

# MSHN Behavioral Health (CMH) Department Quarterly Report

July 2023-September 2023 (FY23 Q4)

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## **I. Introduction**

The Behavioral Health (CMH) Department at Mid-State Health Network consists of several functions that oversee and support contractual obligations with the Michigan Department of Health and Human Services (MDHHS) and Community Mental Health Services Programs (CMHSPs). Pre-Paid Inpatient Health Plans (PIHPs) such as Mid-State Health Network (MSHN), have the responsibility to oversee the waiver services for eligible beneficiaries. MSHN is responsible for the provision of certain enhanced community support services for those beneficiaries in the service areas who are enrolled in Michigan's 1915(c) and 1915(i) Home and Community Based Services Waiver for children and adults with intellectual and developmental disabilities (IDD), children and youth with severe emotional disturbance (SED), and adults with serious mental illness (SMI). MSHN oversees the following 1915(c) waivers: The Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), and the Waiver for Children with Serious Emotional Disturbance (SEDW). The 1915(i) State Plan Amendment (SPA) covers all ages and populations.

The Autism Benefit is provided under Michigan's Early, Periodic Screening, Diagnosis, and Treatment (EPSDT) services. MSHN is responsible for the provision of specialty services Medicaid benefits and makes these benefits available to beneficiaries referred by a primary EPSDT screener, to correct or ameliorate a qualifying condition discovered through the screening process. The EPSDT is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The Autism Benefit is for children under 21 years of age and focuses on behavioral health treatment services (BHT) and applied behavioral analysis (ABA) evidence-based practice services.

MSHN Home and Community-Based Services Rule Transition (HCBS) efforts developed because on January 16, 2014, the Centers for Medicare & Medicaid Services (CMS) released the Home and Community Based Services (HCBS) Final Rule (CMS 2249-F/2296-F). The HCBS Final Rule specifies requirements for programs offering HCBS under the 1915(c), 1915(i), 1915(k), and 1115 authorities of the Social Security Act. These requirements aim to improve the quality of the lives of individuals, allowing them to live and receive services in the least restrictive setting possible with full integration in the community. MSHN must ensure that its provider network of CMHSPs and their sub-contracted providers are compliant with the HCBS Rule.

The Conflict Free Access and Planning workgroup is an MDHHS workgroup made up of participants from the PIHPs, CMHSPs, providers, and stakeholders. The Conflict Free Access and Planning workgroup was intended to explore how to implement processes in the service system that create firewalls, or separations between access and planning functions, and direct service functions. This has resulted in the workgroup needing to review four potential options for addressing conflict free processes. Any of the four options will conceivably and fundamentally alter the CMHSP structure and many CMHSP and PIHP Boards of Directors have issued resolutions opposing these options.

Following CMS' guidance, Michigan transitioned all the specialty behavioral health services and supports previously covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS state plan benefit effective October 1, 2019. Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines. Beginning 10/1/2023, the 1915(i) State Plan Amendment (SPA) began to

operate concurrently with the 1115 Demonstration, which ensures the provision of behavioral health community-based services and evaluation/re-evaluation of eligibility function through Michigan's managed-care contract with the regional Prepaid Inpatient Health Plans (PIHP).

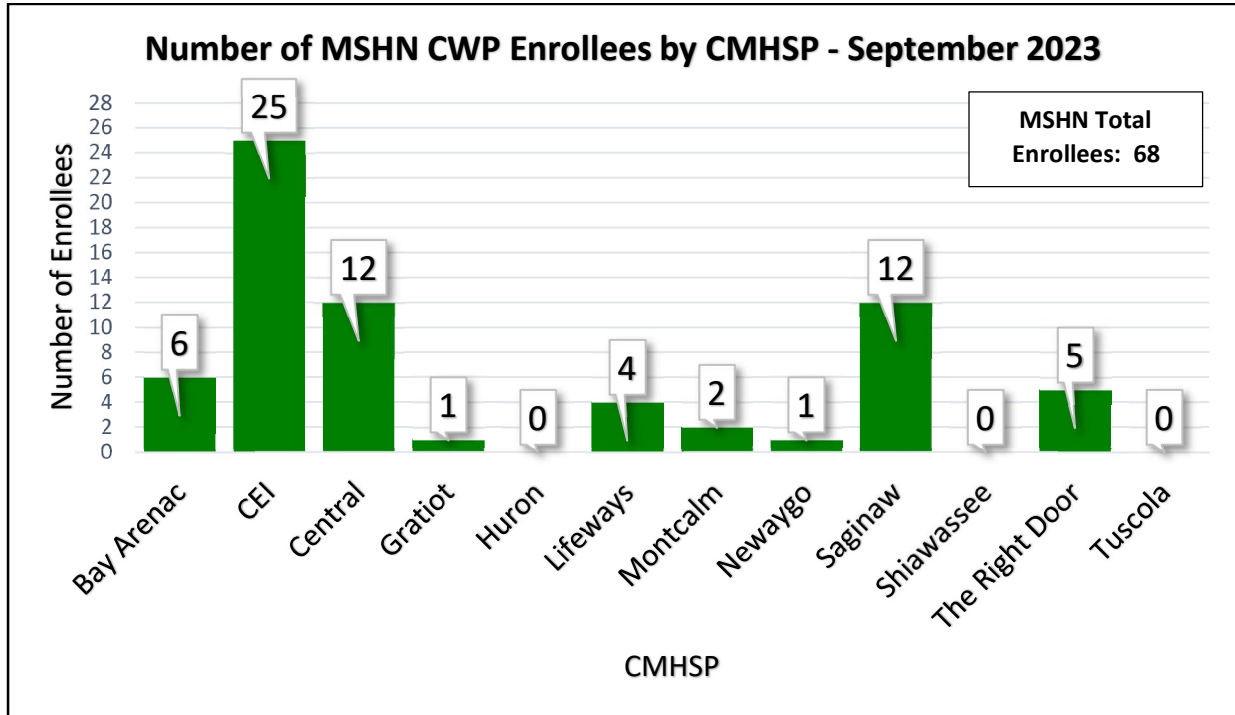
The Clinical Leadership Committee (CLC) consists of the clinical leaders of each CMHSP and MSHN. The MSHN Operations Council (OC) has created the CLC to advise the Prepaid Inpatient Health Plan's (PIHP) Chief Executive Officer (CEO) and the OC concerning the clinical operations of MSHN and the region. Respecting that the needs of individuals served, and communities vary across the region, its purpose is to inform, advise, and work with the CEO and OC to bring local perspectives, local needs, and greater vision to the operations of MSHN so that effective and efficient service delivery systems are in place that represent best practice and result in good outcomes for the people served in the region.

The Regional Medical Directors Committee (RMDC), as created by the MSHN OC, the RMDC functions to advise the MSHN Chief Medical Officer (CMO), the MSHN Chief Executive Officer (or designee), the MSHN Chief Behavioral Health Officer (CBHO), and the OC concerning the behavioral health operations of MSHN and the region. Respecting that the needs of individuals served, and communities vary across the region, it will inform, advise, and work with the CMO, CEO (or designee), CBHO, and OC to bring local perspectives, local needs, and greater vision to the operations of MSHN so that effective and efficient service delivery systems are in place that represent best practice and result in good outcomes for the people served in the region.

## **II. Waivers**

### **A. Children's Waiver Program (CWP)**

At the end of the third quarter (Q3) of Fiscal Year 2023 (FY23), Mid-State Health Network's (MSHN) Children's Waiver Program (CWP) had a total of 69 enrollees, which was a decrease of 4 compared to the number of enrollees at the end of FY23 Q2.

