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1915(i) STATE PLAN AMENDEMENT

REFERRAL PROCESS

ASSESSMENT

Biopsychosocial assessment documents substantial functional impairment in at least 1 area of major life activity and needs related to community inclusion, independence, and/or productivity.

PERSON-CENTERED PLANNING

Necessary services are identified and the primary case holder determines if 1915(i) is needed to access those services. Authorizations are also submitted to Utilization Management.

REFERRAL FORM

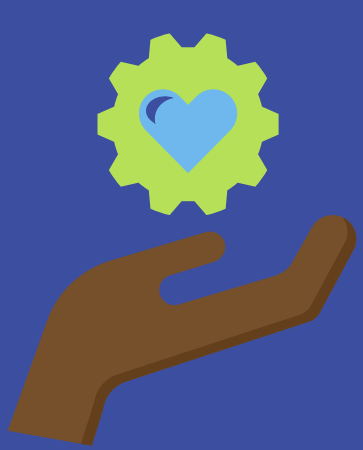
The primary case holder completes a 1915 (i) SPA Benefit referral form in LEO and marks the form as "Complete, Pending WSA Entry."

WSA APPLICATION

The LifeWays Waiver Coordinator receives the referral form and submits an application in WSA. The application is reviewed by Mid-State Health Network and approved by MDHHS.

AUTHORIZATIONS

Utilization Management reviews and approves 1915(i) authorization requests. UM changes the start date of the authorization to reflect the approval date of the 1915(i).



SERVICES BEGIN

The individual starts receiving 1915(i) services to achieve their goals of community inclusion, independence, and productivity.

Use the following coding system to classify email:

- **RED|** Urgent please respond immediately.
- **YELLOW|** Priority please respond within 1 business day.
- **GREEN|** Normal please respond within 1 business week.
- **BLUE|** FYI only- no response needed.
- **PURPLE|** Audit related- please respond as indicated.
- Emails not color coded as above may be considered **BLUE**.
- Emails should include those that need a response in the TO line and those who are FYI in the CC line.
- Emails should clearly specify the individuals and the desired response in the text.

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Executive Provider Meeting

Presented by:
Maribeth Leonard, MBA, LBSW,
Chief Executive Officer

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Meeting OBJECTIVES

- Certified Community Behavioral Health Clinic: What, Why, How, When, Where ?
- What has been the impact?
- What does this mean for Providers?
- State and Federal Update
- Services In-House vs. Services In-Network

https://www.youtube.com/watch?v=Uu-fF9hyYJ8

WHAT'S THE DIFFERENCE BETWEEN A CMH AND A CCBHC?

CMH

- Primarily serves individuals with Medicaid and who are under- or uninsured
- Focuses on individuals with a severe mental illness resulting in substantial functional impairment
- Serves individuals within the County of Financial Responsibility (COFR)

CCBHC

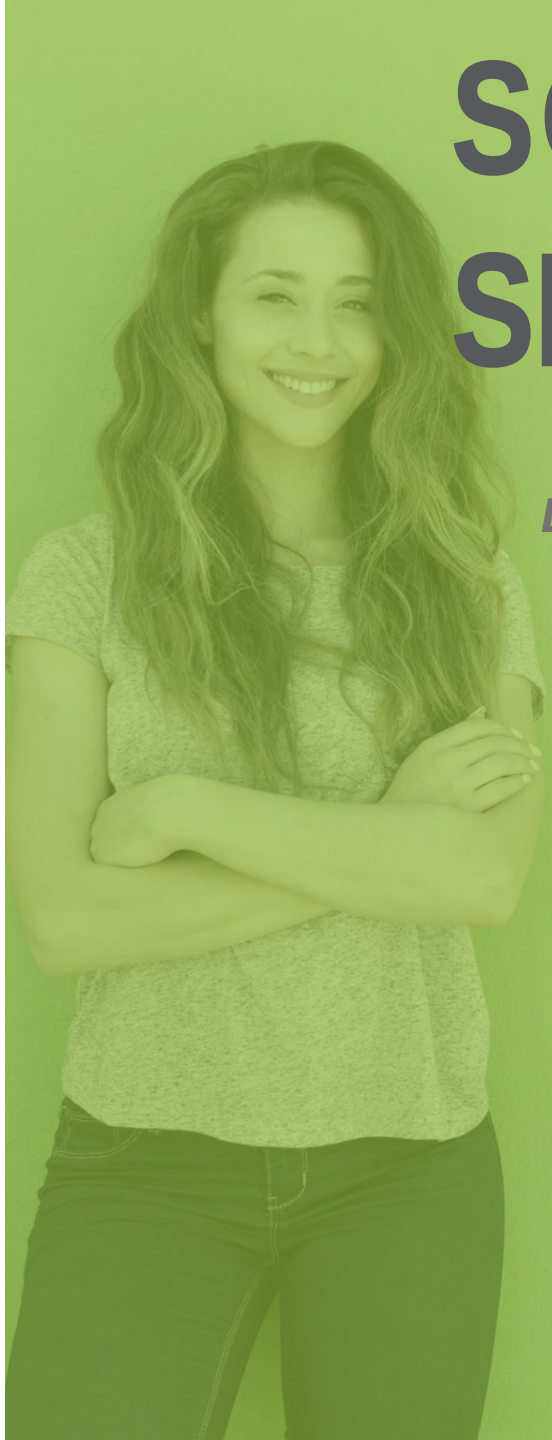
- Provides care regardless of ability to pay, including individuals with commercial insurance, Medicaid, and no insurance
- Serves individuals regardless of the severity of illness (mild, moderate, severe)
- Serves individuals regardless of county of residence

