

HOW TO ACCESS COMMUNITY MENTAL HEALTH SERVICES IN MICHIGAN

How to get what you need for your loved one with a psychiatric condition or serious emotional disturbance (SED) and some public policy updates from Michigan.

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Clinton Township, MI



TONIGHT WE WILL TALK ABOUT

- What is community mental health or public mental health in Michigan?
- Who does community mental health serve? In other words, who is eligible for its services?
- What types of services does community mental health provide to those who are able to get in the door?
- What happens if you or your loved one is denied services?
- What rights do you have if you cannot get in the door?

PUBLIC POLICY UPDATES AT THE STATE LEVEL

- House Bill 4707
- Senate Bill 27
- House Bills 4576 and 4577
- House Bill 5114



HOW TO GET INTO THE COMMUNITY MENTAL HEALTH DOOR 101

IMPORTANT DOCUMENTS & MANUALS YOU NEED TO KNOW ABOUT

- CMHSP/MDHHS General Fund contract 23/24:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/cmhsp>
- Michigan Medicaid Provider Manual: <https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>
- Office of Recipient Rights: <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/recipientrights>.

WHAT IS THE COMMUNITY MENTAL HEALTH SYSTEM OR CMH

Community Mental Health refers to a system of publicly funded mental health services and supports designed to provide mental health treatment and supports that allow adults, children and youth with more significant mental health conditions, developmental and intellectual disabilities, autism spectrum disorder, children with serious emotional disturbance and substance use disorders to live as equal members of the community and with the services and supports that make community integration possible.

THE COMMUNITY MENTAL HEALTH SYSTEM TURNS 60!

- On Halloween of this year, the community mental health system is turning 60 years old.
- The “system” began when President John F. Kennedy signed the Community Mental Health Centers Construction Act of 1963 into law.



THE BIRTH OF COMMUNITY MENTAL HEALTH

Began in 1963 at the federal level.

The idea was to transition as many of the over 500,000 individuals in state psychiatric hospitals to the community where mental health care could be managed by the community mental health centers.

The legislation was not fully funded.

The initial agenda was too broad and the intention was to treat all mental disorders, regardless of severity of condition.

Later, the intention moved toward serving only those individuals with the most severe conditions.

THERE ARE 46 CMHSPS IN MICHIGAN

- There are 46 community mental health centers in Michigan serving all 83 counties.
- If you would like to learn more about your county's community mental health provider, here is a link to the state of Michigan's website:
<https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/cmhsp/local-mental-health-services>

THE KEY TO UNDERSTANDING HOW TO GET HELP FROM THE COMMUNITY MENTAL HEALTH SYSTEM:

YOU MUST:

FOLLOW THE MONEY

MEDICAID & STATE GENERAL FUND DOLLARS

- The current community mental health system is funded with both state general fund dollars and Medicaid.
- The majority of the funding is from Medicaid.

MEDICAID & STATE GENERAL FUND DOLLARS (cont.)

Previous to the adoption of Medicaid Expansion in 2014, community mental health funding was approximately 90% Medicaid with approximately 5-7% state general fund dollars and the remainder was local dollars.

MEDICAID & STATE GENERAL FUND DOLLARS (cont.)

In 2014, the state general fund dollars were reduced by 65% to the majority of the CMH's in Michigan as Healthy Michigan was adopted. The challenge is many individuals with mental illnesses and children with Serious Emotional Disturbance (SED) were denied access to services or they were discharged from CMH services due to not having Medicaid or having a large spend down.

MEDICAID & STATE GENERAL FUND DOLLARS (cont.)

State General Fund dollars are used by CMH to provide services for individuals who do not have Medicaid. State General Fund is also used to provide jail diversion and to provide “community benefit.”