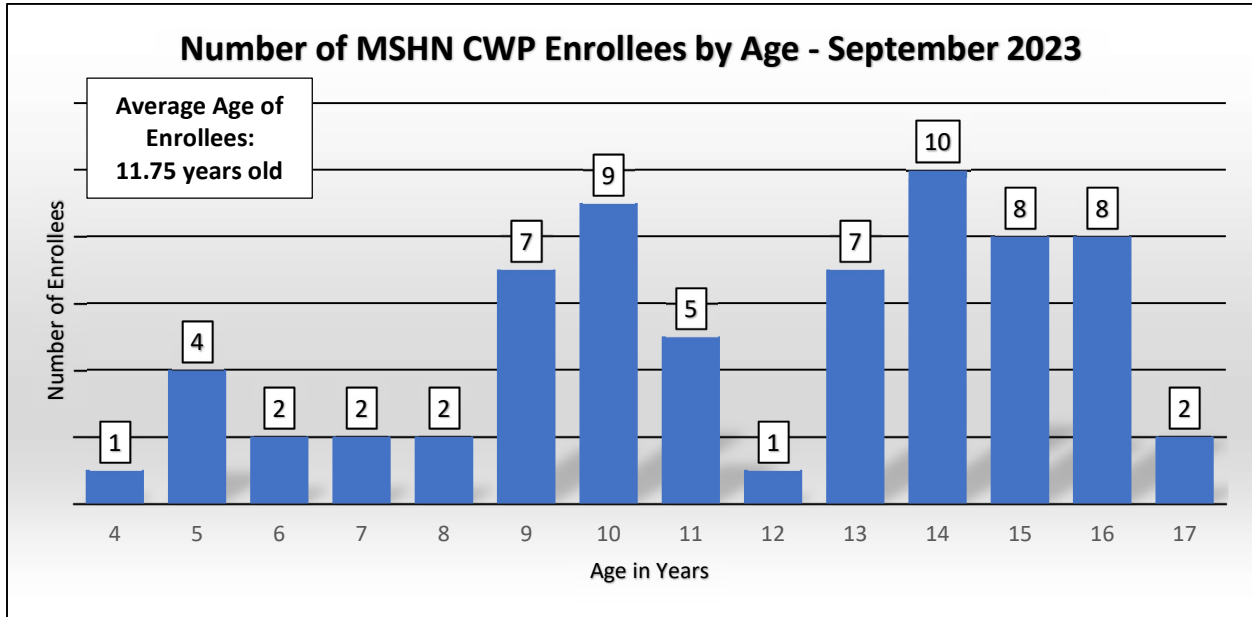


Mid-State Health Network’s (MSHN) Children’s Waiver Program (CWP) had a total of 68 individuals enrolled in September 2023. This amount remained the same from August 2023. Enrollment in the CWP has fluctuated slightly over the past fiscal year, from 72 in September of 2022, to 68 in September of 2023. CEI had the highest percentage of enrollees for September 2023 at 37%.

Currently, there are no applications pending for individuals who have been invited to participate in the CWP (but does not yet have an open case). There are presently three individuals on the Weighing List.

**CWP Age-Related Data and Data Trends**

In September 2023, the average age of individuals enrolled in the CWP was **11.75 years old**. MSHN had no age-offs. Individual reports with age-off data will be provided to each CMHSP when the individual is within 90 days of aging off the CWP (at age 18).



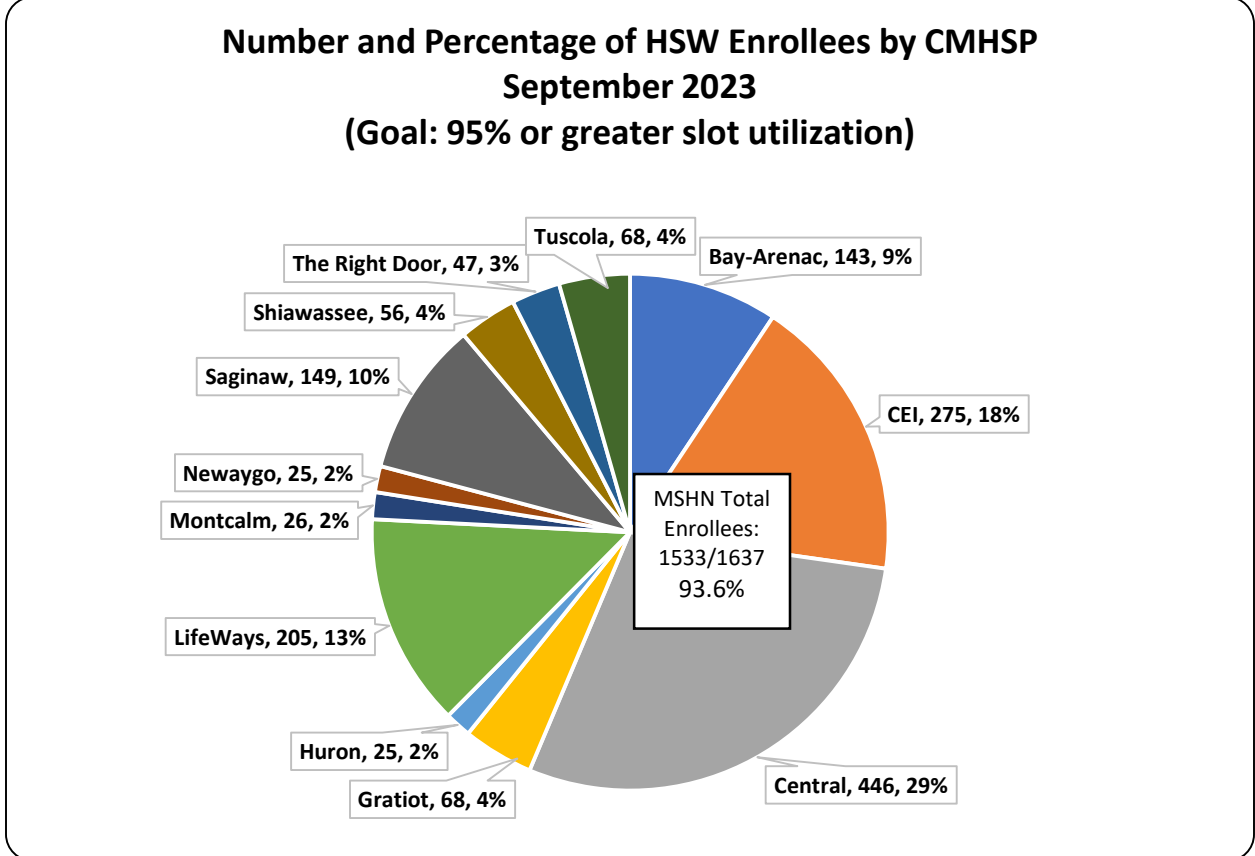
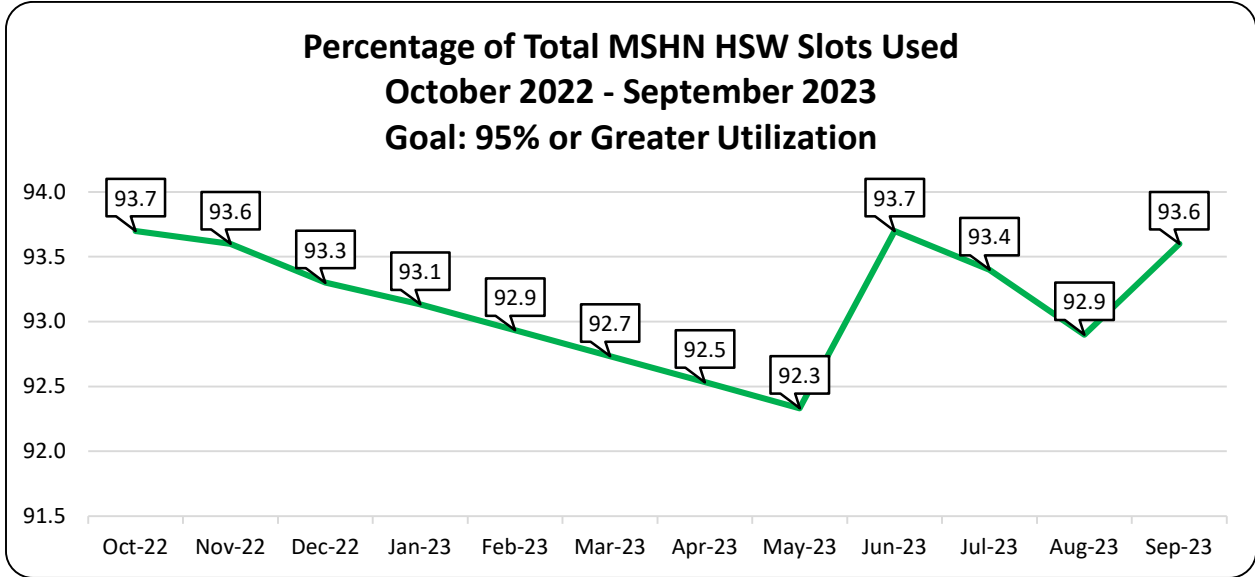
**Summary**

Enrollment in the CWP is down seven slots at end of FY23. The overall average age of enrollees has also increased slightly by three months. All cases in MDHHS or PIHP Waiver Support Application (WSA) work queues have been removed. Individual reports of overdue cases are provided to each CMHSP.