9 Core Services

- Screening, Assessment, Diagnosis
- Patient-centered Treatment Planning
- Outpatient Mental Health/ Substance Use Disorder (MH/ SUD)
- Crisis Services 24-Hour Mobile Crisis Crisis Stabilization

CCBHC

- Peer Support
- Psychiatric Rehab
- Targeted Case Management
- Primary Health Screening & Monitoring
- Armed Forces and Veterans' Services



SCOPE OF SERVICES.

Delivered by a CCBHC or a Designated Collaborating Organization (DCO)

51% services provided by CCBHC

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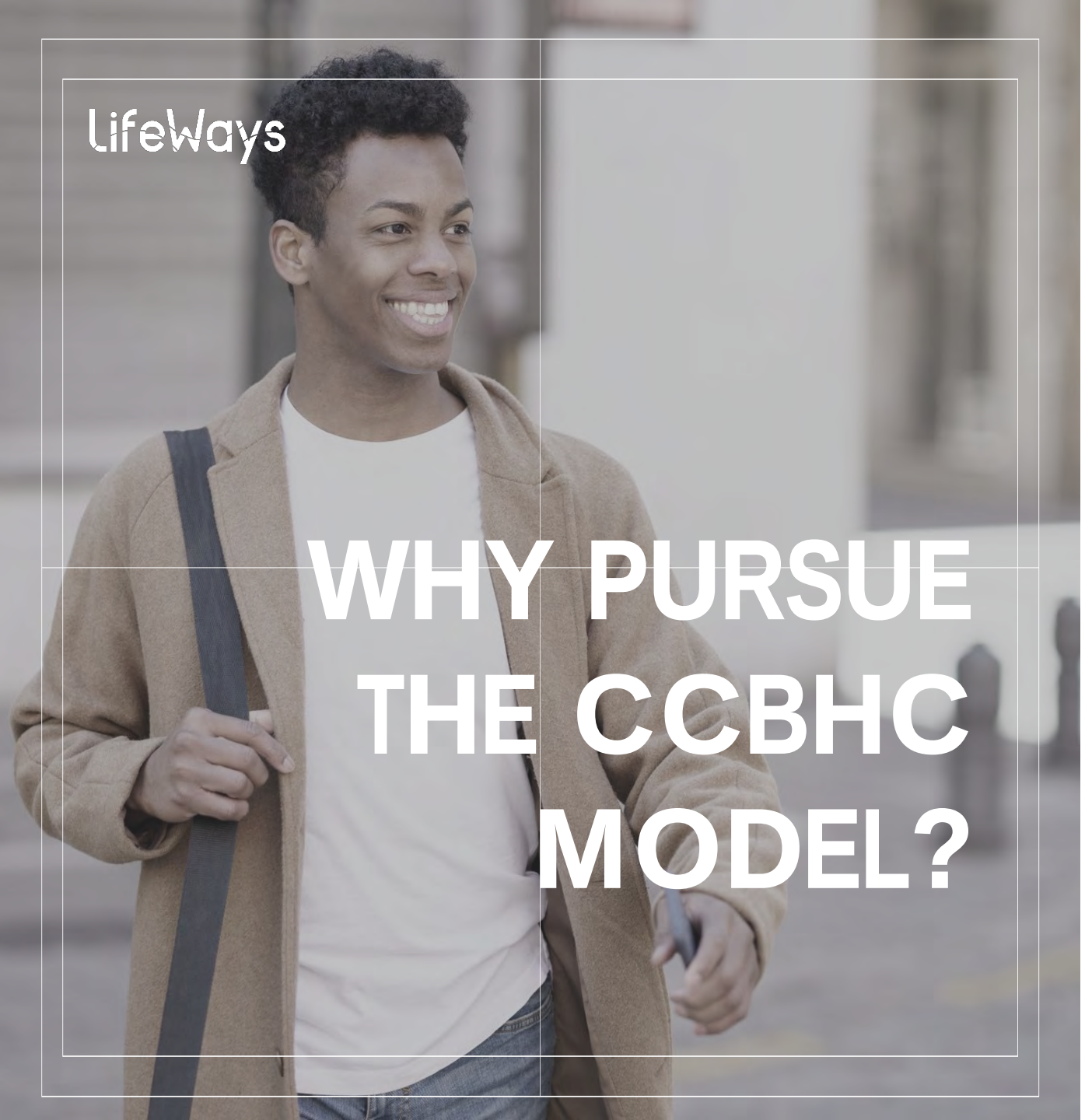
ADDITIONAL SERVICES

WHAT OTHER SERVICES WILL LIFEWAYS BE OFFERING THROUGH CCBHC?