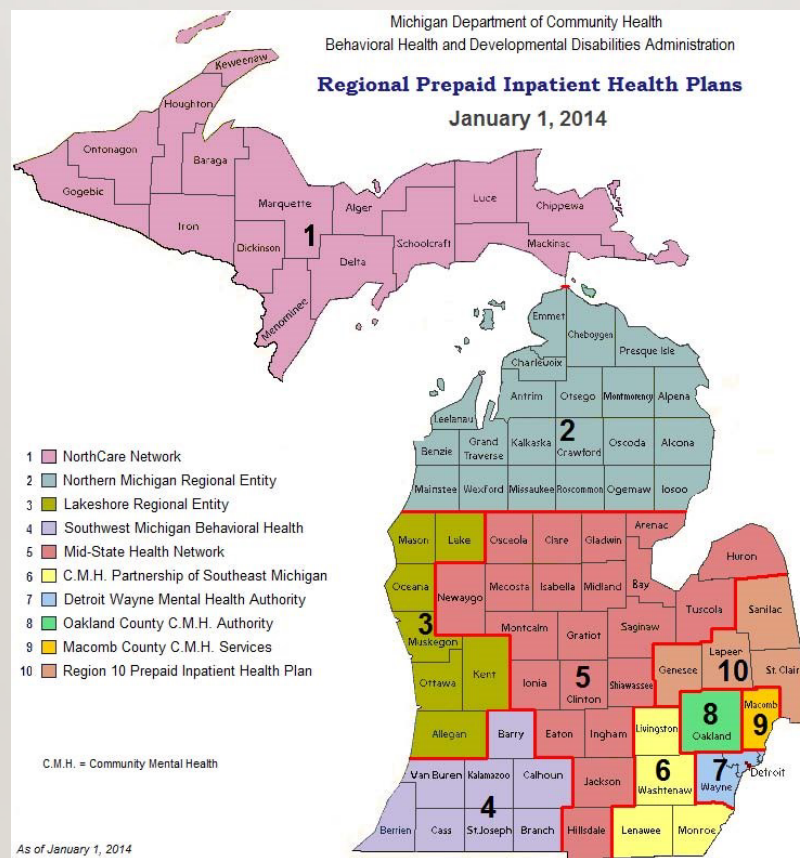
MANAGED CARE IN MICHIGAN

- In the mid-1990s, Michigan began to transition Medicaid recipients to managed care. At that time, the state elected to create a “carve-out” for behavioral health services. The behavioral health carve out was created under federally approved waivers 1915(b) and 1915(c) under the Home and Community Based Services Waiver to the Social Security Act.

MANAGED CARE IN MICHIGAN

- The PIHP model is a federal designation that exists in 20 states, including Michigan. PIHPs must provide coverage for Medicaid recipients suffering from mental health issues, developmental disabilities, substance abuse or serious emotional disturbances. Each PIHP must cover at least 20,000 Medicaid beneficiaries.

MAP OF PIHP REGIONS ON JANUARY 1, 2014



PREPAID INPATIENT HEALTH PLANS & THEIR ROLE AS PROVIDERS OF OVERSIGHT & ACCOUNTABILITY EXPLAINED

Source: From the 2019 report to the Flinn Foundation by the Center for Healthcare Research and Transformation: https://chrt.org/wp-content/uploads/2020/09/FlinnFdn_CMHLandscapeAnalysis-.pdf

- PIHPs are behavioral health managed care organizations in Michigan that administer capitated funds, bear risk for Medicaid patients, and ensure management of Medicaid patients' behavioral health care.
- Medicaid funds are allocated to PIHPs based on the number of Medicaid beneficiaries in the PIHP service area, and PIHPs pay providers directly.
- Providers include CMHs themselves, as well as community-based providers under contract with a CMH.

- PIHPs receive monthly, capitated payments from Michigan Dept. of Health and Human Services in addition to issuing Medicaid payments to doctors, hospitals, other community providers and CMHs.
- PIHPs may perform gate keeping and authorization services and monitor health outcomes and standards of care. PIHPs also manage substance use disorder treatment benefits. They provide comprehensive planning for substance abuse treatment, rehabilitation (recovery) and prevention services, but do not directly provide services. Instead, they contract with community providers for service delivery.

- CMHs provide direct mental health care or contract with community providers to do so. Although each CMH is affiliated with a PIHP, the structure of each CMH varies throughout the state.
- Wayne, Macomb, and Oakland counties each have single-county CMHs and single-county PIHPs.
- Washtenaw is a single-county CMH, but is part of a four-county PIHP.
- Currently there are ten PIHPs throughout Michigan, and each PIHP is affiliated with at least one CMH.
- The ten PIHPs oversee the 46 CMHs that serve all 83 counties in the state.
- Each PIHP is responsible for an area with at least 20,000 Medicaid beneficiaries.

YOU GOTTA
SERVE
SOMEBODY..
- BOB DYLAN



**WHO DOES CMH SERVE?
“YA GOTTA SERVE SOMEBODY”
THE MENTAL HEALTH CODE
SAYS...**

WHAT IS THE MICHIGAN MENTAL HEALTH CODE?