**B. Habilitation Supports Waiver (HSW) Program**

**HSW Slot Utilization and Data Trends**

While MSHN continued to be below the 95% slot utilization standard set by Michigan Department of Health and Human Services (MDHHS), there has been minor progress this past quarter, rising .2% from start of FY23Q4. For FY23, the HSW benefit roughly held even for the year, losing only .1%, or 1.6 slots. MSHN has a slot allocation of 1,637 slots. At the end of September, 1,533 slots, or 93.6%, were being utilized. This is a .7% increase since the end of FY23 Q3. The following charts represent the slot utilization distributions over the last 12 months, and among CMHSPs. MSHN will continue under corrective action by MDHHS. MSHN’s goal is to attain a minimum 97% slot utilization.



**Updates**

**Disenrollments and Data Trends**

There was a total of 13 disenrollments ending FY23Q4 across the region. The reasons for disenrollment were due to consumer death 54% (7), voluntary disenrollment 31% (4), and nursing home 15% (2). MSHN reviews each voluntary disenrollment to better understand trends and address issues of education and concern.

### **New Enrollments and Data Trends**

To end FY23Q4, MSHN had a total of 26 new enrollments across the region. The increase of enrollments over disenrollments continued this quarter with a positive balance of 13. This is a 2 to 1 enrollment to disenrollment pace which is helping to revive the slot utilization percentage closer to the 95% minimum.

### **Trends Related to Pended Cases**

MSHN receives HSW recertification files each month from CMHSPs that have cases coming due for recertification submission to MDHHS. MSHN must review these cases and ensure that they meet criteria for recertification. When MSHN sends the files to MDHHS, their responsibility is to complete their review and to finalize approval of the recertification for the year. MSHN sends back recertifications that do not meet standards. MDHHS has advised MSHN to ensure that all submitted recertifications should meet the standards for approval and will be returned if they do not.

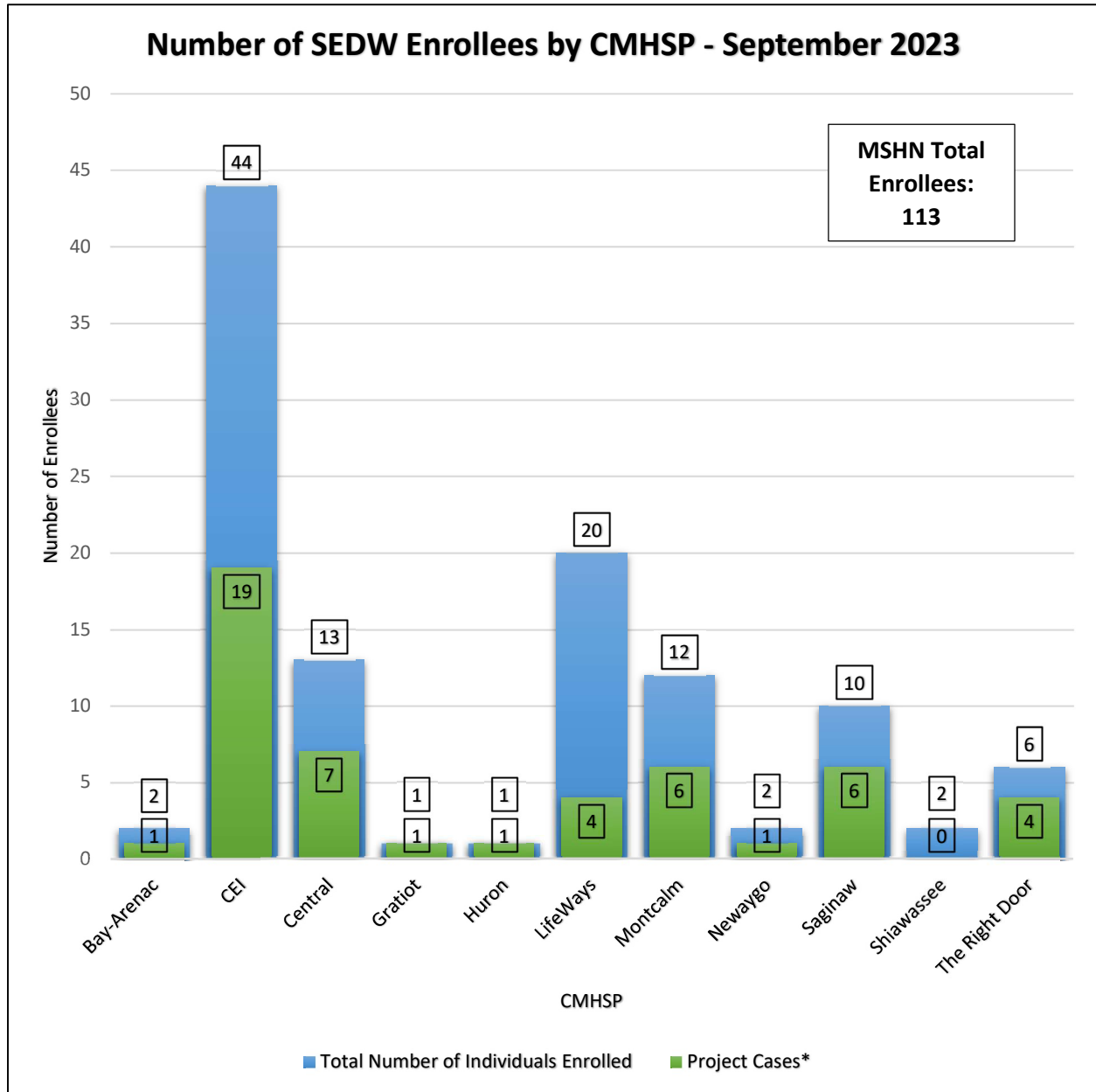
The CMHSPs have cited pended cases as a major reason for not wanting to submit new initial applications, citing the paperwork is prohibitive. Often, the reason MSHN must pend a case back continues to be due to lack of clarity around measurable goals and objectives in the plan. The other reasons were due to needing a copy of the behavior treatment plan, consent or IPOS addendum are missing signatures, IPOS start date not correct in WSA, and demographics does not match consent. MSHN shares this data to ensure that the CMHSPs can address improvements in these areas. MSHN will also organize trainings as indicated to help maximize efficiencies.

### **Summary**

Mid-State Health Network's (MSHN) Habilitation Supports Waiver program ended FY23 Q4 with 1,533 enrollees, which was a 0.07% change from the third quarter of the fiscal year 23. The slot utilization rate at the end of the second quarter was 93.7% meaning MSHN continued to fall below compliance with the 95% slot utilization standard set by Michigan Department of Health and Human Services (MDHHS) but has continued a mostly upward trend. The region experienced 13 disenrollments and 26 new enrollments throughout the fourth quarter. The biggest reason for disenrollment throughout the fourth quarter was death of the recipient (54%).