Community Health Workers are part of the Community Health and Wellness Department and can assist consumers in connecting with health care and social service resources. This ensures a holistic approach to healthcare.

LifeWays will be offering a variety of groups including:

- Wellness Recovery Action Planning (WRAP)
  - Includes Veteran-specific group
- Trauma Recovery and Empowerment Model (TREM)
- Whole Health Action Management (WHAM)



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WHY PURSUE THE CCBHC MODEL?

Since inception of the model, CCBHCs report:

- **STAFFING:** Increased recruitment and hiring of staff, greater staff satisfaction and retention, redesigning care teams.
- **ACCESS:** Decreased wait times for care and elimination of wait lists, targeted outreach to vulnerable, underserved and complex populations, expanding services offered outside the four walls of the clinic.
- **COMMUNITY IMPACT:** Improved partnerships with schools, primary care, law enforcement, hospitals.
- **HEALTH IMPACT:** Reduced hospitalizations/ED visits, improvements in physical health indicators.

**Report Taken from National Council for Mental Wellbeing*


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How Did we
Get Here?

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OUR STRATEGIC PLAN

- BETTER HEALTH
- BETTER CARE
- BETTER EXPERIENCES
- REDUCED COSTS
- BETTER EQUITY

CCBHC DEMONSTRATION SITE:

HOW WE GOT HERE

2014

Senator Stabenow authored and passed her bipartisan Excellence in Mental Health and Addiction Act.

The Center for Family Health co-locates primary care onsite at the LifeWays building in Jackson.

2015

LifeWays contracts with an assessor to review LifeWays' service delivery and provide consultation for steps needed to prepare for becoming a CCBHC.

LifeWays expands to provide direct care and case management services. Previously, LifeWays had been a managed care organization until 2014.

2016

LifeWays is awarded $1.6 million Primary and Behavioral Health Care Integration Grant by Substance Abuse and Mental Health Services Administration (SAMHSA).

CCBHC DEMONSTRATION SITE:

HOW WE GOT HERE

2017

The Mental Health Millage proposal passes in Jackson County.

2018

The Mental Health Millage proposal passes in Hillsdale County.

Jackson County approves a Bond Request to fund the remodel of the LifeWays building lobby at 1200 N. West Ave.

2021

LifeWays is awarded a $2 Million Certified Community Behavioral Health Clinic Expansion Grant from SAMHSA.

Grant requirements of Crisis Continuum Services- CRU, Mobile Crisis, CIT with Law Enforcement Community Living Room Model

CCBHC DEMONSTRATION SITE:

HOW WE GOT HERE

2022

LifeWays undergoes a rebranding which includes a new logo that better represents those who LifeWays serves.

LifeWays is awarded a 4-year, $4 Million CCBHC Improvement and Advancement Grant from SAMHSA.

2023

LifeWays chosen as a CCBHC Demonstration Site in Michigan on Oct 1, 2023.

WHO IS ELIGIBLE FOR THE CCBHC

WHAT INDIVIDUALS ARE ELIGIBLE FOR THE CCBHC?

- Individuals with a mental health and/or substance use disorder diagnosis including:
  - F01-F09: Mental disorders due to known physiological conditions
  - F20-F29: Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders
  - F30-F39: Mood [affective] disorders
  - F40-F48: Anxiety, dissociative, stress-related, somatoform and other nonpsychotic mental disorders
  - F50-F59: Behavioral syndromes associated with physiological disturbances and physical factors
  - F60-F69: Disorders of adult personality and behavior
  - F90-F98: Behavioral and emotional disorders with onset usually occurring in childhood and adolescence
  - F99-F99: Unspecified mental disorder
  - F10-F19: Mental and behavioral disorders due to psychoactive substance use

OUR COMMUNITIES

As a CMHSP, LifeWays primarily serves two communities: Hillsdale County and Jackson County.

As a CCBHC, LifeWays has the ability to serve outside of this catchment area.

Hillsdale County

76 people per square mile
45,762 total population

City of Hillsdale

1,411 people per square ml
8,036 total population

U.S. Census Data, 2020

Jackson County

228 people per square mile
160,366 total population

City of Jackson

2,888 people per square mi
31,309 total population

U.S. Census Data, 2020

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What Has Been Community Impact?

