ 0.05	\$ 0.11	\$ 0.00	64.9	\$ 378.54
Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
Assessments and Testing	19.6	250.74		0.41	(0.00)	0.04	-	19.6	275.01
Case Management / Treatment Planning	59.9	248.57		1.24	(0.31)	0.46	-	45.1	371.73
Crisis	0.8	439.52		0.03	(0.00)	0.01	-	0.8	575.98
Evaluation and Management	3.6	235.88		0.07	(0.00)	0.00	-	3.4	241.55
Inpatient	-	-	-	-	-	-	-	-	-
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	20.7	75.27		0.13	0.00	(0.01)	0.00	21.5	72.69
Other	6.2	134.79		0.07	0.00	0.02	-	6.5	163.39
Other Therapy	41.4	60.85		0.21	(0.01)	0.01	-	40.4	62.99
Outpatient Services	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	0.0	-	-	-	(0.00)	0.01	-	-	-
Psychiatric diagnostic evaluation	1.4	443.38		0.05	-	-	-	1.3	545.88
Psychotherapy	18.5	149.04		0.23	(0.01)	0.03	-	17.8	167.46
Residential Services	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>				<b>\$ 4.33</b>					<b>\$ 4.74</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	24.8	\$ 67.88		\$ 0.14	\$ 0.04	\$ 0.01	\$ 0.00	31.0	\$ 70.56
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	1.5	82.19		0.01	0.00	(0.00)	-	1.7	80.08
Prevention and Early Intervention	8.8	205.47		0.15	0.03	0.00	-	10.5	209.11
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>				<b>\$ 0.30</b>					<b>\$ 0.38</b>
<b>Autism</b>									
Assessments and Testing	10.0	\$ 361.04		\$ 0.30	\$ (0.00)	\$ 0.02	\$ 0.02	9.9	\$ 411.20
Additional Support Services	4,311.9	16.84		0.05	(0.08)	0.14	(0.33)	4,255.6	16.29
Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>				<b>\$ 6.35</b>					<b>\$ 6.12</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Withdrawal Management	-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 10.98</b>					<b>\$ 11.23</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			MUNC			Policy and Program Changes		
Rate Cell: TANF - Unenrolled - M - 19 - 20	SFY 2019 Base Experience			Adjustments			Adjustments		
Member Months: 8,276	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	5.8	\$ 20.69	\$ 0.01	\$ (0.00)	\$ 0.01	\$ 0.00	5.7	\$ 44.42	\$ 0.02
Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
Assessments and Testing	31.9	285.90	0.76	(0.03)	(0.04)	-	30.6	271.72	0.69
Case Management / Treatment Planning	102.9	206.32	1.77	0.00	0.22	-	103.1	231.73	1.99
Crisis	29.0	442.77	1.07	(0.01)	0.18	-	28.7	516.32	1.24
Evaluation and Management	31.9	135.43	0.36	(0.02)	(0.01)	-	29.8	136.48	0.34
Inpatient	89.9	652.74	4.89	0.34	(0.16)	-	96.1	632.76	5.07
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	11.6	93.11	0.09	(0.00)	0.02	-	11.1	111.84	0.10
Non-Licensed CLS	216.0	29.44	0.53	0.00	0.03	0.00	217.9	31.51	0.57
Other	2.9	82.76	0.02	(0.00)	(0.00)	-	2.8	77.80	0.02
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	1.4	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	5.8	331.04	0.16	(0.01)	0.03	-	5.4	387.16	0.18
Psychotherapy	60.9	163.55	0.83	(0.02)	0.09	-	59.7	181.97	0.91
Residential Services	1.4	910.36	0.11	(0.00)	0.01	-	1.4	997.32	0.12
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	10.1	153.70	0.13	(0.01)	0.01	0.00	9.3	165.60	0.13
<b>Subtotal Mental Health State Plan</b>			<b>\$ 10.73</b>						<b>\$ 11.37</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	1.4	\$ 744.84	\$ 0.09	\$ 0.01	\$ (0.00)	\$ 0.00	1.6	\$ 738.01	\$ 0.10
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	8.7	137.93	0.10	0.03	0.03	-	11.5	168.78	0.16
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.19</b>						<b>\$ 0.26</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Additional Support Services	374.1	14.43	0.45	(0.02)	0.00	(0.00)	359.8	14.43	0.43
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.45</b>						<b>\$ 0.43</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	92.8	\$ 59.48	\$ 0.46	\$ 0.03	\$ (0.02)	\$ 0.00	98.5	\$ 56.97	\$ 0.47
Assessments and Testing	8.7	110.35	0.08	0.00	(0.00)	-	9.0	108.22	0.08
Case Management / Treatment Planning	1.4	82.76	0.01	0.00	(0.00)	-	1.7	82.42	0.01
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	7.2	33.10	0.02	(0.00)	0.00	-	7.2	36.09	0.02
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
Outpatient Services	87.0	84.14	0.61	(0.00)	(0.02)	-	86.4	82.06	0.59
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-
Withdrawal Management	14.5	355.87	0.43	0.01	(0.00)	-	14.7	354.14	0.43
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.61</b>						<b>\$ 1.61</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 12.98</b>						<b>\$ 13.67</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Unenrolled - M - 21 - 25		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 12/784	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	16.0	\$ 285.76	\$ 0.38	\$ 0.00	\$ 0.06	\$ 0.00	16.0	\$ 330.00
	Asserive Community Treatment (ACT)	5.6	42.61	0.02	0.00	0.00	-	5.8	46.22
	Assessments and Testing	49.7	269.51	1.08	0.01	0.05	-	50.1	273.33
	Case Management / Treatment Planning	32.9	191.76	1.00	0.01	0.07	-	33.5	204.11
	Crisis	67.6	474.84	1.30	0.03	0.26	-	68.2	569.36
	Evaluation and Management	28.2	144.89	0.34	0.01	0.05	-	28.8	164.28
	Inpatient	67.6	886.01	4.99	(0.35)	0.21	-	62.9	926.95
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	13.1	63.92	0.07	(0.00)	(0.00)	-	12.9	61.12
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	7.5	143.82	0.09	0.00	(0.05)	-	7.8	63.31
	Other Therapy	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	16.0	376.00	0.50	0.00	0.18	-	16.1	513.31
	Psychotherapy	48.0	138.67	0.32	0.00	0.04	-	46.1	146.46
	Residential Services	3.8	415.48	0.13	(0.00)	0.01	-	3.7	453.91
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 10.50</b>	-	-	-	-	<b>\$ 11.10</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	4.7	76.70	0.03	0.00	(0.00)	-	4.7	73.17
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	5.6	21.31	0.01	0.00	0.00	-	5.8	22.99
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.04</b>	-	-	-	-	<b>\$ 0.04</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	83.5	\$ 38.78	0.27	\$ 0.01	\$ 0.02	\$ 0.00	85.2	\$ 42.00
	Assessments and Testing	28.2	68.18	0.16	0.00	0.03	-	28.3	81.81
	Case Management / Treatment Planning	1.9	127.84	0.02	0.00	(0.00)	-	2.0	116.23
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	17.8	87.47	0.13	(0.00)	0.01	-	17.5	94.46
	Medication Assisted Treatment	392.4	7.03	0.23	0.00	0.01	-	397.2	7.28
	Outpatient Services	240.3	67.92	1.36	(0.00)	0.02	-	240.1	68.70
	Prevention and Early Intervention	0.9	127.84	0.01	(0.00)	(0.01)	-	0.8	4.00
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	Residential Services	30.0	315.61	0.79	(0.01)	0.00	-	29.8	315.91
	Withdrawal Management	16.8	345.17	0.54	0.00	0.02	-	16.9	360.96
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 3.51</b>	-	-	-	-	<b>\$ 3.62</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 14.05</b>	-	-	-	-	<b>\$ 14.76</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and Program Changes		Encounter Data	
Rate Cell: TANF - Unenrolled - M - 26 - 39		SFY 2019 Base Experience		Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 75,787	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
	Additional Support Services	7.1	\$ 117.89	\$ 0.07	\$ (0.00)	\$ 0.03	6.9	\$ 163.94	\$ 0.09
	Assertive Community Treatment (ACT)	29.6	81.06	0.20	0.02	0.02	31.9	87.52	0.23
	Assessments and Testing	32.0	243.87	0.65	0.00	0.06	32.0	266.20	0.71
	Case Management / Treatment Planning	52.9	190.60	0.84	(0.15)	0.20	43.2	245.05	0.88
	Crisis	24.5	386.71	0.75	(0.00)	0.08	24.5	408.01	0.83
	Evaluation and Management	24.1	169.52	0.34	0.00	0.03	24.3	182.40	0.37
	Inpatient	57.2	671.80	3.20	(0.10)	0.26	55.5	698.10	3.23
	Licensed Residential	-	-	-	-	-	-	-	-
	Medication Administration	1.6	75.79	0.01	0.00	0.00	1.6	94.97	0.01
	Non-Licensed CLS	-	-	-	(0.00)	-	-	-	-
	Other	5.9	81.93	0.04	(0.00)	0.01	5.7	108.96	0.05
	Other Therapy	-	-	-	-	-	-	-	-
	Outpatient Services	10.6	282.79	0.25	(0.01)	0.00	10.1	287.99	0.24
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	8.6	407.00	0.29	(0.00)	0.05	8.5	480.23	0.34
	Psychotherapy	37.7	143.29	0.45	(0.01)	0.04	36.7	155.53	0.48
	Residential Services	4.8	429.46	0.17	0.01	0.01	5.1	409.26	0.18
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>	-	-	<b>\$ 7.26</b>	-	-	-	-	<b>\$ 7.65</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	1.7	68.90	0.01	0.00	0.00	1.9	71.14	0.01
	Other	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-
	Skill Building	2.4	-	-	-	-	-	-	-
	Vocational Supports	1.7	68.90	0.01	(0.00)	0.00	2.4	68.78	0.01
	<b>Subtotal Mental Health 1915(i)</b>	-	-	<b>\$ 0.02</b>	-	-	-	-	<b>\$ 0.02</b>
<b>Autism</b>									
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	19.8	\$ 42.44	\$ 0.07	\$ 0.00	\$ 0.02	20.4	\$ 51.90	\$ 0.09
	Assessments and Testing	59.4	64.67	0.32	0.00	0.02	59.5	69.61	0.35
	Case Management / Treatment Planning	2.7	89.16	0.02	0.00	(0.00)	3.0	83.32	0.02
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	20.9	74.64	0.13	0.00	0.00	21.0	76.36	0.13
	Medication Assisted Treatment	1,792.1	7.43	1.11	0.01	0.00	1,805.3	7.46	1.12
	Outpatient Services	248.4	74.39	1.54	0.02	0.08	252.3	78.24	1.65
	Prevention and Early Intervention	0.3	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	0.2	757.87	0.01	(0.00)	(0.00)	0.2	597.32	0.01
	Residential Services	116.7	188.18	1.83	0.00	(0.04)	116.8	184.40	1.80
	Withdrawal Management	20.4	329.00	0.56	0.01	0.02	20.7	339.86	0.56
	<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 5.59</b>	-	-	-	-	<b>\$ 5.74</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 12.87</b>	-	-	-	-	<b>\$ 13.41</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Encounter Data			Policy and Program Changes			Encounter Data		
Rate Cell: TANF - Unenrolled - M -40 -49	SFY 2019 Base Experience			MUNC Adjustments			Adjusted Base Experience		
Member Months: 38,743	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	13.6	\$ 61.64	\$ 0.07	\$ 0.00	\$ 0.05	\$ 0.00	14.5	\$ 106.81	\$ 0.13
Assertive Community Treatment (ACT)	68.37	0.06	0.07	0.03	(0.02)	-	15.8	52.39	0.07
Assessments and Testing	32.5	273.04	0.74	(0.00)	0.03	-	32.4	283.21	0.77
Case Management / Treatment Planning	81.8	179.04	1.22	(0.31)	0.43	-	61.3	282.66	1.34
Crisis	26.3	341.85	0.75	0.02	0.17	-	27.0	415.61	0.94
Evaluation and Management	30.4	142.32	0.36	0.00	0.02	-	30.7	149.66	0.38
Inpatient	53.0	600.40	2.65	0.22	0.25	(0.40)	57.4	570.36	2.73
Licensed Residential	-	-	-	-	-	-	-	-	-
Medication Administration	3.4	140.88	0.04	0.00	(0.01)	-	3.7	117.11	0.04
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	9.0	80.16	0.06	(0.00)	(0.01)	-	8.8	72.79	0.05
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	4.6	154.97	0.06	0.00	0.06	-	4.8	306.04	0.12
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	9.0	347.35	0.26	0.01	0.08	-	9.3	456.51	0.35
Psychotherapy	75.9	102.79	0.65	(0.01)	0.05	-	74.9	110.27	0.69
Residential Services	4.0	327.82	0.11	(0.01)	(0.03)	-	3.6	243.54	0.07
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 7.03</b>						<b>\$ 7.68</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	0.3	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	48.0	5.00	0.02	0.00	0.00	0.00	48.6	5.65	0.02
Vocational Supports	11.2	118.38	0.11	0.03	0.01	0.00	14.3	131.41	0.16
<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.13</b>						<b>\$ 0.18</b>
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Autism Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	11.2	\$ 75.33	\$ 0.07	\$ 0.01	\$ 0.01	\$ 0.00	12.2	\$ 86.81	\$ 0.09
Assessments and Testing	42.7	42.11	0.15	(0.00)	0.02	-	42.7	46.38	0.17
Case Management / Treatment Planning	0.3	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	21.1	74.07	0.13	0.00	0.00	-	21.3	75.34	0.13
Medication Assisted Treatment	1,081.3	7.32	0.66	0.01	0.01	-	1,089.7	7.47	0.68
Outpatient Services	151.2	75.42	0.95	(0.01)	0.04	-	149.0	78.29	0.97
Prevention and Early Intervention	0.3	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.3	-	-	-	-	-	-	-	-
Residential Services	29.7	310.75	0.77	0.00	(0.01)	-	29.8	305.16	0.76
Withdrawal Management	5.0	230.57	0.12	0.00	(0.00)	-	5.0	235.61	0.12
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 2.85</b>						<b>\$ 2.91</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 10.01</b>						<b>\$ 10.77</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide	Rate Cell: TANF - Unenrolled - M - 50 - 64	Encounter Data			Policy and Program Changes			Encounter Data	
Member Months: 20948	SFY 2019 Base Experience	MUNC			Adjustments			Adjusted Base Experience	
Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	45.3	\$ 90.16	\$ 0.34	\$ (0.01)	\$ 0.04	\$ 0.00	43.6	\$ 90.86	\$ 0.36
Assessments and Testing	50.4	64.27	0.27	0.02	0.00	-	53.4	65.19	0.29
Case Management / Treatment Planning	24.6	219.22	0.45	(0.01)	(0.01)	-	23.8	213.19	0.42
Crisis	113.4	186.20	1.76	(0.77)	0.92	-	64.0	358.56	1.91
Evaluation and Management	5.7	251.37	0.01	(0.01)	0.03	-	5.2	325.47	0.14
Inpatient	40.7	115.07	0.39	(0.01)	0.05	-	39.2	129.64	0.42
Licensed Residential	45.3	535.63	2.02	0.58	0.19	-	58.2	575.35	2.79
Medication Administration	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	5.7	146.63	0.07	(0.00)	0.00	-	5.6	152.46	0.07
Other	13.7	87.28	0.10	(0.00)	0.06	-	13.3	143.93	0.16
Other Therapy	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	6.9	192.02	0.11	(0.01)	0.01	-	6.5	214.03	0.12
Psychotherapy	64.7	96.40	0.52	0.01	0.08	-	65.6	111.83	0.61
Residential Services	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 6.15</b>						<b>\$ 7.30</b>
<b>Mental Health 1915(i)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	5.2	116.38	0.05	0.00	(0.01)	0.00	5.2	90.48	0.04
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>	29.2	357.35	0.87	0.30	0.13	0.01	39.4	397.32	1.31
<b>Autism</b>									
Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Additional Support Services	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	50.4	\$ 52.37	\$ 0.22	\$ 0.00	\$ 0.03	\$ 0.00	51.0	\$ 58.55	\$ 0.25
Assessments and Testing	24.1	54.86	0.11	(0.00)	(0.01)	-	23.7	50.29	0.10
Case Management / Treatment Planning	0.6	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	2.9	41.90	0.01	(0.00)	0.00	-	2.8	43.58	0.01
Medication Assisted Treatment	654.2	7.52	0.41	0.02	(0.01)	-	667.5	7.40	0.42
Outpatient Services	80.2	107.73	0.72	(0.00)	0.01	-	80.1	108.75	0.73
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	136.9	189.32	2.16	0.03	(0.05)	-	138.1	185.43	2.15
Withdrawal Management	14.3	377.06	0.45	0.00	0.02	-	14.4	390.49	0.47
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 4.08</b>						<b>\$ 4.12</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 11.15</b>						<b>\$ 12.77</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model									
Region: Statewide		Encounter Data		MUNC		Policy and		Encounter Data	
Rate Cell: TANF - Unenrolled - M - 6 - 18		SFY 2019 Base Experience		Adjustments		Program Changes		Adjusted Base Experience	
Member Months: 665,323	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
<b>Mental Health State Plan</b>									
	Additional Support Services	167.5	\$ 267.22	\$ 3.73	\$ 0.15	\$ 0.39	\$ 0.00	174.3	\$ 293.83
	Assertive Community Treatment (ACT)	1.2	100.81	0.01	0.01	0.00	-	1.8	101.19
	Assessments and Testing	44.2	271.56	1.00	(0.01)	0.09	-	43.8	295.73
	Case Management / Treatment Planning	166.7	269.90	3.75	(0.55)	0.98	-	142.1	352.64
	Crisis	382.11	382.11	0.01	0.00	0.08	-	16.1	442.74
	Evaluation and Management	47.9	190.52	1.87	(0.01)	0.03	-	47.1	198.60
	Inpatient	33.0	680.24	1.87	0.07	(0.04)	-	34.3	687.51
	Licensed Residential	29.0	140.85	0.34	0.04	(0.01)	0.01	32.7	138.93
	Medication Administration	0.5	221.77	0.01	(0.00)	0.00	-	0.5	242.27
	Non-Licensed CLS	156.8	93.39	1.22	0.02	0.01	0.01	159.0	94.87
	Other	28.5	160.22	0.38	(0.01)	0.05	-	27.7	180.67
	Outpatient Services	24.9	77.25	0.16	(0.00)	0.00	-	24.3	78.35
	Prevention and Early Intervention	9.1	275.58	0.21	(0.01)	0.00	-	8.6	268.47
	Psychiatric diagnostic evaluation	0.3	-	-	-	-	-	-	-
	Psychotherapy	8.2	382.71	0.26	(0.00)	0.05	-	8.1	457.76
	Residential Services	132.7	142.85	1.56	(0.01)	0.17	-	131.6	196.00
	Skill Building	44.9	498.34	0.02	0.00	0.00	-	42.9	551.92
	Vocational Supports	0.4	289.27	0.01	(0.00)	0.00	-	0.4	108.83
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 15.88</b>					<b>\$ 17.38</b>
<b>Mental Health 1915(i)</b>									
	Additional Support Services	98.8	\$ 69.25	\$ 0.57	\$ 0.18	\$ 0.08	\$ 0.01	129.6	\$ 77.16
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	7.1	102.10	0.06	0.01	0.00	-	8.4	107.59
	Prevention and Early Intervention	8.4	185.21	0.13	0.04	(0.00)	-	10.8	180.53
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.76</b>					<b>\$ 1.07</b>
<b>Autism</b>									
	Assessments and Testing	7.3	\$ 326.94	\$ 0.20	\$ (0.00)	\$ 0.01	\$ 0.02	7.3	\$ 369.02
	Psychiatric diagnostic evaluation	2,313.4	16.65	3.21	(0.00)	0.17	(0.20)	2,311.0	16.46
	<b>Subtotal Autism</b>			<b>\$ 3.41</b>					<b>\$ 3.40</b>
<b>Substance Abuse State Plan</b>									
	Additional Support Services	0.7	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Assessments and Testing	2.2	110.89	0.02	(0.00)	0.00	-	2.1	120.57
	Case Management / Treatment Planning	0.1	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-
	Evaluation and Management	0.0	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-
	Outpatient Services	9.9	97.31	0.08	(0.00)	0.00	-	9.8	102.29
	Prevention and Early Intervention	1.4	86.41	0.01	(0.00)	(0.00)	-	1.4	83.32
	Psychiatric diagnostic evaluation	0.0	-	-	-	-	-	-	-
	Residential Services	22.3	442.11	0.82	0.00	0.01	-	22.3	446.01
	Withdrawal Management	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.93</b>					<b>\$ 0.94</b>
<b>Children's Waiver Program</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>					<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 20.99</b>					<b>\$ 22.79</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model													
Region: Statewide Rate Cell: HSW - Composite		Encounter Data SFY 2019 Base Experience			MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience				
Member Months: 89,005	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM			
Mental Health State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-			
	Assessments and Testing	-	-	-	-	-	-	-	-	-			
	Case Management/ Treatment Planning	-	-	-	-	-	-	-	-	-			
	Crisis	-	-	-	-	-	-	-	-	-			
	Evaluation and Management	-	-	-	-	-	-	-	-	-			
	Inpatient	-	-	-	-	-	-	-	-	-			
	Licensed Residential	-	-	-	-	-	-	-	-	-			
	Medication Administration	-	-	-	-	-	-	-	-	-			
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-			
	Other	-	-	-	-	-	-	-	-	-			
	Other Therapy	-	-	-	-	-	-	-	-	-			
	Outpatient Services	-	-	-	-	-	-	-	-	-			
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-			
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-			
	Psychotherapy	-	-	-	-	-	-	-	-	-			
	Residential Services	-	-	-	-	-	-	-	-	-			
	Skill Building	-	-	-	-	-	-	-	-	-			
	Vocational Supports	-	-	-	-	-	-	-	-	-			
	Subtotal Mental Health State Plan			\$ 0.00						\$ 0.00			
Mental Health 1915(i)													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Licensed Residential	-	-	-	-	-	-	-	-	-			
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-			
	Other	-	-	-	-	-	-	-	-	-			
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-			
	Skill Building	-	-	-	-	-	-	-	-	-			
	Vocational Supports	-	-	-	-	-	-	-	-	-			
	Subtotal Mental Health 1915(i)			\$ 0.00						\$ 0.00			
Autism													
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Autism Services	-	-	-	-	-	-	-	-	-			
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-			
	Subtotal Autism			\$ 0.00						\$ 0.00			
Substance Abuse State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Assessments and Testing	-	-	-	-	-	-	-	-	-			
	Case Management/ Treatment Planning	-	-	-	-	-	-	-	-	-			
	Crisis	-	-	-	-	-	-	-	-	-			
	Evaluation and Management	-	-	-	-	-	-	-	-	-			
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-			
	Outpatient Services	-	-	-	-	-	-	-	-	-			
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-			
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-			
	Residential Services	-	-	-	-	-	-	-	-	-			
	Withdrawal Management	-	-	-	-	-	-	-	-	-			
	Subtotal Substance Abuse State Plan			\$ 0.00						\$ 0.00			
Children's Waiver Program													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Licensed Residential	-	-	-	-	-	-	-	-	-			
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-			
	Other	-	-	-	-	-	-	-	-	-			
	Other Therapy	-	-	-	-	-	-	-	-	-			
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00			
Habilitative Supports Waiver													
	Additional Support Services	7,632.1	\$ 81.96	\$ 52.13	\$ (14.14)	\$ 6.80	\$ 0.39	5,562.1	\$ 97.48	\$ 45.18			
	Licensed Residential	185,228.1	122.13	1,885.16	(12.13)	388.42	26.60	184,035.9	149.19	2,288.05			
	Non-Licensed CLS	147,956.4	159.17	1,962.54	(92.75)	87.45	12.83	140,964.2	167.71	1,970.08			
	Other	3,619.1	123.58	37.27	(12.25)	(2.13)	-	2,429.2	113.07	22.89			
	Skill Building	1,088,979.8	3.62	328.86	(269.44)	360.38	3.82	196,774.9	25.83	423.63			
	Vocational Supports	5,168.7	62.52	25.93	(8.86)	4.01	0.11	3,468.3	76.77	22.19			
	Subtotal Habilitative Supports Waiver			\$ 4,292.89						\$ 4,772.02			
Serious Emotional Disturbances													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00			
	Case Management/ Treatment Planning	-	-	-	-	-	-	-	-	-			
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-			
	Other	-	-	-	-	-	-	-	-	-			
	Other Therapy	-	-	-	-	-	-	-	-	-			
	Subtotal Serious Emotional Disturbances			\$ 0.00						\$ 0.00			
Total Medical Costs				\$ 4,292.89						\$ 4,772.02			

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide	Rate Cell: CWP - Composite	Encounter Data			MUNC			Policy and Program Changes		
SFY 2019 Base Experience		Encounter Data			MUNC			Adjusted Base Experience		
Member Months: 4,672	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
<b>Mental Health State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Inpatient	-	-	-	-	-	-	-	-	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Psychotherapy	-	-	-	-	-	-	-	-	-
	Rehabilitative Services	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Mental Health 1915(i)</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(i)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>										
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	86,658.4	\$ 117.12	\$ 845.76	\$ 0.00	\$ 0.00	\$ 0.00	86,658.4	\$ 117.12	\$ 845.76
	Licensed Residential	51.4	313.02	1.34	-	-	-	51.4	313.02	1.34
	Non-Licensed CLS	151,443.5	161.98	2,044.22	-	-	-	151,443.5	161.98	2,044.22
	Other	29,750.9	98.68	244.65	-	-	-	29,750.9	98.68	244.65
	Other Therapy	834.8	64.40	4.48	-	-	-	834.8	64.40	4.48
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 3,140.45</b>						<b>\$ 3,140.45</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 3,140.45</b>						<b>\$ 3,140.45</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Retrospective Rate Development Model										
Region: Statewide Rate Cell: SED - Composite		Encounter Data SFY 2019 Base Experience			MUNC Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 4,921	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service	PMPM
Mental Health State Plan										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Inpatient	-	-	-	-	-	-	-	-	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Psychotherapy	-	-	-	-	-	-	-	-	-
	Rehabilitative Services	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health State Plan			\$ 0.00						\$ 0.00
Mental Health 1915(i)										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health 1915(i)			\$ 0.00						\$ 0.00
Autism										
	Assessments and Testing	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Autism Services	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Subtotal Autism			\$ 0.00						\$ 0.00
Substance Abuse State Plan										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	Subtotal Substance Abuse State Plan			\$ 0.00						\$ 0.00
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program			\$ 0.00						\$ 0.00
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00						\$ 0.00
Serious Emotional Disturbances										
	Additional Support Services	16,211.3	\$ 177.56	\$ 239.87	\$ 0.00	\$ 0.00	\$ 0.00	16,211.3	\$ 177.56	\$ 239.87
	Case Management / Treatment Planning	1,033.9	776.45	66.90	-	-	-	1,033.9	776.45	66.90
	Non-Licensed CLS	16,530.8	183.67	253.02	-	-	-	16,530.8	183.67	253.02
	Other	31,042.5	453.66	1,173.55	-	-	-	31,042.5	453.66	1,173.55
	Other Therapy	612.1	70.58	3.60	-	-	-	612.1	70.58	3.60
	Subtotal Serious Emotional Disturbances			\$ 1,736.94						\$ 1,736.94
Total Medical Costs				\$ 1,736.94						\$ 1,736.94

## Appendix 3: Prospective Cost Models





State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA		Policy and	
Rate Cell: DAB - Enrolled - F - 19 - 20	SFY 2019 Base Experience			Adjustments			Adjustments		Program Changes	
Member Months: 43,382	Utilization	Cost per	PMPM	Utilization	Cost	Adjustment	Utilization	Cost	Utilization	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment		Adjustment	Adjustment	per 1,000	Adjusted Base Experience
										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services	259.9	\$ 149.05	\$ 3.23	\$ 0.06	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.02	\$ 153.52
Assessments and Testing	629.6	63.20	3.32	0.07	0.10	-	-	-	0.02	66.8
Case Management / Treatment Planning	1285.1	270.23	3.44	0.07	0.11	-	-	-	0.02	278.34
Crisis	140.8	326.23	34.94	0.70	1.08	-	-	-	0.25	338.02
Evaluation and Management	328.2	406.48	4.77	0.10	0.15	-	-	-	0.03	418.68
Inpatient	464.5	180.33	4.93	0.10	0.15	-	-	-	0.04	185.75
Licensed Residential	5683.8	777.74	30.11	0.61	0.93	-	-	-	0.22	801.09
Medication Administration	47.1	117.99	55.89	1.12	1.72	-	-	-	0.40	121.54
Non-Licensed CLS	4751.4	131.21	51.95	1.04	0.01	-	-	-	0.00	94.65
Other	149.0	101.59	1.26	0.03	0.04	-	-	-	0.01	104.64
Other Therapy	139.5	128.47	1.49	0.03	0.05	-	-	-	0.01	132.32
Outpatient Services	40.9	209.89	0.72	0.02	0.02	-	-	-	0.01	216.19
Prevention and Early Intervention	38.1	361.77	1.15	0.02	0.04	-	-	-	-	-
Psychiatric diagnostic evaluation	545.6	61.65	0.23	0.05	0.08	-	-	-	0.01	372.63
Psychiatric Services	848.0	41.64	0.31	0.06	0.12	-	-	-	0.05	46.12
Skill Building	8814.7	42.84	2.10	0.07	0.13	-	-	-	0.03	44.80
Vocational Supports	167.5	5.63	4.13	0.08	0.13	-	-	-	0.03	9.055.7
<b>Subtotal Mental Health State Plan</b>			<b>\$ 213.22</b>	<b>0.04</b>	<b>0.07</b>				<b>0.02</b>	<b>\$ 225.65</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	1,623.8	\$ 70.58	\$ 9.55	\$ 0.19	\$ 0.29	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.07	\$ 72.70
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	215.7	123.67	2.22	0.04	0.07	-	-	-	0.02	127.38
Prevention and Early Intervention	5.9	284.16	0.13	0.00	0.00	-	-	-	0.00	6.0
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 11.90</b>							<b>\$ 12.60</b>
<b>Autism</b>										
Assessments and Testing	14.4	493.81	0.59	0.01	0.02	-	-	-	0.06	507.42
Case Management / Treatment Planning	12,312.2	16.16	16.58	1.70	-	-	-	-	1.72	16.16
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 17.18</b>							<b>\$ 20.69</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	17.4	\$ 86.45	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 89.04
Assessments and Testing	5.5	97.77	0.04	0.00	0.00	0.05	0.05	0.05	0.00	6.1
Case Management / Treatment Planning	0.6	187.47	0.01	0.00	0.00	-	-	-	0.00	193.10
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	52.6	81.28	0.36	0.01	0.01	0.00	0.00	0.00	0.00	83.68
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	16.5	196.82	0.27	0.01	0.01	-	-	-	0.00	202.53
Withdrawal Management	2.5	250.19	0.06	0.00	0.00	0.01	0.01	0.01	0.00	256.90
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.87</b>							<b>\$ 0.99</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 243.17</b>							<b>\$ 259.93</b>