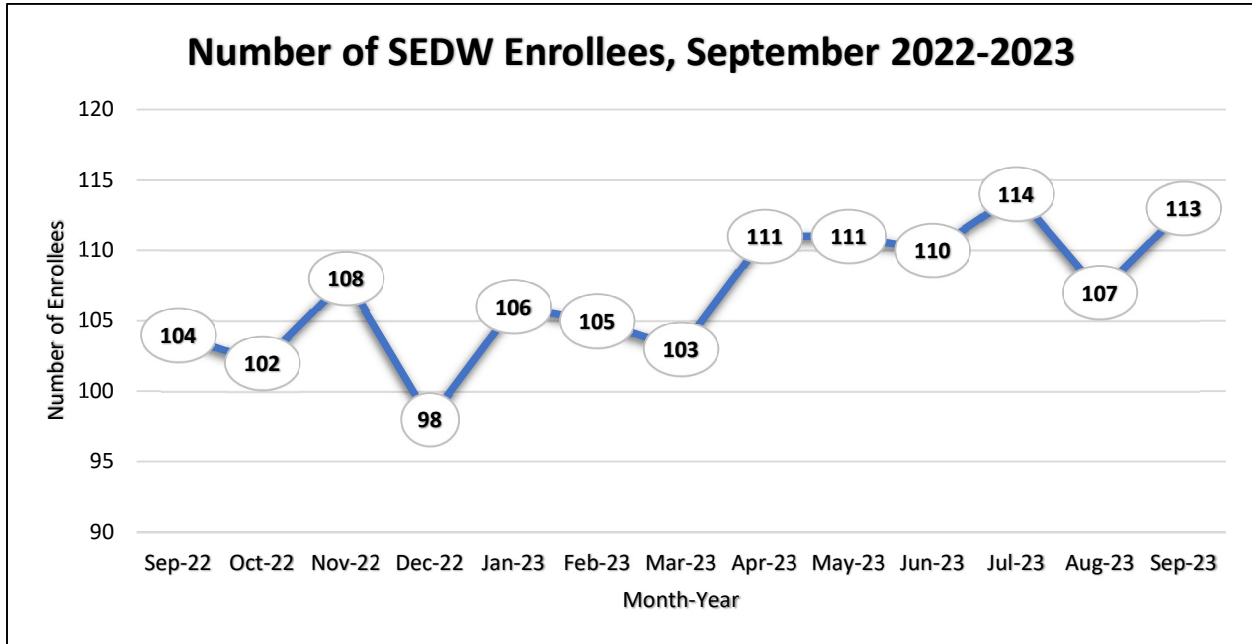


**C. Waiver for Children with Serious Emotional Disturbance (SEDW)**



\* “Project Cases” are children with open foster care cases through Michigan Department of Health and Human Services (MDHHS) and children adopted out of the Michigan Child Welfare System. Project Cases are counted as a part of the total number of enrollees for each Community Mental Health Service Program (CMHSP).

As of September 2023, Mid-State Health Network’s (MSHN) Serious Emotional Disturbance Waiver (SEDW) program had a total of **113 enrollees**, of which there were **50 Project Cases (44%)**.



Currently, 11 of the 12 CMHSPs in MSHN’s region have at least 1 child/family on the SEDW compared to the previous quarter, where only 8 CMHSPs had at least one SEDW case. The region added a total of 3 new cases to the SEDW compared to FY23Q3 but dropped 1 case from the beginning of FY23Q4. MSHN will continue to work with its network to ensure that each CMHSP has the knowledge and guidance to facilitate implementation of the SEDW benefit for potential candidates and enrollees.

**Table 1:**  
***SEDW Enrollment Numbers by CMHSP***

CMHSP	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Bay-Arenac	2	1	1	0	1	2	2
CEI	39	40	42	44	46	41	44
Central	13	16	14	14	17	14	13
Gratiot	0	1	1	1	1	1	1
Huron	0	0	0	0	0	1	1
LifeWays	20	21	20	19	19	18	20
Montcalm	17	16	16	15	15	14	12
Newaygo	1	1	1	2	2	2	2
Saginaw	5	8	8	7	5	7	10
Shiawassee	0	0	0	0	1	1	2
The Right Door	6	7	8	8	7	6	6
Tuscola	0	0	0	0	0	0	0
<b>Total</b>	<b>103</b>	<b>111</b>	<b>111</b>	<b>110</b>	<b>114</b>	<b>107</b>	<b>113</b>

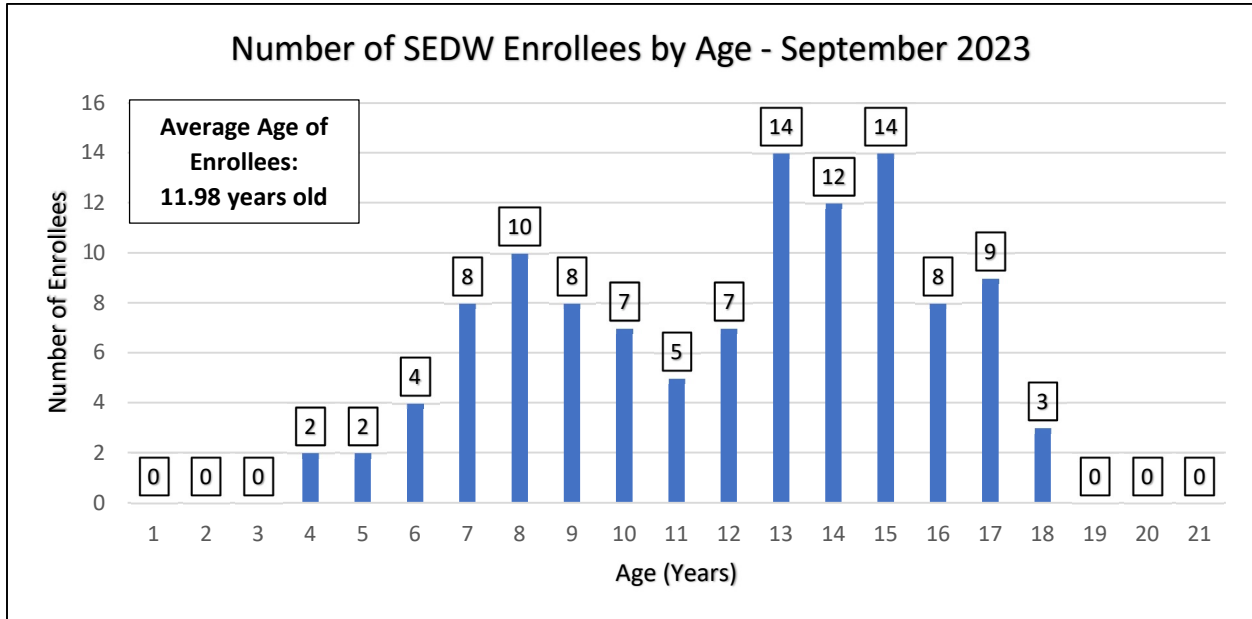
**Table 2: SEDW Reason for Disenrollment**

Reason for Disenrollment	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Age Off	0	0	0	0	0	0	0
Deceased	0	0	0	0	0	0	0
Moved out of State	0	1	1	0	0	0	0
Not Eligible	3	2	2	4	2	2	0
Other	0	0	0	0	0	0	0
Parent Declined	0	0	0	0	0	0	0
Reject	0	0	0	0	0	0	0
Res. Place 45 Day no Return	0	0	1	0	1	3	2
Voluntary Withdrawal	4	0	1	1	0	5	0
Withdraw	0	0	0	0	0	1	0
<b>Total</b>	<b>7</b>	<b>3</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>11</b>	<b>2</b>

**Table 3: SEDW Total Disenrollment per CMHSP**

CMHSP	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Bay-Arenac	0	1	1	0	0	0	0
CEI	3	1	1	1	0	4	0
Central	0	0	0	1	0	3	1
Gratiot	0	0	0	0	0	0	0
Huron	0	0	0	0	0	0	0
LifeWays	3	0	1	1	1	1	0
Montcalm	0	1	1	1	0	1	1
Newaygo	0	0	0	0	0	0	0
Saginaw	1	0	1	1	2	0	0
Shiawassee	0	0	0	0	0	0	0
The Right Door	0	0	0	0	0	2	0
Tuscola	0	0	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>3</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>11</b>	<b>2</b>

MSHN has added the two disenrollment tables (i.e., Reason for Disenrollment and Total Disenrollments by CMHSP) above to reflect the changes over the past year and to show disenrollment trends by CMHSP. Disenrollment data captured here includes the dates on which the disenrollments were finalized at the CMSHP. Often, MSHN receives notification of disenrollments with some delay. In these circumstances, the overall enrollment numbers are impacted but that specific disenrollment may not be captured in the report month. The current data indicates that the primary reason for disenrollment is reported to be “Res. Place 45 Day No Return.” MSHN will review the data related to disenrollment at SEDW workgroup meetings and discuss the eligibility requirements to improve waiver enrollment.