- The Michigan Mental Health Code, also known as Act 258 of 1974, is the section of the Michigan Compiled Laws that addresses the legal aspects of mental health in Michigan.
- Chapter 2 speaks to the creation of a county-based public mental health system.
- Chapter 4 speaks to the civil commitment process for adults and children.
- You can find it online here:

[https://legislature.mi.gov/\(S\(ray4adsgdddxourllqemkjhj\)\)/documents/mcl/pdf/mcl-chap330.pdf](https://legislature.mi.gov/(S(ray4adsgdddxourllqemkjhj))/documents/mcl/pdf/mcl-chap330.pdf)

330.1206 COMMUNITY MENTAL HEALTH SERVICES PROGRAM; PURPOSE; SERVICES

SEC. 206

- (1) The purpose of a community mental health services program shall be to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay. The array of mental health services shall include, at a minimum, all of the following:
 - (a) Crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment.

330.1206 COMMUNITY MENTAL HEALTH SERVICES PROGRAM; PURPOSE; SERVICES

SEC. 206 (cont.)

- (b) Identification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services.
- (c) Planning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services.
- (d) Specialized mental health recipient training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative services, and pre-vocational and vocational services.

330.1206 COMMUNITY MENTAL HEALTH SERVICES PROGRAM; PURPOSE; SERVICES

SEC. 206 (cont.)

- (e) Recipient rights services.
- (f) Mental health advocacy.
- (g) Prevention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction.
- (h) Any other service approved by the department.

330.1206 COMMUNITY MENTAL HEALTH SERVICES PROGRAM; PURPOSE; SERVICES.

SEC. 206 (cont.)

- (2) Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion.

Services for children and families shall promote the best interests of the individual receiving services and shall be designed to strengthen and preserve the family unit if appropriate.

The community mental health services program shall deliver services in a manner that demonstrates they are based upon recipient choice and involvement, and shall include wraparound services when appropriate.

WHO DOES CMH SERVE?

- ACCORDING TO CHAPTER 2 OF THE MENTAL HEALTH CODE: Services provided by a community mental health services program shall be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.

WHO DOES CMH SERVE?

- AND Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association and may also be directed to the prevention of mental disability and the promotion of mental health.

WHO DOES CMH SERVE? (cont.)

- (2 cont.) Resources that have been specifically designated to community mental health services programs for services to individuals with dementia, alcoholism, or substance use disorder or for the prevention of mental disability and the promotion of mental health shall be utilized for those specific purposes.

WHO DOES CMH SERVE? (cont.)

- (3) Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

WHO DOES CMH SERVE? (cont.)

- (4) An individual shall not be denied a service because an individual who is financially liable is unable to pay for the service.

GETTING IN THE FRONT DOOR

- How do I ask for services from community mental health?
- How do I find my local community mental health services provider?
- What happens when I contact the community mental health services provider?
- What happens if the community mental health services provider says yes? Or, says no?

HOW TO FIND YOUR COMMUNITY MENTAL HEALTH NEAR YOU

- The state of Michigan has a website you can access that has a list of the 46 community mental health services providers. <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/cmhsp/local-mental-health-services>
- You can find a map of the 46 community mental health services providers on this website as well.
- You only need to know what county you live in to find your local provider.

I HAVE FOUND THE COMMUNITY MENTAL HEALTH PROVIDER NOW WHAT?

- You will call the community mental health programs access line for services.

- You can find the phone number for the access line on the internet. You can also call 988, the national crisis line that is operational in our state, and the 988 operator can give you that information.
- If you or someone you know is having a psychiatric emergency or crisis, you will also call 988 or the local community mental health provider. Learn more online: <https://mical.michigan.gov/s/>

WHAT SHOULD HAPPEN WHEN YOU CALL?

- Many of the community mental health services providers will talk to you or your loved one over the phone, first. There will be an initial screening to determine whether you or your loved one are eligible for services.
- You or your loved one might be asked questions about the number of inpatient psychiatric hospitalizations in the past and the psychiatric diagnosis.
- If you or your loved one are not deemed to be 'severe enough', you may be referred to another provider.