State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model																
Region: Statewide Rate Cell: DAB - Enrolled - F - 6 - 18		Encounter Data SFY 2019 Base Experience			Trend Adjustments			SA Adjustments			Policy and Program Changes Adjustments			Encounter Data Adjusted Base Experience		
Member Months: 235,325 Category of Service		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization Adjustment	Cost per Service	Utilization per 1,000	Cost per Service	PMPM	
Mental Health State Plan																
Additional Support Services		1,111.3	\$ 292.44	\$ 27.08	\$ 0.54	\$ 0.83	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.20	\$ 301.21	1,141.6	\$ 301.21	\$ 28.66	
Assessments and Testing		11.9	51.39	0.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00	52.93	12.2	52.93	0.05	
Case Management / Treatment Planning		244.4	266.84	5.44	0.08	0.17	-	0.04	-	-	0.04	274.85	251.1	274.85	5.75	
Crisis		1,150.4	351.49	33.70	0.68	1.04	-	0.24	-	-	0.24	362.04	1,181.9	362.04	35.66	
Evaluation and Management		109.5	443.45	4.05	0.08	0.12	-	0.03	-	-	0.03	456.76	112.5	456.76	4.28	
Inpatient		480.2	193.94	7.44	0.15	0.23	-	0.05	-	-	0.05	199.76	472.8	199.76	7.87	
Licensed Residential		266.6	814.60	18.09	0.36	0.56	-	0.13	-	-	0.13	839.05	273.8	839.05	19.15	
Medication Administration		191.5	227.30	3.63	0.07	0.11	-	0.03	-	-	0.03	234.13	196.8	234.13	3.84	
Non-Licensed CLS		7.9	110.61	0.07	0.00	0.00	-	0.00	-	-	0.00	8.2	113.93	8.2	0.08	
Other		2,385.4	96.06	19.10	0.38	0.59	-	0.14	-	-	0.14	98.95	2,450.6	98.95	20.21	
Outpatient Services		320.0	153.78	4.10	0.08	0.13	-	0.03	-	-	0.03	158.39	328.7	158.39	4.34	
Prevention and Early Intervention		550.5	85.85	3.94	0.08	0.12	-	0.03	-	-	0.03	88.42	565.5	88.42	4.17	
Psychiatric diagnostic evaluation		125.5	285.03	2.77	0.08	0.09	-	0.02	-	-	0.02	272.98	130.2	272.98	2.96	
Psychiatry		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Psychiatry Services		56.1	362.68	1.70	0.03	0.05	-	0.01	-	-	0.01	373.56	57.7	373.56	1.80	
Residential Services		1,232.7	172.02	16.67	0.36	0.54	-	0.13	-	-	0.13	177.18	1,266.4	177.18	18.70	
Skill Building		41.4	484.76	1.67	0.05	0.05	-	0.01	-	-	0.01	489.31	42.9	489.31	1.79	
Vocational Supports		297.1	4.94	0.12	0.00	0.00	-	0.00	-	-	0.00	5.09	305.2	5.09	0.13	
Vocational Supports		2.4	96.70	0.02	0.00	0.00	-	0.00	-	-	0.00	99.60	2.4	99.60	0.02	
Subtotal Mental Health State Plan				\$ 150.63										\$ 159.44		
Mental Health 1915(f)																
Additional Support Services		1,921.2	\$ 70.14	\$ 11.23	\$ 0.23	\$ 0.35	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.08	\$ 72.25	1,973.7	\$ 72.25	\$ 11.88	
Licensed Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non-Licensed CLS		149.3	107.66	1.34	0.03	0.04	-	0.04	-	-	0.01	110.90	153.4	110.90	1.42	
Prevention and Early Intervention		18.9	231.75	0.36	0.01	0.01	-	0.01	-	-	0.00	238.71	19.4	238.71	0.39	
Skill Building		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Vocational Supports		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Mental Health 1915(f)				\$ 12.93										\$ 13.69		
Autism																
Assessments and Testing		75.0	450.05	2.81	0.06	0.09	-	0.28	-	-	0.28	462.45	84.0	462.45	3.24	
Autism Services		41,483.1	16.58	57.30	5.87	-	-	5.85	-	-	5.85	16.58	50,045.5	16.58	69.13	
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Autism				\$ 60.11										\$ 72.36		
Substance Abuse State Plan																
Additional Support Services		2.5	\$ 47.99	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 49.43	2.5	\$ 49.43	\$ 0.01	
Assessments and Testing		2.4	113.60	0.02	0.00	0.00	0.02	0.00	0.02	0.00	0.00	216.76	2.6	216.76	0.05	
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Crisis		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Evaluation and Management		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Medication Assisted Treatment		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Outpatient Services		10.7	67.34	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	69.33	11.2	69.33	0.06	
Prevention and Early Intervention		1.0	120.10	0.01	0.00	0.00	-	0.00	-	-	0.00	123.70	1.0	123.70	0.01	
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Residential Services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Withdrawal Management		5.1	537.53	0.23	0.01	0.01	-	0.01	-	-	0.00	553.12	5.4	553.12	0.25	
Subtotal Substance Abuse State Plan				\$ 0.33										\$ 0.38		
Children's Waiver Program																
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Licensed Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non-Licensed CLS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Therapy		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Children's Waiver Program				\$ 0.00										\$ 0.00		
Habilitative Supports Waiver																
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Licensed Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non-Licensed CLS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Skill Building		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Vocational Supports		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Habilitative Supports Waiver				\$ 0.00										\$ 0.00		
Serious Emotional Disturbances																
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
Licensed Residential		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Non-Licensed CLS		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Therapy		-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Subtotal Serious Emotional Disturbances				\$ 0.00										\$ 0.00	\$ 0.00	
Total Medical Costs				\$ 224.01										\$ 245.87		





State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA		Policy and	
Rate Cell: DAB - Enrolled - M - 0 - 5	SFY 2019 Base Experience			Adjustments			Adjustments		Program Changes	
Member Months: 92,389	Utilization	Cost per	PMPM	Utilization	Cost	Adjustment	Utilization	Cost	Adjustment	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment		Adjustment	Adjustment	per 1,000	Adjusted Base Experience
										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services	1,270.5	\$ 362.75	\$ 38.68	\$ 0.78	\$ 1.19	\$ 0.00	\$ 0.00	\$ 0.00	1,314.5	\$ 373.64
Assessments and Testing	224.9	261.46	4.90	0.10	0.15	-	-	-	-	269.31
Case Management / Treatment Planning	1,290.1	362.75	39.00	0.78	1.20	-	-	-	1,325.4	373.64
Crisis	9.4	510.20	0.40	0.01	0.01	-	-	-	9.7	525.51
Evaluation and Management	80.1	204.09	1.36	0.03	0.04	-	-	-	82.3	210.21
Inpatient	1.8	575.35	0.09	0.00	0.00	-	-	-	1.9	592.62
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Medication Administration	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	1,017.5	96.58	8.19	0.16	0.25	-	-	-	1,045.3	99.48
Other	375.0	114.22	3.57	0.07	0.11	-	-	-	385.3	117.65
Other Therapy	2,194.6	88.57	16.20	0.33	0.50	-	-	-	2,254.6	91.23
Outpatient Services	8.5	308.37	0.22	0.01	0.01	-	-	-	8.8	317.63
Prevention and Early Intervention	1.6	398.51	0.05	0.00	0.00	-	-	-	1.6	410.47
Psychiatric diagnostic evaluation	23.9	456.82	0.91	0.02	0.03	-	-	-	24.5	470.53
Psychotherapy	331.6	156.22	4.37	0.09	0.13	-	-	-	340.9	162.97
Residential Services	-	-	-	-	-	-	-	-	-	-
Skill Building	26.1	5.17	0.01	0.00	0.00	-	-	-	26.8	5.32
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>			<b>\$ 117.95</b>							<b>\$ 124.82</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	1,413.7	\$ 66.90	\$ 7.88	\$ 0.16	\$ 0.24	\$ 0.00	\$ 0.00	\$ 0.06	1,452.3	\$ 68.91
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	106.8	82.18	0.72	0.01	0.02	-	-	-	108.7	84.65
Other	205.6	217.35	3.72	0.07	0.11	-	-	-	211.2	223.88
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 12.33</b>							<b>\$ 13.05</b>
<b>Autism</b>										
Assessments and Testing	370.7	483.68	15.30	0.31	0.47	-	-	1.52	424.9	497.01
Case Management / Treatment Planning	293,539.5	16.41	401.33	41.14	-	-	-	41.70	354,128.8	16.41
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 416.63</b>							<b>\$ 501.77</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Assessments and Testing	-	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-	-
Withdrawal Management	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 546.91</b>							<b>\$ 639.63</b>



















State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: DAB - Unenrolled - F - 19 - 20	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 17,233	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Adjusted Base Experience
<b>Mental Health State Plan</b>									
Additional Support Services	239.3	\$ 149.17	\$ 2.07	\$ 0.06	\$ 0.09	\$ 0.00	\$ 0.00	\$ (0.02)	242.7
Assessments and Testing	489.9	63.15	4.59	0.05	0.09	-	-	(0.01)	486.9
Case Management / Treatment Planning	161.3	341.50	2.68	0.09	0.14	-	-	(0.03)	163.6
Crisis	1,748.3	288.25	42.00	0.84	1.29	-	-	(0.24)	1,773.4
Evaluation and Management	48.1	458.14	1.84	0.04	0.06	-	-	(0.01)	48.8
Inpatient	206.4	151.11	2.60	0.05	0.08	-	-	(0.02)	209.3
Licensed Residential	196.9	553.84	9.09	0.18	0.28	-	-	(0.05)	199.8
Medication Administration	3,509.4	141.19	41.29	0.83	1.27	-	-	(0.24)	3,559.7
Non-Licensed CLS	27.9	182.17	0.42	0.01	0.01	-	-	(0.00)	28.6
Other	9,361.2	119.02	93.04	1.87	2.87	-	-	(0.54)	9,515.6
Other Therapy	80.7	109.33	0.73	0.01	0.02	-	-	(0.00)	81.8
Outpatient Services	171.6	64.33	0.92	0.02	0.03	-	-	(0.01)	174.0
Prevention and Early Intervention	24.8	295.37	0.61	0.02	0.02	-	-	(0.00)	25.4
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Psychiatry	21.0	435.33	0.76	0.02	0.02	-	-	(0.00)	21.3
Psychiatry Services	27.2	127.95	2.09	0.06	0.09	-	-	(0.02)	27.1
Skill Building	20.6	427.86	0.68	0.07	0.13	-	-	(0.02)	20.7
Vocational Supports	9,026.9	5.61	4.22	0.08	0.13	-	-	(0.02)	9,156.3
<b>Subtotal Mental Health State Plan</b>	<b>320.4</b>	<b>110.50</b>	<b>2.95</b>	<b>0.06</b>	<b>0.09</b>	<b>-</b>	<b>-</b>	<b>(0.02)</b>	<b>325.0</b>
			<b>\$ 214.47</b>						<b>\$ 224.18</b>
<b>Mental Health 1915(f)</b>									
Additional Support Services	2,647.6	\$ 68.42	\$ 15.10	\$ 0.30	\$ 0.47	\$ 0.00	\$ 0.00	\$ (0.09)	2,685.5
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	511.6	99.22	4.23	0.09	0.13	-	-	(0.02)	518.9
Other	2.7	173.26	0.04	0.00	0.00	-	-	(0.00)	2.8
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>	<b>-</b>	<b>-</b>	<b>\$ 19.37</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$ 20.24</b>
<b>Autism</b>									
Assessments and Testing	14.3	686.10	0.82	0.02	0.03	-	-	0.44	22.4
Case Management / Treatment Planning	6,346.8	16.55	8.75	0.30	-	-	-	4.86	699.65
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	16.55
<b>Subtotal Autism</b>	<b>-</b>	<b>-</b>	<b>\$ 9.57</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>\$ 15.92</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	5.6	\$ 104.72	\$ 0.05	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.00)	5.6
Assessments and Testing	0.7	176.36	0.01	0.00	0.00	0.01	0.01	(0.00)	0.7
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	5.4	95.77	0.04	0.00	0.00	-	-	(0.00)	5.5
Medication Assisted Treatment	242.3	7.42	0.15	0.00	0.00	-	-	(0.00)	248.2
Outpatient Services	24.6	82.71	0.17	0.01	0.01	0.00	0.00	(0.00)	25.6
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	33.2	108.46	0.30	0.01	0.01	-	-	(0.00)	35.2
Withdrawal Management	1.2	256.58	0.03	0.00	0.00	-	-	(0.00)	1.2
<b>Subtotal Substance Abuse State Plan</b>	<b>-</b>	<b>\$ 0.75</b>	<b>\$ 0.75</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.81</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	<b>-</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 244.15</b>						<b>\$ 261.14</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and Program Changes	
Rate Cell: DAB - Unenrolled - F - 21 - 25		SFY 2019 Base Experience			Adjustments		Adjustments		Adjusted Base Experience	
Member Months: 35,689	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
Mental Health State Plan										
	Additional Support Services	763.4	\$ 121.67	\$ 7.74	\$ 0.16	\$ 0.24		\$ 0.00	774.3	\$ 125.37
	Case Management / Treatment (ACT)	1,747.2	61.59	6.97	0.18	0.28		-	1,774.2	63.46
	Assessments and Testing	237.7	334.88	6.63	0.13	0.20		-	241.1	345.06
	Case Management / Treatment Planning	3,105.6	304.21	78.73	1.58	2.43		-	3,150.1	313.46
	Crisis	62.6	386.11	2.01	0.04	0.06		-	63.5	387.84
	Evaluation and Management	337.1	155.06	4.36	0.09	0.13		-	341.9	159.78
	Inpatient	342.7	324.33	9.26	0.19	0.29		-	347.6	334.19
	Licensed Residential	8,386.5	56.90	39.77	0.80	1.23		-	8,506.7	58.63
	Medication Administration	90.6	90.04	0.68	0.02	0.02		-	92.8	92.78
	Non-Licensed CLS	-	-	-	-	-		-	-	-
	Other	193.8	118.71	1.92	0.04	0.06		-	196.6	122.32
	Outpatient Services	240.2	78.88	1.58	0.03	0.05		-	243.6	81.28
	Prevention and Early Intervention	75.3	194.26	1.22	0.04	0.04		-	77.1	200.16
	Psychiatric diagnostic evaluation	-	-	-	-	-		-	-	-
	Residential Services	531.7	349.55	0.75	0.01	0.02		-	536.0	360.17
	Skill Building	40.5	437.97	1.48	0.13	0.19		-	539.3	444.77
	Vocational Supports	-	-	-	0.04	0.05		-	41.5	451.29
	Subtotal Mental Health State Plan			\$ 171.31	-	-		-	-	-
Mental Health 1915(f)										
	Additional Support Services	3,839.9	\$ 80.22	\$ 25.67	\$ 0.52	\$ 0.79		\$ 0.00	3,895.0	\$ 82.66
	Licensed Residential	6,731.6	184.41	103.45	2.08	3.19		-	6,828.0	190.01
	Non-Licensed CLS	16,934.8	132.18	166.54	3.75	5.75		-	17,177.5	136.20
	Other	1,078.3	109.03	9.80	0.20	0.30		-	1,093.8	112.34
	Prevention and Early Intervention	28.5	204.38	0.49	0.01	0.01		-	28.9	210.59
	Skill Building	47,597.7	4.23	16.77	0.34	0.52		-	48,239.1	4.36
	Vocational Supports	1,461.0	95.93	0.36	0.23	0.36		-	1,482.0	98.65
	Subtotal Mental Health 1915(f)			\$ 354.38	-	-		-	-	-
Autism										
	Assessments and Testing	-	-	-	-	-		-	-	-
	Autism Services	-	-	-	-	-		-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-		-	-	-
	Subtotal Autism			\$ 0.00	-	-		-	-	-
Substance Abuse State Plan										
	Additional Support Services	10.4	\$ 94.49	\$ 0.08	\$ 0.00	\$ 0.00		\$ 0.00	10.6	\$ 97.36
	Assessments and Testing	7.2	118.85	0.07	0.00	0.00		0.07	7.8	237.58
	Case Management / Treatment Planning	-	-	-	-	-		-	-	-
	Crisis	-	-	-	-	-		-	-	-
	Evaluation and Management	9	122.50	0.01	0.00	0.00		-	9.9	126.23
	Inpatient	59.2	172.72	0.08	0.00	0.00		-	60.7	172.08
	Outpatient Services	29.0	85.35	0.21	0.01	0.01		0.00	30.0	87.91
	Prevention and Early Intervention	-	-	-	-	-		-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-		-	-	-
	Residential Services	18.1	206.48	0.31	0.01	0.01		-	19.2	212.55
	Withdrawal Management	3.9	376.27	0.12	0.00	0.00		0.01	4.0	387.71
	Subtotal Substance Abuse State Plan			\$ 0.88	-	-		-	-	-
Children's Waiver Program										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-		-	-	-
	Non-Licensed CLS	-	-	-	-	-		-	-	-
	Other	-	-	-	-	-		-	-	-
	Subtotal Children's Waiver Program			\$ 0.00	-	-		-	-	-
Habilitative Supports Waiver										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00
	Licensed Residential	-	-	-	-	-		-	-	-
	Non-Licensed CLS	-	-	-	-	-		-	-	-
	Other	-	-	-	-	-		-	-	-
	Skill Building	-	-	-	-	-		-	-	-
	Vocational Supports	-	-	-	-	-		-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00	-	-		-	-	-
Serious Emotional Disturbances										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	-	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-		-	-	-
	Non-Licensed CLS	-	-	-	-	-		-	-	-
	Other	-	-	-	-	-		-	-	-
	Subtotal Serious Emotional Disturbances			\$ 0.00	-	-		-	-	-
Total Medical Costs										
				\$ 526.56						\$ 550.47

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: DAB - Unenrolled - F - 26 - 39		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 126,637		Category of Service			Adjustment		Adjustment		Adjustment	
		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services		1,126.9	\$ 109.69	\$ 10.30	\$ 0.21	\$ 0.32	\$ 0.00	\$ 0.00	1,143.0	\$ 113.03
Assessments and Testing		2,604.4	66.33	14.39	0.20	0.44	-	-	2,641.7	68.34
Case Management / Treatment Planning		242.0	101.65	6.27	0.13	0.19	-	-	245.5	320.10
Crisis		3,288.9	292.13	80.07	1.61	2.47	-	-	3,336.1	301.01
Evaluation and Management		70.5	398.45	2.34	0.05	0.07	-	-	71.5	410.56
Inpatient		509.8	157.86	6.71	0.13	0.21	-	-	517.1	162.66
Licensed Residential		469.5	271.45	10.62	0.21	0.33	-	-	476.3	279.70
Medication Administration		10,786.5	61.81	55.56	1.12	1.71	-	-	10,941.0	63.68
Non-Licensed CLS		143.1	89.03	1.06	0.03	0.03	-	-	146.6	91.74
Other		286.0	144.71	3.57	-	-	-	-	300.2	149.11
Outpatient Services		130.2	148.96	1.62	0.03	0.05	-	-	132.1	153.49
Prevention and Early Intervention		95.8	272.87	2.18	0.07	0.07	-	-	98.1	281.16
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Psychotherapy		35.1	360.17	1.05	0.02	0.03	-	-	35.6	371.12
Rehabilitation Services		509.7	142.71	6.06	0.12	0.19	-	-	517.0	147.05
Skill Building		489.0	416.39	1.72	0.05	0.05	-	-	50.8	429.05
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>				<b>\$ 203.51</b>						<b>\$ 212.75</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services		2,472.9	\$ 79.85	\$ 16.46	\$ 0.33	\$ 0.51	\$ 0.00	\$ 0.00	2,508.3	\$ 82.28
Licensed Residential		7,495.6	143.07	89.37	1.80	2.76	-	-	7,603.0	147.42
Non-Licensed CLS		19,234.4	109.37	175.31	3.52	5.41	-	-	19,510.0	112.70
Other		758.0	109.87	6.94	0.14	0.21	-	-	768.9	113.21
Prevention and Early Intervention		8.9	388.86	0.29	0.01	0.01	-	-	9.0	400.68
Skill Building		203,354.4	3.70	62.62	1.26	1.93	-	-	205,268.0	3.81
Vocational Supports		3,607.5	72.39	21.76	0.44	0.67	-	-	3,659.1	74.59
<b>Subtotal Mental Health 1915(f)</b>				<b>\$ 372.74</b>						<b>\$ 389.58</b>
<b>Autism</b>										
Assessments and Testing		-	-	-	-	-	-	-	-	-
Outpatient Services		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services		75.3	\$ 72.62	\$ 0.46	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	76.4	\$ 74.83
Assessments and Testing		56.9	30.80	0.15	0.00	0.00	0.01	0.09	61.3	48.34
Case Management / Treatment Planning		1.5	91.19	0.01	0.00	0.00	-	-	1.5	93.96
Crisis		-	-	-	-	-	-	-	-	-
Evaluation and Management		10.4	57.98	0.05	0.00	0.00	-	-	10.5	58.75
Medication Assisted Treatment		2,202.4	7.64	1.40	0.04	0.04	-	-	2,256.1	7.88
Outpatient Services		176.3	67.08	0.99	0.03	0.03	0.01	-	182.9	69.09
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Residential Services		179.9	169.59	2.54	0.08	0.08	-	-	190.8	174.57
Withdrawal Management		11.8	307.59	0.30	0.01	0.01	-	-	12.1	317.35
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 5.90</b>						<b>\$ 6.42</b>
<b>Children's Waiver Program</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 582.15</b>						<b>\$ 608.75</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: DAB - Unenrolled - F - 40 - 49	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
Member Months: 189,741									
<b>Mental Health State Plan</b>									
Additional Support Services	1,110.5	\$ 101.93	\$ 9.43	\$ 0.19	\$ 0.29	\$ 0.00	\$ 0.00	\$ (0.05)	1,126.4 \$ 105.03
Assessments and Testing	2,538.7	63.37	13.41	0.27	0.41	-	-	(0.08)	2,575.1 65.29
Case Management / Treatment Planning	194.1	282.21	4.57	0.09	0.14	-	-	(0.03)	196.9 290.79
Crisis	2,334.7	287.15	55.87	1.12	1.72	-	-	(0.32)	2,368.1 295.88
Evaluation and Management	46.5	392.24	1.52	0.03	0.05	-	-	(0.01)	47.2 404.16
Inpatient	529.9	150.44	6.57	0.13	0.20	-	-	(0.04)	531.4 155.02
Licensed Residential	412.5	238.21	8.19	0.16	0.25	-	-	(0.05)	418.5 245.45
Medication Administration	10,830.9	59.57	53.76	1.08	1.66	-	-	(0.31)	10,986.0 61.38
Non-Licensed CLS	136.7	88.05	1.00	0.03	0.03	-	-	(0.01)	140.1 90.73
Other	204.2	143.28	-	-	-	-	-	-	-
Outpatient Services	43.1	188.04	0.68	0.05	0.08	-	-	(0.01)	207.1 147.64
Prevention and Early Intervention	47.9	297.77	1.19	0.04	0.04	-	-	(0.00)	43.7 193.75
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	(0.01)	49.1 308.82
Psychiatry	27.8	330.45	0.76	0.02	0.02	-	-	-	-
Rehabilitative Services	505.6	123.28	5.19	0.10	0.16	-	-	(0.00)	28.2 340.50
Skill Building	41.4	436.33	1.51	0.05	0.05	-	-	(0.01)	512.8 127.04
Vocational Supports	-	-	-	-	-	-	-	-	42.4 451.65
<b>Subtotal Mental Health State Plan</b>			<b>\$ 186.09</b>						<b>\$ 173.63</b>
<b>Mental Health 1915(f)</b>									
Additional Support Services	626.5	\$ 66.10	\$ 3.45	\$ 0.07	\$ 0.11	\$ 0.00	\$ 0.00	\$ (0.02)	635.5 \$ 68.11
Licensed Residential	6,449.9	122.25	65.71	1.32	2.03	-	-	(0.38)	6,542.4 125.96
Non-Licensed CLS	8,540.0	117.25	83.44	1.88	2.57	-	-	(0.48)	8,662.4 120.82
Other	183.5	98.01	1.50	0.03	0.05	-	-	(0.01)	186.2 100.99
Prevention and Early Intervention	1.3	395.22	0.04	0.00	0.00	-	-	(0.00)	1.3 407.24
Skill Building	110,144.0	3.73	34.25	0.89	1.06	-	-	(0.20)	111,722.1 3.84
Vocational Supports	1,593.0	73.05	9.70	0.19	0.30	-	-	(0.06)	1,615.8 75.27
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 198.09</b>						<b>\$ 207.04</b>
<b>Autism</b>									
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	32.5	\$ 93.53	\$ 0.25	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.00)	33.0 \$ 96.37
Assessments and Testing	60.0	32.09	0.16	0.00	0.00	0.01	0.06	(0.00)	64.6 44.42
Case Management / Treatment Planning	1.3	103.37	0.01	0.00	0.00	-	-	(0.00)	1.3 106.51
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	15.8	64.53	0.09	0.00	0.00	-	-	(0.00)	16.0 66.49
Medication Assisted Treatment	1,711.3	7.53	1.07	0.03	0.03	-	-	(0.01)	1,753.1 7.76
Outpatient Services	127.5	70.05	0.74	0.02	0.02	0.01	0.01	(0.00)	132.3 72.15
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	62.9	165.92	0.97	0.03	0.03	-	-	(0.01)	66.7 191.38
Withdrawal Management	9.9	264.19	0.22	0.01	0.01	-	-	(0.00)	10.1 272.22
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.52</b>						<b>\$ 3.83</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 387.70</b>						<b>\$ 384.49</b>