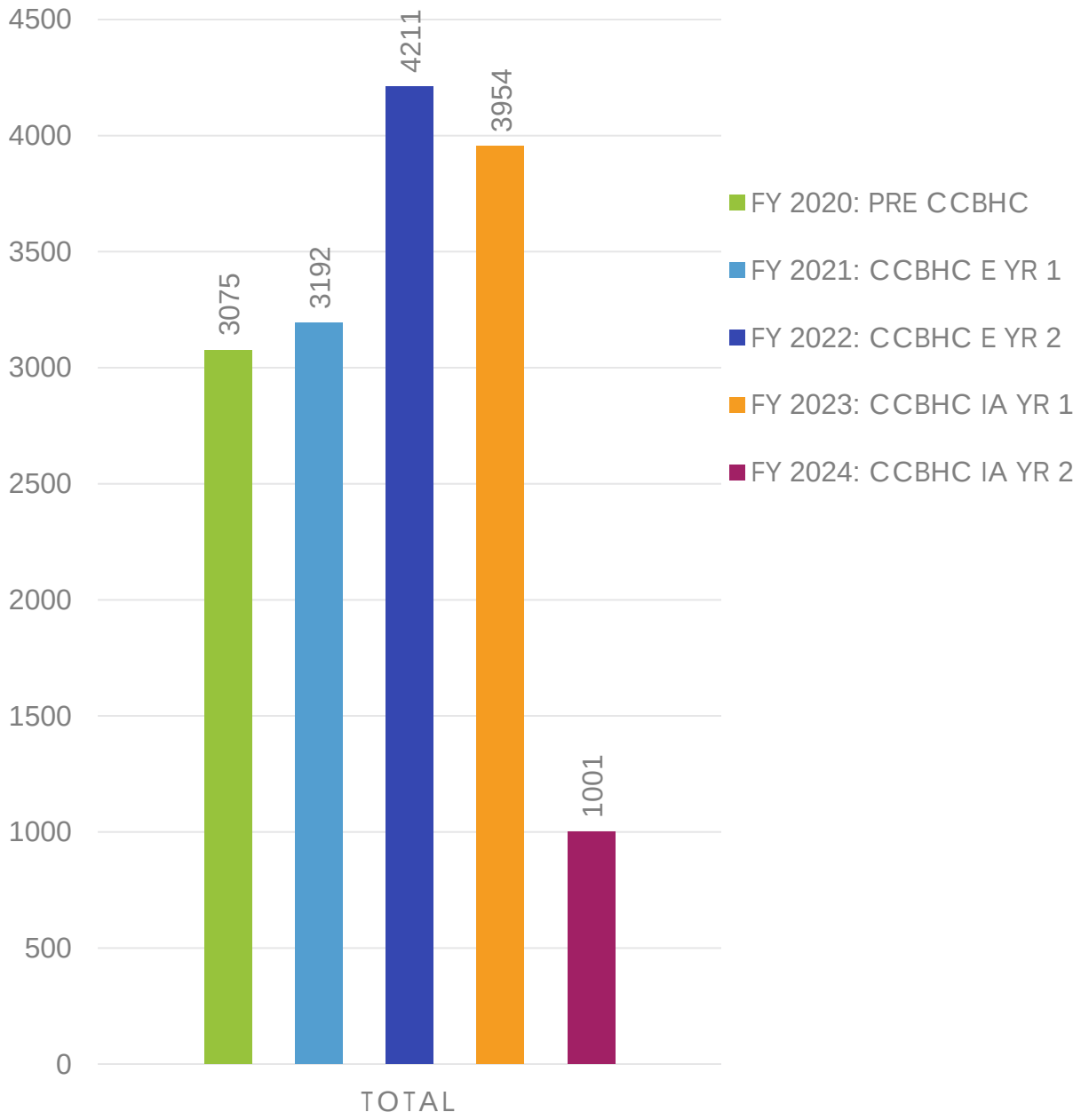
ACCESS SCREENINGS:

TOTAL SCREENINGS PER FISCAL YEAR

INCREASES:

Increase in Access Screening documentation from pre-CCBHC to last grant year by 1.28x (28.5%).

Largest year of Access Screenings was FY 2022 at 4,211, seeing a 6% decrease to FY 2023.

