



Michigan Health Policy Forum

The following information is compiled by LifeWays using information from the National Council for Mental Wellbeing, Community Mental Health Association of Michigan (CMHAM), National Association of County Behavioral Health & Development Disability conference presentations, and LifeWays internal environmental scan documents.



Michigan Health Policy Forum

PRESENTATION AGENDA

01. One Big Beautiful Bill Act
= Policy Shift

02. Ethical
Considerations

03. Strategic Planning
is Necessary

04. Policy Considerations

Policy Shift in Medicaid Coverage

What is the Policy Shift?

- Significant cuts to Medicaid by changing eligibility and work requirements.
- This will cause millions to lose coverage.
- This impact will be felt beyond those enrolled in the program.
- It will have a ripple effect across communities.
- Medicaid is the single largest payer for Behavioral Health Services.



While there is significant uncertainty about how this will impact community mental health organizations, this should not prevent us from planning.

Behavioral Health

Ethical Considerations

Access to Care versus Reduction in Financial Resources

- Community Mental Health Services Programs (CMHSPs) are the Safety Net for the most vulnerable in our communities.
- How to balance moral obligation as a CMHSP with the loss of Medicaid revenue?
- Loss of revenue will require changes to services and to amounts authorized.
- What will be the impact when there is a delay in care for those with mental illness, substance use disorders, and intellectual/developmental disabilities?
- This will result in a shift of providing care when and where people need it as well as to jails and Emergency Rooms when individuals are in crisis.

Behavioral Health

Ethical Considerations

New Medicaid Eligibility Requirements

- What will the exemption process look like for those with disabilities?
- What will the tightening of eligibility and work requirements require?
- This additional red tape to verify eligibility, work requirements, and exemptions will impact those most vulnerable in our communities.
- Eligible adults will fall off Medicaid.
- How do we avoid intentional harm because of the process?

Services and Authorization

- Loss of revenue will require changes to service eligibility and authorization.
- How do we develop these to ensure we adhere to ethical principles of **doing good** while also not **doing harm**?

Behavioral Health

Strategic Planning

Proactive Approach to Address Worst Case Scenarios

- Requires involvement from all staff, the board, providers, and community stakeholders.
- Development of strategic goals and action items with a short time frame.
- Examples:
 - Financial projections of worst-case scenario(s).
 - Assess Services: identify those impacted and plan for reductions.
 - Approach from Policy: Must, Should, and May Provide (Mental Health Code)
 - Implement strategies to reduce no-show rates:
 - Open Access' Centralized Scheduling for Targeted Case Management (TCM).
 - Implement lower cost services: group, peer services, and single session therapy.
 - Increase staff productivity by use of AI to reduce non-billable time.
 - Increase diversification of funding streams.

Behavioral Health

Policy Considerations

Advocacy and Involvement is Essential

- Advocate for increase in the State General Fund (GF):
 - Funding has remained unchanged since 2014.
 - WAS REDUCED BY 70% DUE TO Medicaid expansion.
 - A loss of Medicaid expansion = an increase in GF revenue will be needed to maintain safety net requirements as a CMHSP.
- Renewal of County Mental Health Millages to fill the gap for the uninsured and underinsured.
- Advocacy for Michigan Department of Health and Human Services (MDHHS) policy changes to reduce administrative requirements.
- Impact of these changes in rural communities: advocate for MDHHS to submit application for Rural Health Transformation Program.



Thank You