State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model													
Region: Statewide Rate Cell: DAB - Unenrolled - M - 0 - 5		Encounter Data SFY 2019 Base Experience			Trend Adjustments		SA Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience		
Member Months: 17,608	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Utilization per 1,000	Cost per Service	PMPM	
Mental Health State Plan													
	Additional Support Services	291.1	\$ 396.62	\$ 9.62	\$ 0.19	\$ 0.30	\$ 0.00	\$ 0.00	\$ (0.06)	295.3	\$ 408.67	\$ 10.06	
	Assessments and Testing	94.7	283.87	2.24	0.05	0.07	-	-	(0.01)	96.1	292.50	2.34	
	Case Management / Treatment Planning	515.0	354.06	15.19	0.31	0.47	-	-	(0.09)	522.3	364.82	15.88	
	Crisis	6.1	312.47	0.16	0.00	0.00	-	-	(0.00)	6.2	321.97	0.17	
	Evaluation and Management	17.8	195.39	0.29	0.01	0.01	-	-	(0.00)	18.1	201.33	0.30	
	Inpatient	-	-	-	-	-	-	-	-	-	-	-	
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	
	Medication Administration	-	-	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	1,087.4	80.90	7.33	0.15	0.23	-	-	(0.04)	1,103.0	83.36	7.66	
	Other	60.3	196.09	0.98	0.02	0.03	-	-	(0.01)	61.1	202.05	1.03	
	Other Therapy	639.0	87.69	4.67	0.09	0.14	-	-	(0.03)	648.2	90.35	4.88	
	Outpatient Services	14.0	216.92	0.25	0.01	0.01	-	-	(0.00)	14.3	223.51	0.27	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	5.8	522.27	0.25	0.01	0.01	-	-	(0.00)	5.9	538.15	0.26	
	Psychotherapy	69.8	174.76	1.02	0.02	0.03	-	-	(0.01)	70.8	180.07	1.06	
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	
	Skill Building	93.1	7.16	0.06	0.00	0.00	-	-	(0.00)	94.4	7.38	0.06	
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Mental Health State Plan			\$ 42.07								\$ 43.97	
Mental Health 1915(f)													
	Additional Support Services	1,351.5	\$ 77.57	\$ 8.74	\$ 0.18	\$ 0.27	\$ 0.00	\$ 0.00	\$ (0.05)	1,370.9	\$ 79.92	\$ 9.13	
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	
	Other	74.6	251.55	1.56	0.03	0.05	-	-	(0.01)	75.7	259.19	1.63	
	Prevention and Early Intervention	48.1	179.65	0.72	0.01	0.02	-	-	(0.00)	48.8	185.11	0.75	
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Mental Health 1915(f)			\$ 11.02								\$ 11.52	
Autism													
	Assessments and Testing	101.0	464.79	3.91	0.08	0.12	-	-	2.12	157.7	473.97	6.23	
	Autism Services	79,232.6	16.39	108.19	11.09	-	-	-	61.36	132,291.3	16.39	180.64	
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Autism			\$ 112.10								\$ 186.87	
Substance Abuse State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Assessments and Testing	-	-	-	-	-	-	-	-	-	-	-	
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	
	Crisis	-	-	-	-	-	-	-	-	-	-	-	
	Evaluation and Management	-	-	-	-	-	-	-	-	-	-	-	
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-	-	
	Outpatient Services	-	-	-	-	-	-	-	-	-	-	-	
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	
	Withdrawal Management	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Substance Abuse State Plan			\$ 0.00								\$ 0.00	
Children's Waiver Program													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Children's Waiver Program			\$ 0.00								\$ 0.00	
Habilitative Supports Waiver													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	-	-	
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Habilitative Supports Waiver			\$ 0.00								\$ 0.00	
Serious Emotional Disturbances													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00	
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	
	Other	-	-	-	-	-	-	-	-	-	-	-	
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	
	Subtotal Serious Emotional Disturbances			\$ 0.00								\$ 0.00	
Total Medical Costs				\$ 165.19								\$ 242.36	



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: DAB - Unenrolled - M - 21 - 25		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Category of Service		Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization per 1,000	Cost per Service
Member Months: 56,446										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services		486.5	\$74.17	\$ 3.01	\$0.06	\$0.09	\$0.00	\$0.00	483.5	\$76.42
Assessments and Testing		1,424.2	68.10	8.08	0.16	0.25	-	-	1,444.6	70.17
Case Management / Treatment Planning		246.5	323.43	6.64	0.13	0.20	-	-	250.0	333.27
Crisis		3,759.6	276.66	86.68	1.74	2.67	-	-	3,813.5	285.07
Evaluation and Management		69.7	398.17	2.31	0.05	0.07	-	-	70.7	410.28
Inpatient		449.8	158.03	5.92	0.12	0.18	-	-	456.2	162.83
Licensed Residential		397.7	460.59	15.27	0.31	0.47	-	-	403.4	474.59
Medication Administration		10,769.9	59.81	53.68	1.08	1.66	-	-	10,924.2	61.63
Non-Licensed CLS		146.5	101.30	1.24	0.04	0.04	-	-	150.1	104.38
Other		216.2	79.80	1.44	-	-	-	-	219.3	82.23
Outpatient Services		329.6	79.80	2.19	0.04	0.07	-	-	334.3	82.22
Prevention and Early Intervention		41.8	259.27	0.90	0.03	0.03	-	-	42.9	267.15
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Psychiatry		30.7	373.08	0.95	0.02	0.03	-	-	31.1	384.43
Rehabilitation Services		278.9	140.97	3.28	0.07	0.10	-	-	283.9	145.25
Skill Building		26.1	436.36	1.02	0.03	0.03	-	-	26.6	449.65
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>		-	-	<b>\$ 192.63</b>	-	-	-	-	-	<b>\$ 201.36</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services		3,940.8	\$68.65	\$22.54	\$0.45	\$0.70	\$0.00	\$0.00	3,997.2	\$70.74
Licensed Residential		8,971.6	167.28	125.06	2.51	3.86	-	-	9,100.1	172.36
Non-Licensed CLS		17,800.3	122.17	181.22	3.64	5.59	-	-	18,055.4	125.88
Other		1,125.5	102.15	9.58	0.19	0.30	-	-	1,141.7	105.26
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Skill Building		40,768.5	4.22	14.33	0.29	0.44	-	-	41,352.6	4.34
Vocational Supports		3,146.0	78.86	20.68	0.42	0.64	-	-	3,191.1	81.26
<b>Subtotal Mental Health 1915(f)</b>		-	-	<b>\$ 373.41</b>	-	-	-	-	-	<b>\$ 390.27</b>
<b>Autism</b>										
Assessments and Testing		-	-	-	-	-	-	-	-	-
Outpatient Services		84.4	13.77	0.10	0.01	-	-	-	141.0	13.77
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>		-	-	<b>\$ 0.10</b>	-	-	-	-	-	<b>\$ 0.16</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services		21.9	\$49.13	\$0.09	\$0.00	\$0.00	\$0.00	\$0.00	22.2	\$50.62
Assessments and Testing		8.9	88.74	0.07	0.00	0.00	0.07	0.00	9.6	173.95
Case Management / Treatment Planning		1.1	98.97	0.01	-	-	-	-	1.1	101.98
Crisis		-	-	-	-	-	-	-	-	-
Evaluation and Management		-	-	-	-	-	-	-	-	-
Medication Assisted Treatment		56.6	6.42	0.03	0.00	0.00	-	-	57.9	6.62
Outpatient Services		40.3	89.99	0.30	0.01	0.01	0.00	-	41.8	92.69
Prevention and Early Intervention		1.5	2.22	0.00	0.00	0.00	-	-	1.5	2.28
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Residential Services		-	-	-	-	-	-	-	-	-
Withdrawal Management		26.8	214.19	0.48	0.01	0.01	0.02	-	28.4	220.48
<b>Subtotal Substance Abuse State Plan</b>		2.6	231.38	0.05	0.00	0.00	-	-	2.6	238.42
<b>Subtotal Substance Abuse State Plan</b>		-	-	<b>\$ 1.03</b>	-	-	-	-	-	<b>\$ 1.17</b>
<b>Children's Waiver Program</b>										
Additional Support Services		-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services		-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services		-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-	\$0.00
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>		-	-	<b>\$ 567.17</b>	-	-	-	-	-	<b>\$ 592.97</b>







State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA			Policy and
Rate Cell: DAB - Unenrolled - M - 6 - 18	SFY 2019 Base Experience			Adjustments			Adjustments			Encounter Data
Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Adjusted Base Experience
<b>Mental Health State Plan</b>										
Additional Support Services	668.4	\$ 306.37	\$ 22.17	\$ 0.45	\$ 0.68	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.13)	\$ 23.17
Assessments and Testing	19.3	60.60	0.10	0.00	0.00	-	-	-	0.00	0.10
Case Management / Treatment Planning	1,047.4	373.36	32.59	0.09	0.14	-	-	-	0.03	4.88
Crisis	76.4	425.64	2.71	0.66	1.00	-	-	-	0.19	34.06
Evaluation and Management	279.2	204.53	4.76	0.05	0.08	-	-	-	0.02	2.83
Inpatient	139.6	705.22	8.20	0.10	0.15	-	-	-	0.03	4.97
Licensed Residential	1,162.5	184.16	17.84	0.16	0.25	-	-	-	0.05	8.57
Medication Administration	3.5	182.65	0.05	0.36	0.55	-	-	-	0.10	18.65
Non-Licensed CLS	2,433.3	98.74	20.02	0.40	0.62	-	-	-	0.00	0.06
Other	200.9	173.98	2.91	0.06	0.09	-	-	-	0.12	20.93
Other Therapy	359.4	83.46	2.50	0.05	0.08	-	-	-	0.02	3.04
Outpatient Services	22.4	244.07	0.46	0.01	0.01	-	-	-	0.01	2.61
Prevention and Early Intervention	1.7	285.33	0.04	0.00	0.00	-	-	-	0.00	0.48
Psychiatric diagnostic evaluation	33.3	490.76	1.36	0.03	0.04	-	-	-	0.00	0.04
Psychotherapy	442.0	165.85	5.63	0.21	0.18	-	-	-	0.01	1.42
Residential Services	8.2	559.20	0.02	0.02	0.02	-	-	-	0.03	0.10
Skill Building	547.6	4.78	0.22	0.00	0.00	-	-	-	0.00	0.23
Vocational Supports	10.0	102.98	0.09	0.00	0.00	-	-	-	0.00	0.09
<b>Subtotal Mental Health State Plan</b>			<b>\$ 127.12</b>							<b>\$ 132.87</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	1,999.9	\$ 84.95	\$ 14.16	\$ 0.28	\$ 0.44	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.08)	\$ 14.80
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	1.2	1,689.33	0.17	0.00	0.01	-	-	-	0.00	0.17
Other	204.7	81.07	1.38	0.03	0.04	-	-	-	0.01	83.54
Prevention and Early Intervention	8.2	305.07	0.21	0.00	0.01	-	-	-	0.00	0.22
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 15.92</b>							<b>\$ 16.63</b>
<b>Autism</b>										
Assessments and Testing	79.4	392.77	2.40	0.05	0.07	-	-	-	1.30	400.53
Outpatient Services	36,217.8	16.93	51.11	5.24	-	-	-	-	28.89	16.93
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 83.51</b>							<b>\$ 85.16</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	0.2	\$ 580.23	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.00)	\$ 0.01
Assessments and Testing	4.5	116.55	0.04	0.00	0.00	0.00	0.05	0.05	0.00	0.10
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	50.6	158.88	0.67	0.02	0.02	0.01	-	-	0.00	0.72
Prevention and Early Intervention	1.1	108.50	0.01	0.00	0.00	-	-	-	1.1	111.80
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	0.01
Residential Services	-	-	-	-	-	-	-	-	-	-
Withdrawal Management	40.6	492.44	1.67	0.05	0.05	0.06	-	-	0.01	1.82
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 2.40</b>							<b>\$ 2.85</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 198.94</b>							<b>\$ 241.31</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: DAB - Unenrolled - M - 65+		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 478,948	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
<b>Mental Health State Plan</b>										
	Additional Support Services	479.1	\$ 83.46	\$ 3.33	\$ 0.07	\$ 0.10	\$ 0.00	\$ 0.00	\$ (0.02)	485.9
	Assessments and Testing	407.5	59.41	2.02	0.04	0.06	-	-	(0.01)	413.4
	Case Management / Treatment Planning	893.7	253.38	18.87	0.38	0.58	-	-	(0.11)	906.5
	Crisis	7.8	354.30	0.23	0.00	0.01	-	-	(0.00)	7.9
	Evaluation and Management	130.9	127.80	0.93	0.03	0.04	-	-	(0.01)	132.8
	Inpatient	115.5	288.54	2.78	0.06	0.09	-	-	(0.02)	117.2
	Licensed Residential	7,846.9	64.56	42.22	0.85	1.30	-	-	(0.24)	7,959.3
	Medication Administration	32.1	63.44	0.17	0.01	0.01	-	-	(0.00)	32.9
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	98.5	161.50	1.33	0.03	0.04	-	-	(0.01)	99.9
	Outpatient Services	16.4	178.39	0.24	0.00	0.01	-	-	(0.00)	16.7
	Prevention and Early Intervention	1.6	145.20	0.02	0.00	0.00	-	-	(0.00)	1.6
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Psychiatry	6.5	235.64	0.13	0.00	0.00	-	-	(0.00)	6.6
	Psychotherapy	80.3	107.09	0.54	0.01	0.02	-	-	(0.00)	81.2
	Rehabilitative Services	6.0	436.12	0.22	0.01	0.01	-	-	(0.00)	6.2
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 74.32</b>						<b>\$ 78.31</b>
<b>Mental Health 1915(f)</b>										
	Additional Support Services	37.6	\$ 95.78	\$ 0.30	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.00)	38.1
	Licensed Residential	5,075.1	105.88	44.78	0.90	1.38	-	-	(0.26)	5,147.8
	Non-Licensed CLS	2,642.7	111.14	24.48	0.49	0.75	-	-	(0.14)	2,680.5
	Other	44.3	112.37	0.42	0.01	0.01	-	-	(0.00)	45.0
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Skill Building	20,486.8	3.67	6.26	0.13	0.19	-	-	(0.04)	20,780.3
	Vocational Supports	122.0	101.26	1.03	0.02	0.03	-	-	(0.01)	123.8
	<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 77.26</b>						<b>\$ 80.75</b>
<b>Autism</b>										
	Assessments and Testing	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.99</b>						<b>\$ 4.29</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 166.17</b>						<b>\$ 163.35</b>





State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA		Policy and	
Rate Cell: HMP - Enrolled - F - 21 - 25	SFY 2019 Base Experience			Adjustments			Adjustments		Program Changes	
Member Months: 475,854	Utilization	Cost per	PMPM	Utilization	Cost	Adjustment	Utilization	Cost	Adjustment	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment		Adjustment	Adjustment		Adjusted Base Experience
										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services	69.3	\$ 140.28	\$ 0.81	\$ 0.02	\$ 0.02	\$ 0.00	\$ (0.01)	\$ 0.00	70.0	\$ 144.56
Assessments and Testing	76.3	69.57	0.44	0.01	0.01	-	(0.00)	-	77.1	71.69
Case Management / Treatment Planning	49.2	268.86	1.10	0.02	0.03	-	(0.01)	-	49.7	277.06
Crisis	176.2	210.17	3.09	0.06	0.10	-	(0.03)	-	177.9	216.58
Evaluation and Management	43.9	454.93	1.66	0.03	0.05	-	(0.02)	-	44.3	468.82
Inpatient	101.0	167.89	1.41	0.03	0.04	-	(0.01)	-	102.1	173.02
Licensed Residential	142.0	654.41	7.74	0.16	0.24	-	(0.08)	-	143.4	674.38
Medication Administration	73.5	156.14	0.96	0.02	0.03	-	(0.01)	-	74.3	160.91
Non-Licensed CLS	13.0	101.51	0.11	0.00	0.00	-	(0.00)	-	13.2	104.61
Other	58.8	124.38	0.61	0.01	0.02	-	(0.01)	-	59.3	128.18
Other Therapy	24.0	92.78	0.19	0.00	0.01	-	(0.00)	-	24.3	95.61
Outpatient Services	1.5	88.02	0.01	0.00	0.00	-	(0.00)	-	1.5	90.70
Prevention and Early Intervention	59.5	253.11	1.25	0.04	0.04	-	(0.01)	-	60.7	260.83
Psychiatric diagnostic evaluation	2.1	208.32	0.04	0.00	0.00	-	(0.00)	-	2.1	214.88
Psychopharmacology	19.5	384.30	0.62	0.01	0.02	-	(0.01)	-	19.7	396.03
Recovery Services	200.6	411.13	2.05	0.05	0.08	-	(0.03)	-	202.6	466.05
Skill Building	38.2	47.52	0.16	0.01	0.01	-	(0.00)	-	38.4	48.53
Vocational Supports	380.5	5.08	0.16	0.00	0.00	-	(0.00)	-	384.3	5.23
<b>Subtotal Mental Health State Plan</b>	48.3	152.66	0.61	0.01	0.02	-	(0.01)	-	48.8	157.32
			<b>\$ 24.03</b>							<b>\$ 25.04</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	-	<b>\$ 0.00</b>
<b>Autism</b>										
Assessments and Testing	-	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	-	<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	39.2	\$ 48.96	\$ 0.16	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.00)	\$ 0.00	39.6	\$ 50.45
Assessments and Testing	33.5	60.03	0.17	0.00	0.01	0.09	(0.00)	0.19	50.4	107.63
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	11.5	85.99	0.08	0.00	0.00	-	(0.00)	-	11.6	88.62
Medication Assisted Treatment	510.6	7.37	0.31	0.01	0.01	-	(0.00)	-	520.9	7.59
Outpatient Services	201.0	82.30	1.38	0.04	0.04	0.12	(0.02)	0.22	222.8	84.61
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	129.0	170.99	1.83	0.06	0.06	0.37	(0.02)	0.74	157.2	174.95
Withdrawal Management	16.6	327.22	0.45	0.01	0.01	-	(0.00)	-	17.0	337.21
<b>Subtotal Substance Abuse State Plan</b>	-	-	<b>\$ 4.39</b>	-	-	-	-	-	-	<b>\$ 5.37</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	-	<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	-	<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	<b>\$ 0.00</b>	-	-	-	-	-	-	<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 28.42</b>							<b>\$ 30.41</b>







State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: HMP - Enrolled - M - 19 - 20	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 213,823	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Adjusted Base Experience
<b>Mental Health State Plan</b>									
Additional Support Services	75.0	\$ 116.76	\$ 0.73	\$ 0.01	\$ 0.02	\$ 0.00	\$ 0.00	\$ (0.01)	75.8
Assessments and Testing	149.1	87.54	0.84	0.02	0.03	-	-	(0.01)	150.6
Case Management / Treatment Planning	233.6	226.63	4.41	0.09	0.14	-	-	(0.01)	236.0
Crisis	42.1	408.42	1.43	0.03	0.04	-	-	(0.01)	42.5
Evaluation and Management	92.8	181.00	1.40	0.03	0.04	-	-	(0.01)	93.8
Inpatient	206.0	709.69	12.18	0.24	0.38	-	-	(0.03)	208.1
Licensed Residential	281.0	144.08	3.37	0.07	0.10	-	-	(0.03)	283.9
Medication Administration	25.9	99.57	0.21	0.01	0.01	-	-	(0.00)	26.4
Non-Licensed CLS	197.8	118.71	1.96	0.04	0.06	-	-	(0.02)	199.8
Other	30.1	126.87	0.32	0.01	0.01	-	-	(0.00)	30.4
Other Therapy	2.1	118.49	0.02	0.00	0.00	-	-	(0.00)	2.1
Outpatient Services	16.6	225.64	0.31	0.01	0.01	-	-	(0.00)	17.0
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	16.8	355.53	0.50	0.01	0.02	-	-	(0.00)	16.9
Psychotherapy	121.6	172.82	1.75	0.04	0.05	-	-	(0.02)	122.8
Residential Services	14.0	475.83	0.18	0.01	0.01	-	-	(0.00)	14.2
Skill Building	500.4	41.24	0.18	0.00	0.01	-	-	(0.00)	505.5
Vocational Supports	59.6	150.14	0.75	0.01	0.02	-	-	(0.01)	60.2
<b>Subtotal Mental Health State Plan</b>			<b>\$ 31.89</b>						<b>\$ 33.21</b>
<b>Mental Health 1915(f)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	2.0	267.89	0.04	0.00	0.00	-	-	0.14	8.4
Case Management / Treatment Planning	175.4	23.63	0.35	-	-	-	-	1.05	236.3
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.39</b>						<b>\$ 1.58</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	36.1	\$ 60.01	\$ 0.18	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.00)	36.5
Assessments and Testing	17.1	84.99	0.12	0.00	0.00	0.06	0.15	(0.00)	25.7
Case Management / Treatment Planning	1.0	128.45	0.01	0.00	0.00	-	-	(0.00)	1.0
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	3.7	102.68	0.03	0.00	0.00	-	-	(0.00)	3.7
Medication Assisted Treatment	64.3	7.65	0.04	0.00	0.00	-	-	(0.00)	65.6
Outpatient Services	90.7	79.20	0.60	0.02	0.02	0.05	0.05	(0.01)	100.6
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Residential Services	53.9	164.53	0.74	0.02	0.02	0.15	0.15	(0.01)	65.7
Withdrawal Management	4.2	305.06	0.11	0.00	0.00	-	-	(0.00)	4.3
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 1.83</b>						<b>\$ 2.33</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 34.11</b>						<b>\$ 37.12</b>



State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: HMP - Enrolled - M - 26 - 39	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 1,267,718	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Adjusted Base Experience
									PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	107.9	\$ 86.90	\$ 0.78	\$ 0.02	\$ 0.02	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 89.55
Assessments and Testing	241.2	69.02	1.39	0.03	0.04	-	-	(0.01)	243.6
Case Management / Treatment Planning	68.4	259.09	1.43	0.03	0.04	-	-	(0.01)	71.13
Crisis	298.1	211.38	5.25	0.11	0.16	-	-	(0.05)	266.99
Evaluation and Management	70.7	412.25	2.43	0.05	0.07	-	-	(0.02)	301.1
Inpatient	150.6	162.26	2.04	0.04	0.06	-	-	(0.02)	217.84
Licensed Residential	256.7	666.44	14.26	0.29	0.44	-	-	(0.14)	424.83
Medication Administration	251.3	109.50	2.29	0.05	0.07	-	-	(0.02)	167.22
Non-Licensed CLS	41.4	101.73	0.35	0.01	0.01	-	-	(0.00)	259.3
Other	91.2	106.93	0.81	0.02	0.03	-	-	(0.01)	886.79
Other Therapy	47.0	102.41	0.40	0.01	0.01	-	-	(0.00)	112.84
Outpatient Services	16.6	625.96	0.05	0.00	0.00	-	-	(0.00)	42.2
Prevention and Early Intervention	1.0	290.96	0.36	0.01	0.01	-	-	(0.00)	110.20
Psychiatric diagnostic evaluation	26.3	384.82	-	-	-	-	-	-	0.85
Psychiatry	241.2	155.55	2.04	0.03	0.03	-	-	(0.01)	105.53
Residential Services	39.7	48.34	0.52	0.02	0.02	-	-	(0.00)	10
Skill Building	32.2	46.34	0.45	0.01	0.01	-	-	(0.00)	645.07
Vocational Supports	1,314.5	4.07	0.72	0.01	0.01	-	-	(0.00)	269.52
<b>Subtotal Mental Health State Plan</b>	64.0	134.82	\$ 37.72	0.01	0.02	-	-	(0.01)	138.94
<b>Mental Health 1915(f)</b>									\$ 33.29
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>	-	-	\$ 0.00	-	-	-	-	-	\$ 0.00
<b>Autism</b>									
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>	-	-	\$ 0.00	-	-	-	-	-	\$ 0.00
<b>Substance Abuse State Plan</b>									
Additional Support Services	245.7	\$ 43.96	\$ 0.90	\$ 0.02	\$ 0.03	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 45.30
Assessments and Testing	210.8	46.66	0.82	0.02	0.03	0.42	0.82	(0.02)	248.2
Case Management / Treatment Planning	4.7	88.94	0.04	0.00	0.00	-	-	(0.00)	317.6
Crisis	0.1	940.38	0.01	0.00	0.00	-	-	(0.00)	4.8
Evaluation and Management	76.1	82.66	0.52	0.01	0.02	-	-	(0.01)	91.65
Medication Assisted Treatment	4,117.5	7.35	2.52	0.08	0.08	-	-	(0.03)	0.1
Outpatient Services	881.0	74.77	5.49	0.17	0.17	0.49	-	(0.06)	76.9
Prevention and Early Intervention	1.7	16.66	0.00	0.00	0.00	-	-	(0.00)	4,200.5
Psychiatric diagnostic evaluation	0.8	122.77	0.01	0.00	0.00	-	-	(0.00)	976.8
Residential Services	533.7	187.57	8.34	0.25	0.26	1.67	0.01	(0.10)	1.7
Withdrawal Management	87.9	313.74	2.30	0.07	0.07	-	-	(0.02)	255.55
<b>Subtotal Substance Abuse State Plan</b>	87.9	313.74	\$ 20.95	0.07	0.07	-	-	(0.02)	192.36
<b>Children's Waiver Program</b>									\$ 25.38
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>	-	-	\$ 0.00	-	-	-	-	-	\$ 0.00
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>	-	-	\$ 0.00	-	-	-	-	-	\$ 0.00
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>	-	-	\$ 0.00	-	-	-	-	-	\$ 0.00
<b>Total Medical Costs</b>			\$ 88.67						\$ 64.67









State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: HMP - Unenrolled - F - 21 - 25	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 151,710	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost per Service
Category of Service									PMPM
<b>Mental Health State Plan</b>									
Additional Support Services	56.8	\$ 135.52	\$ 0.64	\$ 0.01	\$ 0.02	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 139.66
Assessments and Testing	111.1	49.88	0.46	0.01	0.01	-	-	(0.01)	51.41
Case Management / Treatment Planning	162.6	236.26	3.20	0.06	0.10	-	-	(0.02)	202.67
Crisis	53.1	405.81	1.80	0.04	0.06	-	-	(0.04)	243.47
Evaluation and Management	51.2	181.24	0.77	0.02	0.02	-	-	(0.01)	186.78
Inpatient	187.3	652.05	10.18	0.20	0.31	-	-	(0.11)	671.97
Licensed Residential	171.8	100.14	1.43	0.03	0.04	-	-	(0.02)	103.20
Medication Administration	6.2	133.73	0.07	0.00	0.00	-	-	(0.00)	137.82
Non-Licensed CLS	177.7	117.70	1.74	0.04	0.05	-	-	(0.02)	121.30
Other	38.0	289.57	0.92	0.02	0.03	-	-	(0.01)	298.42
Other Therapy	1.5	83.96	0.01	0.00	0.00	-	-	(0.00)	86.12
Outpatient Services	33.2	258.51	0.71	0.02	0.02	-	-	(0.01)	268.40
Prevention and Early Intervention	4.9	283.00	0.11	0.00	0.00	-	-	(0.00)	281.65
Psychiatric diagnostic evaluation	14.9	442.98	0.55	0.01	0.02	-	-	(0.01)	456.52
Psychotherapy	97.4	198.53	1.06	0.02	0.04	-	-	(0.01)	164.23
Residential Services	32.0	481.34	1.76	0.01	0.01	-	-	(0.00)	482.63
Skill Building	837.0	3.42	0.24	0.00	0.01	-	-	(0.00)	413.52
Vocational Supports	34.4	142.16	0.41	0.01	0.01	-	-	(0.00)	146.50
<b>Subtotal Mental Health State Plan</b>			<b>\$ 26.88</b>						<b>\$ 27.97</b>
<b>Mental Health 1915(f)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	43.2	\$ 41.68	\$ 0.15	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ (0.00)	\$ 42.95
Assessments and Testing	25.5	75.74	0.16	0.00	0.00	0.08	0.19	(0.00)	138.01
Case Management / Treatment Planning	0.8	153.11	0.01	0.00	0.00	-	-	(0.00)	157.79
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	6.9	86.79	0.05	0.00	0.00	-	-	(0.00)	88.44
Medication Assisted Treatment	302.5	7.29	0.18	0.01	0.01	-	-	(0.00)	7.51
Outpatient Services	119.2	71.15	0.71	0.02	0.02	0.06	0.06	(0.01)	73.15
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.4	218.98	0.01	0.00	0.00	-	0.01	(0.00)	455.48
Residential Services	143.0	173.00	2.06	0.06	0.06	-	-	(0.03)	177.42
Withdrawal Management	12.6	348.54	0.37	0.01	0.01	-	-	(0.00)	359.19
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 3.70</b>						<b>\$ 4.63</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 30.58</b>						<b>\$ 32.61</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA		Policy and	
Rate Cell: HMP - Unenrolled - F - 26 - 39	SFY 2019 Base Experience			Adjustments			Adjustments		Program Changes	
Member Months: 294,520	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	Encounter Data
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	per Service	Adjusted Base Experience
<b>Mental Health State Plan</b>										
Additional Support Services	88.7	\$ 115.69	\$ 0.96	\$ 0.02	\$ 0.03	\$ 0.00	\$ 0.00	\$ (0.01)	\$ 119.23	\$ 0.89
Assessments and Testing	87.4	54.48	0.40	0.01	0.01	-	-	(0.00)	58.15	0.41
Case Management / Treatment Planning	158.7	277.43	1.36	0.03	0.04	-	-	(0.01)	285.91	1.41
Crisis	59.4	405.65	2.01	0.06	0.09	-	-	(0.03)	225.62	3.00
Evaluation and Management	55.1	159.73	0.73	0.01	0.02	-	-	(0.01)	164.61	0.76
Inpatient	229.8	628.15	12.03	0.24	0.37	-	-	(0.13)	647.34	12.51
Licensed Residential	185.9	106.90	1.66	0.03	0.05	-	-	(0.02)	187.6	1.72
Medication Administration	9.7	113.02	0.09	0.00	0.00	-	-	(0.00)	9.8	0.10
Non-Licensed CLS	207.5	112.62	1.95	0.04	0.06	-	-	(0.02)	116.48	2.03
Other	31.9	125.66	0.33	0.01	0.01	-	-	(0.00)	32.2	0.35
Outpatient Services	3.3	115.98	0.03	0.00	0.00	-	-	(0.00)	3.3	0.03
Prevention and Early Intervention	29.6	263.68	0.65	0.02	0.02	-	-	(0.01)	271.73	0.68
Psychiatric diagnostic evaluation	1.0	277.93	0.02	0.00	0.00	-	-	(0.00)	1.0	0.02
Psychotherapy	19.9	372.29	0.62	0.01	0.02	-	-	(0.00)	20.1	0.64
Residential Services	90.5	157.55	1.19	0.02	0.03	-	-	(0.01)	383.67	0.62
Skill Building	29.3	458.35	0.76	0.01	0.02	-	-	(0.01)	30.3	1.24
Vocational Supports	2,531.8	4.23	0.89	0.02	0.03	-	-	(0.01)	2,554.9	0.93
<b>Subtotal Mental Health State Plan</b>	35.1	97.53	\$ 28.73	0.01	0.01	-	-	(0.00)	35.4	100.51
<b>Subtotal Mental Health 1915(f)</b>										\$ 23.89
<b>Mental Health 1915(f)</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(i)</b>			\$ 0.00							\$ 0.00
<b>Autism</b>										
Assessments and Testing	-	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			\$ 0.00							\$ 0.00
<b>Substance Abuse State Plan</b>										
Additional Support Services	58.3	\$ 46.59	\$ 0.23	\$ 0.00	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.00)	58.8	\$ 48.00
Assessments and Testing	62.4	66.36	0.34	0.01	0.01	0.18	0.41	(0.01)	93.7	120.57
Case Management / Treatment Planning	2.3	109.20	0.02	0.00	0.00	-	-	(0.00)	2.3	112.54
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	19.8	87.86	0.15	0.00	0.00	-	-	(0.00)	20.0	90.54
Medication Assisted Treatment	1,073.2	7.80	0.70	0.02	0.02	-	-	(0.01)	1,093.8	8.04
Outpatient Services	279.0	73.48	1.71	0.05	0.05	0.15	-	(0.02)	309.1	75.54
Prevention and Early Intervention	1.6	8.01	0.00	0.00	0.00	-	-	(0.00)	1.6	8.25
Psychiatric diagnostic evaluation	0.8	209.79	0.01	0.00	0.00	-	0.02	(0.00)	0.8	437.15
Residential Services	288.8	179.63	3.99	0.12	0.12	0.80	-	(0.05)	324.8	184.23
Withdrawal Management	32.1	340.07	0.91	0.03	0.03	-	-	(0.01)	32.7	350.46
<b>Subtotal Substance Abuse State Plan</b>			\$ 8.06							\$ 10.00
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			\$ 0.00							\$ 0.00
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			\$ 0.00							\$ 0.00
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			\$ 0.00							\$ 0.00
<b>Total Medical Costs</b>			\$ 36.79							\$ 39.89