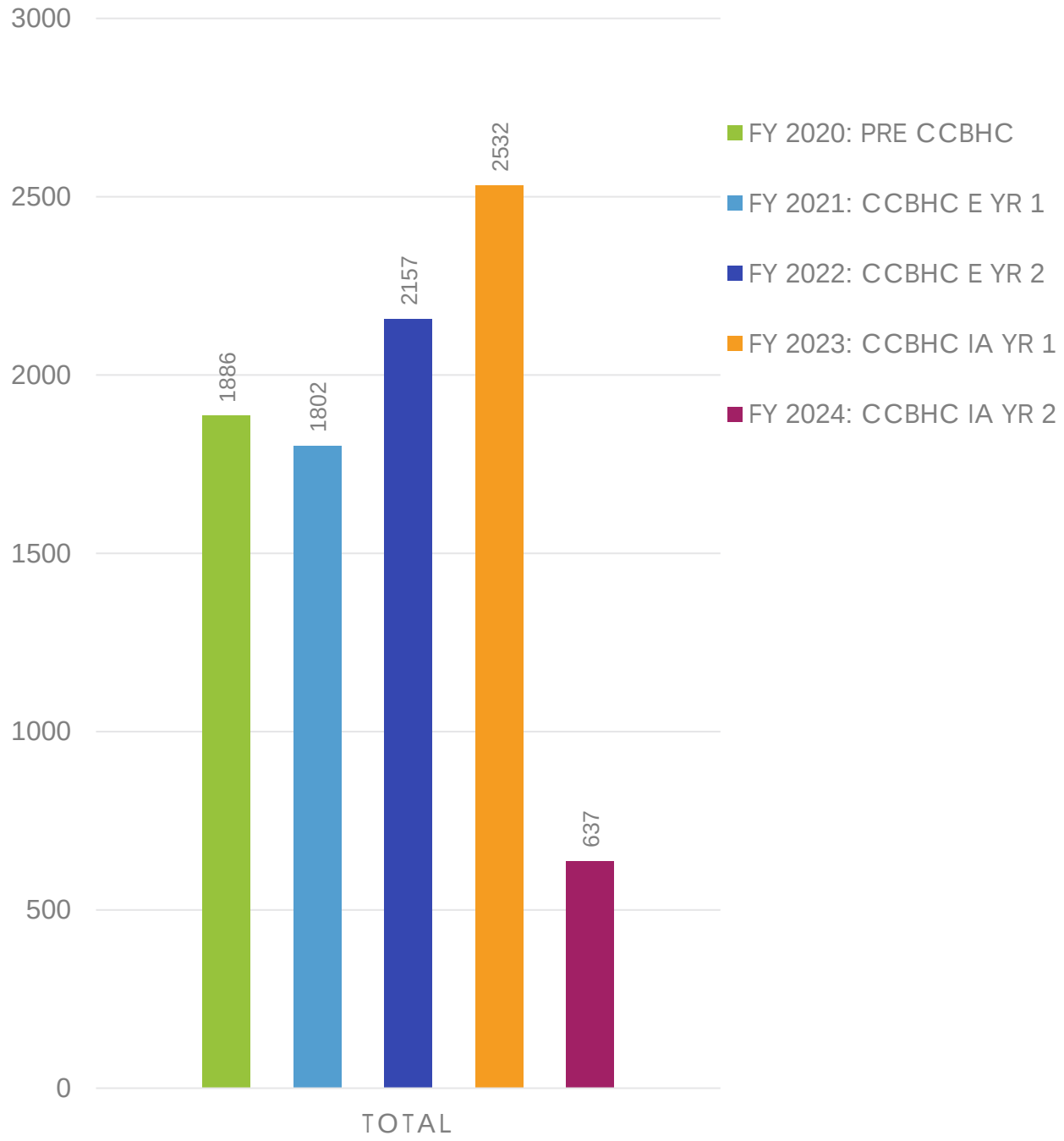


INITIAL INTAKE:

TOTAL ASSESSMENTS PER FISCAL YEAR

INCREASES:

Increase in intake assessments pre-CCBHC to FY 2023 by 1.35x (34.25%).



LIFEWAYS' PROVIDER NETWORK

How does the CCBHC impact the Provider Network?

- At this point it does not impact providers.
- LifeWays' provider network will continue to provide the broad array of CMH services.
- CCBHC funding requires a provider to become a Designated Collaborating Organization (DCO) in order to provide CCBHC services on behalf of LifeWays.
- Demonstration CCBHC - educational materials sent out and a survey to gauge interest/understanding.

DESIGNATED COLLABORATING ORGANIZATIONS.

What is a DCO?
A Direct Collaborative Organization that is formally contracted by the CCBHC to provide one or more of the 9 core services required of the CCBHC.

Organizations can contract with the CCBHC to become a DCO if:

- They provide one or more of the core 9 services
- Adequately staffed
- Capable of meeting coordination of care, data & reporting requirements of the CCBHC

DESIGNATED COLLABORATING ORGANIZATIONS.

CCBHC's Oversight of DCOs

- Clinical and financial oversight
- Billing for DCO-provided services.
- Ensuring DCO meets clinical parameters
- Follow Payment Section of CCBHC policy

Staffing Requirements

DCO staff are required to meet the same training standards as CCBHC staff. DCOs should ensure their staff obtain required trainings annually. Required trainings include:

