



PROGRAM AND PERSONNEL COMMITTEE

May 09, 2014 - 8 a.m.
Mental Health Center – Board Room

Program and Personnel Committee Chair: Cheryl Natte
Program and Personnel Committee Vice-Chair: Chuck Buzzell

AGENDA

	<u>Disposition</u>
1) Call to Order	Quorum
2) Approval of Minutes of April 11, 2014 (Previously Forwarded)	Action
3) Items for Consideration	
4) Old Business	
5) New Business	
6) Communication	
A) FridayFacts of May 02, 2014 (Attachment #1)	Information
7) Director's Comments	
8) Audience Participation	
9) Adjournment	

/jvv



Michigan Association of
COMMUNITY MENTAL HEALTH
Boards

May 2, 2014

FRIDAYFACTS - 5 pages

TO: CMH Executive Directors
 Chairpersons and Delegates
 Provider Alliance
 Executive Board

FROM: Michael Vizena, Executive Director
 Alan Bolter, Associate Director

RE:

- **Healthy Michigan and GF Advocacy Update**
- **Don't Forget About the 2014 PAC Campaign**
- **MDCH Releases FY15 Adult Block Grant Funding Opportunities**
- **Look for Spring Connections Issue; Share it with Others**
- **Legislative Update**
 - **Kahn Offering Fix To HICA By Bringing Back Tax On Medicaid HMOs**
- **National Update**
 - **SAAS and National Council Announce Merger**
 - **CBO Reduces Forecast for States' Medicaid Expansion**
- **MACMHB Meetings for May, 2014**

Healthy Michigan and GF Advocacy Update

On Friday of last week the Department of Community Health advised PIHPs they would be receiving an electronic funds transfer payment on April 30 for new Healthy Michigan members who have enrolled in the first three weeks of April. These payments brought the total state General Fund and Healthy Michigan payments in April to PIHPs and CMHs to a statewide total of \$26.9M and exceeds the March state General Fund and Adult Benefits Waiver payment total of \$26.6M.

This payment was a full retro-eligibility payment and covered the newly eligible Healthy Michigan members enrolled after the Adult Benefits Waiver auto-enrollments for the full month of April. This payment provided that maximum April capitation was received for the month in which members enroll. The remaining April members enrolled in the final week of April will also be reimbursed for the entire month of April and will be paid in mid-May.

This first retro payment represents the number of persons who enrolled in Healthy Michigan during the first three weeks of April in each region and is being transmitted in advance of final April enrollment to help alleviate concerns with cash flow during this time of transition. The Department advised they will continue to monitor enrollment and assess the

need for retroactive payments on a monthly basis through the fiscal year ending September 30, 2014

Healthy Michigan enrollment has been very successful in the first month, due in part to the efforts of CMHs, their provider organizations, and other healthcare partners in enrolling eligible persons who are in service or presented themselves for physical healthcare services during this month. Jim Haveman reported at Kalamazoo CMH's annual breakfast today that the Department anticipated almost 200,000 persons would be enrolled in April.

Related to MACMHB's concerns regarding General Funds (GF), CMHSPs over the past three weeks have completed a series of reports related to actual FY13 GF expenditures that will continue after full Healthy Michigan implementation. These reports will serve as the basis of our advocacy with legislative leadership and the administration over the next several weeks. The outcome of those reports is consistent with the additional GF funding needs that have been shared with the Administration and the Legislature over the past several months.

Persons with questions regarding this update should contact Michael Vizena or Alan Bolter at the MACMHB offices.

Don't Forget About the 2014 PAC Campaign

As you know, 2014 is a very important election year in the state of Michigan and our PAC activities go hand in hand with our advocacy efforts.

In a recent news article about state campaign finance activities it was revealed that the state's top 150 political action committees have collected 44 percent more so far this election season than they did for the 2012 cycle, according to a recent report released by the Michigan Campaign Finance Network. The Blue Cross Blue Shield of Michigan PAC was sixth with \$771,181.