State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model									
Region: Statewide	Encounter Data			Trend		SA		Policy and	
Rate Cell: HMP - Unenrolled - M - 50 - 64	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 135,400	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
Category of Service									
<b>Mental Health State Plan</b>									
Additional Support Services	284.9	\$ 74.05	\$ 1.76	\$ 0.04	\$ 0.05	\$ 0.00	\$ 0.00	\$ (0.02)	287.5
Assessments and Testing	359.6	56.12	1.69	0.03	0.06	-	-	(0.02)	361.9
Case Management / Treatment Planning	100.5	248.33	2.09	0.04	0.95	-	-	(0.02)	101.4
Crisis	389.8	228.95	2.44	0.15	0.23	-	-	(0.08)	393.4
Evaluation and Management	71.2	411.44	2.44	0.05	0.08	-	-	(0.03)	71.8
Inpatient	126.8	116.71	1.23	0.02	0.04	-	-	(0.01)	127.9
Licensed Residential	372.1	545.33	16.91	0.34	0.52	-	-	(0.19)	375.5
Medication Administration	1,657.7	92.81	12.82	0.26	0.40	-	-	(0.14)	1,672.8
Non-Licensed CLS	373.7	71.97	0.13	0.00	0.00	-	-	(0.00)	374.17
Other	61.0	148.50	4.62	0.09	0.14	-	-	(0.05)	377.1
Other Therapy	3.9	88.04	0.45	0.01	0.01	-	-	(0.00)	61.5
Outpatient Services	39.9	246.64	0.08	0.00	0.00	-	-	(0.00)	4.0
Prevention and Early Intervention	9.7	301.09	0.24	0.01	0.01	-	-	(0.00)	9.9
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
Psychiatry	31.2	327.10	0.65	0.02	0.03	-	-	(0.01)	31.4
Psychiatry Services	135.4	124.68	1.36	0.03	0.04	-	-	(0.02)	135.6
Skill Building	22.9	444.83	0.27	0.03	0.04	-	-	(0.01)	23.1
Vocational Supports	4,874.9	3.21	1.31	0.03	0.04	-	-	(0.01)	4,920.4
<b>Subtotal Mental Health State Plan</b>	<b>74.8</b>	<b>107.88</b>	<b>0.67</b>	<b>0.01</b>	<b>0.02</b>	<b>-</b>	<b>-</b>	<b>(0.01)</b>	<b>75.5</b>
<b>Subtotal Mental Health 1915f)</b>			<b>\$ 56.94</b>						<b>\$ 58.23</b>
<b>Mental Health 1915f)</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915f)</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Autism</b>									
Assessments and Testing	-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Substance Abuse State Plan</b>									
Additional Support Services	196.8	\$ 52.74	\$ 0.86	\$ 0.02	\$ 0.03	\$ 0.00	\$ 0.00	\$ (0.01)	197.6
Assessments and Testing	86.0	62.72	0.45	0.01	0.01	0.23	0.59	(0.01)	129.1
Case Management / Treatment Planning	2.7	97.48	0.02	0.00	0.00	-	-	(0.00)	2.7
Crisis	-	-	-	-	-	-	-	-	-
Evaluation and Management	13.2	84.01	0.09	0.00	0.00	-	-	(0.00)	13.3
Medication Assisted Treatment	1,021.8	7.44	0.63	0.02	0.02	-	-	(0.01)	1,041.3
Outpatient Services	401.4	76.56	2.56	0.08	0.08	0.23	-	(0.03)	444.6
Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation	0.8	259.20	0.02	0.00	0.00	-	0.02	(0.00)	0.8
Residential Services	478.6	204.61	8.16	0.25	0.25	-	-	(0.11)	582.5
Withdrawal Management	52.4	315.25	1.38	0.04	0.04	1.63	-	(0.02)	53.4
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 14.17</b>						<b>\$ 17.54</b>
<b>Children's Waiver Program</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>									
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 71.11</b>						<b>\$ 76.77</b>















State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend			SA		Policy and	
Rate Cell: TANF - Enrolled - F - 6 - 18	SFY 2019 Base Experience			Adjustments			Adjustments		Program Changes	
Member Months: 2,925,509	Utilization	Cost per	PMPM	Utilization	Adjustment	Cost	Utilization	Adjustment	Utilization	Adjusted Base Experience
Category of Service	per 1,000	Service		Adjustment		Adjustment	Adjustment		per 1,000	Cost per Service
<b>Mental Health State Plan</b>										
Additional Support Services	170.0	\$ 301.69	\$ 4.27	\$ 0.09	\$ 0.13	\$ 0.00	\$ 0.00	\$ (0.05)	171.3	\$ 310.92
Assessments and Testing	1.8	92.85	0.01	0.00	0.00	-	-	(0.00)	1.8	95.69
Case Management / Treatment Planning	56.4	273.07	1.26	0.03	0.04	-	-	(0.02)	55.8	281.42
Crisis	28.3	439.12	1.04	0.08	0.12	-	-	(0.05)	28.5	452.56
Evaluation and Management	64.4	199.12	1.07	0.02	0.03	-	-	(0.01)	64.9	205.21
Inpatient	58.3	814.81	3.96	0.08	0.12	-	-	(0.05)	58.8	839.73
Licensed Residential	5.6	295.44	0.14	0.00	0.00	-	-	(0.00)	5.6	304.48
Medication Administration	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	74.3	103.20	0.64	0.01	0.02	-	-	(0.01)	74.9	106.35
Other	34.3	166.75	0.48	0.01	0.01	-	-	(0.01)	34.5	171.85
Outpatient Services	15.3	106.88	0.14	0.00	0.00	-	-	(0.00)	15.4	110.15
Prevention and Early Intervention	37.5	265.93	0.83	0.03	0.03	-	-	(0.01)	38.1	274.06
Psychiatric diagnostic evaluation	1.0	153.72	0.01	0.00	0.00	-	-	(0.00)	1.0	158.42
Psychotherapy	12.5	419.64	0.44	0.01	0.01	-	-	(0.01)	12.6	432.48
Residential Services	235.6	171.83	3.99	0.07	0.11	-	-	(0.04)	239.6	177.69
Skill Building	18.7	401.83	0.47	0.00	0.00	-	-	(0.00)	18.7	506.87
Vocational Supports	0.6	6.72	0.01	0.00	0.00	-	-	(0.00)	0.6	6.93
<b>Subtotal Mental Health State Plan</b>			<b>\$ 22.39</b>							<b>\$ 23.27</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	49.8	\$ 88.58	\$ 0.37	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ (0.00)	50.2	\$ 91.29
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	3.4	96.10	0.03	0.00	0.00	-	-	(0.00)	3.4	99.04
Prevention and Early Intervention	10.6	209.35	0.18	0.00	0.01	-	-	(0.00)	10.7	215.76
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 0.58</b>							<b>\$ 0.60</b>
<b>Autism</b>										
Assessments and Testing	3.3	512.77	0.14	0.00	0.00	-	-	0.07	5.1	522.97
Case Management / Treatment Planning	1,097.8	16.92	1.53	0.16	-	-	-	0.85	1,805.3	16.92
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 1.67</b>							<b>\$ 2.77</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Assessments and Testing	1.1	112.07	0.01	0.00	0.00	0.01	0.01	(0.00)	1.1	232.06
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	7.8	107.25	0.07	0.00	0.00	0.00	0.00	(0.00)	8.0	110.49
Prevention and Early Intervention	1.7	69.04	0.01	0.00	0.00	-	-	(0.00)	1.7	71.16
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-	-
Withdrawal Management	2.5	378.86	0.08	0.00	0.00	0.00	0.00	(0.00)	2.7	389.99
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.17</b>							<b>\$ 0.19</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 24.81</b>							<b>\$ 26.83</b>

















State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide	Encounter Data			Trend		SA		Policy and		Encounter Data
Rate Cell: TANF - Enrolled - M - 6 - 18	SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes		Adjusted Base Experience
Member Months: 2,933,286	Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Cost	PMPM
Category of Service	per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	per Service
<b>Mental Health State Plan</b>										
Additional Support Services	231.1	\$ 282.66	\$ 5.44	\$ 0.11	\$ 0.17	\$ 0.00	\$ 0.00	\$ (0.07)	233.0	\$ 291.31
Assessments and Testing	66.0	278.29	1.53	0.03	0.05	-	-	(0.02)	66.5	286.80
Case Management / Treatment Planning	218.1	341.45	6.21	0.12	0.19	-	-	(0.07)	219.9	351.90
Crisis	20.7	433.16	0.75	0.01	0.02	-	-	(0.01)	20.8	446.41
Evaluation and Management	88.0	198.39	1.46	0.03	0.04	-	-	(0.02)	88.8	204.46
Inpatient	31.5	816.11	2.14	0.04	0.07	-	-	(0.03)	31.8	841.07
Licensed Residential	12.5	255.34	0.27	0.01	0.01	-	-	(0.00)	12.6	263.15
Medication Administration	0.8	175.42	0.01	0.00	0.00	-	-	(0.00)	0.8	180.78
Non-Licensed CLS	154.0	102.66	1.32	0.03	0.04	-	-	(0.02)	155.2	105.81
Other	47.0	171.41	0.67	0.01	0.02	-	-	(0.01)	47.4	176.65
Other Therapy	53.7	95.01	0.43	0.01	0.01	-	-	(0.01)	54.2	97.92
Outpatient Services	23.0	274.82	0.53	0.02	0.02	-	-	(0.01)	23.5	283.22
Prevention and Early Intervention	1.5	109.20	0.01	0.00	0.00	-	-	(0.00)	1.5	112.54
Psychiatric diagnostic evaluation	15.0	405.66	0.51	0.01	0.02	-	-	(0.01)	15.1	415.06
Psychotherapy	267.7	666.89	3.72	0.07	0.11	-	-	(0.04)	268.9	771.69
Residential Services	20.0	501.85	0.85	0.01	0.01	-	-	(0.00)	20.1	516.87
Skill Building	70.4	56.88	0.03	0.00	0.00	-	-	(0.00)	71.0	58.85
Vocational Supports	0.7	143.44	0.01	0.00	0.00	-	-	(0.00)	0.7	147.83
<b>Subtotal Mental Health State Plan</b>			<b>\$ 25.18</b>							<b>\$ 26.17</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services	104.4	\$ 76.15	\$ 0.66	\$ 0.01	\$ 0.02	\$ 0.00	\$ 0.00	\$ (0.01)	105.2	\$ 78.48
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	7.7	90.75	0.06	0.00	0.00	-	-	(0.00)	7.7	93.52
Prevention and Early Intervention	11.0	198.62	0.18	0.00	0.01	-	-	(0.00)	11.1	204.70
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 0.90</b>							<b>\$ 0.94</b>
<b>Autism</b>										
Assessments and Testing	12.5	483.46	0.50	0.01	0.02	-	-	0.27	19.4	493.07
Case Management / Treatment Planning	4,889.4	16.73	6.82	0.70	-	-	-	3.80	8,114.5	16.73
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Autism</b>			<b>\$ 7.32</b>							<b>\$ 12.11</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Assessments and Testing	2.0	121.80	0.02	0.00	0.00	0.00	0.02	(0.00)	2.1	247.91
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Crisis	-	-	-	-	-	-	-	-	-	-
Evaluation and Management	-	-	-	-	-	-	-	-	-	-
Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-
Outpatient Services	17.8	103.01	0.15	0.00	0.00	0.00	0.00	(0.00)	18.3	106.13
Prevention and Early Intervention	1.3	84.85	0.01	0.00	0.00	-	-	(0.00)	1.3	87.44
Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-
Residential Services	-	-	-	-	-	-	-	-	-	-
Withdrawal Management	10.1	339.91	0.29	0.01	0.01	0.01	0.01	(0.00)	10.8	349.90
<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.47</b>							<b>\$ 0.53</b>
<b>Children's Waiver Program</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Skill Building	-	-	-	-	-	-	-	-	-	-
Vocational Supports	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-
Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-
Other Therapy	-	-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>							<b>\$ 0.00</b>
<b>Total Medical Costs</b>			<b>\$ 33.88</b>							<b>\$ 39.75</b>



**Millman**

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: TANF - Unenrolled - F - 19 - 20		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 33,767		Category of Service			Utilization		Cost		Adjustment	
		per 1,000	Cost per Service	PMPM	Adjustment	per 1,000	Adjustment	per 1,000	Utilization	PMPM
<b>Mental Health State Plan</b>										
Additional Support Services		49.7	\$ 323.76	\$ 1.34	\$ 0.03	\$ 0.04	\$ 0.00	\$ 0.02	51.4	\$ 333.41
Assessments and Testing		14.0	64.30	0.08	0.00	0.00	-	0.00	14.5	68.21
Case Management / Treatment Planning		19.6	317.86	0.52	0.01	0.02	-	0.01	20.2	327.33
Crisis		37.1	250.03	0.77	0.02	0.02	-	0.01	38.4	257.48
Evaluation and Management		17.2	426.86	0.61	0.01	0.02	-	0.01	17.8	439.58
Inpatient		14.1	178.38	0.21	0.00	0.01	-	0.00	14.6	183.69
Licensed Residential		53.0	710.97	3.14	0.06	0.10	-	0.05	54.8	732.16
Medication Administration		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		10.1	37.70	0.03	-	-	-	-	-	-
Other		1.8	81.21	0.01	0.00	0.00	-	0.00	10.4	38.82
Outpatient Services		9.6	65.31	0.05	0.00	0.00	-	0.00	1.9	83.63
Prevention and Early Intervention		3.9	276.49	0.09	0.00	0.00	-	0.00	9.9	67.26
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	4.1	284.73
Psychiatry Services		2.8	408.08	0.09	0.00	0.00	-	0.00	-	-
Residential Services		34.8	153.10	0.44	0.01	0.01	-	0.01	2.9	421.29
Skill Building		5.0	426.37	0.16	0.01	0.01	-	0.00	36.0	157.66
Vocational Supports		1.9	180.31	0.03	0.00	0.00	-	0.00	3.2	439.07
<b>Subtotal Mental Health State Plan</b>				<b>\$ 7.60</b>					1.9	185.68
<b>Mental Health 1915(f)</b>										<b>\$ 8.10</b>
Additional Support Services		24.9	\$ 38.62	\$ 0.08	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	25.8	\$ 39.77
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		2.0	120.83	0.02	0.00	0.00	-	0.00	-	-
Prevention and Early Intervention		9.8	261.46	0.21	0.00	0.01	-	0.00	2.1	124.43
Skill Building		-	-	-	-	-	-	-	10.1	269.25
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>				<b>\$ 0.31</b>						<b>\$ 0.33</b>
<b>Autism</b>										
Assessments and Testing		-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Crisis		-	-	-	-	-	-	-	-	-
Evaluation and Management		-	-	-	-	-	-	-	-	-
Medication Assisted Treatment		-	-	-	-	-	-	-	-	-
Outpatient Services		-	-	-	-	-	-	-	-	-
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Residential Services		-	-	-	-	-	-	-	-	-
Withdrawal Management		-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 0.75</b>						<b>\$ 0.89</b>
<b>Children's Waiver Program</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 8.66</b>						<b>\$ 9.32</b>

State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: TANF - Unenrolled - F - 21 - 25		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 128,459		Utilization	Cost per	PMPM	Utilization	Cost	Utilization	Cost	Utilization	Encounter Data
Category of Service		per 1,000	Service		Adjustment	Adjustment	Adjustment	Adjustment	per 1,000	Adjusted Base Experience
										PMPM
<b>Mental Health State Plan</b>										
Additional Support Services		46.2	\$ 305.45	\$ 1.18	\$ 0.02	\$ 0.04	\$ 0.00	\$ 0.00	\$ 0.02	\$ 314.55
Assessments and Testing		42.6	37.96	0.13	0.00	0.00	-	-	0.00	44.1
Case Management / Treatment Planning		26.5	284.59	0.63	0.01	0.02	-	-	0.01	27.4
Crisis		45.2	227.67	0.86	0.02	0.03	-	-	0.01	46.8
Evaluation and Management		15.9	409.43	0.54	0.01	0.02	-	-	0.01	16.5
Inpatient		14.9	218.87	0.27	0.01	0.01	-	-	0.00	15.4
Licensed Residential		30.6	770.19	1.96	0.04	0.06	-	-	0.03	31.7
Medication Administration		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		0.8	157.23	0.01	0.00	0.00	-	-	0.00	0.8
Other		4.3	72.16	0.03	0.00	0.00	-	-	0.00	4.5
Outpatient Services		3.7	307.47	-	0.00	0.00	-	-	0.00	3.9
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		5.7	471.41	0.22	0.00	0.01	-	-	0.00	5.9
Psychotherapy		49.2	145.97	0.60	0.01	0.02	-	-	0.01	50.9
Residential Services		4.3	471.27	0.17	0.01	0.01	-	-	0.00	4.4
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health State Plan</b>				<b>\$ 6.69</b>						<b>\$ 7.14</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services		0.7	\$ 253.11	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0.7
Licensed Residential		3.7	65.72	0.02	0.00	0.00	-	-	0.00	3.9
Non-Licensed CLS		5.0	45.78	0.02	0.00	0.00	-	-	0.00	5.1
Other		0.4	301.79	0.01	0.00	0.00	-	-	0.00	0.4
Prevention and Early Intervention		13.0	394.28	0.43	0.01	0.01	-	-	0.01	13.5
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>		5.8	85.74	<b>\$ 0.53</b>	0.00	0.00	-	-	0.00	6.0
<b>Autism</b>				<b>\$ 0.57</b>						<b>\$ 0.57</b>
Assessments and Testing		-	-	-	-	-	-	-	-	-
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Crisis		-	-	-	-	-	-	-	-	-
Evaluation and Management		-	-	-	-	-	-	-	-	-
Medication Assisted Treatment		-	-	-	-	-	-	-	-	-
Outpatient Services		-	-	-	-	-	-	-	-	-
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Residential Services		-	-	-	-	-	-	-	-	-
Withdrawal Management		-	-	-	-	-	-	-	-	-
<b>Subtotal Substance Abuse State Plan</b>		4.2	374.95	<b>\$ 1.79</b>	0.00	0.00	-	-	0.00	4.4
<b>Children's Waiver Program</b>				<b>\$ 2.08</b>						<b>\$ 2.08</b>
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	-
<b>Habilitative Supports Waiver</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	-
<b>Serious Emotional Disturbances</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>		-	-	<b>\$ 0.00</b>	-	-	-	-	-	-
<b>Total Medical Costs</b>				<b>\$ 9.02</b>						<b>\$ 9.78</b>









State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: TANF - Unenrolled - F - 6 - 18		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 637,279	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
<b>Mental Health State Plan</b>										
	Additional Support Services	118.1	\$ 301.25	\$ 2.96	\$ 0.06	\$ 0.09	\$ 0.00	\$ 0.00	\$ 0.04	122.2
	Assessments and Testing	2.7	48.20	0.01	0.00	0.00	-	-	0.00	2.8
	Case Management / Treatment Planning	37.6	293.90	0.92	0.02	0.03	-	-	0.01	38.9
	Crisis	20.8	473.04	2.55	0.05	0.08	-	-	0.04	84.4
	Evaluation and Management	31.3	198.33	0.82	0.02	0.03	-	-	0.01	21.5
	Inpatient	54.4	627.45	2.85	0.06	0.09	-	-	0.04	32.4
	Licensed Residential	13.1	103.52	0.61	0.00	0.00	-	-	0.00	56.3
	Medication Administration	0.6	251.49	0.01	0.00	0.00	-	-	0.00	13.5
	Non-Licensed CLS	62.4	109.51	0.57	0.01	0.02	-	-	0.01	64.5
	Other	20.2	150.92	0.25	0.00	0.01	-	-	0.00	20.9
	Other Therapy	16.0	62.72	0.08	0.00	0.00	-	-	0.00	16.5
	Outpatient Services	14.5	253.72	0.31	-	-	-	-	0.00	15.2
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	6.9	436.24	0.25	0.01	0.01	-	-	0.00	7.1
	Psychotherapy	130.7	60.38	1.76	0.04	0.05	-	-	0.03	136.3
	Residential Services	5.8	513.36	0.25	0.01	0.01	-	-	0.00	6.1
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	1.2	104.80	0.01	0.00	0.00	-	-	0.00	1.2
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 14.24</b>						<b>\$ 15.17</b>
<b>Mental Health 1915(f)</b>										
	Additional Support Services	52.4	\$ 115.25	\$ 0.50	\$ 0.01	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.01	54.2
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	6.3	73.68	0.04	0.00	0.00	-	-	0.00	6.5
	Other	8.5	243.13	0.17	0.00	0.01	-	-	0.00	8.8
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 0.71</b>						<b>\$ 0.76</b>
<b>Autism</b>										
	Assessments and Testing	1.6	445.91	0.05	0.00	0.00	-	-	0.03	2.6
	Case Management / Treatment Planning	533.9	16.14	0.72	0.07	-	-	-	0.43	908.7
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 0.78</b>						<b>\$ 1.32</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Assessments and Testing	1.2	100.30	0.01	0.00	0.00	0.01	0.01	0.00	1.3
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	4.5	79.74	0.03	0.00	0.00	0.00	0.00	0.00	4.8
	Prevention and Early Intervention	2.2	106.27	0.02	0.00	0.00	-	-	0.00	2.3
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-
	Withdrawal Management	8.8	400.42	0.29	0.01	0.01	0.01	0.01	0.00	9.5
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.35</b>						<b>\$ 0.40</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 16.08</b>						<b>\$ 17.66</b>





State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: TANF - Unenrolled - M - 19 - 20		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Category of Service	Member Months: 7,770	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
<b>Mental Health State Plan</b>										
Additional Support Services		5.7	\$ 44.41	\$ 0.02	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	5.9
Assessments and Testing		30.6	271.70	0.69	0.01	0.02	-	-	0.01	\$ 45.74
Case Management / Treatment Planning		103.1	231.72	1.99	0.04	0.06	-	-	0.03	279.80
Crisis		28.7	516.29	1.24	0.02	0.04	-	-	0.02	238.62
Evaluation and Management		29.8	136.47	0.34	0.01	0.01	-	-	0.00	231.67
Inpatient		96.1	632.72	5.07	0.10	0.16	-	-	0.07	531.67
Licensed Residential		-	-	-	-	-	-	-	-	140.54
Medication Administration		11.1	111.83	0.10	0.00	0.00	-	-	0.00	651.57
Non-Licensed CLS		217.9	31.51	0.57	0.01	0.02	-	-	0.00	-
Other		2.8	77.79	0.02	0.00	0.00	-	-	0.01	115.17
Other Therapy		-	-	-	-	-	-	-	0.00	32.45
Outpatient Services		-	-	-	-	-	-	-	0.00	80.11
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		5.4	387.16	0.18	0.00	0.01	-	-	-	5.6
Psychiatry		59.7	161.96	0.91	0.02	0.03	-	-	0.01	398.70
Recovery Services		1.4	997.46	0.12	0.00	0.00	-	-	0.00	187.38
Skill Building		-	-	-	-	-	-	-	1.5	1,027.19
Vocational Supports		9.3	165.59	0.13	0.00	0.00	-	-	0.00	9.6
<b>Subtotal Mental Health State Plan</b>				<b>\$ 11.37</b>						<b>\$ 12.11</b>
<b>Mental Health 1915(f)</b>										
Additional Support Services		1.6	\$ 737.96	\$ 0.10	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	1.6
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		11.5	168.77	0.16	0.00	0.00	-	-	0.00	11.9
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Mental Health 1915(f)</b>				<b>\$ 0.26</b>						<b>\$ 0.28</b>
<b>Autism</b>										
Assessments and Testing		359.8	14.43	-	-	-	-	-	-	-
Outpatient Services		-	-	-	0.04	-	-	-	0.26	612.5
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	14.43
<b>Subtotal Autism</b>				<b>\$ 0.43</b>						<b>\$ 0.74</b>
<b>Substance Abuse State Plan</b>										
Additional Support Services		98.5	\$ 56.97	\$ 0.47	\$ 0.01	\$ 0.01	\$ 0.00	\$ 0.00	\$ 0.01	101.9
Assessments and Testing		9.0	108.21	0.08	0.00	0.00	0.00	0.09	0.00	10.0
Case Management / Treatment Planning		1.7	82.41	0.01	0.00	0.00	-	-	0.00	217.80
Crisis		-	-	-	-	-	-	-	0.00	1.8
Evaluation and Management		7.2	36.08	0.02	0.00	0.00	-	-	0.00	-
Medication Assisted Treatment		-	-	-	-	-	-	-	0.00	7.5
Outpatient Services		86.4	82.05	0.59	0.02	0.02	0.01	-	0.01	91.3
Prevention and Early Intervention		-	-	-	-	-	-	-	-	-
Psychiatric diagnostic evaluation		-	-	-	-	-	-	-	-	-
Residential Services		-	-	-	-	-	-	-	-	-
Withdrawal Management		14.7	354.12	0.43	0.01	0.01	-	-	0.01	16.0
<b>Subtotal Substance Abuse State Plan</b>				<b>\$ 1.61</b>						<b>\$ 1.84</b>
<b>Children's Waiver Program</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Children's Waiver Program</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Licensed Residential		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Skill Building		-	-	-	-	-	-	-	-	-
Vocational Supports		-	-	-	-	-	-	-	-	-
<b>Subtotal Habilitative Supports Waiver</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
Additional Support Services		-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
Case Management / Treatment Planning		-	-	-	-	-	-	-	-	-
Non-Licensed CLS		-	-	-	-	-	-	-	-	-
Other		-	-	-	-	-	-	-	-	-
Other Therapy		-	-	-	-	-	-	-	-	-
<b>Subtotal Serious Emotional Disturbances</b>				<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Total Medical Costs</b>				<b>\$ 13.67</b>						<b>\$ 14.97</b>