At the end of FY23Q4, the average age of individuals enrolled in the SEDW was **11.98 years old**.

**Summary**

Total enrollees once again decreased at the end of FY23Q4 to 113, or a drop of one case. The drop noted in FY23Q4 is in contrast to the end of FY23Q2, which puts the end of FY23 up by 10 cases, and 11 over the whole year. Since September 2021, SEDW utilization has dropped 37 cases, from a high of 150. This means that potentially useful and intensive community services have not been utilized where they could have been and thus potentially leading to increased services of even higher intensity.

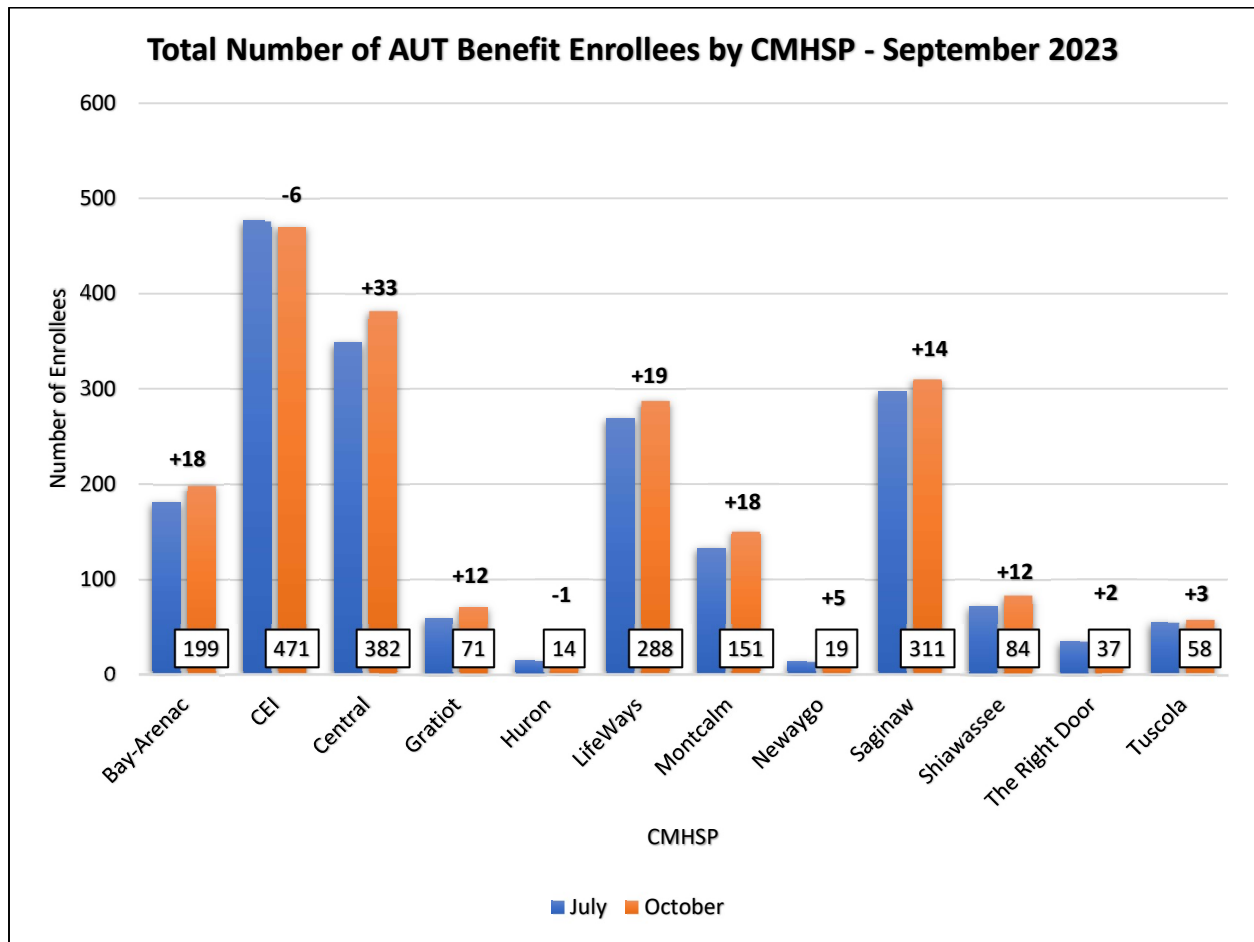
**III. Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**

**A. Autism Benefit**

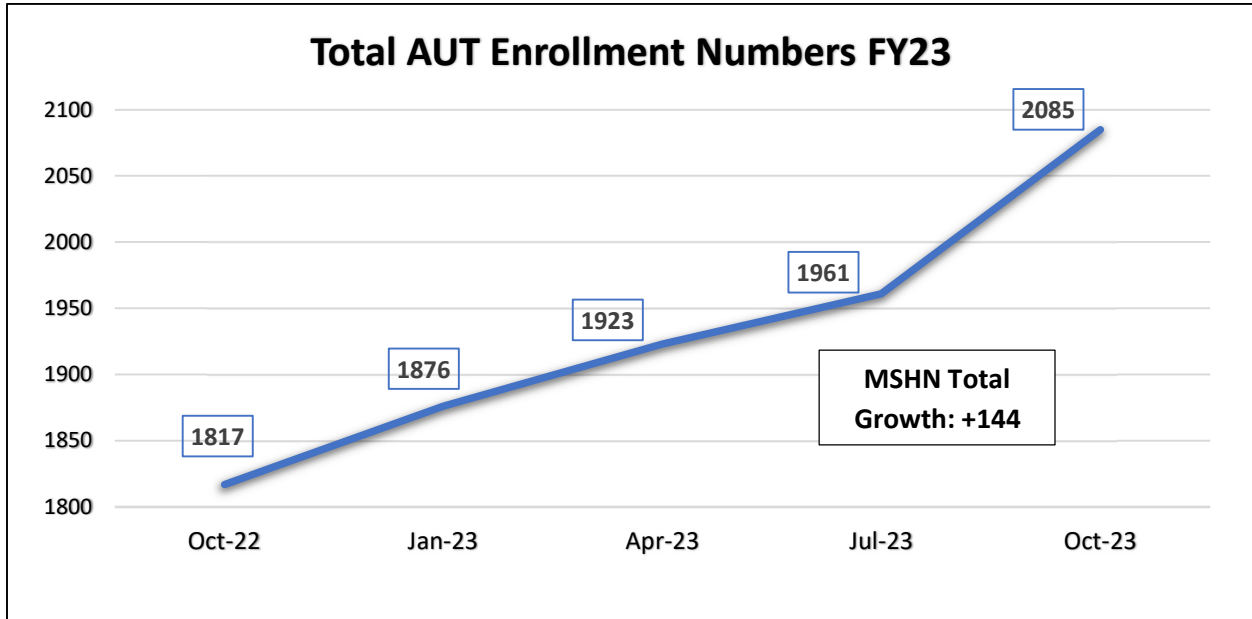
**Table 1:**

**Total Number of AUT Benefit Enrollees by CMHSP**

CMHSP	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23
Bay-Arenac	152	169	180	181	199
CEI	446	470	477	477	471
Central	339	348	345	349	382
Gratiot	61	55	57	59	71
Huron	19	19	18	15	14
LifeWays	254	249	256	269	288
Montcalm	112	125	133	133	151
Newaygo	12	12	12	14	19
Saginaw	269	278	285	297	311
Shiawassee	66	68	71	72	84
The Right Door	34	30	33	35	37
Tuscola	53	53	56	55	58
<b>Total</b>	<b>1817</b>	<b>1876</b>	<b>1923</b>	<b>1961</b>	<b>2085</b>



Mid-State Health Network’s (MSHN) Autism Benefit enrollment data for September 2023 is shown in *Table 1: Total Number of AUT Benefit Enrollees by CMHSP* and subsequent chart. Enrollment numbers have **increased by 124** since July 1, 2023 (FY23, Q3). 10 of MSHN’s 12 Community Mental Health Service Programs (CMHSPs) (Bay-Arenac, Central, Gratiot, LifeWays, Montcalm, Newaygo, Saginaw, Shiawassee, The Right Door and Tuscola) have experienced continued enrollment growth within that period.