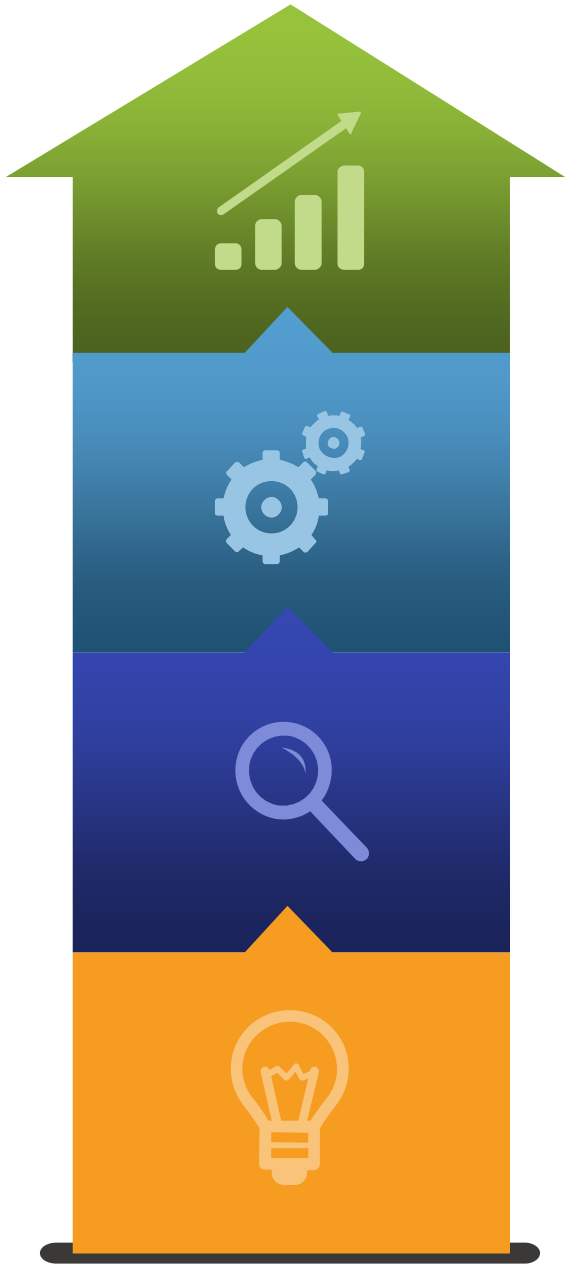
- Cultural competence.
- Person-centered and family-centered care.
- Recovery-oriented, evidence-based, and trauma-informed care.
- Primary care/behavioral health integration.
- Risk assessment, suicide prevention and suicide response.
- Collaborating with families and peers.
- Military culture

DESIGNATED COLLABORATING ORGANIZATIONS.

Financial: Billing and Reimbursement

- Contracts include formal financial agreements with DCOs
- These agreements define payment for DCO services and are part of the CCBHC PPS (Prospective Payment System)
- Payment made directly to DCO based on agreed-upon service rates (fair market value)
- CCBHCs coordinate financial aspects; no duplicative payments
- The CCBHC is responsible for credentialing and billing for DCO staff.

DESIGNATED COLLABORATING ORGANIZATIONS



Quality: Data and Reporting

- CCBHC collect, report, and track a set of encounter, outcome, and quality data
- DCO responsible for collecting data for reporting through EMR(LEO)
- Data used to improve processes and clinical outcomes

Care Coordination: IT System, Referrals & Follow-up

- DCOs track data through LEO
- DCOs benefit from care coordination with CCBHC through IT Health System (LEO) referrals
- Exchange of health information prioritizes consumer preferences and needs
- Payment included in CCBHC Pay Per Service (PPS)
- Fair market value rates

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DCO - NEXT STEPS

- Technical Assistance: MDHHS/CMHA
- Draft DCO Agreement
- PILOT DCO: Primary Case Holder Service
- Request For Interest
- List of Provider Requirements
- Learning opportunity: CCBHC & DCO
- We can expect bumps along the way
- Additional DCOs: 10.1.24
- 49% of CCBHC services provided by DCOs

STATE & FEDERAL UPDATE

Public Health Emergency Impact

Medicaid Redetermination
10-1-24 Began to see the financial impact
Regional and Local Projected Deficits - $12 M
Statewide Advocacy for rate adjustments