To date only fourteen boards have mailed in PAC checks. If you have not done so, please take the next few weeks to complete your local activities. The MACMHB PAC Committee has set a goal of increasing participation in our fundraising efforts for 2014 – last year we had 20 boards participate in our PAC campaign.

Boards should forward the results of their campaign and donations to the Board Association offices by May 12 (if available). The results of the campaign will be on-site at the Spring Conference in Dearborn. Final donations should be sent to MACMHB no later than June 13, 2014 in order to be in the drawing for the Tiger tickets if eligible.

Make checks payable to: CMH PAC ~ 426. S. Walnut St. ~ Lansing, MI 48933 (no corporate checks, please)

Thank you. Please feel free to contact Mike or Alan with any questions.

MDCH Releases FY15 Adult Block Grant Funding Opportunities

The Michigan Department of Community Health (MDCH) has historically provided Mental Health Block Grant (MHBG) funds to Prepaid Inpatient Health Plans (PIHPs), and their affiliate members in a non-competitive award process. These funds have been used to support efforts in implementing a recovery-based system of care that has focused on resiliency, trauma-informed care, person-centered planning, peer supports, consumer-run practices, integrated whole health, and self-determination.

For FY15, MDCH is making MHBG funds available to the PIHPs through a competitive application process. The funds will be used to support up to two of the following four efforts in each PIHP region:

1. Establishment of a technology based recovery support program that utilizes smart phone technology.
2. Development and use of peers as Health Coaches to support integrated behavioral and physical health care.
3. Continuation of the current MHBG integrated healthcare project that reflects efforts within the new PIHP structure.
4. Trauma-informed system of care development within the PIHP region

The target population is adults with serious mental illness (SMI) including those with co-occurring substance use disorders. Funding requirements are targeted toward serving people who do not have health insurance or other sources of funding to access services and supports.

For FY15, up to \$350,000 will be awarded to each PIHP to develop and/or strengthen one of the efforts outlined above or up to \$175,000 each (for a total of \$350,000) for two of the efforts outlined above.

Individuals or organizations with questions or who need additional information should contact Karen Cashen, Grants Manager, at (517) 335-5934 or cashenk@michigan.gov. All applications are due electronically by **12:00 noon on Wednesday, May 28, 2014**, to Karen Cashen at cashenk@michigan.gov.

Look for Spring Connections Issue; Share it with Others

Next week the electronic version of the spring edition of MACMHB's Connections will be shared with all MACMHB members and our partner organizations. Below is a message from Clint Galloway, Ionia CMH board member and *Connections* editor:

"On the MACMHB *Connections* home page, there is a statement of purpose. It identifies illuminating and nurturing relationships that provide meaning to those who have a passion for providing the care and services; policy makers, support staff, direct care workers, administrators, professionals and a wide array of community partners including those responsible for education, justice, law enforcement, long-term care, transportation, housing, employment and recreational opportunities, et.al. Together, these constitute our *Connections Community*. Sometime ago we started distributing e-copies of *Connections* in addition to hard copies so we could afford to reach this larger community, realizing that the

wisdom and work that is essential for improved health care resides in this total community. We need to transcend our habitual boundaries, and find ways to include these other voices. The editorial network of *Connections* is dedicated to seeking out more stories from this wider community but we need you to assist in the circulation. A key indicator of our trust and respect for one another, our commitment to inclusiveness, is how many in our agencies and communities generate and receive these stories. Let our connectedness become manifest: send this on and invite their participation.”

LEGISLATIVE UPDATE

Kahn Offering Fix To HICA By Bringing Back Tax On Medicaid HMOs

Sen. Roger Kahn has introduced a plan to provide a long-term fix to the shortfalls in what the state’s relatively new 1 percent tax on all health insurance claims is generating for Medicaid that involves partially restoring the old tax the state once levied on its Medicaid health maintenance organizations.