State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model										
Region: Statewide		Encounter Data			Trend		SA		Policy and	
Rate Cell: TANF - Unenrolled - M - 6 - 18		SFY 2019 Base Experience			Adjustments		Adjustments		Program Changes	
Member Months: 649,176	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Encounter Data Adjusted Base Experience
<b>Mental Health State Plan</b>										
	Additional Support Services	174.3	\$ 293.83	\$ 4.27	\$ 0.09	\$ 0.13	\$ 0.00	\$ 0.00	\$ 0.06	180.4
	Assessments and Testing	1.8	101.19	0.02	0.00	0.00	-	-	0.00	1.9
	Case Management / Treatment Planning	43.6	295.73	1.08	0.02	0.03	-	-	0.02	45.1
	Crisis	16.1	352.64	4.17	0.08	0.13	-	-	0.06	147.0
	Evaluation and Management	47.1	442.74	0.59	0.01	0.02	-	-	0.01	16.6
	Inpatient	34.3	198.60	0.78	0.02	0.06	-	-	0.03	48.8
	Licensed Residential	32.7	667.51	1.91	0.04	0.06	-	-	0.01	35.5
	Medication Administration	0.5	138.93	0.38	0.01	0.00	-	-	0.00	0.6
	Non-Licensed CLS	159.0	242.27	0.01	0.00	0.00	-	-	0.00	184.5
	Other	27.7	94.87	1.28	0.03	0.04	-	-	0.02	28.7
	Outpatient Services	24.3	180.67	0.42	0.01	0.01	-	-	0.00	25.1
	Prevention and Early Intervention	8.6	78.35	0.16	0.00	0.00	-	-	0.00	9.0
	Psychiatric diagnostic evaluation	-	268.47	0.19	-	-	-	-	-	-
	Psychiatry	-	-	-	-	-	-	-	-	-
	Psychiatry Services	8.1	457.76	0.31	0.01	0.01	-	-	-	8.3
	Skill Building	131.6	58.00	1.73	0.03	0.05	-	-	0.00	136.2
	Vocational Supports	42.4	53.42	0.02	0.00	0.00	-	-	0.00	43.8
	Vocational Supports	0.4	108.83	0.00	0.00	0.00	-	-	0.00	0.4
	<b>Subtotal Mental Health State Plan</b>			<b>\$ 17.38</b>						<b>\$ 18.52</b>
<b>Mental Health 1915(f)</b>										
	Additional Support Services	129.6	\$ 77.16	\$ 0.83	\$ 0.02	\$ 0.03	\$ 0.00	\$ 0.00	\$ 0.01	134.1
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	8.4	107.59	0.08	0.00	0.00	-	-	0.00	8.7
	Prevention and Early Intervention	10.8	180.53	0.16	0.00	0.00	-	-	0.00	11.1
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Mental Health 1915(f)</b>			<b>\$ 1.07</b>						<b>\$ 1.14</b>
<b>Autism</b>										
	Assessments and Testing	7.3	369.02	0.22	0.00	0.01	-	-	0.13	11.6
	Case Management / Treatment Planning	2,311.0	16.48	3.17	0.30	-	-	-	1.80	3,933.6
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	<b>Subtotal Autism</b>			<b>\$ 3.40</b>						<b>\$ 5.77</b>
<b>Substance Abuse State Plan</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Assessments and Testing	2.1	120.57	0.02	0.00	0.00	-	-	0.00	2.4
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-
	Outpatient Services	9.8	102.29	0.08	0.00	0.00	-	-	0.00	10.4
	Prevention and Early Intervention	1.4	83.32	0.01	0.00	0.00	-	-	0.00	1.4
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-
	Residential Services	22.3	446.01	0.83	0.03	0.03	-	-	0.01	24.3
	Withdrawal Management	-	-	-	-	-	-	-	-	-
	<b>Subtotal Substance Abuse State Plan</b>			<b>\$ 0.94</b>						<b>\$ 1.08</b>
<b>Children's Waiver Program</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Children's Waiver Program</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Habilitative Supports Waiver</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Licensed Residential	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-
	<b>Subtotal Habilitative Supports Waiver</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
<b>Serious Emotional Disturbances</b>										
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-
	<b>Subtotal Serious Emotional Disturbances</b>			<b>\$ 0.00</b>						<b>\$ 0.00</b>
	<b>Total Medical Costs</b>			<b>\$ 22.79</b>						<b>\$ 26.50</b>







State of Michigan Department of Health and Human Services SFY 2021 Behavioral Health Capitation Rate Setting Prospective Rate Development Model													
Region: Statewide Rate Cell: SED - Composite		Encounter Data SFY 2019 Base Experience			Trend Adjustments			SA Adjustments		Policy and Program Changes Adjustments		Encounter Data Adjusted Base Experience	
Member Months: 4,921	Category of Service	Utilization per 1,000	Cost per Service	PMPM	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Cost Adjustment	Utilization Adjustment	Utilization Adjustment	Utilization per 1,000	Cost per Service	PMPM
Mental Health State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assertive Community Treatment (ACT)	-	-	-	-	-	-	-	-	-	-	-	-
	Assessments and Testing	-	-	-	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	-
	Crisis	-	-	-	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-	-	-	-
	Inpatient	-	-	-	-	-	-	-	-	-	-	-	-
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Medication Administration	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	-
	Psychotherapy	-	-	-	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health State Plan			\$ 0.00									\$ 0.00
Mental Health 1915(f)													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Mental Health 1915(f)			\$ 0.00									\$ 0.00
Autism													
	Assessments and Testing	-	-	-	-	-	-	-	-	-	-	-	-
	Autism Services	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Autism			\$ 0.00									\$ 0.00
Substance Abuse State Plan													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Assessments and Testing	-	-	-	-	-	-	-	-	-	-	-	-
	Case Management / Treatment Planning	-	-	-	-	-	-	-	-	-	-	-	-
	Evaluation and Management	-	-	-	-	-	-	-	-	-	-	-	-
	Medication Assisted Treatment	-	-	-	-	-	-	-	-	-	-	-	-
	Outpatient Services	-	-	-	-	-	-	-	-	-	-	-	-
	Prevention and Early Intervention	-	-	-	-	-	-	-	-	-	-	-	-
	Psychiatric diagnostic evaluation	-	-	-	-	-	-	-	-	-	-	-	-
	Residential Services	-	-	-	-	-	-	-	-	-	-	-	-
	Withdrawal Management	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Substance Abuse State Plan			\$ 0.00									\$ 0.00
Children's Waiver Program													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other Therapy	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Children's Waiver Program			\$ 0.00									\$ 0.00
Habilitative Supports Waiver													
	Additional Support Services	-	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	-	\$ 0.00	\$ 0.00
	Licensed Residential	-	-	-	-	-	-	-	-	-	-	-	-
	Non-Licensed CLS	-	-	-	-	-	-	-	-	-	-	-	-
	Other	-	-	-	-	-	-	-	-	-	-	-	-
	Skill Building	-	-	-	-	-	-	-	-	-	-	-	-
	Vocational Supports	-	-	-	-	-	-	-	-	-	-	-	-
	Subtotal Habilitative Supports Waiver			\$ 0.00									\$ 0.00
Serious Emotional Disturbances													
	Additional Support Services	16,211.3	\$ 177.56	\$ 239.87	\$ 2.40	\$ 7.32	\$ 0.00	\$ 0.00	\$ 0.00	\$ 35.62	18,781.4	\$ 182.24	\$ 285.22
	Case Management / Treatment Planning	1,033.9	776.45	66.90	0.67	2.04	-	-	-	-	1,044.3	799.92	69.61
	Non-Licensed CLS	16,530.8	183.67	253.02	2.54	7.72	-	-	-	37.58	19,151.5	188.51	300.86
	Other	31,042.5	453.66	1,173.55	11.76	35.83	-	-	-	-	31,353.7	467.37	1,221.14
	Other Therapy	612.1	70.58	3.60	0.04	0.11	-	-	-	-	618.2	72.71	3.75
	Subtotal Serious Emotional Disturbances			\$ 1,736.94									\$ 1,880.58
Total Medical Costs				\$ 1,736.94									\$ 1,880.58

## Appendix 4: SFY 2021 Benefit Expense and Admin Summary



State of Michigan Department of Health and Human Services State Fiscal Year 2021 Behavioral Health Capitation Rate Development High Level Benefit Expense and Admin Summary															
Region: Statewide	Base Benefit Expense					Variable Admin Load					Fixed Admin Load				
	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total
DAB - Enrolled															
DAB - Enrolled - F - 0 - 5	\$ 93.32	\$ 10.95	\$ 172.44	\$ 0.00	\$ 276.71	\$ 4.53	\$ 0.53	\$ 8.37	\$ 0.00	\$ 13.43	\$ 2.77	\$ 0.33	\$ 5.13	\$ 0.00	\$ 8.23
DAB - Enrolled - F - 6 - 18	159.44	13.69	72.36	0.38	245.87	7.76	0.67	3.53	0.02	11.98	5.34	0.46	2.42	0.01	8.23
DAB - Enrolled - F - 19 - 20	225.65	12.60	20.69	0.99	259.93	10.97	0.61	1.01	0.05	12.64	7.14	0.40	0.66	0.03	8.23
DAB - Enrolled - F - 21 - 25	169.64	188.42	0.05	4.51	362.62	8.17	9.08	-	0.22	17.47	3.85	4.28	-	0.10	8.23
DAB - Enrolled - F - 26 - 39	221.74	255.84	-	10.58	486.16	10.62	12.26	-	0.51	23.38	3.74	4.31	-	0.16	8.23
DAB - Enrolled - F - 40 - 49	151.58	94.09	-	10.71	256.38	7.37	4.57	-	0.52	12.46	4.87	3.02	-	0.34	8.23
DAB - Enrolled - F - 50 - 64	101.99	50.44	-	10.83	163.26	5.04	2.50	-	0.54	8.08	5.14	2.54	-	0.55	8.23
DAB - Enrolled - F - 65+	35.42	23.03	-	1.24	59.69	1.90	1.23	-	0.07	3.20	4.88	3.18	-	0.17	8.23
DAB - Enrolled - M - 0 - 5	124.81	13.05	501.77	-	639.63	5.96	0.62	23.95	-	30.53	1.60	0.17	6.46	-	8.23
DAB - Enrolled - M - 6 - 18	191.32	19.00	165.81	0.64	376.77	9.22	0.91	7.98	0.03	18.14	4.18	0.42	3.62	0.01	8.23
DAB - Enrolled - M - 19 - 20	275.87	15.09	44.50	1.32	336.78	13.32	0.73	2.15	0.06	16.26	6.73	0.37	1.09	0.03	8.23
DAB - Enrolled - M - 21 - 25	194.43	288.85	0.19	2.65	486.12	9.31	13.84	0.01	0.13	23.29	3.30	4.89	-	0.04	8.23
DAB - Enrolled - M - 26 - 39	260.78	348.71	-	8.50	617.99	12.45	16.65	-	0.41	29.51	3.48	4.64	-	0.11	8.23
DAB - Enrolled - M - 40 - 49	172.84	138.97	-	13.65	325.46	8.35	6.72	-	0.66	15.73	4.37	3.51	-	0.35	8.23
DAB - Enrolled - M - 50 - 64	103.71	67.39	-	19.78	190.88	5.10	3.32	-	0.97	9.39	4.47	2.91	-	0.85	8.23
DAB - Enrolled - M - 65+	44.40	34.19	-	3.86	82.45	2.30	1.77	-	0.20	4.27	4.43	3.41	-	0.39	8.23
Subtotal DAB - Enrolled	\$ 149.49	\$ 95.12	\$ 48.04	\$ 7.87	\$ 300.52	\$ 7.25	\$ 4.60	\$ 2.31	\$ 0.39	\$ 14.55	\$ 4.43	\$ 2.49	\$ 1.01	\$ 0.30	\$ 8.23
DAB - Unenrolled															
DAB - Unenrolled - F - 0 - 5	\$ 26.29	\$ 8.02	\$ 76.54	\$ 0.00	\$ 110.85	\$ 1.33	\$ 0.41	\$ 3.87	\$ 0.00	\$ 5.61	\$ 1.95	\$ 0.60	\$ 5.68	\$ 0.00	\$ 8.23
DAB - Unenrolled - F - 6 - 18	103.45	11.12	25.41	0.40	140.38	5.16	0.56	1.27	0.02	7.01	6.07	0.65	1.49	0.02	8.23
DAB - Unenrolled - F - 19 - 20	224.17	20.24	15.92	0.81	261.14	10.91	0.98	0.77	0.04	12.70	7.06	0.64	0.50	0.03	8.23
DAB - Unenrolled - F - 21 - 25	179.08	370.39	-	1.00	550.47	8.56	17.72	-	0.05	26.33	2.68	5.64	-	0.01	8.23
DAB - Unenrolled - F - 26 - 39	212.75	389.58	-	6.42	608.75	10.16	18.60	-	0.31	29.07	2.87	5.27	-	0.09	8.23
DAB - Unenrolled - F - 40 - 49	173.62	207.04	-	3.83	384.49	8.36	9.97	-	0.18	18.51	3.72	4.43	-	0.08	8.23
DAB - Unenrolled - F - 50 - 64	153.52	141.73	-	2.87	298.12	7.43	6.86	-	0.14	14.43	4.24	3.91	-	0.08	8.23
DAB - Unenrolled - F - 65+	48.78	44.62	-	1.23	94.63	2.50	2.28	-	0.06	4.84	4.24	3.88	-	0.11	8.23
DAB - Unenrolled - M - 0 - 5	43.97	11.52	186.87	-	242.36	2.14	0.56	9.11	-	11.81	1.49	0.39	6.35	-	8.23
DAB - Unenrolled - M - 6 - 18	132.87	16.63	89.16	2.65	241.31	6.47	0.81	4.35	0.13	11.76	4.53	0.57	3.04	0.09	8.23
DAB - Unenrolled - M - 19 - 20	283.15	29.42	54.23	0.78	367.58	13.64	1.42	2.61	0.04	17.71	6.66	0.66	1.21	0.02	8.23
DAB - Unenrolled - M - 21 - 25	201.37	390.27	0.16	1.17	592.97	9.61	18.65	0.01	0.06	28.33	2.79	5.42	-	0.02	8.23
DAB - Unenrolled - M - 26 - 39	258.21	513.18	-	4.45	775.84	12.30	24.44	-	0.21	36.95	2.74	5.44	-	0.05	8.23
DAB - Unenrolled - M - 40 - 49	243.95	339.25	-	5.35	588.55	11.65	16.21	-	0.26	28.12	3.42	4.74	-	0.07	8.23
DAB - Unenrolled - M - 50 - 64	233.42	274.61	-	5.01	513.04	11.17	13.15	-	0.24	24.56	3.74	4.41	-	0.08	8.23
DAB - Unenrolled - M - 65+	78.31	80.75	-	4.29	163.35	3.88	3.99	-	0.21	8.08	3.94	4.07	-	0.22	8.23
Subtotal DAB - Unenrolled	\$ 133.15	\$ 157.60	\$ 5.39	\$ 3.07	\$ 299.21	\$ 6.46	\$ 7.61	\$ 0.26	\$ 0.15	\$ 14.48	\$ 3.96	\$ 3.96	\$ 0.21	\$ 0.10	\$ 8.23

State of Michigan Department of Health and Human Services State Fiscal Year 2021 Behavioral Health Capitation Rate Development High Level Benefit Expense and Admin Summary															
Region: Statewide	Base Benefit Expense					Variable Admin Load					Fixed Admin Load				
	State Plan / 1115	Mental Health 1915(i)	Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Autism	Substance Abuse State Plan	Total
HMP - Enrolled															
HMP - Enrolled - F - 19 - 20	\$ 25.45	\$ 0.00	\$ 0.35	\$ 1.20	\$ 27.00	\$ 1.84	\$ 0.00	\$ 0.03	\$ 0.09	\$ 1.96	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HMP - Enrolled - F - 21 - 25	25.04	-	-	5.37	30.41	1.81	-	-	0.39	2.20	-	-	-	-	-
HMP - Enrolled - F - 26 - 39	29.95	-	-	15.26	45.21	2.17	-	-	1.11	3.28	-	-	-	-	-
HMP - Enrolled - F - 40 - 49	30.77	-	-	11.76	42.53	2.23	-	-	0.85	3.08	-	-	-	-	-
HMP - Enrolled - F - 50 - 64	21.42	-	-	6.33	27.75	1.55	-	-	0.46	2.01	-	-	-	-	-
HMP - Enrolled - M - 19 - 20	33.21	-	1.58	2.33	37.12	2.40	-	0.11	0.17	2.68	-	-	-	-	-
HMP - Enrolled - M - 21 - 25	35.71	-	-	7.80	43.51	2.59	-	-	0.56	3.15	-	-	-	-	-
HMP - Enrolled - M - 26 - 39	39.29	-	-	25.38	64.67	2.84	-	-	1.84	4.68	-	-	-	-	-
HMP - Enrolled - M - 40 - 49	34.43	-	-	21.57	56.00	2.49	-	-	1.56	4.05	-	-	-	-	-
HMP - Enrolled - M - 50 - 64	25.69	-	-	15.01	40.70	1.86	-	-	1.09	2.95	-	-	-	-	-
Subtotal HMP - Enrolled	\$ 30.45	\$ 0.00	\$ 0.06	\$ 14.09	\$ 44.60	\$ 2.21	\$ 0.00	\$ 0.00	\$ 1.02	\$ 3.23	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HMP - Unenrolled															
HMP - Unenrolled - F - 19 - 20	\$ 26.65	\$ 0.00	\$ 0.25	\$ 2.08	\$ 28.98	\$ 1.92	\$ 0.00	\$ 0.02	\$ 0.15	\$ 2.09	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
HMP - Unenrolled - F - 21 - 25	27.98	-	-	4.63	32.61	2.02	-	-	0.34	2.36	-	-	-	-	-
HMP - Unenrolled - F - 26 - 39	29.89	-	-	10.00	39.89	2.17	-	-	0.72	2.89	-	-	-	-	-
HMP - Unenrolled - F - 40 - 49	36.70	-	-	8.95	45.65	2.65	-	-	0.65	3.30	-	-	-	-	-
HMP - Unenrolled - F - 50 - 64	38.68	-	-	4.87	43.55	2.81	-	-	0.35	3.16	-	-	-	-	-
HMP - Unenrolled - M - 19 - 20	37.95	-	7.07	2.07	47.09	2.74	-	0.51	0.15	3.40	-	-	-	-	-
HMP - Unenrolled - M - 21 - 25	55.29	-	-	10.21	65.50	4.00	-	-	0.74	4.74	-	-	-	-	-
HMP - Unenrolled - M - 26 - 39	67.10	-	-	26.52	93.62	4.85	-	-	1.92	6.77	-	-	-	-	-
HMP - Unenrolled - M - 40 - 49	61.32	-	-	27.40	88.72	4.44	-	-	1.98	6.42	-	-	-	-	-
HMP - Unenrolled - M - 50 - 64	59.23	-	-	17.54	76.77	4.29	-	-	1.27	5.56	-	-	-	-	-
Subtotal HMP - Unenrolled	\$ 45.38	\$ 0.00	\$ 0.36	\$ 13.17	\$ 58.91	\$ 3.28	\$ 0.00	\$ 0.03	\$ 0.95	\$ 4.26	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

State of Michigan Department of Health and Human Services State Fiscal Year 2021 Behavioral Health Capitation Rate Development High Level Benefit Expense and Admin Summary															
Region: Statewide	Base Benefit Expense					Variable Admin Load					Fixed Admin Load				
	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total	State Plan / 1115	Mental Health 1915(i)	Mental Health Autism	Substance Abuse State Plan	Total
TANF - Enrolled															
TANF - Enrolled - F - 0 - 5	\$4.42	\$0.44	\$7.41	\$0.00	\$12.27	\$0.23	\$0.02	\$0.38	\$0.00	\$0.63	\$0.35	\$0.04	\$0.60	\$0.00	\$0.99
TANF - Enrolled - F - 6 - 18	23.27	0.60	2.77	0.19	26.83	1.13	0.03	0.14	0.01	1.31	0.86	0.02	0.10	0.01	0.99
TANF - Enrolled - F - 19 - 20	15.05	0.28	0.43	1.48	17.24	0.76	0.01	0.02	0.07	0.86	0.87	0.02	0.02	0.08	0.99
TANF - Enrolled - F - 21 - 25	15.58	0.79	-	4.20	20.57	0.77	0.04	-	0.21	1.02	0.75	0.04	-	0.20	0.99
TANF - Enrolled - F - 26 - 39	16.05	0.72	-	10.28	27.05	0.78	0.04	-	0.50	1.32	0.58	0.03	-	0.38	0.99
TANF - Enrolled - F - 40 - 49	17.62	0.98	-	6.79	25.39	0.87	0.05	-	0.33	1.25	0.69	0.04	-	0.26	0.99
TANF - Enrolled - F - 50 - 64	14.54	1.39	-	4.30	20.23	0.72	0.07	-	0.21	1.00	0.71	0.07	-	0.21	0.99
TANF - Enrolled - F - 65+	15.50	-	-	-	15.50	0.77	-	-	0.77	-	0.99	-	-	-	0.99
TANF - Enrolled - M - 0 - 5	8.63	0.56	26.59	-	35.78	0.41	0.03	1.29	-	1.73	0.23	0.02	0.74	-	0.99
TANF - Enrolled - M - 6 - 18	26.17	0.94	12.11	0.53	39.75	1.26	0.05	0.58	0.03	1.92	0.66	0.02	0.30	0.01	0.99
TANF - Enrolled - M - 19 - 20	16.02	0.23	-	1.07	17.32	0.80	0.01	-	0.05	0.86	0.92	0.01	-	0.06	0.99
TANF - Enrolled - M - 21 - 25	15.48	0.23	-	5.59	21.30	0.76	0.01	-	0.28	1.05	0.72	0.01	-	0.26	0.99
TANF - Enrolled - M - 26 - 39	11.42	0.28	-	10.63	22.33	0.57	0.01	-	0.52	1.10	0.51	0.01	-	0.47	0.99
TANF - Enrolled - M - 40 - 49	10.08	0.51	-	6.21	16.80	0.50	0.03	-	0.31	0.84	0.59	0.03	-	0.37	0.99
TANF - Enrolled - M - 50 - 64	7.68	0.36	-	4.10	12.14	0.39	0.02	-	0.21	0.62	0.63	0.03	-	0.33	0.99
TANF - Enrolled - M - 65+	5.40	-	-	-	5.40	0.30	-	-	-	0.30	0.99	-	-	-	0.99
Subtotal TANF - Enrolled	\$17.46	\$0.68	\$8.15	\$2.21	\$28.50	\$0.84	\$0.04	\$0.40	\$0.11	\$1.39	\$0.60	\$0.03	\$0.27	\$0.09	\$0.99
TANF - Unenrolled															
TANF - Unenrolled - F - 0 - 5	\$2.53	\$0.53	\$2.22	\$0.00	\$5.28	\$0.14	\$0.03	\$0.13	\$0.00	\$0.30	\$0.47	\$0.10	\$0.42	\$0.00	\$0.99
TANF - Unenrolled - F - 6 - 18	15.18	0.76	1.32	0.40	17.66	0.75	0.04	0.07	0.02	0.88	0.86	0.04	0.07	0.02	0.99
TANF - Unenrolled - F - 19 - 20	8.10	0.33	-	0.89	9.32	0.41	0.02	-	0.05	0.48	0.86	0.04	-	0.09	0.99
TANF - Unenrolled - F - 21 - 25	7.13	0.57	-	2.08	9.78	0.37	0.03	-	0.11	0.51	0.72	0.06	-	0.21	0.99
TANF - Unenrolled - F - 26 - 39	9.73	0.25	-	4.60	14.58	0.49	0.01	-	0.23	0.73	0.66	0.02	-	0.31	0.99
TANF - Unenrolled - F - 40 - 49	12.58	0.80	-	3.64	17.02	0.63	0.04	-	0.18	0.85	0.73	0.05	-	0.21	0.99
TANF - Unenrolled - F - 50 - 64	12.29	0.49	-	1.14	13.92	0.62	0.02	-	0.06	0.70	0.88	0.03	-	0.08	0.99
TANF - Unenrolled - F - 65+	3.43	-	-	-	3.43	0.21	-	-	-	0.21	0.99	-	-	-	0.99
TANF - Unenrolled - M - 0 - 5	5.05	0.40	10.38	-	15.83	0.26	0.02	0.52	-	0.80	0.31	0.03	0.65	-	0.99
TANF - Unenrolled - M - 6 - 18	18.51	1.14	5.77	1.08	26.50	0.91	0.06	0.28	0.05	1.30	0.69	0.04	0.22	0.04	0.99
TANF - Unenrolled - M - 19 - 20	12.11	0.28	0.74	1.84	14.97	0.61	0.01	0.04	0.09	0.75	0.80	0.02	0.05	0.12	0.99
TANF - Unenrolled - M - 21 - 25	11.83	0.04	-	4.13	16.00	0.59	-	-	0.21	0.80	0.73	-	-	0.26	0.99
TANF - Unenrolled - M - 26 - 39	8.15	0.03	-	6.59	14.77	0.41	-	-	0.33	0.74	0.55	-	-	0.44	0.99
TANF - Unenrolled - M - 40 - 49	8.18	0.19	-	3.30	11.67	0.42	0.01	-	0.17	0.60	0.69	0.02	-	0.28	0.99
TANF - Unenrolled - M - 50 - 64	7.78	1.43	-	4.59	13.80	0.40	0.07	-	0.23	0.70	0.56	0.10	-	0.33	0.99
TANF - Unenrolled - M - 65+	1.76	-	-	1.71	3.47	0.11	-	-	0.10	0.21	0.50	-	-	0.49	0.99
Subtotal TANF - Unenrolled	\$11.73	\$0.68	\$3.26	\$1.42	\$17.09	\$0.58	\$0.04	\$0.16	\$0.07	\$0.85	\$0.66	\$0.04	\$0.20	\$0.09	\$0.99
total	\$46.86	\$26.49	\$9.05	\$6.18	\$88.57	\$2.50	\$1.28	\$0.44	\$0.40	\$4.62	\$1.17	\$0.68	\$0.25	\$0.09	\$2.19

## Appendix 5: SFY 2021 Capitation Rate Development

State of Michigan  
Department of Health and Human Services  
State Fiscal Year 2021 Behavioral Health Capitation Rate Development  
Capitation Rate Development

Region: Statewide	Projected Exposure	Base Benefit Expense	Variable Admin Load	Fixed Admin Load	Cap to Elig	IPA	HRA	Amended SFY 2020 Capitation Rate	SFY 2021 Capitation Rate	% Change
DAB - Enrolled										
DAB - Enrolled - F - 0 - 5	71,000	\$ 276.71	\$ 13.43	\$ 8.23	\$ 0.00	\$ 1.20	\$ 6.32	\$ 326.53	\$ 305.89	(6.3%)
DAB - Enrolled - F - 6 - 18	235,325	245.87	11.98	8.23	-	1.20	6.32	245.18	273.60	11.6%
DAB - Enrolled - F - 19 - 20	43,382	259.93	12.64	8.23	-	1.20	6.32	249.84	288.32	15.4%
DAB - Enrolled - F - 21 - 25	73,770	362.62	17.47	8.23	-	1.20	6.32	362.44	395.84	3.0%
DAB - Enrolled - F - 26 - 39	189,414	488.16	23.39	8.23	-	1.20	6.32	495.32	527.30	6.5%
DAB - Enrolled - F - 40 - 49	166,660	256.38	12.46	8.23	-	1.20	6.32	271.35	284.59	4.9%
DAB - Enrolled - F - 50 - 64	477,673	163.26	8.08	8.23	-	1.20	6.32	162.79	187.09	2.4%
DAB - Enrolled - F - 65+	148,410	59.69	3.20	8.23	-	1.20	6.32	77.98	78.64	0.8%
DAB - Enrolled - M - 0 - 5	92,369	639.63	30.53	8.23	-	1.20	6.32	692.46	685.91	(0.9%)
DAB - Enrolled - M - 6 - 18	360,454	376.77	18.14	8.23	-	1.20	6.32	380.75	410.66	7.9%
DAB - Enrolled - M - 19 - 20	58,075	336.78	16.26	8.23	-	1.20	6.32	333.61	368.79	10.5%
DAB - Enrolled - M - 21 - 25	97,574	486.12	23.29	8.23	-	1.20	6.32	486.82	525.16	7.9%
DAB - Enrolled - M - 26 - 39	221,944	617.99	29.51	8.23	-	1.20	6.32	609.37	663.25	8.8%
DAB - Enrolled - M - 40 - 49	135,528	325.46	15.73	8.23	-	1.20	6.32	344.60	356.94	3.6%
DAB - Enrolled - M - 50 - 64	434,245	190.88	9.39	8.23	-	1.20	6.32	205.41	216.02	5.2%
DAB - Enrolled - M - 65+	95,539	82.45	4.27	8.23	-	1.20	6.32	94.63	102.47	8.3%
Subtotal DAB - Enrolled	2,891,362	\$ 300.52	\$ 14.55	\$ 8.23	\$ 0.00	\$ 1.20	\$ 6.32	\$ 312.50	\$ 330.82	5.9%
DAB - Unenrolled										
DAB - Unenrolled - F - 0 - 5	14,532	\$ 110.85	\$ 5.61	\$ 8.23	\$ 1.87	\$ 1.20	\$ 5.98	\$ 107.77	\$ 133.74	24.1%
DAB - Unenrolled - F - 6 - 18	71,714	140.38	7.01	8.23	2.34	1.20	5.98	167.77	185.14	(1.6%)
DAB - Unenrolled - F - 19 - 20	17,233	281.14	12.70	8.23	4.24	1.20	5.98	280.53	293.49	4.6%
DAB - Unenrolled - F - 21 - 25	35,869	263.33	26.33	8.23	8.79	1.20	5.98	545.57	601.00	10.2%
DAB - Unenrolled - F - 26 - 39	126,637	608.75	29.07	8.23	9.71	1.20	5.98	627.48	662.94	5.7%
DAB - Unenrolled - F - 40 - 49	158,741	384.49	18.51	8.23	6.18	1.20	5.98	427.80	424.59	(0.8%)
DAB - Unenrolled - F - 50 - 64	458,796	298.12	14.43	8.23	4.82	1.20	5.98	351.92	332.78	(5.4%)
DAB - Unenrolled - F - 65+	889,773	94.63	4.84	8.23	1.62	1.20	5.98	117.38	116.50	(0.7%)
DAB - Unenrolled - M - 0 - 5	17,608	242.36	11.81	8.23	3.94	1.20	5.98	228.34	273.52	19.8%
DAB - Unenrolled - M - 6 - 18	98,941	241.31	11.76	8.23	3.93	1.20	5.98	230.64	272.41	18.1%
DAB - Unenrolled - M - 19 - 20	24,861	367.58	17.71	8.23	5.91	1.20	5.98	339.35	406.61	19.8%
DAB - Unenrolled - M - 21 - 25	56,446	592.97	28.33	8.23	9.46	1.20	5.98	592.27	646.17	9.1%
DAB - Unenrolled - M - 26 - 39	154,299	775.84	36.95	8.23	12.33	1.20	5.98	793.28	840.53	6.0%
DAB - Unenrolled - M - 40 - 49	141,036	588.55	28.12	8.23	9.39	1.20	5.98	630.28	641.47	1.8%
DAB - Unenrolled - M - 50 - 64	349,485	513.04	24.56	8.23	8.20	1.20	5.98	573.61	581.21	(2.2%)
DAB - Unenrolled - M - 65+	478,948	163.35	8.08	8.23	2.70	1.20	5.98	189.31	189.54	0.1%
Subtotal DAB - Unenrolled	3,094,919	\$ 299.21	\$ 14.48	\$ 8.23	\$ 4.84	\$ 1.20	\$ 5.98	\$ 330.35	\$ 333.94	1.1%