**Table 2: Total Pending AUT Benefit Enrollees**

CMHSP	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23
Bay-Arenac	21	11	19	32	40
CEI	39	21	23	19	67
Central	51	55	60	50	74
Gratiot	4	13	17	23	20
Huron	0	0	0	0	0
LifeWays	11	29	28	22	28
Montcalm	9	14	8	13	10
Newaygo	0	4	2	0	0
Saginaw	32	28	32	46	56
Shiawassee	8	7	10	11	21
The Right Door	1	5	7	19	17
Tuscola	0	0	0	1	0
<b>Total</b>	<b>176</b>	<b>187</b>	<b>206</b>	<b>236</b>	<b>333</b>

Table 2: Total Pending AUT Benefit Enrollees depicts the number of individuals who have presented at each CMHSP requesting (but still waiting for) an autism evaluation. Positive changes indicate an increase in referrals and those still waiting for an assessment. Negative changes indicate CMHSP movement – having testing done for individuals and making diagnostic decisions (either qualifying or non-qualifying). This data could be used to inform CMHSPs about provider capacity issues as it relates to Qualified Licensed Practitioners (QLPs).

**Table 3:**

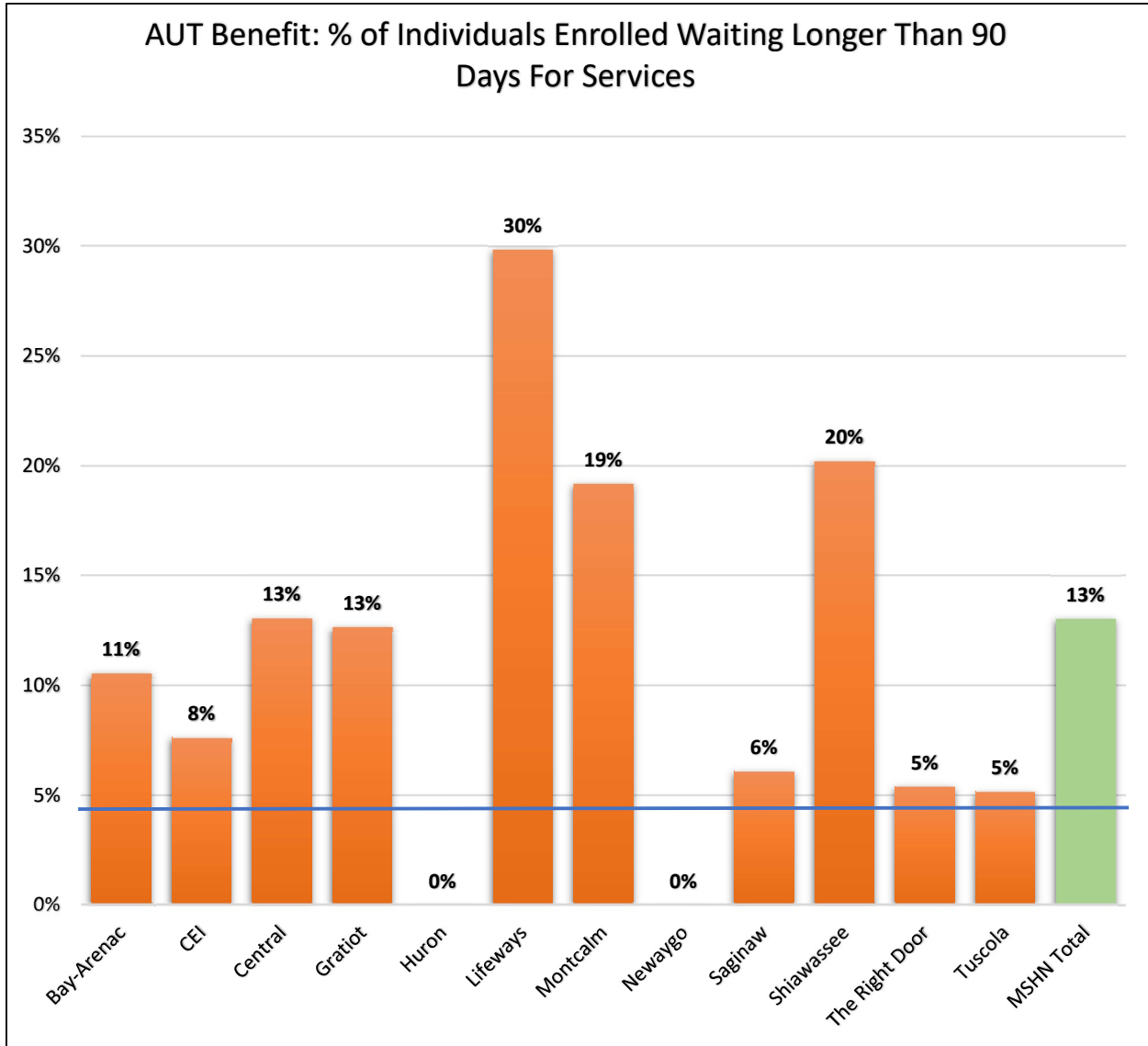
***Reason for Disenrollment***

Reason	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23
Approved/Declined	11	4	7	12	16
Met TX. Goals	9	5	6	6	16
Out of State	3	0	0	1	0
No Medicaid	0	0	0	0	4
Age Off	1	4	0	0	1
Voluntary D/E	24	9	15	16	33
Other	0	0	2	7	8
Re-Eval did not meet med. nec. criteria	0	0	0	1	1
<b>Total</b>	<b>48</b>	<b>22</b>	<b>30</b>	<b>43</b>	<b>79</b>

The top reason for disenrollment in September 2023 was from **Voluntary Disenrollment**. CMHSPs are required to provide information when voluntarily disenrolling. Typically, families voluntarily disenroll after they feel progress has been made, they are transitioning to other services, or they no longer feel that ABA is beneficial.

**Table 4: Total Number of Individuals Enrolled and Waiting Longer than 90 days for Services**

CMHSP	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23
Bay-Arenac	5	13	11	25	21
CEI	24	37	36	45	36
Central	10	21	12	35	50
Gratiot	3	3	3	5	9
Huron	3	2	2	0	0
LifeWays	35	39	37	76	86
Montcalm	24	28	31	48	29
Newaygo	0	0	0	0	0
Saginaw	6	10	2	17	19
Shiawassee	6	6	7	15	17
The Right Door	2	0	0	1	2
Tuscola	0	0	0	6	3
<b>Total</b>	<b>120</b>	<b>159</b>	<b>141</b>	<b>273</b>	<b>272</b>



MSHN currently has an average of **13%** of its enrolled population waiting longer than 90 days to start services. 4 of the region’s 12 CMHSPs have **less than or equal to 5%** of their enrolled population waiting longer than 90 days. The Clinical Leadership Committee of the MSHN region has established a goal that 95% of individuals served should receive ABA services within 90 days of established eligibility. MSHN will continue to work with the region to address issues related to service delays with a focus on increasing network capacity to ensure that all individuals receive services within 90 days of program eligibility. This data could be used to inform CMHSPs about provider capacity issues as it relates to the provision of ABA services.