Today, Mr. Kahn (R-Saginaw Township) introduced SB 913, which would reduce the tax known as the Health Insurance Claims Assessment from 1 percent to 0.75 percent. In late March, he introduced SB 893 to restore the 6 percent tax on the HMOs with which the state contracts to provide Medicaid services.

In 2011, the state enacted HICA as a replacement to the tax on Medicaid HMOs out of concern the federal government would soon rule it illegal. The state had used the tax to generate annually \$400 million, which then made the state eligible for another \$800 million in federal matching funds for Medicaid.

Mr. Kahn said today the federal government in the end did not rule such taxes to be illegal.

Instead of raising the same \$400 million as forecast, HICA has consistently fallen about \$120 million short.

If the Legislature passes this plan and Governor Rick Snyder signs it, Mr. Kahn said it would prevent the need to use other money from the General Fund to fill the HICA hole and ensure the state gets its full federal match.

On Wednesday, the Senate Appropriations Committee began the initial deliberation on the bills, but not action was taken.

NATIONAL UPDATE

SAAS and National Council Announce Merger

Earlier this week, the State Associations of Addiction Services (SAAS) board met and approved a recommendation from its Executive Committee that SAAS merge with the National Council for Behavioral Health (NC). This will be announced at the National Council/SAAS National Conference to be held in DC next week. MACMHB members attending the conference are invited to a reception at the conference on Sunday evening,

May 4 to **Celebrate SAAS** (hors d'ourves and beverages) and all of the people who have contributed to its success. It will be held in Room National Harbor 7. MACMHB has been a member of SAAS since the merge of the ALSAO group in 2008.

While there are still many details to be worked out between the NC and SAAS leadership, the SAAS membership will automatically transfer to the National Council, and SUD representatives from SAAS will have a seat on the new Addiction Board Committee that the National Council is establishing and will be eligible for one of the 4 Board seats that are being added to the National Council Board--both as part of their merger negotiations. SAAS staff leadership be going over to the Council as a Vice President and the Council will continue their contract with the Legal Action Center to support public policy work on addiction. The actual date has not been determined, but will be on or before October 1, 2014.

CBO Reduces Forecast for States' Medicaid Expansion

Last Wednesday, the Congressional Budget Office (CBO) reduced by one-third its estimate of how much more states will spend on Medicaid in the next decade because of the ACA. Under newly revised projections, the budget office said states that expand Medicaid will spend an additional \$46 billion on the program, compared with a February estimate of \$70 billion more. The agency did not specify the reason it reduced its estimate, but analysts said the mix of enrollees might be different than originally expected. The CBO has not changed its estimate of additional federal spending on Medicaid. As of February, it said that the federal government will spend \$792 billion more on Medicaid in the next 10 years because of the healthcare reform law.

The federal government covers the full costs of enrollees newly eligible for Medicaid because of the ACA expansion from 2014 to 2016, and then states' share will gradually rise until it reaches 10% in 2020. However, states still are responsible for between 27% and 50% of the costs of individuals who were eligible for the program prior to the expansion. It remains unclear if CBO's lowered cost projections will affect states currently debating whether or not to expand their Medicaid programs. Twenty-six states already have expanded Medicaid, but the other states remain undecided or are against expansion.

MACMHB Meetings for May2014

(all meetings are at the MACMHB offices unless otherwise indicated)

May 7 th , 10:00 a.m. -	Public Relations Workgroup
May 10 th , 8:00 a.m.-	Western Region Bd. Member Forum (Holiday Inn GR – Airport)
May 14 th , noon -	Walk A Mile Rally (Capitol Steps, Lansing)
May 17 th , 8:00 a.m.-	Northern Region Bd. Member Forum (Holiday Inn Express Gaylord)
May 19 th , 6:00 p.m.-	Executive Board (Spring Conference, Adoba Hotel, Dearborn)
May 20-21 st -	Spring Conference (Adoba Hotel, Dearborn)
May 20 th , 7:15 a.m.-	Provider Alliance (Spring Conference, Adoba Hotel, Dearborn)

Have a Great Weekend!