State of Michigan  
Department of Health and Human Services  
State Fiscal Year 2021 Behavioral Health Capitation Rate Development  
Capitation Rate Development

Region: Statewide	Projected Exposure	Base Benefit Expense	Variable Admin Load	Fixed Admin Load	Cap to Elig	IPA	HRA	Amended SFY 2020 Capitation Rate	SFY 2021 Capitation Rate	% Change
<b>HMP - Enrolled</b>										
HMP - Enrolled - F - 19 - 20	235,958	\$ 27.00	\$ 1.96	\$ 0.00	\$ 0.00	\$ 1.20	\$ 3.61	\$ 34.56	\$ 33.77	(2.3%)
HMP - Enrolled - F - 21 - 25	475,854	30.41	2.20	-	-	1.20	3.61	36.03	37.42	3.9%
HMP - Enrolled - F - 26 - 39	1,159,598	45.21	3.28	-	-	1.20	3.61	50.35	53.30	5.9%
HMP - Enrolled - F - 40 - 49	632,765	42.53	3.08	-	-	1.20	3.61	50.32	50.42	0.2%
HMP - Enrolled - F - 50 - 64	932,099	27.75	2.01	-	-	1.20	3.61	35.92	34.57	(3.8%)
HMP - Enrolled - M - 19 - 20	213,823	37.12	2.68	-	-	1.20	3.61	36.93	44.61	20.8%
HMP - Enrolled - M - 21 - 25	441,576	43.51	3.15	-	-	1.20	3.61	47.49	51.47	8.4%
HMP - Enrolled - M - 26 - 39	1,257,718	64.67	4.68	-	-	1.20	3.61	72.62	74.16	2.1%
HMP - Enrolled - M - 40 - 49	651,026	56.00	4.05	-	-	1.20	3.61	63.35	64.86	2.4%
HMP - Enrolled - M - 50 - 64	866,552	40.70	2.95	-	-	1.20	3.61	48.98	48.46	(1.1%)
<b>Subtotal HMP - Enrolled</b>	<b>6,866,967</b>	<b>\$ 44.60</b>	<b>\$ 3.23</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 1.20</b>	<b>\$ 3.61</b>	<b>\$ 51.39</b>	<b>\$ 52.64</b>	<b>2.4%</b>
<b>HMP - Unenrolled</b>										
HMP - Unenrolled - F - 19 - 20	79,223	\$ 28.98	\$ 2.09	\$ 0.00	\$ 1.19	\$ 1.20	\$ 4.67	\$ 43.11	\$ 38.13	(11.6%)
HMP - Unenrolled - F - 21 - 25	151,710	32.61	2.36	-	1.34	1.20	4.67	44.22	42.18	(4.6%)
HMP - Unenrolled - F - 26 - 39	294,520	39.89	2.89	-	1.63	1.20	4.67	61.90	50.28	(18.8%)
HMP - Unenrolled - F - 40 - 49	134,929	45.65	3.30	-	1.87	1.20	4.67	65.58	56.69	(13.6%)
HMP - Unenrolled - F - 50 - 64	148,107	43.55	3.16	-	1.78	1.20	4.67	66.57	54.36	(18.3%)
HMP - Unenrolled - M - 19 - 20	76,923	47.09	3.40	-	1.93	1.20	4.67	67.00	58.29	(13.0%)
HMP - Unenrolled - M - 21 - 25	135,878	65.50	4.74	-	2.68	1.20	4.67	75.15	78.79	4.8%
HMP - Unenrolled - M - 26 - 39	287,664	93.62	6.77	-	3.84	1.20	4.67	96.89	110.10	13.6%
HMP - Unenrolled - M - 40 - 49	121,929	88.72	6.42	-	3.63	1.20	4.67	84.21	104.64	24.3%
HMP - Unenrolled - M - 50 - 64	135,400	76.77	5.56	-	3.15	1.20	4.67	86.00	91.35	6.2%
<b>Subtotal HMP - Unenrolled</b>	<b>1,566,283</b>	<b>\$ 58.91</b>	<b>\$ 4.26</b>	<b>\$ 0.00</b>	<b>\$ 2.41</b>	<b>\$ 1.20</b>	<b>\$ 4.67</b>	<b>\$ 71.64</b>	<b>\$ 71.45</b>	<b>(0.3%)</b>

State of Michigan Department of Health and Human Services State Fiscal Year 2021 Behavioral Health Capitation Rate Development Capitation Rate Development										
Region: Statewide	Projected Exposure	Base Benefit Expense	Variable Admin Load	Fixed Admin Load	Cap to Elig	IPA	HRA	Amended SFY 2020 Capitation Rate	SFY 2021 Capitation Rate	% Change
TANF - Enrolled										
TANF - Enrolled - F - 0 - 5	1,588,423	\$ 12.27	\$ 0.63	\$ 0.99	\$ 0.00	\$ 1.20	\$ 0.54	\$ 14.50	\$ 15.63	7.8%
TANF - Enrolled - F - 6 - 18	2,925,509	26.83	1.31	0.99	-	1.20	0.54	29.34	30.87	5.2%
TANF - Enrolled - F - 19 - 20	100,270	17.24	0.86	0.99	-	1.20	0.54	22.05	20.83	(5.5%)
TANF - Enrolled - F - 21 - 25	346,327	20.57	1.02	0.99	-	1.20	0.54	24.98	24.32	(2.6%)
TANF - Enrolled - F - 26 - 39	1,425,579	27.05	1.32	0.99	-	1.20	0.54	32.86	31.10	(5.4%)
TANF - Enrolled - F - 40 - 49	418,440	25.39	1.25	0.99	-	1.20	0.54	27.99	29.37	4.9%
TANF - Enrolled - F - 50 - 64	99,860	20.23	1.00	0.99	-	1.20	0.54	21.15	23.96	13.3%
TANF - Enrolled - F - 65+	188	15.50	0.77	0.99	-	1.20	0.54	17.44	19.00	408.0%
TANF - Enrolled - M - 0 - 5	1,633,247	35.78	1.73	0.99	-	1.20	0.54	35.36	40.24	13.8%
TANF - Enrolled - M - 6 - 18	2,933,286	39.75	1.92	0.99	-	1.20	0.54	40.49	44.40	9.7%
TANF - Enrolled - M - 19 - 20	35,495	17.32	0.86	0.99	-	1.20	0.54	22.14	20.91	(5.6%)
TANF - Enrolled - M - 21 - 25	31,906	21.30	1.05	0.99	-	1.20	0.54	21.93	25.08	14.4%
TANF - Enrolled - M - 26 - 39	324,365	22.33	1.10	0.99	-	1.20	0.54	27.24	26.16	(4.0%)
TANF - Enrolled - M - 40 - 49	185,740	16.80	0.84	0.99	-	1.20	0.54	20.66	20.37	(1.4%)
TANF - Enrolled - M - 50 - 64	84,225	12.14	0.62	0.99	-	1.20	0.54	15.07	15.49	2.8%
TANF - Enrolled - M - 65+	438	5.40	0.30	0.99	-	1.20	0.54	8.22	8.43	2.6%
Subtotal TANF - Enrolled	12,133,297	\$ 28.50	\$ 1.39	\$ 0.99	\$ 0.00	\$ 1.20	\$ 0.54	\$ 30.69	\$ 32.62	6.3%
TANF - Unenrolled										
TANF - Unenrolled - F - 0 - 5	300,883	\$ 5.28	\$ 0.30	\$ 0.99	\$ 0.13	\$ 1.20	\$ 0.33	\$ 8.26	\$ 8.23	(0.4%)
TANF - Unenrolled - F - 6 - 18	637,279	17.66	0.88	0.99	0.40	1.20	0.33	21.48	21.46	(0.1%)
TANF - Unenrolled - F - 19 - 20	33,767	9.32	0.48	0.99	0.22	1.20	0.33	11.26	12.54	11.4%
TANF - Unenrolled - F - 21 - 25	128,459	9.78	0.51	0.99	0.23	1.20	0.33	12.59	13.04	3.6%
TANF - Unenrolled - F - 26 - 39	283,428	14.58	0.73	0.99	0.33	1.20	0.33	20.99	18.16	(13.5%)
TANF - Unenrolled - F - 40 - 49	84,698	17.02	0.85	0.99	0.39	1.20	0.33	22.89	20.78	(9.2%)
TANF - Unenrolled - F - 50 - 64	20,616	13.92	0.70	0.99	0.32	1.20	0.33	19.73	17.46	(11.5%)
TANF - Unenrolled - F - 65+	855	3.43	0.21	0.99	0.09	1.20	0.33	6.90	6.25	(9.4%)
TANF - Unenrolled - M - 0 - 5	315,352	15.83	0.80	0.99	0.36	1.20	0.33	18.19	19.51	7.3%
TANF - Unenrolled - M - 6 - 18	649,176	26.50	1.30	0.99	0.59	1.20	0.33	30.65	30.91	0.8%
TANF - Unenrolled - M - 19 - 20	7,770	14.97	0.75	0.99	0.34	1.20	0.33	18.51	18.58	0.4%
TANF - Unenrolled - M - 21 - 25	11,977	16.00	0.80	0.99	0.36	1.20	0.33	18.87	19.68	4.3%
TANF - Unenrolled - M - 26 - 39	82,063	14.77	0.74	0.99	0.34	1.20	0.33	20.24	18.37	(9.2%)
TANF - Unenrolled - M - 40 - 49	43,485	11.67	0.60	0.99	0.27	1.20	0.33	18.72	15.06	(19.6%)
TANF - Unenrolled - M - 50 - 64	20,594	13.80	0.70	0.99	0.32	1.20	0.33	17.34	17.34	22.5%
TANF - Unenrolled - M - 65+	977	3.47	0.21	0.99	0.10	1.20	0.33	5.65	6.30	11.5%
Subtotal TANF - Unenrolled	2,621,400	\$ 17.09	\$ 0.85	\$ 0.99	\$ 0.39	\$ 1.20	\$ 0.33	\$ 21.08	\$ 20.85	(1.1%)
HSW										
HSW - Other	1,167	2,600.14	115.41	-	-	-	-	2,627.65	2,715.55	3.3%
HSW - PRFFH	18,464	3,409.42	151.33	-	-	-	-	3,445.48	3,560.75	3.3%
HSW - PRSNFSP	25,836	6,780.36	300.96	-	-	-	-	6,852.08	7,081.32	3.3%
HSW - Specialized Residential	43,528	4,779.40	212.14	-	-	-	-	4,829.95	4,991.54	3.3%
Subtotal HSW	88,995	\$ 5,047.48	\$ 224.04	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 5,100.87	\$ 5,271.52	3.3%
CWP	4,672	\$ 3,341.00	\$ 148.30	\$ 0.00	\$ 60.34	\$ 0.00	\$ 0.00	\$ 3,691.19	\$ 3,549.64	(3.8%)
SED	4,921	\$ 1,880.58	\$ 83.47	\$ 0.00	\$ 50.77	\$ 0.00	\$ 0.00	\$ 2,212.16	\$ 2,014.82	(8.9%)
Total	29,174,229	\$ 104.82	\$ 5.34	\$ 2.19	\$ 0.70	\$ 1.20	\$ 2.62	\$ 113.14	\$ 116.87	3.3%

## Appendix 6: Adjustment Factor Impact



State of Michigan Department of Health and Human Services State Fiscal Year 2021 Behavioral Health Capitation Rate Development Adjustment Impact Relative to SFY 2019 Base Experience							
Adjustment	Composite Impact						Total
	DAB	TANF	HMP	HSW	CWP	SED	
Base Expenditures	\$ 1,547.4	\$ 312.3	\$ 316.1	\$ 382.1	\$ 14.7	\$ 8.5	\$ 2,581.2
MUNC Adjustment - Utilization	32.1	(6.4)	17.4	(36.5)	0.0	0.0	6.6
MUNC Adjustment - Unit Cost	120.9	28.0	11.7	75.2	0.0	0.0	235.8
DCW Adjustment	11.9	0.1	0.4	3.9	0.0	0.0	16.3
Autism Fee Schedule	(10.7)	(5.0)	(0.0)	0.0	0.0	0.0	(15.8)
IMD Adjustment	(10.6)	(0.4)	(6.2)	(0.0)	0.0	0.0	(17.2)
Projectect Base	(7.1)	6.2	26.6	(0.0)	0.0	0.0	25.6
Trend Adjustment - Utilization	44.1	12.0	8.4	4.3	0.1	0.1	69.0
Trend Adjustment - Unit Cost	48.2	8.5	11.3	13.0	0.4	0.3	81.7
SUD Corrections	0.5	0.5	12.2	0.0	0.0	0.0	13.2
SA Adjustment - Unit Cost	0.6	1.0	3.9	0.0	0.0	0.0	5.5
Autism Treatment Prevalence	16.8	37.2	0.7	0.0	0.0	0.0	54.7
Waiver Adjustments	0.0	0.0	0.0	7.2	0.3	0.4	7.9
Morbidity Adjustment	0.8	(3.4)	(3.9)	0.0	0.0	0.0	(6.5)
Fixed Admin	49.3	14.6	0.0	0.0	0.0	0.0	63.9
Variable Admin	86.9	19.1	28.8	19.9	0.7	0.4	155.9
Cap to Elig Ratio	15.0	1.0	3.8	0.0	0.3	0.2	20.3
IPA	7.2	17.7	10.1	0.0	0.0	0.0	35.0
<b>Capitation Rate Expenditures</b>	<b>\$ 1,953.3</b>	<b>\$ 443.0</b>	<b>\$ 441.3</b>	<b>\$ 469.1</b>	<b>\$ 16.6</b>	<b>\$ 9.9</b>	<b>\$ 3,333.2</b>

## Appendix 7: Historical PMPM Trends

State of Michigan, Department of Health and Human Services  
SFY 2021 Capitation Rate Development: Behavioral Health  
Trend Analysis: 12x2 Rolling Median Adjusted PMPM

Incurred Month	DAB-AUT	DAB-MH	DAB-SA	HMP-MH	HMP-SA	TANF-AUT	TANF-MH	TANF-SA	HSW
4/1/2017	\$ 14.04	\$ 241.18	\$ 5.10	\$ 33.99	\$ 10.63	\$ 2.50	\$ 15.29	\$ 2.09	\$ 4,626.79
5/1/2017	14.86	243.01	5.10	34.76	10.56	2.65	15.67	2.01	4,600.61
6/1/2017	14.91	247.56	5.09	35.12	10.48	2.84	15.72	1.99	4,600.61
7/1/2017	15.32	248.23	5.07	35.12	10.41	2.89	16.07	1.97	4,568.51
8/1/2017	15.77	249.67	5.00	35.18	10.05	2.92	16.09	1.93	4,490.20
9/1/2017	15.80	251.64	4.86	35.18	9.61	2.94	16.73	1.83	4,411.89
10/1/2017	16.88	253.61	3.94	35.60	8.98	3.22	17.37	1.64	4,131.79
11/1/2017	16.92	255.77	3.92	35.77	8.98	3.28	18.51	1.57	4,040.36
12/1/2017	17.14	271.08	3.92	35.77	8.98	3.30	19.35	1.56	3,954.27
1/1/2018	18.20	279.69	3.92	35.94	8.97	3.42	19.35	1.52	3,954.27
2/1/2018	18.21	279.74	3.92	36.12	8.97	3.61	19.68	1.52	3,954.27
3/1/2018	19.81	280.58	3.91	36.59	8.97	3.96	19.68	1.52	3,944.48
4/1/2018	19.84	280.58	3.90	36.59	8.97	3.99	19.68	1.51	3,939.28
5/1/2018	20.30	280.58	3.91	36.59	8.98	4.04	19.68	1.52	3,944.48
6/1/2018	20.50	280.58	4.04	36.59	8.98	4.11	19.34	1.52	3,964.06
7/1/2018	20.50	280.58	4.04	36.12	9.00	4.11	19.01	1.56	4,040.36
8/1/2018	20.50	280.58	4.10	36.03	9.28	4.11	18.76	1.56	4,084.13
9/1/2018	20.70	280.58	4.25	35.94	9.78	4.18	18.76	1.57	4,189.69
10/1/2018	22.20	281.41	4.58	35.92	10.77	4.49	18.76	1.58	4,695.82
11/1/2018	22.68	282.58	4.80	36.01	11.04	4.52	18.76	1.58	5,106.73
12/1/2018	22.76	284.22	4.85	36.01	11.15	4.54	18.52	1.67	5,129.90
1/1/2019	22.76	284.22	4.87	36.03	11.21	4.55	18.12	1.68	5,145.37
2/1/2019	22.76	284.22	4.90	36.03	11.58	4.55	17.83	1.74	5,253.19
3/1/2019	22.85	284.22	4.97	36.03	11.63	4.55	17.83	1.76	5,270.93
<b>Low Estimate</b>	<b>15.6%</b>	<b>(26.0%)</b>	<b>(12.9%)</b>	<b>0.5%</b>	<b>(21.0%)</b>	<b>18.9%</b>	<b>(61.6%)</b>	<b>(5.6%)</b>	<b>(18.7%)</b>
<b>High Estimate</b>	<b>22.3%</b>	<b>21.5%</b>	<b>7.0%</b>	<b>3.2%</b>	<b>46.9%</b>	<b>26.6%</b>	<b>19.5%</b>	<b>48.2%</b>	<b>50.0%</b>
<b>Selected Trend</b>	<b>5.0%</b>	<b>2.5%</b>	<b>3.0%</b>	<b>2.5%</b>	<b>3.0%</b>	<b>5.0%</b>	<b>2.5%</b>	<b>3.0%</b>	<b>2.0%</b>

## Reference A: County to Region Crosswalk

**State of Michigan, Department of Health and Human Services**  
**October 1, 2020 to September 30, 2021 Specialty Service Capitation Rates**  
**County to Region Crosswalk**

County Name	County Code	CMH	PIHP Name	Region	County Name	County Code	CMH	PIHP Name	Region
Alcona	01	Northeast CMH	Northern Michigan Regional Entity	2	Lake	43	West Michigan CMH	Lakeshore Regional Entity	3
Alger	02	Pathways CMH	Northern Michigan Regional Entity	1	Lapeer	44	Lapeer CMH	Region 10 PIHP	10
Allegan	03	Allegan CMH	Lakeshore Regional Entity	3	Leelanau	45	Northern Lakes	Northern Michigan Regional Entity	2
Alpena	04	Northeast CMH	Northern Michigan Regional Entity	2	Lenawee	46	Lenawee CMH	CMH Partnership of Southeast Michigan	6
Antrim	05	North Country Community CMH	Northern Michigan Regional Entity	2	Livingston	47	Livingston CMH	CMH Partnership of Southeast Michigan	6
Arenac	06	Bay-Arenac CMH	Mid-State Health Network	5	Luce	48	Pathways CMH	Northern Michigan Regional Entity	1
Baraga	07	Copper CMH	Northern Michigan Regional Entity	1	Mackinac	49	Hiawatha Behavioral Health	Northern Michigan Regional Entity	9
Barry	08	Barry CMH	Southwest Michigan Behavioral Health	4	Macomb	50	Macomb County CMH	Macomb County CMH Services	9
Bay	09	Bay-Arenac CMH	Mid-State Health Network	5	Manistee	51	Manistee-Benzie CMH	Northern Michigan Regional Entity	2
Benzie	10	Manistee-Benzie CMH	Northern Michigan Regional Entity	2	Marquette	52	Pathways CMH	Northern Michigan Regional Entity	1
Berrien	11	Berrien CMH	Southwest Michigan Behavioral Health	4	Mason	53	West Michigan CMH	Lakeshore Regional Entity	3
Branch	12	Pines CMH	Southwest Michigan Behavioral Health	4	Mecosta	54	Central Michigan CMH	Mid-State Health Network	5
Calhoun	13	Summit Pointe CMH	Southwest Michigan Behavioral Health	4	Menominee	55	Northpointe CMH	Northern Michigan Regional Entity	1
Cass	14	Woodlands CMH	Southwest Michigan Behavioral Health	4	Midland	56	Central Michigan CMH	Mid-State Health Network	5
Charlevoix	15	North Country Community CMH	Northern Michigan Regional Entity	2	Missaukee	57	Northern Lakes	Northern Michigan Regional Entity	2
Cheboygan	16	North Country Community CMH	Northern Michigan Regional Entity	2	Monroe	58	Monroe CMH	CMH Partnership of Southeast Michigan	6
Chippewa	17	Hiawatha Behavioral Health	Northern Michigan Regional Entity	1	Montcalm	59	Montcalm CMH	Mid-State Health Network	5
Clare	18	Central Michigan CMH	Mid-State Health Network	5	Montmorency	60	NorthEast CMH	Northern Michigan Regional Entity	2
Clinton	19	CEI CMH	Mid-State Health Network	5	Muskegon	61	Muskegon County CMH	Lakeshore Regional Entity	3
Crawford	20	Northern Lakes	Northern Michigan Regional Entity	2	Newaygo	62	Newaygo CMH	Mid-State Health Network	5
Dela	21	Pathways CMH	Northern Michigan Regional Entity	1	Oakland	63	Oakland	Oakland County CMH Authority	8
Dickinson	22	Northpointe CMH	Northern Michigan Regional Entity	1	Oceana	64	West Michigan CMH	Lakeshore Regional Entity	3
Eaton	23	CEI CMH	Mid-State Health Network	5	Ogemaw	65	AuSable CMH	Northern Michigan Regional Entity	2
Emmet	24	North Country Community CMH	Northern Michigan Regional Entity	2	Ontonagon	66	Copper CMH	Northern Michigan Regional Entity	1
Genesee	25	Genesee CMH	Region 10 PIHP	10	Oscoda	67	Central Michigan CMH	Mid-State Health Network	5
Gladwin	26	Central Michigan CMH	Mid-State Health Network	5	Oscoda	68	AuSable CMH	Northern Michigan Regional Entity	2
Gogebic	27	Gogebic CMH	Northern Michigan Regional Entity	1	Osego	69	North Country Community CMH	Lakeshore Regional Entity	3
Grand Traverse	28	Northern Lakes	Northern Michigan Regional Entity	2	Ottawa	70	Ottawa CMH	Northern Michigan Regional Entity	2
Gratiot	29	Gratiot CMH	Mid-State Health Network	5	Presque Isle	71	NorthEast CMH	Northern Michigan Regional Entity	2
Hillsdale	30	Lifeways	Mid-State Health Network	5	Roscommon	72	Northern Lakes	Northern Michigan Regional Entity	2
Houghton	31	Copper CMH	Northern Michigan Regional Entity	1	Saginaw	73	Saginaw CMH	Northern Michigan Regional Entity	5
Huron	32	Huron CMH	Mid-State Health Network	5	St. Clair	74	St. Clair CMH	Mid-State Health Network	10
Ingham	33	CEI CMH	Mid-State Health Network	5	St. Joseph	75	St. Joseph CMH	Southwest Michigan Behavioral Health	4
Ionia	34	Ionia CMH	Mid-State Health Network	5	Sanilac	76	Sanilac CMH	Region 10 PIHP	10
Iosco	35	AuSable CMH	Northern Michigan Regional Entity	2	Schoolcraft	77	Hiawatha Behavioral Health	Northern Michigan Regional Entity	1
Iron	36	Northpointe CMH	Northern Michigan Regional Entity	1	Shiawassee	78	Shiawassee CMH	Mid-State Health Network	5
Isabella	37	Central Michigan CMH	Mid-State Health Network	5	Tuscola	79	Tuscola CMH	Mid-State Health Network	5
Jackson	38	Lifeways	Mid-State Health Network	5	Van Buren	80	Van Buren CMH	Southwest Michigan Behavioral Health	4
Kalamazoo	39	Kalamazoo County CMH	Southwest Michigan Behavioral Health	4	Washtenaw	81	Washtenaw CMH	CMH Partnership of Southeast Michigan	6
Kalkaska	40	North Country Community CMH	Northern Michigan Regional Entity	2	Wayne	82	Detroit-Wayne Multiple CMH	Detroit-Wayne Mental Health Authority	7
Kent	41	network180	Lakeshore Regional Entity	3	Wexford	83	Northern Lakes	Northern Michigan Regional Entity	2
Keweenaw	42	Copper CMH	Northern Michigan Regional Entity	1	Foreign	84	Foreign	Foreign	Unknown

## Reference B: Covered Service Listing

**State of Michigan**  
**Department of Health and Human Services**  
**SFY 2021 Behavioral Health Capitation Rate Setting**  
**Retrospective Rate Development Model**

<b>Service Category</b>	<b>Utilization Type</b>
<b>Mental Health State Plan</b>	
Additional Support Services	Procedures
Assertive Community Treatment (ACT)	Procedures
Assessments and Testing	Procedures
Case Management / Treatment Planning	Units
Crisis	Procedures
Evaluation and Management	Procedures
Inpatient	Days
Licensed Residential	Procedures
Medication Administration	Procedures
Non-Licensed CLS	Procedures
Other	Procedures
Other Therapy	Procedures
Outpatient Services	Procedures
Prevention and Early Intervention	Procedures
Psychiatric diagnostic evaluation	Procedures
Psychotherapy	Procedures
Residential Services	Procedures
Skill Building	Procedures
Vocational Supports	Procedures
<b>Mental Health 1915(i)</b>	
Additional Support Services	Procedures
Licensed Residential	Procedures
Non-Licensed CLS	Procedures
Other	Procedures
Prevention and Early Intervention	Procedures
Skill Building	Procedures
Vocational Supports	Procedures
<b>Autism</b>	
Assessments and Testing	Procedures
Autism Services	Units
Psychiatric diagnostic evaluation	Procedures
<b>Substance Abuse State Plan</b>	
Additional Support Services	Procedures
Assessments and Testing	Procedures
Case Management / Treatment Planning	Procedures
Crisis	Procedures
Evaluation and Management	Procedures
Medication Assisted Treatment	Procedures
Outpatient Services	Procedures
Prevention and Early Intervention	Procedures
Psychiatric diagnostic evaluation	Procedures
Residential Services	Procedures
Withdrawal Management	Procedures

<b>Children's Waiver Program</b>	
Additional Support Services	Procedures
Licensed Residential	Procedures
Non-Licensed CLS	Procedures
Other	Procedures
Other Therapy	Procedures
<b>Habilitative Supports Waiver</b>	
Additional Support Services	Procedures
Licensed Residential	Procedures
Non-Licensed CLS	Procedures
Other	Procedures
Skill Building	Procedures
Vocational Supports	Procedures
<b>Serious Emotional Disturbances</b>	
Additional Support Services	Procedures
Case Management / Treatment Planning	Units
Non-Licensed CLS	Procedures
Other	Procedures
Other Therapy	Procedures



State of Michigan, Department of Health and Human Services  
SFY 2021 Capitation Rate Setting  
SFY 2019 MUNC Mental Health Covered Service Listing  
Specialty Services