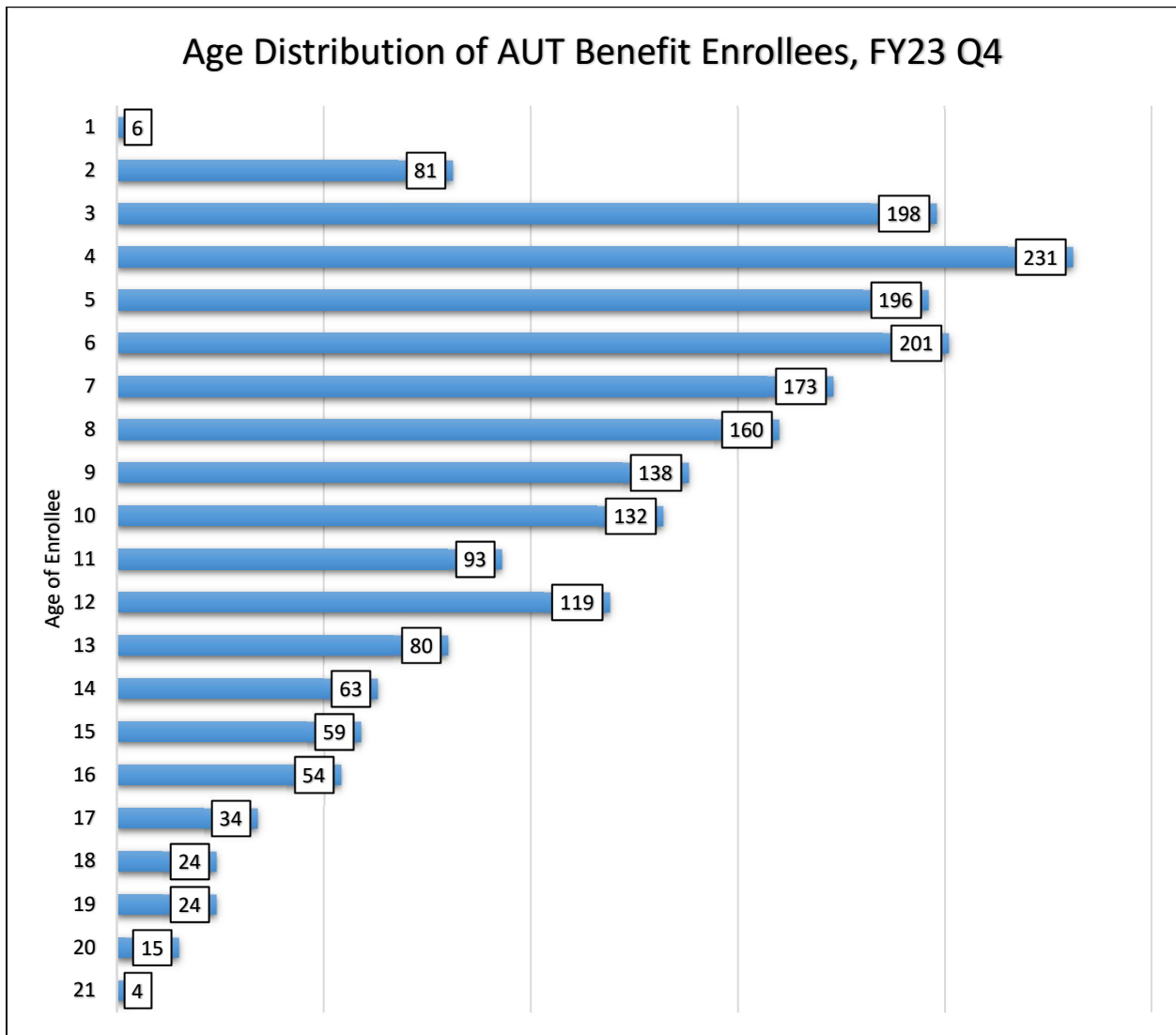
**Table 5: New Evaluations by Classification**

Classification	Oct-22	Jan-23	Apr-23	Jul-23	Oct-23
Qualified	57	75	75	106	160
Not Qualified	34	43	26	46	70
<b>Total</b>	<b>91</b>	<b>118</b>	<b>101</b>	<b>152</b>	<b>230</b>



**Overdue Re-evaluations Greater Than 30 Days**

As of September 1, 2021, re-evaluations are only required once every three years. House Bill 4059, enacted on March 30, 2022, eliminates the requirement for re-evaluations entirely, however, the current expectation remains that re-evaluations will be completed every three years until policy is changed. MSHN will continue to provide guidance as implementation rules to House Bill 4059 become available, and policy is updated as a result. MSHN continues to emphasize the importance of quality and comprehensive initial autism evaluations to ensure eligibility is accurately determined.



The average age of individuals receiving AUT services for September 2023 was **8.10 years old**. The average age of individuals found to have a qualifying evaluation in Q4 was 7 years old. In recent Autism workgroup meetings, MSHN has highlighted this information, as well as the group of individuals that will age out of the benefit in coming months. MSHN has encouraged CMHSP leads to consider enrollment in other programs as appropriate, such as the Habilitation Supports Waiver (HSW) as a potential option for continued service.

**Important WSA Updates:**

The WSA was decommissioned for AUTISM only on April 1, 2023. MSHN has established a new data gathering process through the MSHN Autism Workgroup. The preceding data was the product of that work.

**IV. Home and Community-Based Services Rule Transition (HCBS)**

**A. HCBS FY23Q3 Updates:**

**Purpose**

On March 17, 2014, the Centers for Medicare and Medicaid Services (CMS) published a new set of rules for the delivery of Home and Community Based Services through Medicaid waiver programs. Through these rules, the Centers for Medicare and Medicaid Services aim to improve the experience of individuals in these programs by enhancing access to the community, promoting the delivery of services in more integrated settings, and expanding the use of person-centered planning.

In response, the Michigan Department of Health and Human Services is developing a statewide transition plan to bring its waiver programs into compliance with the new regulations while continuing to provide vital services and supports to Michigan citizens. The Department is committed to an inclusive process partnering with people receiving services, their allies, health care providers, and other organizations to create a transition plan that serves the best interests of the people of Michigan while also meeting requirements from the Centers for Medicare and Medicaid Services.

**Current Projects**

**2020 Survey Remediation and Validation**

This project is from 2020 surveys that were being resurveyed because they did not respond to the 2018 surveys. MSHN first began reviewing and cleaning this data with CMHSP leads in December 2022. MSHN received cleaned data from MDHHS in late April 2023. The 2020 surveys are now in their final stages of validation and remediation. There were approximately 157 unique individuals across 77 settings. All surveys must be remediated and validated by November 2023.

**STATUS: In progress, site visits are being scheduled and all steps to be completed by November 2023.**

**Survey Process- Q1 2023**

MDHHS has indicated that Qualtrics will no longer be used for surveying activity. The focus will be on reviewing settings/providers annually and a biennial process with beneficiaries. Each PIHP will be responsible for all settings within their region. The surveys completed in April 2023 will be the last round of the traditional survey process.

**STATUS: Surveys closed, awaiting next steps from MDHHS.**

**Heightened Scrutiny CMS Review**

No new updates in this section. MDHHS expects that nearly all sites will be dropped off the heightened scrutiny list.

**STATUS: MDHHS, in the July 28, 2023, HCBS Leads meeting that CMS indicates that it will be at least one year before they review these settings.**

**Provisional Applications**

The MSHN team continues to complete provisional approvals as indicated. Some reviews require involvement of MDHHS due to the perceived restrictive nature of the setting or provider.

### **Ongoing Monitoring and Evaluation**

Following the completion of the initial HCBS Rule Transition compliance requirement of March 17, 2023, CMS and MDHHS have tasked the 10 PIHPs with annual monitoring and evaluating network providers for continued compliance. MDHHS is working on a process that will guide the PIHP/CMHSP system in ensuring that providers remain in compliance with the HCBS Final Rule. MSHN is also reviewing how it will implement ongoing monitoring in its region. This will include assessment of provider compliance and individual beneficiary experience, on-site reviews, virtual reviews, and desk audits.