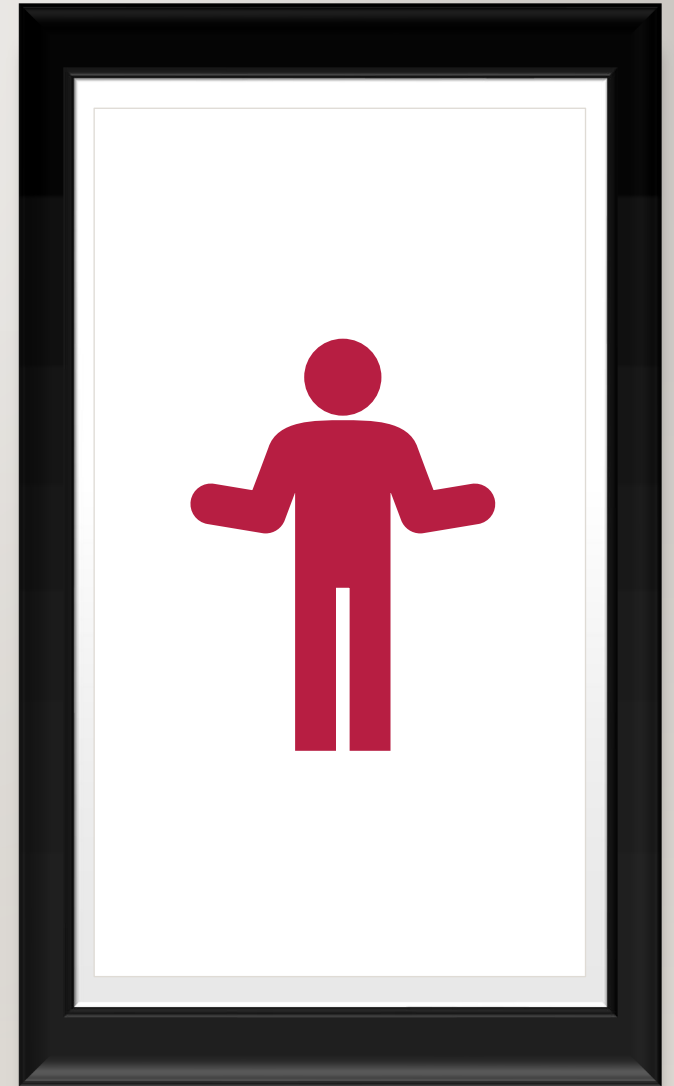


After the phone call,
you should be given
an intake appointment
for an assessment

OKAY, OKAY, SO YOU & YOUR LOVED ONE DID HIS/HER PART..

- But your loved one is still denied access to the program?
- What are the loved one's rights?
- What is “due process”?
 - “Due process” is found in both the Fourteenth Amendment of the United States Constitution and in the Fifth Amendment and it means your right to be treated fairly by your government.

YOU OR YOUR
LOVED ONE
SHOULD BE TOLD
ABOUT YOUR RIGHT
TO A SECOND
OPINION IN WRITING



FROM THE CMHSP CONTRACT SECTION - ACCESS STANDARDS

- When an individual with mental health needs who is not a Medicaid beneficiary is denied community mental health services, for whatever reason, he/she is notified of the right under the Mental Health Code to request a second opinion and the local dispute resolution process.

FROM THE CMHSP CONTRACT SECTION - ACCESS STANDARDS (cont.)

- The access system shall schedule and provide for a timely second opinion, when requested, from a qualified health care professional within the network, or arrange for the person to obtain one outside the network at no cost. The person has the right to a face-to-face determination, if requested.

ACCESS SCREENING PROCESS

- When clinical screening is conducted, the access system shall provide a written (hard copy or electronic) screening decision of the person's eligibility for admission based upon established admission criteria.

ACCESS SCREENING PROCESS (Cont.)

- The written decision shall include:
 - i. Identification of presenting problem(s) and need for services and supports.
 - ii. Initial identification of population group (DD, MI, SED, or SUD) that qualifies the person for public mental health and substance use disorder services and supports

ACCESS SCREENING PROCESS (Cont.)

- The written decision shall include:
 - iii. Legal eligibility and priority criteria (where applicable).
 - iv. Documentation of any emergent or urgent needs and how they were immediately linked for crisis service.
 - v. Identification of screening disposition.
 - vi. Rationale for system admission or denial.

WHAT IF YOU OR YOUR LOVED ONE IS DENIED SERVICES?

- 330.1705 Second opinion. Sec. 705. (1) If an applicant for community mental health services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicant is a minor may request a second opinion of the executive director.

WHAT IF YOU OR YOUR LOVED ONE IS DENIED SERVICES? (cont.)

- The executive director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.

