

BACKGROUND

What is the Mental Health Framework?

Medicaid enrollees face countless challenges as they are forced to navigate two separate systems for their mental health care—one administered through Medicaid Health Plans (MHPs) and the other administered by Prepaid Inpatient Health Plans (PIHPs). According to the Michigan Department of Health & Human Services (MDHHS), these challenges include:

- **Gaps in care coordination:** Medicaid enrollees and their families report feeling “lost” as to who (MHPs & PIHPs) is responsible for their mental health
- **Ambiguity in payer responsibility:** It is not always clear to health plans, providers, or enrollees which payer—the MHP or PIHP—is responsible for paying for mental health care services
- **Misaligned financial incentives:** No single plan—the MHP or PIHP—has responsibility for an enrollee’s mental health care and outcomes across preventive, urgent, and ongoing care.

The Michigan Department of Health and Human Services has initiated the development of the Mental Health Framework (MHF) as part of its broader effort to improve coordination and clarity within Michigan’s Medicaid behavioral health system for Medicaid enrollees.

Under MDHHS's MHF changes, Medicaid health plans are now required to perform and be financially responsible for mental health preadmission screenings of their enrollees.

Today, under the current law, preadmission screenings can only be performed by Community Mental Health providers. As such, changes to the Mental Health Code are needed to require Medicaid health plans to perform preadmission screenings for their enrollees.

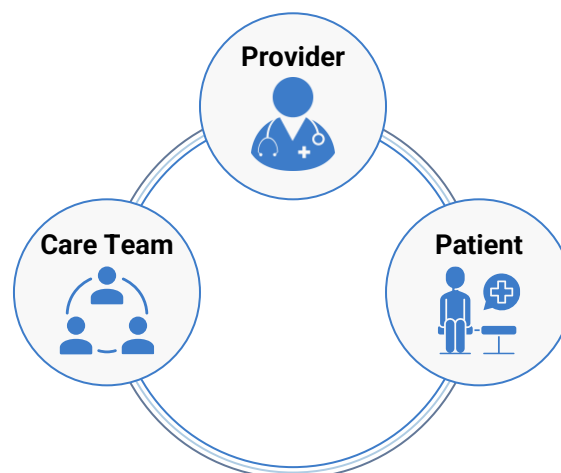
SUMMARY

House Bill 6022 Preadmission Screenings

To align clinical and financial responsibilities revised in the Michigan Department of Health & Human Services' (MDHHS) Mental Health Framework policy, House Bill 6022 requires Medicaid health plans to:

- ✓ **Cover and reimburse readmission screenings for their enrollees**
- ✓ **Utilize nationally recognized medical necessity criteria for preadmission screenings.**
- ✓ **Apply the same voluntary, emergency, and court-appointed standards when conducting preadmission screening that are applicable to PIHPs.**

House Bill 6022 clarifies MHP's mental health care responsibilities, aligns financial accountabilities, and coordinates access to mental health services in accordance with MDHHS's Mental Health Framework policy.



TALKING POINTS

House Bill 6022 - Preadmission Screenings

- **House Bill 6022 requires Medicaid health plans to cover and reimburse readmission screenings for their enrollees.** Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health (CMH) providers will still be responsible for performing preadmission screening for their enrollees.



- **Michigan's Mental Health Code prohibits Medicaid health plans from performing preadmission screenings.** Without clarifying the law, MHPs will be forced to pay CMHs whatever they demand to obtain the necessary preadmission screenings. If CMHs fail to perform preadmission screenings on time, Health Plans cannot fire them and are held accountable for their inaction under MDHHS's Mental Health Framework policy.
- **Medicaid Health Plans should be permitted to use providers of their choice.** Failure to make these changes will result in increased costs to taxpayers and delayed access to appropriate mental health care for Michiganders.
- **House Bill 6022 does NOT integrate mental and physical health care.** Medicaid's mental health services remain bifurcated. This bill only requires health plans to perform preadmission screenings for their enrollees.