### **Important Upcoming Dates**

- **November 2023**  
2020 Survey Validation and Remediation completion due to MDHHS

## **V. Conflict Free Access and Planning**

### **A. Summary**

The MDHHS Conflict Free Access and Planning (CFAP) has been meeting for approximately a year and a half. Its purpose has been to explore models of operation that would align the service system to be in compliance with federal conflict free case management. MDHHS has noted an interest in moving away from the use of safeguards as the major contributor to compliance, to the more rigid approach of using “firewalls.” These firewalls are intended to clearly separate major CMHSP functions so that access and planning and direct service provision are made to be separate, with no potential for financial conflict, the perceived primary reason for interest in firewalling these functions.

There are multiple ways to provide feedback, anyone can also use the CFAP email to MDHHS, [Mdhhs-ConflictFreeAccess@michigan.gov](mailto:Mdhhs-ConflictFreeAccess@michigan.gov).

A workgroup meeting was held in September 2023 where the up to date results of feedback gathered from multiple stakeholders was shared. There were over 3,000 lines of feedback to code. The coding yield a top five most important categories according to the stakeholders, including Access, Continuity, Autonomy, Viability, and Stringency. The top three relate directly to the beneficiary’s experience and the final two relate to system design. MDHHS did not push for a decision on one of the four options, rather indicating that due to the feedback they were continuing to get, they would likely be discussing an alternate plan with the CFAP workgroup. The timeline for any kind of implementation has been put on hold until all feedback is in and a fully informed decision can be made.

## **VI. 1915i State Plan Amendment (SPA)**

### **A. Summary**

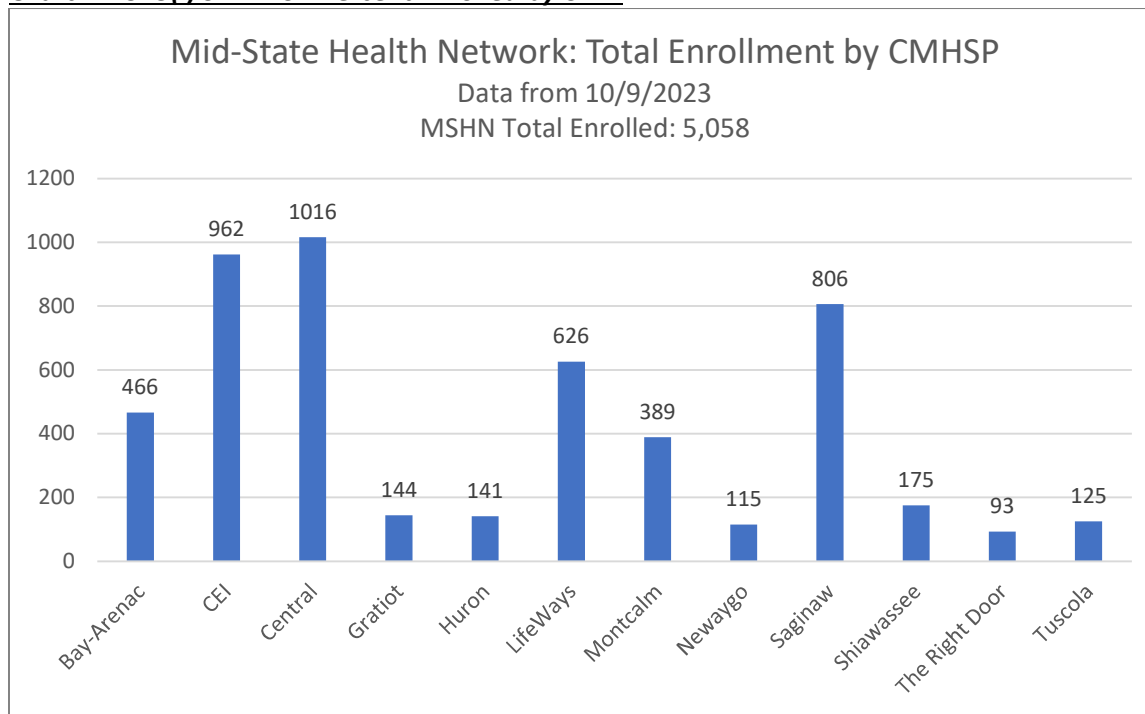
Following CMS’ guidance, Michigan transitioned all the specialty behavioral health services and supports currently covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS state plan benefit effective October 1, 2019. Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines.

The 1915(i)SPA benefit includes Community Living Supports, Enhanced Pharmacy, Environmental Modifications, Family Support & Training, Fiscal Intermediary, Housing Assistance, Respite Care, Skill-Building Assistance, Specialized Medical Equipment & Supplies (formerly known as Assistive Technology), Supported/Integrated Employment, and Vehicle Modification (formerly known as Assistive Technology). The 1915(i)SPA benefit does not include Goods and Services.

**B. Regional Issues**

Upon MDHHS’ initial deadline of 10/1/23, the PIHP’s regional enrollment progress was 99.63% complete (range 98.17% - 100%), with a total of 4,896 enrolled individuals. On Monday, 10/2/23 the PIHP received a list from MDHHS of 460 additional individuals potentially needing to be enrolled, with a new deadline for these additional enrollments of Friday, 10/6/23. Of these 460 individuals, 93% were able to be accounted for by the designated CMHSP within MDHHS’s given timeline: 301 were found to not be receiving services via the 1915(i)SPA and thus not needing to be enrolled, 126 were identified as receiving services and have since been enrolled, and 33 individuals were not accounted for by the designated CMHSP. The table below reflects enrollment data as of Monday, 10/9/23 that incorporates these additional individuals.

**Chart 1: 1915(i) SPA WSA Percent Enrolled by CMH**



The PIHP continues to focus heavily on supporting CMHSPs with adjusting their policies, procedures, and systems to meet the previously mentioned CMS requirements now in place. Although the shift to having individuals open in the WSA prior to receiving any 1915(i)SPA services was a known and expected one, this is still a significant change to how CMHSP services that use the WSA typically function. CMHSPs continue to work to identify ways to best meet this requirement, and efforts at the PIHP to support these necessary adjustments are ongoing as well.

Moving forward, it will also be necessary to identify individuals coming due for their annual re-evaluation required to continue to receive services and to then conduct those evaluations in a timely manner. This data is able to be tracked in the WSA system and will be reported to the CMHSPs in the PIHP’s monthly 1915(i)SPA Workgroup as well as in this report in future versions.

**Chart 2: 1915(i) SPA WSA Percent Enrolled by PIHP (10-18-2023)**

ISP Enrollment Data											
	Region 1 North Care	Region 2 NMRE	Region 3 LRE	Region 4 SWMBH	Region 5 MSHN	Region 6 CMHPSM	Region 7 DWIHN	Region 8 OCHN	Region 9 Macomb	Region 10	TOTALS
<b>NEW PROJECTION</b>	922	1609	3354	2497	5056	1104	6855	3378	1766	3150	29691
<b>Point in Time Enrollment 10/18/23</b>	922	1579	2572	2509	5086	1027	6833	3362	1758	2969	28617
<b>% of completed enrollments</b>	100.0%	98.1%	76.7%	100.5%	100.6%	93.0%	99.7%	99.5%	99.5%	94.3%	96.4%

Chart 2 above reflects the final total by MDHHS for all PIPHs following the conclusion of the enrollment of all regional beneficiaries.

**VII. Crisis Residential Services**

MSHN continues work with Family Health Psychiatric and Counseling Center (FHPCC), to establish crisis residential services in Alma, MI for MSHN service recipients experiencing a mental health crisis. This work has been ongoing. The FHPCC site has been focused on completing the licensing requirements, posting for a program manager, completing the fire safety inspection, and starting renovations. The official name of the new crisis residential center is Healthy Transitions and is on target for a late December open.