YOU CAN REQUEST A SECOND OPINION FROM THE CMHSP

- If you or your loved one are denied services from community mental health, you have the right to request a second opinion from the CMHSP. The Mental Health Code says you have a right to ask for a second opinion from the Director of the CMH.

YOU CAN REQUEST A SECOND OPINION FROM THE CMHSP (cont.)

- You should put the request in writing and ask the person who denies services to give you notice of your right to a second opinion and how you request it. You should be given information about how to do it from the CMH staff.

WHAT IF YOU OR YOUR LOVED ONE IS DENIED SERVICES? (cont.)

- (2) If the individual providing the second opinion determines the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the community mental health services program shall direct services to the applicant.

WHEN SERVICES ARE DENIED & YOU HAVE MEDICAID

- The access system shall provide Medicaid and MIChild beneficiaries information about the local dispute resolution process and the state Medicaid Fair Hearing process.

WHEN SERVICES ARE DENIED & YOU HAVE MEDICAID (cont.)

- When an individual is determined ineligible for Medicaid specialty service and supports or MIChild mental health services, he/she is notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a state Fair Hearing.

DENIAL OF INPATIENT HOSPITALIZATION

- Denial of Hospitalization

- 1. If a pre-admission screening unit or children's diagnostic and treatment service of the CMHSP denies hospitalization, the individual, his/her guardian or his/her parent in the case of a minor child, may request a second opinion from the executive director of the CMHSP. The request for the second opinion shall be processed in compliance with Sections 409(4), 498e(4) and 498h(5) of the Code.

DENIAL OF INPATIENT HOSPITALIZATION (cont.)

- Denial of Hospitalization
 - If the conclusion of the second opinion is different from the conclusion of the children's diagnostic and treatment service or the pre-admission screening unit, the executive director, in conjunction with the medical director, shall make a decision based upon all clinical information available within one business day.

EXPEDITED PROCESS FOR PSYCHIATRIC HOSPITALIZATION DENIALS

- A. Expedited Processes for Psychiatric Hospitalization Denials:
 - 1. In the event a physician or licensed psychologist, external to the CMHSP, attests in writing that the individual meets the definition of an emergency situation as defined in Section 100a (29(a) or (c) of the Code, the CMHSP must assess the individual to determine if he/she meets the inpatient admission certification criteria, as defined in the Code.

EXPEDITED PROCESS FOR PSYCHIATRIC HOSPITALIZATION DENIALS (cont.)

- A. Expedited Processes for Psychiatric Hospitalization Denials:
 - If psychiatric inpatient services are denied, the individual his/her guardian, or his/her parent in the case of a minor child, must be informed of their right to the Local Dispute Resolution Process, with the decision from that process to be reached within three (3) business days. process to be reached within three (3) business days.

LOCAL DISPUTE RESOLUTION PROCESS EXPLAINED

In the event the individual utilizes the Local Dispute Resolution Process, the CMHSP must communicate in writing the outcome of that process to the individual. That communication must include notification to the person of his/her right to request access to the MDHHS Alternative Dispute Resolution Process, after having exhausted the local appeal process, by sending such request to:

Department of Health and Human Services Division of
Contracts & Quality Management Bureau of Community
Based Services

ATTN: Request for MDHHS Level Dispute Resolution Elliott-
Larsen Building - 5th Floor
Lansing, MI 48913

IF YOU ARE ABLE TO GET SERVICES, WHAT CAN YOU EXPECT?

- You should be given information about the services available through the community mental health services provider.
- You should also be given a customer services handbook that describes the way the services work and it should contain a list of network providers. It should also explain your rights to you.

CUSTOMER SERVICES HANDBOOKS ARE REQUIRED

- Each PIHP must give a recipient of services a copy of its Customer Services Handbook.
- Covered services must be outlined in the Handbook.
- Here is a sample of the Handbook from Southwest Michigan Behavioral Health:
<https://www.swmbh.org/wp-content/uploads/SWMBH-Customer-Handbook-2021.pdf>

YOU SHOULD BE GIVEN INFORMATION ABOUT PERSON-CENTERED PLANNING

330.1712 Individualized written plan of services.

Sec. 712.

- (1) The responsible mental health agency for each recipient shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.

YOU SHOULD BE GIVEN INFORMATION ABOUT PERSON-CENTERED PLANNING (cont.)

330.1712 Individualized written plan of services.

Sec. 712.

➤ The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.