Service Category	LineID	Service	Service Description	State Plan	EPSDT	B(3)	HSW
Inpatient	1	PT68	Local Psychiatric Hospital/IMD PT68 bundled per diem	X			
Inpatient	2	PT68	Local Psychiatric Hospital/IMD PT68 bundled per diem	X			
Inpatient	3	PT68	Local Psychiatric Hospital/IMD PT68 physician costs excluded	X			
Inpatient	4	PT68	Local Psychiatric Hospital/IMD PT68 physician costs excluded	X			
Inpatient	5	PT73	Local Psychiatric Hospital - Acute Community PT73 bundled per diem	X			
Inpatient	6	PT73	Local Psychiatric Hospital - Acute Community PT73 bundled per diem	X			
Inpatient	7	PT73	Local Psychiatric Hospital - Acute Community PT73 physician costs excluded	X			
Inpatient	8	PT73	Local Psychiatric Hospital - Acute Community PT73 physician costs excluded	X			
Inpatient	10	PT68	Local Psychiatric Hospital/IMD	X			
Inpatient	11	PT73	Local Psychiatric Hospital/Acute Community	X			
Other Therapy	14	0370	ECT Anesthesia	X			
Other Therapy	15	0710	ECT Recovery Room	X			
Other Therapy	16	0901	Electro-Convulsive Therapy	X			
Outpatient Services	18	0912	Outpatient Partial Hospitalization	X			
Outpatient Services	19	0913	Outpatient Partial Hospitalization	X			
Other Therapy	21	00104	Electro-Convulsive Therapy	X			
Other Therapy	22	00104	Additional Codes-ECT Anesthesia	X			
Assessments and Testing	23	0359TU5	ABA Behavior Identification Assessment (Note: code retired 12/31/18)		X		
Assessments and Testing	24	0362TU5	ABA Behavioral Follow-up Assessment		X		
Assessments and Testing	24	0362TU5	ABA Behavioral Follow-up Assessment		X		
Assessments and Testing	25	0362TU5	ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19)		X		
Assessments and Testing	26	0363TU5	ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18)		X		
Autism Services	27	0364TU5	ABA Adaptive Treatment(Note: code retired 12/31/18)		X		
Autism Services	28	0365TU5	ABA Adaptive Treatment(Note: code retired 12/31/18)		X		
Autism Services	29	0366TU5	ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18)		X		
Autism Services	30	0367TU5	ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18)		X		
Autism Services	31	0368TU5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18)		X		
Autism Services	32	0369TU5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18)		X		
Autism Services	33	0370TU5	ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18)		X		
Autism Services	34	0371TU5	ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18)		X		
Autism Services	35	0372TU5	ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18)		X		
Autism Services	36	0373TU5	ABA Exposure Adaptive Behavior Treatment (Note: code retired 12/31/18)		X		
Autism Services	37	0373TU5	ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19)		X		
Autism Services	38	0374TU5	ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18)		X		
Psychiatric diagnostic evaluation	42	90785	Interactive Complexity - Add On Code	X			
Assessments and Testing	43	90785U5	Assessment for Autism		X		
Psychiatric diagnostic evaluation	45	90791	Assessment	X			
Psychiatric diagnostic evaluation	46	90791U5	Assessment for Autism		X		
Psychiatric diagnostic evaluation	48	90792	Assessment	X			
Psychiatric diagnostic evaluation	49	90792U5	Assessment for Autism		X		
Psychotherapy	51	90832	Mental Health: Outpatient Care	X			
Psychotherapy	53	90833	Add on Code with evaluation management and psychotherapy	X			
Psychotherapy	54	90834	Mental Health: Outpatient Care	X			
Psychotherapy	56	90836	Add on Code with evaluation management and psychotherapy	X			
Psychotherapy	57	90837	Mental Health: Outpatient Care	X			
Psychotherapy	59	90838	Add on Code with evaluation management and psychotherapy	X			
Crisis	60	90839	Psychotherapy for Crisis First 60 Minutes	X			
Crisis	61	90840	Psychotherapy for Crisis Each Additional 30 Minutes	X			
Psychotherapy	62	90846	Therapy-Family Therapy	X			
Psychotherapy	64	90847	Therapy-Family Therapy	X			
Psychotherapy	66	90849	Therapy-Family Therapy	X			
Psychotherapy	67	90849HS	Therapy-Family Therapy	X			
Psychotherapy	69	90853	Therapy-Group Therapy	X			
Other Therapy	71	90870	Electroconvulsive Therapy	X			
Other Therapy	72	90870	Additional Codes-ECT Physician	X			
Assessments and Testing	73	90887	Assessments-Other	X			
Other Therapy	74	92507	Speech & Language Therapy	X			
Other Therapy	75	92508	Speech & Language Therapy	X			
Other Therapy	76	92521	Speech & Language Therapy	X			
Other Therapy	77	92522	Speech & Language Therapy	X			
Other Therapy	78	92523	Speech & Language Therapy	X			
Other Therapy	79	92524	Speech & Language Therapy	X			
Other Therapy	80	92526	Speech & Language Therapy	X			
Other Therapy	81	92607	Speech & Language Therapy	X			
Other Therapy	82	92608	Speech & Language Therapy	X			
Other Therapy	83	92609	Speech & Language Therapy	X			
Other Therapy	84	92610	Speech & Language Therapy	X			
Assessments and Testing	85	96101	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	86	96101U5	Assessment for Autism(Note: code retired 12/31/18)		X		
Assessments and Testing	87	96102	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	88	96102U5	Assessment for Autism(Note: code retired 12/31/18)		X		
Assessments and Testing	89	96103	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	90	96105	Assessments - Other	X			
Assessments and Testing	91	96110	Assessments - Other	X			
Assessments and Testing	92	96111	Assessments - Other(Note: code retired 12/31/18)	X			
Assessments and Testing	93	96112	Assessments - Testing	X			
Assessments and Testing	94	96113	Assessments - Testing	X			
Assessments and Testing	95	96116	Assessments - Testing	X			
Assessments and Testing	96	96118	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	97	96118U5	Assessment for Autism(Note: code retired 12/31/18)		X		
Assessments and Testing	98	96119	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	99	96119U5	Assessment for Autism(Note: code retired 12/31/18)		X		
Assessments and Testing	100	96120	Assessments - Testing(Note: code retired 12/31/18)	X			
Assessments and Testing	101	96121	Assessments - Testing	X			
Assessments and Testing	102	96127	Assessments-Other	X			
Assessments and Testing	103	96130	Assessments - Testing	X			
Assessments and Testing	104	96130U5	Assessment for Autism		X		
Assessments and Testing	105	96131	Assessments - Testing	X			
Assessments and Testing	106	96131U5	Assessment for Autism		X		
Assessments and Testing	107	96132	Assessments - Testing	X			
Assessments and Testing	108	96132U5	Assessment for Autism		X		
Assessments and Testing	109	96133	Assessments - Testing	X			
Assessments and Testing	110	96133U5	Assessment for Autism		X		
Assessments and Testing	111	96136	Assessments - Testing	X			
Assessments and Testing	112	96136U5	Assessment for Autism		X		
Assessments and Testing	113	96137	Assessments - Testing	X			
Assessments and Testing	114	96137U5	Assessment for Autism		X		
Assessments and Testing	115	96138	Assessments - Testing	X			
Assessments and Testing	116	96139	Assessments - Testing	X			
Assessments and Testing	117	96146	Assessments - Testing	X			

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Medication Administration	118	96372	Medication Administration	X			
Other Therapy	119	97110	Occupational or Physical Therapy	X			
Other Therapy	120	97112	Occupational or Physical Therapy	X			
Other Therapy	121	97113	Occupational or Physical Therapy	X			
Other Therapy	122	97116	Occupational or Physical Therapy	X			
Other Therapy	123	97124	Occupational or Physical Therapy	X			
Other Therapy	124	97140	Occupational or Physical Therapy	X			
Other Therapy	125	97150	Occupational or Physical Therapy	X			
Assessments and Testing	126	97151U5	ABA Behavior Identification Assessment (new code effective 1/1/19)		X		
Autism Services	127	97153U5	ABA Adaptive Behavior Treatment (new code effective 1/1/19)		X		
Autism Services	128	97154U5	ABA Group Adaptive Behavior Treatment(new code effective 1/1/19)		X		
Autism Services	129	97155U5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19)		X		
Autism Services	130	97156U5	ABA Family Behavior Treatment Guidance(new code effective 1/1/19)		X		
Autism Services	131	97157U5	ABA Family Behavior Treatment Guidance(new code effective 1/1/19)		X		
Autism Services	132	97158U5	ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19)		X		
Other Therapy	133	97161	Physical Therapy	X			
Other Therapy	134	97162	Physical Therapy	X			
Other Therapy	135	97163	Physical Therapy	X			
Other Therapy	136	97164	Physical Therapy	X			
Other Therapy	137	97165	Occupational Therapy	X			
Other Therapy	138	97166	Occupational Therapy	X			
Other Therapy	139	97167	Occupational Therapy	X			
Other Therapy	140	97168	Occupational Therapy	X			
Other Therapy	141	97530	Occupational or Physical Therapy	X			
Other Therapy	142	97533	Occupational or Physical Therapy	X			
Other Therapy	143	97535	Occupational or Physical Therapy	X			
Other Therapy	144	97537	Occupational or Physical Therapy	X			
Other Therapy	145	97542	Occupational or Physical Therapy	X			
Other Therapy	146	97750	Occupational or Physical Therapy	X			
Other Therapy	147	97755	Occupational Therapy	X			
Other Therapy	148	97760	Occupational or Physical Therapy	X			
Other Therapy	149	97763	Occupational or Physical Therapy	X			
Assessments and Testing	150	97802	Assessment or Health Services	X			
Assessments and Testing	151	97803	Assessment or Health Services	X			
Other Therapy	152	97804	Health Services	X			
Evaluation and Management	153	99201	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	155	99202	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	157	99203	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	159	99204	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	161	99205	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	163	99211	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	165	99212	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	167	99213	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	169	99214	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	171	99215	Psychiatric Evaluation and Medicaid Management	X			
Evaluation and Management	173	99221	Additional Codes-Physician Services	X			
Evaluation and Management	174	99222	Additional Codes-Physician Services	X			
Evaluation and Management	175	99223	Additional Codes-Physician Services	X			
Evaluation and Management	176	99224	Additional Codes-Physician Services	X			
Evaluation and Management	177	99225	Additional Codes-Physician Services	X			
Evaluation and Management	178	99226	Additional Codes-Physician Services	X			
Evaluation and Management	179	99231	Additional Codes-Physician Services	X			
Evaluation and Management	180	99232	Additional Codes-Physician Services	X			
Evaluation and Management	181	99233	Additional Codes-Physician Services	X			
Evaluation and Management	182	99238	Additional Codes-Physician Services	X			
Evaluation and Management	183	99239	Additional Codes-Physician Services	X			
Evaluation and Management	184	99304	Nursing Facility Services evaluation and management	X			
Evaluation and Management	185	99305	Nursing Facility Services evaluation and management	X			
Evaluation and Management	186	99306	Nursing Facility Services evaluation and management	X			
Evaluation and Management	187	99307	Nursing Facility Services evaluation and management	X			
Evaluation and Management	188	99308	Nursing Facility Services evaluation and management	X			
Evaluation and Management	189	99309	Nursing Facility Services evaluation and management	X			
Evaluation and Management	190	99310	Nursing Facility Services evaluation and management	X			
Evaluation and Management	191	99324	Assessment	X			
Evaluation and Management	192	99325	Assessment	X			
Evaluation and Management	193	99326	Assessment	X			
Evaluation and Management	194	99327	Assessment	X			
Evaluation and Management	195	99328	Assessment	X			
Evaluation and Management	196	99334	Assessment	X			
Evaluation and Management	197	99335	Assessment	X			
Evaluation and Management	198	99336	Assessment	X			
Evaluation and Management	199	99337	Assessment	X			
Evaluation and Management	200	99341	Assessment	X			
Evaluation and Management	201	99342	Assessment	X			
Evaluation and Management	202	99343	Assessment	X			
Evaluation and Management	203	99344	Assessment	X			
Evaluation and Management	204	99345	Assessment	X			
Evaluation and Management	205	99347	Assessment	X			
Evaluation and Management	206	99348	Assessment	X			
Evaluation and Management	207	99349	Assessment	X			
Evaluation and Management	208	99350	Assessment	X			
Medication Administration	209	99506	Medication Administration	X			
Other	210	99605	Medication Management	X			
Other	211	A0080	Transportation	X		X	
Other	212	A0090	Transportation	X		X	
Other	213	A0100	Transportation	X		X	
Other	214	A0110	Transportation	X		X	
Other	215	A0120	Transportation	X		X	
Other	216	A0130	Transportation	X		X	
Other	217	A0140	Transportation	X		X	
Other	218	A0170	Transportation	X		X	
Other	219	E1399	Enhanced Medical Equipment-Supplies			X	X
Other	220	G0177	Family Training/Support			X	
Other	222	G0615	Development of Cognitive Skills	X	X		
Assessments and Testing	224	H0002	Assessment	X			
Residential Services	232	H0018	Crisis Residential Services	X			
Additional Support Services	237	H0023	Peer Directed and Operated Support Services		X	X	
Prevention and Early Intervention	239	H0025	Prevention Services - Direct Model			X	
Assessments and Testing	240	H0031	Assessment	X			
Assessments and Testing	241	H0031HW	Support Intensity Scale (SIS) Face-to-Face Assessment	X			

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Assessments and Testing	242	H0031U5	Assessment for Autism		X		
Case Management / Treatment Planning	243	H0032	Treatment Planning	X			
Case Management / Treatment Planning	244	H0032TS	Treatment Planning	X			
Other	246	H0034	Health Services	X			
Additional Support Services	247	H0036	Home Based Services	X	X		
Additional Support Services	248	H0036ST	Home Based Services	X	X		
Additional Support Services	249	H0038	Peer Directed and Operated Support Services		X	X	
Additional Support Services	250	H0038TJ	Peer Directed and Operated Support Services		X	X	
Additional Support Services	252	NA	Peer Directed and Operated Support Services				
Assertive Community Treatment (ACT)	253	H0039	Assertive Community Treatment (ACT)	X			
Assertive Community Treatment (ACT)	254	H0039TG	Assertive Community Treatment (ACT)	X			
Non-Licensed CLS	255	H0043	Community Living Supports in Independent living/own home		X	X	X
Non-Licensed CLS	256	H0043TF	Community Living Supports in Independent living/own home		X	X	X
Non-Licensed CLS	257	H0043TG	Community Living Supports in Independent living/own home		X	X	X
Non-Licensed CLS	258	H0043TT	Community Living Supports in Independent living/own home		X	X	X
Non-Licensed CLS	259	H0043TF.TT	Community Living Supports in Independent living/own home		X	X	X
Non-Licensed CLS	260	H0043TGTI	Community Living Supports in Independent living/own home		X	X	X
Additional Support Services	261	H0045	Respite Care			X	X
Additional Support Services	262	H0046	Peer Mentor Services DD Consumers		X	X	
Case Management / Treatment Planning	265	H2000	Behavior Treatment Plan Review	X			
Case Management / Treatment Planning	266	H2000TS	Monitoring Activities	X			
Other	267	H2010	Medication Review	X			
Crisis	268	H2011	Crisis Intervention	X			
Crisis	269	H2011HB	Crisis Intervention	X			
Crisis	270	H2011HC	Crisis Intervention	X			
Crisis	271	H2011TJ	Crisis Intervention	X			
Skill Building	273	H2014	Skill-Building		X	X	
Skill Building	274	H2014HK	Out of Home Non Vocational Habilitation				X
Non-Licensed CLS	275	H2015	Community Living Supports (15 Minutes)		X	X	X
Non-Licensed CLS	276	H2015TT	Community Living Supports (15 Minutes)		X	X	X
Licensed Residential	277	H2016	Community Living Supports (Daily)		X	X	X
Outpatient Services	278	H2019	Mental Health Therapy	X			
Outpatient Services	279	H2019TT	Mental Health Therapy	X			
Case Management / Treatment Planning	280	H2021	Wraparound Services		X		
Vocational Supports	281	H2023	Supported Employment Services		X	X	X
Prevention and Early Intervention	282	H2027	Prevention Services - Direct Model		X		
Additional Support Services	284	H2030	Clubhouse Psychosocial Rehabilitation Programs	X			
Additional Support Services	285	H2033	Home Based Services	X			
Other	288	Q3014GT	Telemedicine Facility Fee	X			
Other	290	S0209	Transportation	X		X	
Other	291	S0215	Transportation	X		X	
Other	292	S5110	Family Training			X	
Other	293	S5111	Family Training		X	X	X
Other	294	S5111HA	Family Training		X	X	X
Other	295	S5111HM	Family Training		X	X	X
Additional Support Services	296	S5151	Respite			X	X
Non-Licensed CLS	297	S5160	Personal Emergency Response System (PERS)			X	X
Non-Licensed CLS	298	S5161	Personal Emergency Response System (PERS)			X	X
Other	299	S5165	Environmental Modification			X	X
Other	300	S5199	Enhanced Medical Equipment-Supplies			X	X
Other Therapy	301	S8990	Occupational or Physical Therapy	X			
Non-Licensed CLS	302	S9123	Private Duty Nursing				X
Non-Licensed CLS	303	S9123	Private Duty Nursing				X
Non-Licensed CLS	304	S9123TT	Private Duty Nursing				X
Non-Licensed CLS	305	S9124	Private Duty Nursing				X
Non-Licensed CLS	306	S9124	Private Duty Nursing				X
Non-Licensed CLS	307	S9124TT	Private Duty Nursing				X
Other	308	S9445	Health Services	X			
Other	309	S9446	Health Services	X			
Other	310	S9470	Health Services	X			
Prevention and Early Intervention	311	S9482	Prevention Services - Direct Model			X	
Crisis	312	S9484	Intensive Crisis Stabilization	X			
Non-Licensed CLS	313	T1000	Private Duty Nursing				X
Non-Licensed CLS	314	T1000TD	Private Duty Nursing				X
Non-Licensed CLS	315	T1000TE	Private Duty Nursing				X
Assessments and Testing	316	T1001	Assessment	X			
Other	317	T1002	Health Services	X			
Additional Support Services	318	T1005	Respite Care			X	X
Additional Support Services	319	T1005TD	Respite Care			X	X
Additional Support Services	320	T1005TE	Respite Care			X	X
Other	323	T1015	Family Training			X	
Case Management / Treatment Planning	324	T1016	Supports Coordination		X	X	X
Case Management / Treatment Planning	325	T1017	Targeted Case Management	X			
Case Management / Treatment Planning	326	T1017SE	Nursing Facility Mental Health Monitoring	X			
Licensed Residential	327	T1020	Personal Care in Licensed Specialized Residential Setting	X	X		
Crisis	328	T1023	Assessments	X			
Prevention and Early Intervention	329	T1027	Prevention Services - Direct Model		X	X	
Other	330	T1999	Enhanced Pharmacy			X	X
Other	331	T2001	Transportation	X		X	
Other	332	T2002	Transportation	X		X	
Other	333	T2003	Transportation	X		X	
Other	334	T2004	Transportation	X		X	
Other	335	T2005	Transportation	X		X	
Vocational Supports	336	T2015	Out of Home Prevocational Service				X
Prevention and Early Intervention	337	T2024	Prevention Services - Direct Model		X		
Other	338	T2025	Fiscal Intermediary Services			X	
Other	339	T2028	Enhanced Medical Equipment-Supplies			X	X
Other	340	T2029	Enhanced Medical Equipment-Supplies			X	X
Additional Support Services	341	T2036	Community Living Supports/Respite Care-Therapeutic Camping		X	X	X
Additional Support Services	342	T2037	Community Living Supports/Respite Care-Therapeutic Camping		X	X	X
Other	343	T2038	Housing Assistance			X	
Other	344	T2039	Enhanced Medical Equipment-Supplies			X	X
Other	345	T5999	Goods and Services				X

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Outpatient Services	17	0906	Substance Abuse: Outpatient	X	
Residential Services	20	1002	Substance Abuse: Subacute Detoxification	X	
Outpatient Services	39	80305	Substance Abuse: Drug Screen for Methadone Clients Only	X	
Outpatient Services	40	80306	Substance Abuse: Drug Screen for Methadone Clients Only	X	
Outpatient Services	41	80307	Substance Abuse: Drug Screen for Methadone Clients Only	X	
Psychiatric diagnostic evaluation	44	90785	Substance Abuse: Interactive Complexity - Add On Code	X	
Psychiatric diagnostic evaluation	47	90791	Substance Use: Assessment	X	
Psychiatric diagnostic evaluation	47	90791	Substance Use: Assessment	X	
Psychiatric diagnostic evaluation	50	90792	Substance Use: Assessment	X	
Psychiatric diagnostic evaluation	50	90792	Substance Use: Assessment	X	
Outpatient Services	52	90832	Substance abuse: Outpatient Care	X	
Outpatient Services	55	90834	Substance abuse: Outpatient Care	X	
Outpatient Services	58	90837	Substance abuse: Outpatient Care	X	
Outpatient Services	63	90846	Substance Abuse: Psychotherapy (group)	X	
Outpatient Services	65	90847	Substance Abuse: Outpatient Care	X	
Outpatient Services	68	90849	Substance Abuse: Psychotherapy (group)	X	
Outpatient Services	70	90853	Substance Abuse: Outpatient Treatment	X	
Evaluation and Management	154	99201	Substance Abuse: New Patient Evaluation and Management	X	
Evaluation and Management	156	99202	Substance Abuse: New Patient Evaluation and Management	X	
Evaluation and Management	158	99203	Substance Abuse: Physician Evaluation/Exam Under methadone	X	
Evaluation and Management	160	99204	Substance Abuse: Physician Evaluation/Exam Under methadone	X	
Evaluation and Management	162	99205	Substance Abuse: Physician Evaluation/Exam Under methadone	X	
Evaluation and Management	164	99211	Substance Abuse: Established Patient Evaluation and Management	X	
Evaluation and Management	166	99212	Substance Abuse: Established Patient Evaluation and Management	X	
Evaluation and Management	168	99213	Substance Abuse: Established Patient Evaluation and Management	X	
Evaluation and Management	170	99214	Substance Abuse: Established Patient Evaluation and Management	X	
Evaluation and Management	172	99215	Substance Abuse: Established Patient Evaluation and Management	X	
Outpatient Services	221	G0409	Substance Abuse: Recovery Support Services	X	
Assessments and Testing	223	H0001	Substance Abuse: Individual Assessment	X	
Assessments and Testing	225	H0003	Substance Abuse: Laboratory Tests	X	
Outpatient Services	226	H0004	Substance Abuse: Outpatient Treatment	X	
Outpatient Services	227	H0005	Substance Abuse: Outpatient Care	X	
Withdrawal Management	228	H0010	Substance Abuse: Sub-Acute Detoxification	X	
Withdrawal Management	229	H0012	Substance Abuse: Sub-Acute Detoxification	X	
Withdrawal Management	230	H0014	Substance Abuse: Sub-Acute Detoxification	X	
Outpatient Services	231	H0015	Substance Abuse: Outpatient Care	X	
Residential Services	233	H0018	Substance Abuse: Residential Services	X	
Residential Services	234	H0019	Substance Abuse: Residential Services	X	
Medication Assisted Treatment	235	H0020	Substance Abuse: Methadone	X	
Prevention and Early Intervention	236	H0022	Substance Abuse: Early Intervention	X	
Additional Support Services	238	H0023	Substance Abuse: Peer Directed and Operated Support Services	X	
Medication Assisted Treatment	245	H0033	Substance Abuse: Pharmacological Support - Suboxone	X	
Additional Support Services	251	H0038	Substance Abuse: Peer Services	X	
Assessments and Testing	263	H0048	Substance Abuse: Laboratory Tests	X	
Outpatient Services	264	H0050	Substance Abuse: Individual Treatment	X	
Crisis	272	H2011	Substance Abuse: Crisis Intervention, per 15 minutes	X	
Outpatient Services	283	H2027	Substance Abuse Outpatient: Didactics	X	
Outpatient Services	286	H2035	Substance Abuse Outpatient	X	
Outpatient Services	287	H2036	Substance Abuse: Outpatient Care	X	
Other	289	Q3014GT	Substance Abuse: Telemedicine Facility Fee	X	
Case Management / Treatment Planning	321	T1007	Substance Abuse: Treatment Planning	X	
Outpatient Services	322	T1012	Substance Abuse: Recovery Supports	X	

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Service Category	LineID	Service	Service Description
Inpatient	1	PT68	Local Psychiatric Hospital/IMD PT68 bundled per diem
Inpatient	2	PT68	Local Psychiatric Hospital/IMD PT68 bundled per diem
Inpatient	3	PT68	Local Psychiatric Hospital/IMD PT68 physician costs excluded
Inpatient	4	PT68	Local Psychiatric Hospital/IMD PT68 physician costs excluded
Inpatient	5	PT73	Local Psychiatric Hospital - Acute Community PT73 bundled per diem
Inpatient	6	PT73	Local Psychiatric Hospital - Acute Community PT73 bundled per diem
Inpatient	7	PT73	Local Psychiatric Hospital - Acute Community PT73 physician costs excluded
Inpatient	8	PT73	Local Psychiatric Hospital - Acute Community PT73 physician costs excluded
Inpatient	10	PT68	Local Psychiatric Hospital/IMD
Inpatient	11	PT73	Local Psychiatric Hospital/Acute Community
Other Therapy	14	0370	ECT Anesthesia
Other Therapy	15	0710	ECT Recovery Room
Other Therapy	16	0901	Electro-Convulsive Therapy
Outpatient Services	18	0912	Outpatient Partial Hospitalization
Outpatient Services	19	0913	Outpatient Partial Hospitalization
Other Therapy	21	00104	Electro-Convulsive Therapy
Other Therapy	22	00104	Additional Codes-ECT Anesthesia
Assessments and Testing	23	0359TU5	ABA Behavior Identification Assessment (Note: code retired 12/31/18)
Assessments and Testing	24	0362TU5	ABA Behavioral Follow-up Assessment
Assessments and Testing	24	0362TU5	ABA Behavioral Follow-up Assessment
Assessments and Testing	25	0362TU5	ABA Behavioral Follow-up Assessment (reporting units of per 15 minutes effective 1/1/19)
Assessments and Testing	26	0363TU5	ABA Behavioral Follow-up Assessment (Note: code retired 12/31/18)
Autism Services	27	0364TU5	ABA Adaptive Treatment(Note: code retired 12/31/18)
Autism Services	28	0365TU5	ABA Adaptive Treatment(Note: code retired 12/31/18)
Autism Services	29	0366TU5	ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18)
Autism Services	30	0367TU5	ABA Group Adaptive Behavior Treatment(Note: code retired 12/31/18)
Autism Services	31	0368TU5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18)
Autism Services	32	0369TU5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(Note: code retired 12/31/18)
Autism Services	33	0370TU5	ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18)
Autism Services	34	0371TU5	ABA Family Behavior Treatment Guidance(Note: code retired 12/31/18)
Autism Services	35	0372TU5	ABA Adaptive Behavior Treatment Social Skills Group(Note: code retired 12/31/18)
Autism Services	36	0373TU5	ABA Exposure Adaptive Behavior Treatment (Note: code retired 12/31/18)
Autism Services	37	0373TU5	ABA Exposure Adaptive Behavior Treatment (reporting units of per 15 minutes effective 1/1/19)
Autism Services	38	0374TU5	ABA Exposure Adaptive Behavior Treatment(Note: code retired 12/31/18)
Psychiatric diagnostic evaluation	42	90785	Interactive Complexity - Add On Code
Assessments and Testing	43	90785U5	Assessment for Autism
Psychiatric diagnostic evaluation	45	90791	Assessment
Psychiatric diagnostic evaluation	46	90791U5	Assessment for Autism
Psychiatric diagnostic evaluation	48	90792	Assessment
Psychiatric diagnostic evaluation	49	90792U5	Assessment for Autism
Psychotherapy	51	90832	Mental Health: Outpatient Care
Psychotherapy	53	90833	Add on Code with evaluation management and psychotherapy
Psychotherapy	54	90834	Mental Health: Outpatient Care
Psychotherapy	56	90836	Add on Code with evaluation management and psychotherapy
Psychotherapy	57	90837	Mental Health: Outpatient Care
Psychotherapy	59	90838	Add on Code with evaluation management and psychotherapy
Crisis	60	90839	Psychotherapy for Crisis First 60 Minutes
Crisis	61	90840	Psychotherapy for Crisis Each Additional 30 Minutes
Psychotherapy	62	90846	Therapy-Family Therapy
Psychotherapy	64	90847	Therapy-Family Therapy
Psychotherapy	66	90849	Therapy-Family Therapy
Psychotherapy	67	90849HS	Therapy-Family Therapy
Psychotherapy	69	90853	Therapy-Group Therapy
Other Therapy	71	90870	Electroconvulsive Therapy
Other Therapy	72	90870	Additional Codes-ECT Physician
Assessments and Testing	73	90887	Assessments-Other
Other Therapy	74	92507	Speech & Language Therapy
Other Therapy	75	92508	Speech & Language Therapy
Other Therapy	76	92521	Speech & Language Therapy
Other Therapy	77	92522	Speech & Language Therapy
Other Therapy	78	92523	Speech & Language Therapy
Other Therapy	79	92524	Speech & Language Therapy
Other Therapy	80	92526	Speech & Language Therapy
Other Therapy	81	92607	Speech & Language Therapy
Other Therapy	82	92608	Speech & Language Therapy
Other Therapy	83	92609	Speech & Language Therapy
Other Therapy	84	92610	Speech & Language Therapy
Assessments and Testing	85	96101	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	86	96101U5	Assessment for Autism(Note: code retired 12/31/18)
Assessments and Testing	87	96102	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	88	96102U5	Assessment for Autism(Note: code retired 12/31/18)
Assessments and Testing	89	96103	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	90	96105	Assessments - Other
Assessments and Testing	91	96110	Assessments - Other
Assessments and Testing	92	96111	Assessments - Other(Note: code retired 12/31/18)
Assessments and Testing	93	96112	Assessments - Testing
Assessments and Testing	94	96113	Assessments - Testing
Assessments and Testing	95	96116	Assessments - Testing
Assessments and Testing	96	96118	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	97	96118U5	Assessment for Autism(Note: code retired 12/31/18)
Assessments and Testing	98	96119	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	99	96119U5	Assessment for Autism(Note: code retired 12/31/18)
Assessments and Testing	100	96120	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	101	96121	Assessments - Testing
Assessments and Testing	102	96127	Assessments-Other
Assessments and Testing	103	96130	Assessments - Testing
Assessments and Testing	104	96130U5	Assessment for Autism
Assessments and Testing	105	96131	Assessments - Testing
Assessments and Testing	106	96131U5	Assessment for Autism
Assessments and Testing	107	96132	Assessments - Testing
Assessments and Testing	108	96132U5	Assessment for Autism
Assessments and Testing	109	96133	Assessments - Testing
Assessments and Testing	110	96133U5	Assessment for Autism
Assessments and Testing	111	96136	Assessments - Testing
Assessments and Testing	112	96136U5	Assessment for Autism
Assessments and Testing	113	96137	Assessments - Testing
Assessments and Testing	114	96137U5	Assessment for Autism
Assessments and Testing	115	96138	Assessments - Testing
Assessments and Testing	116	96139	Assessments - Testing
Assessments and Testing	117	96146	Assessments - Testing