FY 25 Budget - Process

Governors Budget – released
Workforce Pipeline
CCBHC priority expansion

Conflict Free Access & Planning

CCBHC – Not Applicable as it conflicts with the model
PIHP Survey Input

WorkForce & Administrative Burden

CMHA Workgroup Public sector consultants
Provider Alliance

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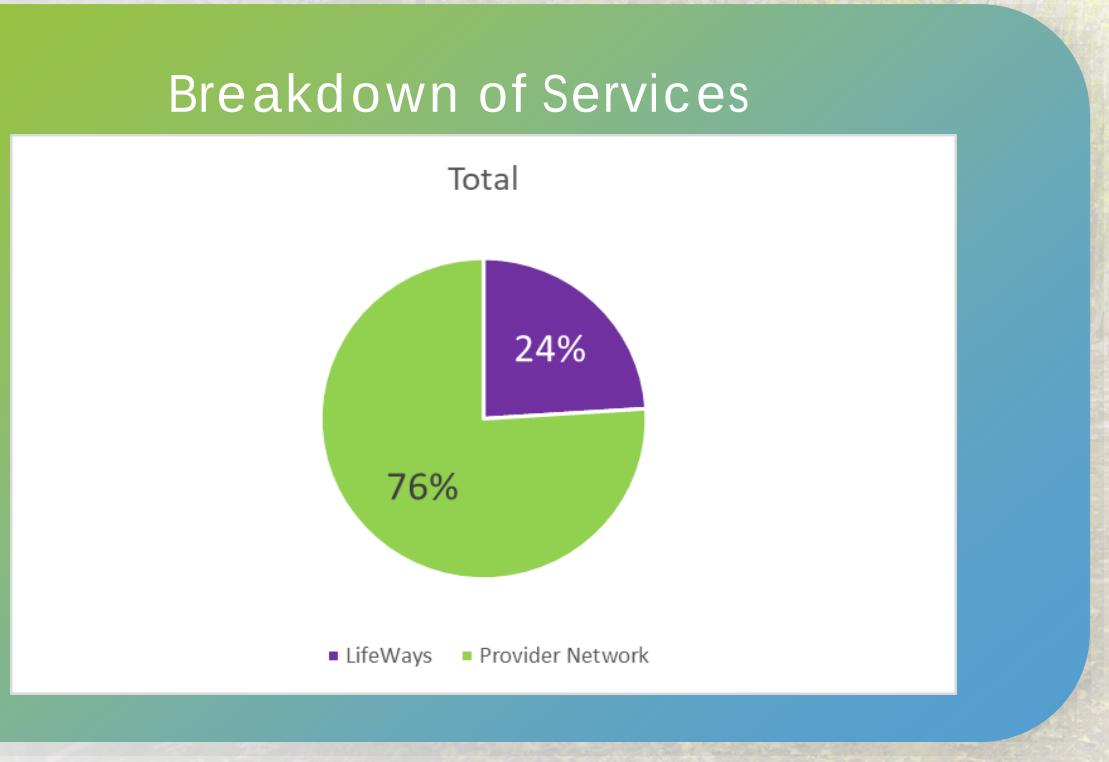
In House Services
vs
In Network Services



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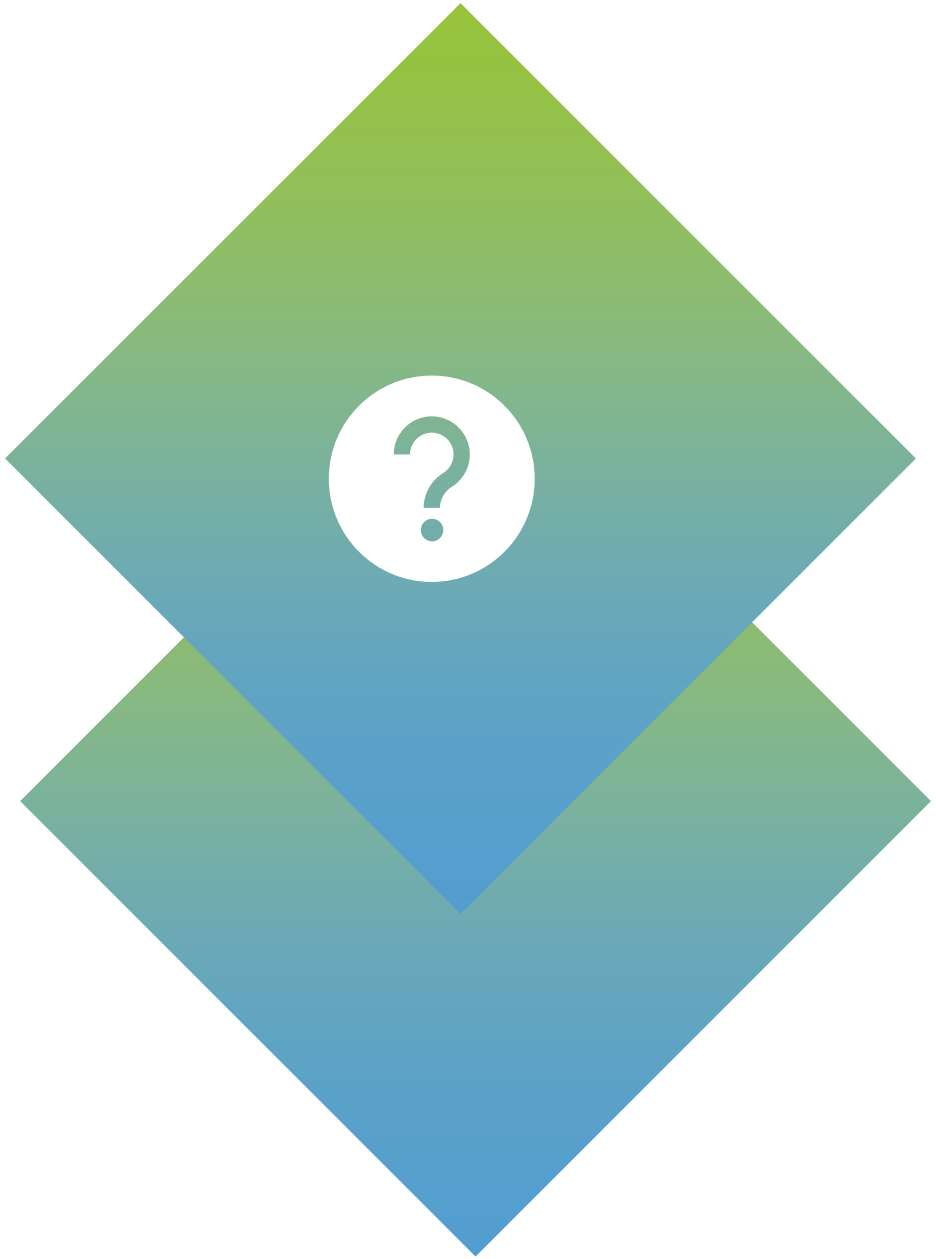

Service Expansion In-House: WHY?