AFTER THE PRE-PLAN THERE SHOULD BE A PLANNING MEETING

- The Code establishes the right for all people to develop Individual Plans of Services (IPOS) through the PCP process. The PCP process must be used at any time the person wants or needs to use the process, but must be used at least annually to review the IPOS. The agenda for each PCP meeting should be set by the person through the pre- planning process, not by agency or by the fields or categories in a form or an electronic medical record.

YOU HAVE THE RIGHT TO ASK FOR AN INDEPENDENT FACILITATOR

- An Independent Facilitator is a person who facilitates the person-centered planning process in collaboration with the person. In Michigan, individuals receiving support through the community mental health system have a right to choose an independent or external facilitator for their person-centered planning process. The terms independent and external mean the facilitator is independent of or external to the community mental health system.

THE INDIVIDUAL PLAN OF SERVICE (IPOS)

- Is the document or plan that is developed through the person-centered planning process.
- Is a contract between you or your loved one and the community mental health services provider.
- If you are looking for a service to be provide, it must be clearly documented in the IPOS. If it is not in the IPOS, it will not be provided.



ONCE THE IPOS IS CREATED YOU CAN ASK FOR IT TO BE REVIEWED

- **330.1712 Individualized written plan of services.**
 - Sec. 712.
 - (2) If a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent of a minor recipient may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.

WHAT SERVICES ARE AVAILABLE IN COMMUNITY MENTAL HEALTH TODAY?

- Services available through the current CMH system are described in greater detail in the Michigan Medicaid Provider Manual located at:
<https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

REMEMBER:

You can ask for information about all of these topics from your local CMH services provider.

- Accessing behavioral health services and supports
- Requesting a second opinion when initial services such as outpatient care and inpatient care are denied
- Once you are “in the door”, you have the right to a pre-planning meeting and to request an independent facilitator. You also have the right to receive information about the services that are available.

ADVOCACY ORGANIZATIONS THAT CAN PROVIDE ASSISTANCE

- DISABILITY RIGHTS MICHIGAN 1-800-288-5923
- ARC MICHIGAN 1-800-292-7851
- ASSOCIATION FOR CHILDREN'S MENTAL HEALTH
- (888) ACMH-KID (226-4543)
- NAMI MICHIGAN (517) 485-4045

PUBLIC POLICY UPDATE

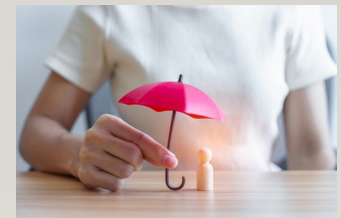
- The Mental Health Association in Michigan wants to keep you aware of public policy matters at the state that will impact behavioral healthcare in our state.
- One of the bills we wanted to discuss with you briefly is House Bill 4707, introduced by Rep. Felicia Brabec.
- Senate Bill 27 addresses Mental Health Parity
- House Bill 5114

House Bill 4707 - Michigan's Opportunity to Ensure Proper Mental Health Insurance Coverage



It's time to ensure all state residents can get the help they need—for as long as they need it. When passed, the bill will:

- Require coverage for medically necessary mental health or substance abuse disorder treatment.
- Prohibit insurers from limiting coverage for services they believe should be provided by a public program like Medicaid, Medicare, SSI, Social Security Disability Insurance, or through a student's individualized education program at school.
- Prohibit limiting coverage to short-term symptom reduction for chronic conditions, ending cycles of relapse and costly emergency department visits and hospitalizations.
- Close gaps in the continuum of care by ensuring parity with physical health for behavioral health intermediate levels of care (such as residential behavioral health services or intensive outpatient therapy) and emergency services.



HB 4707 | Additional Provisions:



- Clarifies when a utilization review is required, it must follow standards consistent with the medical necessity guidelines established in the new law. Decisions about what treatments are most appropriate and the appropriate intensity and length of services would be subject to these guidelines.
- Requires that adverse determinations can only be made by reviewers with appropriate training and experience levels in the clinical specialty affected.
- Adds specific reporting requirements and penalties for wrongful denials of care.

Here's how we'll help make it happen.





Advocates Needed

- Participate in legislative town halls across Michigan this fall
- Watch your MHAM communications for opportunities to speak out in support of the bill
- Visit the Health Is Health Coalition online (see QR code at right) and join!
- Contact your lawmakers when alerted by MHAM or the Health Is Health Coalition
- Tell your friends, family, & physicians to support the measure and join the coalition themselves

Join the Coalition!



THANK YOU!

- For more information:
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