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Service Category	LineID	Service	Service Description
Medication Administration	118	96372	Medication Administration
Other Therapy	119	97110	Occupational or Physical Therapy
Other Therapy	120	97112	Occupational or Physical Therapy
Other Therapy	121	97113	Occupational or Physical Therapy
Other Therapy	122	97116	Occupational or Physical Therapy
Other Therapy	123	97124	Occupational or Physical Therapy
Other Therapy	124	97140	Occupational or Physical Therapy
Other Therapy	125	97150	Occupational or Physical Therapy
Assessments and Testing	126	97151U5	ABA Behavior Identification Assessment (new code effective 1/1/19)
Autism Services	127	97153U5	ABA Adaptive Behavior Treatment (new code effective 1/1/19)
Autism Services	128	97154U5	ABA Group Adaptive Behavior Treatment(new code effective 1/1/19)
Autism Services	129	97155U5	ABA Clinical Observation and Direction of Adaptive Behavior Treatment(new code effective 1/1/19)
Autism Services	130	97156U5	ABA Family Behavior Treatment Guidance(new code effective 1/1/19)
Autism Services	131	97157U5	ABA Family Behavior Treatment Guidance(new code effective 1/1/19)
Autism Services	132	97158U5	ABA Adaptive Behavior Treatment Social Skills Group(new code effective 1/1/19)
Other Therapy	133	97161	Physical Therapy
Other Therapy	134	97162	Physical Therapy
Other Therapy	135	97163	Physical Therapy
Other Therapy	136	97164	Physical Therapy
Other Therapy	137	97165	Occupational Therapy
Other Therapy	138	97166	Occupational Therapy
Other Therapy	139	97167	Occupational Therapy
Other Therapy	140	97168	Occupational Therapy
Other Therapy	141	97530	Occupational or Physical Therapy
Other Therapy	142	97533	Occupational or Physical Therapy
Other Therapy	143	97535	Occupational or Physical Therapy
Other Therapy	144	97537	Occupational or Physical Therapy
Other Therapy	145	97542	Occupational or Physical Therapy
Other Therapy	146	97750	Occupational or Physical Therapy
Other Therapy	147	97755	Occupational Therapy
Other Therapy	148	97760	Occupational or Physical Therapy
Other Therapy	149	97763	Occupational or Physical Therapy
Assessments and Testing	150	97802	Assessment or Health Services
Assessments and Testing	151	97803	Assessment or Health Services
Other Therapy	152	97804	Health Services
Evaluation and Management	153	99201	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	155	99202	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	157	99203	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	159	99204	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	161	99205	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	163	99211	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	165	99212	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	167	99213	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	169	99214	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	171	99215	Psychiatric Evaluation and Medicaid Management
Evaluation and Management	173	99221	Additional Codes-Physician Services
Evaluation and Management	174	99222	Additional Codes-Physician Services
Evaluation and Management	175	99223	Additional Codes-Physician Services
Evaluation and Management	176	99224	Additional Codes-Physician Services
Evaluation and Management	177	99225	Additional Codes-Physician Services
Evaluation and Management	178	99226	Additional Codes-Physician Services
Evaluation and Management	179	99231	Additional Codes-Physician Services
Evaluation and Management	180	99232	Additional Codes-Physician Services
Evaluation and Management	181	99233	Additional Codes-Physician Services
Evaluation and Management	182	99238	Additional Codes-Physician Services
Evaluation and Management	183	99239	Additional Codes-Physician Services
Evaluation and Management	184	99304	Nursing Facility Services evaluation and management
Evaluation and Management	185	99305	Nursing Facility Services evaluation and management
Evaluation and Management	186	99306	Nursing Facility Services evaluation and management
Evaluation and Management	187	99307	Nursing Facility Services evaluation and management
Evaluation and Management	188	99308	Nursing Facility Services evaluation and management
Evaluation and Management	189	99309	Nursing Facility Services evaluation and management
Evaluation and Management	190	99310	Nursing Facility Services evaluation and management
Evaluation and Management	191	99324	Assessment
Evaluation and Management	192	99325	Assessment
Evaluation and Management	193	99326	Assessment
Evaluation and Management	194	99327	Assessment
Evaluation and Management	195	99328	Assessment
Evaluation and Management	196	99334	Assessment
Evaluation and Management	197	99335	Assessment
Evaluation and Management	198	99336	Assessment
Evaluation and Management	199	99337	Assessment
Evaluation and Management	200	99341	Assessment
Evaluation and Management	201	99342	Assessment
Evaluation and Management	202	99343	Assessment
Evaluation and Management	203	99344	Assessment
Evaluation and Management	204	99345	Assessment
Evaluation and Management	205	99347	Assessment
Evaluation and Management	206	99348	Assessment
Evaluation and Management	207	99349	Assessment
Evaluation and Management	208	99350	Assessment
Medication Administration	209	99506	Medication Administration
Other	210	99605	Medication Management
Other	211	A0080	Transportation
Other	212	A0090	Transportation
Other	213	A0100	Transportation
Other	214	A0110	Transportation
Other	215	A0120	Transportation
Other	216	A0130	Transportation
Other	217	A0140	Transportation
Other	218	A0170	Transportation
Other	219	E1399	Enhanced Medical Equipment-Supplies
Other	220	G0177	Family Training/Support
Other	222	G0515	Development of Cognitive Skills
Assessments and Testing	224	H0002	Assessment
Residential Services	232	H0018	Crisis Residential Services
Additional Support Services	237	H0023	Peer Directed and Operated Support Services
Prevention and Early Intervention	239	H0025	Prevention Services - Direct Model
Assessments and Testing	240	H0031	Assessment
Assessments and Testing	241	H0031HW	Support Intensity Scale (SIS) Face-to-Face Assessment

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Assessments and Testing	242	H0031U5	Assessment for Autism
Case Management / Treatment Planning	243	H0032	Treatment Planning
Case Management / Treatment Planning	244	H0032TS	Treatment Planning
Other	246	H0034	Health Services
Additional Support Services	247	H0036	Home Based Services
Additional Support Services	248	H0036ST	Home Based Services
Additional Support Services	249	H0038	Peer Directed and Operated Support Services
Additional Support Services	250	H0038TJ	Peer Directed and Operated Support Services
Additional Support Services	252	NA	Peer Directed and Operated Support Services
Assertive Community Treatment (ACT)	253	H0039	Assertive Community Treatment (ACT)
Assertive Community Treatment (ACT)	254	H0039TG	Assertive Community Treatment (ACT)
Non-Licensed CLS	255	H0043	Community Living Supports in Independent living/own home
Non-Licensed CLS	256	H0043TF	Community Living Supports in Independent living/own home
Non-Licensed CLS	257	H0043TG	Community Living Supports in Independent living/own home
Non-Licensed CLS	258	H0043TT	Community Living Supports in Independent living/own home
Non-Licensed CLS	259	H0043TFIT	Community Living Supports in Independent living/own home
Non-Licensed CLS	260	H0043TGIT	Community Living Supports in Independent living/own home
Additional Support Services	261	H0045	Respite Care
Additional Support Services	262	H0046	Peer Mentor Services DD Consumers
Case Management / Treatment Planning	265	H2000	Behavior Treatment Plan Review
Case Management / Treatment Planning	266	H2000TS	Monitoring Activities
Other	267	H2010	Medication Review
Crisis	268	H2011	Crisis Intervention
Crisis	269	H2011HB	Crisis Intervention
Crisis	270	H2011HC	Crisis Intervention
Crisis	271	H2011TJ	Crisis Intervention
Skill Building	273	H2014	Skill-Building
Skill Building	274	H2014HK	Out of Home Non Vocational Habilitation
Non-Licensed CLS	275	H2015	Community Living Supports (15 Minutes)
Non-Licensed CLS	276	H2015TT	Community Living Supports (15 Minutes)
Licensed Residential	277	H2016	Community Living Supports (Daily)
Outpatient Services	278	H2019	Mental Health Therapy
Outpatient Services	279	H2019TT	Mental Health Therapy
Case Management / Treatment Planning	280	H2021	Wraparound Services
Vocational Supports	281	H2023	Supported Employment Services
Prevention and Early Intervention	282	H2027	Prevention Services - Direct Model
Additional Support Services	284	H2030	Clubhouse Psychosocial Rehabilitation Programs
Additional Support Services	285	H2033	Home Based Services
Other	288	Q3014GT	Telemedicine Facility Fee
Other	289	Q3014GT	Substance Abuse: Telemedicine Facility Fee
Other	290	S0209	Transportation
Other	291	S0215	Transportation
Other	292	S5110	Family Training
Other	293	S5111	Family Training
Other	294	S5111HA	Family Training
Other	295	S5111HM	Family Training
Additional Support Services	296	S5151	Respite
Non-Licensed CLS	297	S5160	Personal Emergency Response System (PERS)
Non-Licensed CLS	298	S5161	Personal Emergency Response System (PERS)
Other	299	S5165	Environmental Modification
Other	300	S5199	Enhanced Medical Equipment-Supplies
Other Therapy	301	S8990	Occupational or Physical Therapy
Non-Licensed CLS	302	S9123	Private Duty Nursing
Non-Licensed CLS	303	S9123	Private Duty Nursing
Non-Licensed CLS	304	S9123TT	Private Duty Nursing
Non-Licensed CLS	305	S9124	Private Duty Nursing
Non-Licensed CLS	306	S9124	Private Duty Nursing
Non-Licensed CLS	307	S9124TT	Private Duty Nursing
Other	308	S9445	Health Services
Other	309	S9446	Health Services
Other	310	S9470	Health Services
Prevention and Early Intervention	311	S9482	Prevention Services - Direct Model
Crisis	312	S9484	Intensive Crisis Stabilization
Non-Licensed CLS	313	T1000	Private Duty Nursing
Non-Licensed CLS	314	T1000TD	Private Duty Nursing
Non-Licensed CLS	315	T1000TE	Private Duty Nursing
Assessments and Testing	316	T1001	Assessment
Other	317	T1002	Health Services
Additional Support Services	318	T1005	Respite Care
Additional Support Services	319	T1005TD	Respite Care
Additional Support Services	320	T1005TE	Respite Care
Other	323	T1015	Family Training
Case Management / Treatment Planning	324	T1016	Supports Coordination
Case Management / Treatment Planning	325	T1017	Targeted Case Management
Case Management / Treatment Planning	326	T1017SE	Nursing Facility Mental Health Monitoring
Licensed Residential	327	T1020	Personal Care in Licensed Specialized Residential Setting
Crisis	328	T1023	Assessments
Prevention and Early Intervention	329	T1027	Prevention Services - Direct Model
Other	330	T1999	Enhanced Pharmacy
Other	331	T2001	Transportation
Other	332	T2002	Transportation
Other	333	T2003	Transportation
Other	334	T2004	Transportation
Other	335	T2005	Transportation
Vocational Supports	336	T2015	Out of Home Prevocational Service
Prevention and Early Intervention	337	T2024	Prevention Services - Direct Model
Other	338	T2025	Fiscal Intermediary Services
Other	339	T2028	Enhanced Medical Equipment-Supplies
Other	340	T2029	Enhanced Medical Equipment-Supplies
Additional Support Services	341	T2036	Community Living Supports/Respite Care-Therapeutic Camping
Additional Support Services	342	T2037	Community Living Supports/Respite Care-Therapeutic Camping
Other	343	T2038	Housing Assistance
Other	344	T2039	Enhanced Medical Equipment-Supplies
Other	345	T5999	Goods and Services

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Outpatient Services	17	0906	Substance Abuse: Outpatient
Outpatient Services	18	0912	Outpatient Partial Hospitalization
Outpatient Services	19	0913	Outpatient Partial Hospitalization
Residential Services	20	1002	Substance Abuse: Subacute Detoxification
Outpatient Services	39	80305	Substance Abuse: Drug Screen for Methadone Clients Only
Outpatient Services	40	80306	Substance Abuse: Drug Screen for Methadone Clients Only
Outpatient Services	41	80307	Substance Abuse: Drug Screen for Methadone Clients Only
Psychiatric diagnostic evaluation	44	90785	Substance Abuse: Interactive Complexity - Add On Code
Psychiatric diagnostic evaluation	47	90791	Substance Use: Assessment
Psychiatric diagnostic evaluation	47	90791	Substance Use: Assessment
Psychiatric diagnostic evaluation	50	90792	Substance Use: Assessment
Psychiatric diagnostic evaluation	50	90792	Substance Use: Assessment
Outpatient Services	52	90832	Substance abuse: Outpatient Care
Psychotherapy	53	90833	Add on Code with evaluation management and psychotherapy
Outpatient Services	55	90834	Substance abuse: Outpatient Care
Psychotherapy	56	90836	Add on Code with evaluation management and psychotherapy
Outpatient Services	58	90837	Substance abuse: Outpatient Care
Psychotherapy	59	90838	Add on Code with evaluation management and psychotherapy
Crisis	60	90839	Psychotherapy for Crisis First 60 Minutes
Crisis	61	90840	Psychotherapy for Crisis Each Additional 30 Minutes
Outpatient Services	63	90846	Substance Abuse: Psychotherapy (group)
Outpatient Services	65	90847	Substance Abuse: Outpatient Care
Outpatient Services	68	90849	Substance Abuse: Psychotherapy (group)
Outpatient Services	70	90853	Substance Abuse: Outpatient Treatment
Assessments and Testing	73	90887	Assessments-Other
Other Therapy	74	92507	Speech & Language Therapy
Other Therapy	75	92508	Speech & Language Therapy
Other Therapy	76	92521	Speech & Language Therapy
Other Therapy	77	92522	Speech & Language Therapy
Other Therapy	78	92523	Speech & Language Therapy
Other Therapy	79	92524	Speech & Language Therapy
Other Therapy	80	92526	Speech & Language Therapy
Other Therapy	81	92607	Speech & Language Therapy
Other Therapy	82	92608	Speech & Language Therapy
Other Therapy	83	92609	Speech & Language Therapy
Other Therapy	84	92610	Speech & Language Therapy
Assessments and Testing	85	96101	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	87	96102	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	89	96103	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	90	96105	Assessments - Other
Assessments and Testing	91	96110	Assessments - Other
Assessments and Testing	92	96111	Assessments - Other(Note: code retired 12/31/18)
Assessments and Testing	93	96112	Assessments - Testing
Assessments and Testing	94	96113	Assessments - Testing
Assessments and Testing	95	96116	Assessments - Testing
Assessments and Testing	96	96118	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	98	96119	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	100	96120	Assessments - Testing(Note: code retired 12/31/18)
Assessments and Testing	101	96121	Assessments - Testing
Assessments and Testing	102	96127	Assessments-Other
Assessments and Testing	103	96130	Assessments - Testing
Assessments and Testing	105	96131	Assessments - Testing
Assessments and Testing	107	96132	Assessments - Testing
Assessments and Testing	109	96133	Assessments - Testing
Assessments and Testing	111	96136	Assessments - Testing
Assessments and Testing	113	96137	Assessments - Testing
Assessments and Testing	115	96138	Assessments - Testing
Assessments and Testing	116	96139	Assessments - Testing
Assessments and Testing	117	96146	Assessments - Testing
Medication Administration	118	96372	Medication Administration
Other Therapy	119	97110	Occupational or Physical Therapy
Other Therapy	120	97112	Occupational or Physical Therapy
Other Therapy	121	97113	Occupational or Physical Therapy
Other Therapy	122	97116	Occupational or Physical Therapy
Other Therapy	123	97124	Occupational or Physical Therapy
Other Therapy	124	97140	Occupational or Physical Therapy
Other Therapy	125	97150	Occupational or Physical Therapy
Other Therapy	133	97161	Physical Therapy
Other Therapy	134	97162	Physical Therapy
Other Therapy	135	97163	Physical Therapy
Other Therapy	136	97164	Physical Therapy
Other Therapy	137	97165	Occupational Therapy
Other Therapy	138	97166	Occupational Therapy
Other Therapy	139	97167	Occupational Therapy
Other Therapy	140	97168	Occupational Therapy



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Other Therapy	141	97530	Occupational or Physical Therapy
Other Therapy	142	97533	Occupational or Physical Therapy
Other Therapy	143	97535	Occupational or Physical Therapy
Other Therapy	144	97537	Occupational or Physical Therapy
Other Therapy	145	97542	Occupational or Physical Therapy
Other Therapy	146	97750	Occupational or Physical Therapy
Other Therapy	147	97755	Occupational Therapy
Other Therapy	148	97760	Occupational or Physical Therapy
Other Therapy	149	97763	Occupational or Physical Therapy
Assessments and Testing	150	97802	Assessment or Health Services
Assessments and Testing	151	97803	Assessment or Health Services
Other Therapy	152	97804	Health Services
Evaluation and Management	154	99201	Substance Abuse: New Patient Evaluation and Management
Evaluation and Management	156	99202	Substance Abuse: New Patient Evaluation and Management
Evaluation and Management	158	99203	Substance Abuse: Physician Evaluation/Exam Under methadone
Evaluation and Management	160	99204	Substance Abuse: Physician Evaluation/Exam Under methadone
Evaluation and Management	162	99205	Substance Abuse: Physician Evaluation/Exam Under methadone
Evaluation and Management	164	99211	Substance Abuse: Established Patient Evaluation and Management
Evaluation and Management	166	99212	Substance Abuse: Established Patient Evaluation and Management
Evaluation and Management	168	99213	Substance Abuse: Established Patient Evaluation and Management
Evaluation and Management	170	99214	Substance Abuse: Established Patient Evaluation and Management
Evaluation and Management	172	99215	Substance Abuse: Established Patient Evaluation and Management
Evaluation and Management	173	99221	Additional Codes-Physician Services
Evaluation and Management	174	99222	Additional Codes-Physician Services
Evaluation and Management	175	99223	Additional Codes-Physician Services
Evaluation and Management	176	99224	Additional Codes-Physician Services
Evaluation and Management	177	99225	Additional Codes-Physician Services
Evaluation and Management	178	99226	Additional Codes-Physician Services
Evaluation and Management	179	99231	Additional Codes-Physician Services
Evaluation and Management	180	99232	Additional Codes-Physician Services
Evaluation and Management	181	99233	Additional Codes-Physician Services
Evaluation and Management	182	99238	Additional Codes-Physician Services
Evaluation and Management	183	99239	Additional Codes-Physician Services
Evaluation and Management	191	99324	Assessment
Evaluation and Management	192	99325	Assessment
Evaluation and Management	193	99326	Assessment
Evaluation and Management	194	99327	Assessment
Evaluation and Management	195	99328	Assessment
Evaluation and Management	196	99334	Assessment
Evaluation and Management	197	99335	Assessment
Evaluation and Management	198	99336	Assessment
Evaluation and Management	199	99337	Assessment
Evaluation and Management	200	99341	Assessment
Evaluation and Management	201	99342	Assessment
Evaluation and Management	202	99343	Assessment
Evaluation and Management	203	99344	Assessment
Evaluation and Management	204	99345	Assessment
Evaluation and Management	205	99347	Assessment
Evaluation and Management	206	99348	Assessment
Evaluation and Management	207	99349	Assessment
Evaluation and Management	208	99350	Assessment
Medication Administration	209	99506	Medication Administration
Other	210	99605	Medication Management
Other	211	A0080	Transportation
Other	212	A0090	Transportation
Other	213	A0100	Transportation
Other	214	A0110	Transportation
Other	215	A0120	Transportation
Other	216	A0130	Transportation
Other	217	A0140	Transportation
Other	218	A0170	Transportation
Other	219	E1399	Enhanced Medical Equipment-Supplies
Outpatient Services	221	G0409	Substance Abuse: Recovery Support Services
Assessments and Testing	223	H0001	Substance Abuse: Individual Assessment
Assessments and Testing	224	H0002	Assessment
Assessments and Testing	225	H0003	Substance Abuse: Laboratory Tests
Outpatient Services	226	H0004	Substance Abuse: Outpatient Treatment
Outpatient Services	227	H0005	Substance Abuse: Outpatient Care
Withdrawal Management	228	H0010	Substance Abuse: Sub-Acute Detoxification
Withdrawal Management	229	H0012	Substance Abuse: Sub-Acute Detoxification
Withdrawal Management	230	H0014	Substance Abuse: Sub-Acute Detoxification
Outpatient Services	231	H0015	Substance Abuse: Outpatient Care
Residential Services	233	H0018	Substance Abuse: Residential Services
Residential Services	234	H0019	Substance Abuse: Residential Services
Medication Assisted Treatment	235	H0020	Substance Abuse: Methadone

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Prevention and Early Intervention	236	H0022	Substance Abuse: Early Intervention
Additional Support Services	238	H0023	Substance Abuse: Peer Directed and Operated Support Services
Prevention and Early Intervention	239	H0025	Prevention Services - Direct Model
Assessments and Testing	240	H0031	Assessment
Case Management / Treatment Planning	243	H0032	Treatment Planning
Medication Assisted Treatment	245	H0033	Substance Abuse: Pharmacological Support - Suboxone
Other	246	H0034	Health Services
Additional Support Services	251	H0038	Substance Abuse: Peer Services
Non-Licensed CLS	255	H0043	Community Living Supports in Independent living/own home
Non-Licensed CLS	256	H0043TF	Community Living Supports in Independent living/own home
Non-Licensed CLS	257	H0043TG	Community Living Supports in Independent living/own home
Non-Licensed CLS	258	H0043TT	Community Living Supports in Independent living/own home
Non-Licensed CLS	259	H0043TFTT	Community Living Supports in Independent living/own home
Non-Licensed CLS	260	H0043TGT	Community Living Supports in Independent living/own home
Additional Support Services	261	H0045	Respite Care
Assessments and Testing	263	H0048	Substance Abuse: Laboratory Tests
Outpatient Services	264	H0050	Substance Abuse: Individual Treatment
Case Management / Treatment Planning	265	H2000	Behavior Treatment Plan Review
Case Management / Treatment Planning	266	H2000TS	Monitoring Activities
Crisis	272	H2011	Substance Abuse: Crisis Intervention, per 15 minutes
Skill Building	273	H2014	Skill-Building
Non-Licensed CLS	275	H2015	Community Living Supports (15 Minutes)
Non-Licensed CLS	276	H2015TT	Community Living Supports (15 Minutes)
Licensed Residential	277	H2016	Community Living Supports (Daily)
Outpatient Services	283	H2027	Substance Abuse Outpatient: Didactics
Outpatient Services	286	H2035	Substance Abuse Outpatient
Outpatient Services	287	H2036	Substance Abuse: Outpatient Care
Other	288	Q3014GT	Telemedicine Facility Fee
Other	289	Q3014GT	Substance Abuse: Telemedicine Facility Fee
Other	290	S0209	Transportation
Other	291	S0215	Transportation
Other	295	S5111HM	Family Training
Additional Support Services	296	S5151	Respite
Non-Licensed CLS	297	S5160	Personal Emergency Response System (PERS)
Other	299	S5165	Environmental Modification
Other	300	S5199	Enhanced Medical Equipment-Supplies
Other Therapy	301	S8990	Occupational or Physical Therapy
Other	308	S9445	Health Services
Other	309	S9446	Health Services
Other	310	S9470	Health Services
Prevention and Early Intervention	311	S9482	Prevention Services - Direct Model
Crisis	312	S9484	Intensive Crisis Stabilization
Assessments and Testing	316	T1001	Assessment
Other	317	T1002	Health Services
Additional Support Services	318	T1005	Respite Care
Additional Support Services	319	T1005TD	Respite Care
Additional Support Services	320	T1005TE	Respite Care
Case Management / Treatment Planning	321	T1007	Substance Abuse: Treatment Planning
Outpatient Services	322	T1012	Substance Abuse: Recovery Supports
Case Management / Treatment Planning	324	T1016	Supports Coordination
Case Management / Treatment Planning	325	T1017	Targeted Case Management
Licensed Residential	327	T1020	Personal Care in Licensed Specialized Residential Setting
Crisis	328	T1023	Assessments
Prevention and Early Intervention	329	T1027	Prevention Services - Direct Model
Other	330	T1999	Enhanced Pharmacy
Other	331	T2001	Transportation
Other	332	T2002	Transportation
Other	333	T2003	Transportation
Other	334	T2004	Transportation
Other	335	T2005	Transportation
Prevention and Early Intervention	337	T2024	Prevention Services - Direct Model
Other	338	T2025	Fiscal Intermediary Services
Other	339	T2028	Enhanced Medical Equipment-Supplies
Other	340	T2029	Enhanced Medical Equipment-Supplies
Additional Support Services	341	T2036	Community Living Supports/Respite Care-Therapeutic Camping
Additional Support Services	342	T2037	Community Living Supports/Respite Care-Therapeutic Camping
Other	343	T2038	Housing Assistance

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Service Category	Service	Service Description	SED	CWP
Case Management / Treatment Planning	H2021	Community-based wrap-around services	X	
Non-Licensed CLS	H0043	Supported housing	X	X
Non-Licensed CLS	H2015	Comprehensive community support services	X	X
Licensed Residential	H2016	Comprehensive community support services	X	X
Other Therapy	97124	Massage, including effleurage		X
Other Therapy	97530	Therapeutic activities, direct	X	
Other	E1399	Durable medical equipment, miscellaneous		X
Other	G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems	X	X
Other	G0177	Family Psycho-Education - educational groups	X	X
Other	H2022	Community-based wrap-around services	X	
Other	S0215	Non-emergency transportation		X
Other	S5110	Home care training, family	X	X
Other	S5111	Home care training, family	X	X
Other	S5116	Home care training, non-family	X	X
Other	S5140	Foster care, adult	X	
Other	S5145	Foster care, therapeutic, child	X	
Other	S5150	Unskilled respite care, not hospice	X	X
Other	S5199	Personal care item, not otherwise specified		X
Other	T1015	Clinic visit/encounter, all-inclusive	X	
Other	T2025	Waiver services, not otherwise specified	X	X
Other	T2028	Specialized supply, not otherwise specified, waiver		X
Other	T2029	Specialized medical equipment, not otherwise specified, waiver		X
Other	T2038	Community transition, waiver	X	
Other	T2039	Vehicle modifications, waiver		X
Additional Support Services	H0045	Respite care services, not in the home	X	X
Additional Support Services	S5151	Unskilled respite care, not hospice	X	X
Additional Support Services	T1005	Respite care services	X	X
Additional Support Services	T2036	Therapeutic camping, overnight, waiver	X	
Additional Support Services	T2037	Therapeutic camping, day, waiver	X	

## Reference C: Autism Fee Schedule

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Service Code	Service Description	Attended By	Reporting Units	Provider Type	BCBA	BCaBA	QBHP	LP/LLP	BT
97151	Behavior identification assessment includes interpretation of results and development of the behavioral plan of care, each 15 minutes of face-to-face with a patient and no more than 2.5 hours per assessment without MDHHS approval	patient, QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 48.00	\$ 34.00	\$ 48.00	\$ 48.00	
0362T	Behavior identification supporting assessment each 15 minutes of face-to-face with a patient	patient, 2 or more technicians, administered by on site QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 30.00	\$ 21.25	\$ 30.00	\$ 30.00	
97153	Adaptive behavior treatment by protocol administered by technician each 15 minutes of face-to-face with patient	patient, technician (or QHP)	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00	\$ 12.50
97154	Group adaptive behavior treatment by protocol, each 15 minutes of face-to-face with a two or more patients	2 or more patients, technician (or QHP)	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 4.29	\$ 4.29	\$ 4.29	\$ 4.29	\$ 3.93
97155	Adaptive behavior treatment with protocol modification and clinical observation & direction administered by qualified professional each 15 minutes of face-to-face with a patient	patient, QHP, may include technician and caregiver	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 30.00	\$ 21.25	\$ 30.00	\$ 30.00	
97156	Family behavior treatment guidance administered by qualified professional, each 15 minutes of face-to-face with guardian(s)/caregiver(s)	caregiver, QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 30.00	\$ 21.25	\$ 30.00	\$ 30.00	
97157	Multiple Family behavior treatment guidance administered by qualified professional, each 15 minutes of face-to-face with guardian(s)/caregiver(s)	2 or more caregivers of 2 or more patients and QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 12.00	\$ 8.50	\$ 12.00	\$ 12.00	
97158	Adaptive behavior treatment social skills group, each 15 minutes of face-to-face with multiple patients	2 or more patients and QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP	\$ 8.57	\$ 6.07	\$ 8.57	\$ 8.57	
0373T	Adaptive behavior treatment with protocol modification requiring two or more technicians for patient who exhibits destructive behavior(s); per 15 minutes of time face-to-face with patient.	patient, 2 or more technicians, administered by on site QHP	per 15 minute	BCBA, BCaBA or QBHP, LP/LLP, BT	\$ 30.00	\$ 30.00	\$ 30.00	\$ 30.00	\$ 27.50

\*QHP - a Qualified Healthcare Professional (QHP) is a Licensed Behavior Analyst, Licensed Assistant Behavior Analyst, Board Certified Behavior Analyst-Doctoral, Board Certified Behavior Analyst, Board Certified Assistant Behavior Analyst, or other credentialed professional whose scope of practice, training, and competence includes applied behavior analysis.



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