

The Michigan Health Policy Forum - Fall 2025 Forum

"Medicare, Medicaid, and Social Justice: Reflecting on the Ethical Implications of the Big, Beautiful Bill"

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CMH in Michigan

- ▶ Public Safety Net
- ▶ Defined by the State Mental Health Code required to provide services to persons with IDD, SUD and SED/SMI
- ▶ Primarily funded via Medicaid. Upon implementation of Healthy Michigan, the state eliminated most of the general fund allocated (~70 % reduction).

CCBHC

- ▶ A federal model for delivering 9 core services to person with SUD and/ or MH
- ▶ Required research- based practices
- ▶ Required reporting on Health Outcomes
- ▶ Must serve all regardless of ability to pay or where they live
- ▶ Goal is to improve access
- ▶ Must take all insurance payments

Implications- Funding for Behavioral Health Services Today

- ▶ Primarily Medicaid for both CCBHC and CMH
- ▶ Upon Medicaid Expansion many individuals were flipped from traditional Medicaid (enrolled based on disability status) to Healthy Michigan when re-enrolled
- ▶ This administration has said that they will make it more difficult to qualify for disability Medicaid
- ▶ The state will need to replace the loss of Insured (Medicaid and Market Place) with general fund dollars to provide required services under the mental health code
- ▶ CCBHC has strong bi-partisan support at the federal level

In the last ten years the behavioral health public system has expanded tremendously , some contributing factors...

- ▶ CCBHC
- ▶ COVID- Expansion of BH services In the schools
- ▶ Understanding the value of coordinated integrated behavioral health - physical health - Health related Social needs
- ▶ Identifying Suicide as a public health crisis and implementing prevention strategies such as zero suicide
- ▶ Opiate Crisis
- ▶ Investment in BH Care reduces other community costs

Strategies- Solutions-Considerations

- ▶ Identify opportunities for efficiencies that also improve practice
 - ▶ Technology Investment - Possible to get funded through rural health transformation
 - ▶ AI for clinical notes (increase caseload capacity)
 - ▶ Smart Home technology (increase independence and reduce staff costs)
 - ▶ Policy changes and equipment investment to maximize use of telehealth
 - ▶ Implementation of Community CIE
 - ▶ Improve dashboards for revenue monitoring etc

Strategies- Solutions-Considerations

- ▶ Practice improvement Investment
 - ▶ Brief Intervention: SBIRT to address Mental Health Concerns
 - ▶ Same Day Access
 - ▶ Expand Employment Programs (IPS for SUD and MH)
 - ▶ Expand group services, peer support and recovery services
 - ▶ Motivational Interviewing, tie service planning to stages of change
 - ▶ Consumer Education
 - ▶ Improve Collaborations with Community Based Organizations

Strategies- Solutions-Considerations

- ▶ Attend to Revenue
 - ▶ Diversify Funding
 - ▶ Michigan IBH Cooperative agreement with CMS
 - ▶ Grants Federal and Local
 - ▶ Staff education, coding
 - ▶ Move to Value based reimbursement -away from FFS model
- ▶ Advocacy
 - ▶ Eliminate Waste in unfunded unnecessary administrative burden
 - ▶ Permanency of CCBHC model
 - ▶ Assist Consumers with benefit applications and redetermination documentation

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