

Minimizing Complexities

in Michigan's Public Mental Health System



The Michigan Department of Health and Human Services (MDHHS) recently proposed new requirements for individuals seeking mental health services through the public mental health system. While the new requirements would comply more directly with federal Conflict-Free Access and Planning (CFA&P) guidelines, they would create access challenges for those seeking care, service delays and additional costs to providers.

What is Conflict-Free Access and Planning?

CFAP is based on a 2014 federal requirement for Home and Community-Based Services (HCBS) which attempted to limit perceived conflicts of interest for beneficiaries obtaining HCBS. In Michigan, agencies can have more than one role: access, plan development, and service delivery. If one agency is helping an individual access and plan their services while providing services, under the federal rules there could be a potential conflict of interest. A conflict of interest happens when a professional uses their role to benefit themselves or their employer.

CMHA and our members fully support the intent to limit conflicts, however we believe the proposed "solutions" outlined by MDHHS cause unnecessary disruption and complexity and provide a greater threat than the conflicts they are attempting to prevent.

APPROACH PROPOSED BY MDHHS

Requires you to go to one "provider" for assessment, planning, and case management, and another "provider" to receive services. If you change your service plan, you must go back to the planning "provider."

MICHIGAN'S CURRENT COMMUNITY MENTAL HEALTH-BASED MODEL

Allows a 1-stop shop for people to do an assessment, planning, case management and receive services.

Proposed Alternative Approach to Conflict-Free Access & Planning

When a person seeking services, their family, and/or guardian meet with the CMHSP or its designated assessment/Individual Plan of Services (IPOS) development organization, it is not clear, until the IPOS is completed, whether the person is in need of HCBS services and, if so, what type. The process below reflects this fact and provides a number of safeguards to ensure that the CMS conflict-free requirements are met.

There are several factors that may cause a person served, their family and/or guardian to select the organization, which carries out the assessment and/or IPOS, as a provider organization for one or more of the HCBS services that they receive. **Those factors are:**

- The needs of the person served are complex enough that only this organization (typically a CMHSP or a comprehensive service provider on the CMHSP provider panel) can provide the HCBS services needed by the persons served. This is typically the case when the behavioral or health needs of the person served are so



complex as to be beyond the skill level of the majority of HCBS providers.

- The person served, their family, and/or guardian wishes to live in a location in which the friends of the person served live or to be served by an organization at which they will be around their friends.
- Seeking continuity and coordination of care, the person served, their family, and/or guardian wishes to have one or more HCBS services provided by the same organization that carried out the assessment, developed the IPOS, and/or provides case management or supports coordination with the person served.

DISADVANTAGES OF MDHHS' PROPOSED APPROACH



Delays service delivery



Increases costs



Increases administrative burden



Adds confusion and barriers for people served

CMHA-RECOMMENDED PROCESS ROAD MAP

01

The CMHSP or their designated organization carries out the assessment and person-centered planning process for the person seeking services, resulting in an individual plan of service (IPOS).



The services contained in the person's IPOS that are HCBS services are identified.

02

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For those persons seeking services for whom one or more HCBS is a service contained in the IPOS, the person seeking services, their family, and/or guardian must be presented with a list of organizations, who provide those HCBS services, from which to choose (Recognizing that in some communities there may be only a single organization providing a specific HCBS.) Where the organization carrying out the assessment and/or IPOS development is one of the organizations providing the HCBS service identified in the IPOS of the person seeking services, that must be noted in the list of HCBS service provider organizations.

The person seeking services, their family, and/or guardian selects from the list of HCBS providers for each HCBS service contained in their IPOS.

04

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The selection by the person seeking services, their family, and/or guardian, of the provider organizations to provide each HCBS service is documented by the organization developing the IPOS.



If the organization carrying out the assessment and/or IPOS development is one of the organizations selected by the person served, their family, and/or guardian to provide a HCBS service identified in the IPOS of the person seeking services, that is noted, in the record of the person served as an approved and clinically appropriate exemption to the federal CFAP/CFCM rule.

06

THIS PROCESS IS NESTED IN A ROBUST MONITORING AND CONTRACT COMPLIANCE PROCESS.

Accessible, frequent, and readily-available information to persons served regarding the rights outlined above – through the use of:

- (1) A uniform set of hard-copy handouts and electronic messages;
- (2) Notices on the websites of the state's CMHSPs, PIHPs, providers, and MDHHS;
- (3) Social media posts

Continual education, training, supervision, and coaching of CMHSP, PIHP, and provider staff around these rights – efforts led by MDHHS, the state's major advocacy organizations, and CMHA.

The use of contractual powers, corrective action plans, and sanctions, when needed, to ensure that these rights are afforded persons served – via the MDHHS/PIHP contract, the MDHHS/CMHSP contract, and the PIHP/CMHSP contract.



The Community Mental Health Association of Michigan is the state association representing Michigan's public Community Mental Health (CMH) centers, the public Prepaid Inpatient Health Plans (PIHP – public health plans formed and governed by CMH centers) and the private providers within the CMH and PIHP provider networks.

FOR MORE INFORMATION, PLEASE VISIT CMHA.ORG OR CALL 517-347-6848.