- Supports Coordination - MDHHS Audit Recommendation
- Case Management - Workforce Challenges
- Wrap Around Services - MDHHS Requirement Statewide
- Children's Outpatient Services - Provider Provided Notice to Close
- OBRA Services - MDHHS Grant Requirement

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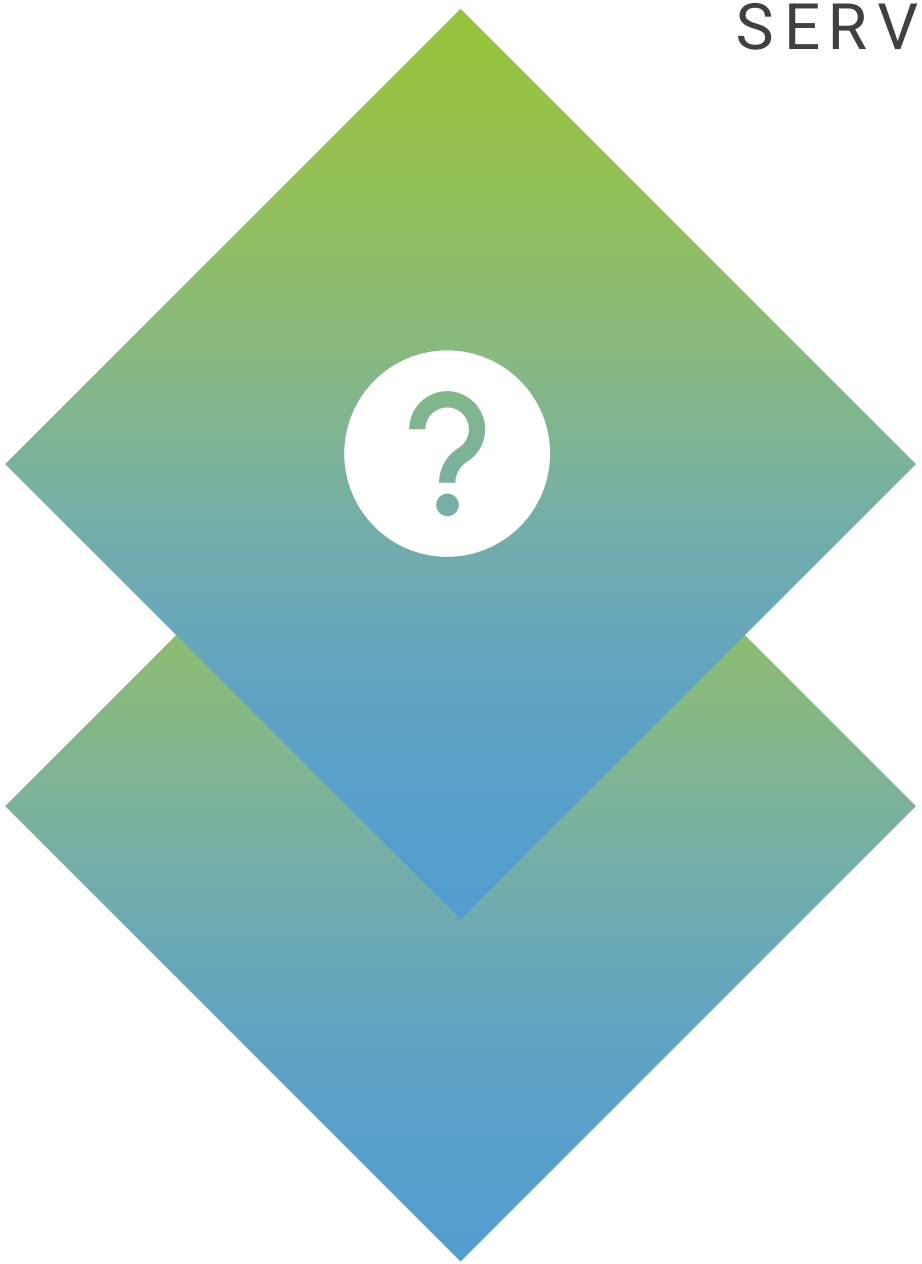

SERVICE Expansion- Provider Network- WHY?

- Psychological Testing - Service Gap
- Music and Art Therapy - Service Gap
- Home-Based Provider - Service Gap
- ABA Provider - Wait List
- Specialized Residential - Service Gap
- Outpatient Services - Wait List
- Recreational Therapy - Service Gap

QUESTIONS