AGENDA

BAY ARENAC BEHAVIORAL HEALTH
BOARD OF DIRECTORS
PROGRAM COMMITTEE MEETING

Thursday, August 13, 2026 at 5:00 pm

Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

	Committee Members:	**Present**	**Excused**	**Absent**		**Present**	**Excused**	**Absent**	Others Present:
	Christopher Girard, Ch				Carole O'Brien				BABH: Joelin Hahn, Karen Amon, Nicole Sweet, Melissa Prusi, Heather Friebe, Pam VanWormer, Chris Pinter, and Sara McRae
	Pam Schumacher, V Ch				Staci Tuggle				
	Shelley King				Pat McFarland, Ex Off				
	Sally Mrozinski				Robert Pawlak, Ex Off				Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) None		
4.	New Business 4.1) Clinical Program Review: Arenac Center Services Update, H. Friebe & P. VanWormer 4.2) Primary Network Operations & Quality Management Committee Notes from the May 14, 2026 Meeting 4.3) Saginaw Valley State University (SVSU) Letter of Support for the Michigan Department of Health & Human Services (MDHHS) Rural Health Transformation Program 4.4) House Bill 6022 Update		4.1) No action necessary 4.2) No action necessary 4.3) No action necessary 4.4) No action necessary

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	4.5) Overview of Certified Community Behavioral Health Clinics		4.5) No action necessary
5.	Adjournment	M - S - pm	MA

BAY-ARENAC BEHAVIORAL HEALTH

PRIMARY NETWORK OPERATIONS & QUALITY MANAGEMENT COMMITTEE MEETING

Thursday, May 14, 2026

1:30 p.m. - 3:00 p.m.

Lincoln Center - East Conference Room/Zoom

MEMBERS				AD-HOC MEMBERS	
Allison Gruehn, BABH Program Manager - Adult MI/CSM/ACT		Kelli Wilkinson, BABH Supervisor - Children's IMH/HB		Amanda Johnson, BABH Supervisor - ABA/Wraparound	
Amy Folsom, BABH Program Manager - Psych/OPT Services		Laura Sandy, MPA Clinical Director & CSM Supervisor		Barb Goss, SPSI COO	
Anne Sous, BABH Supervisor - EAS		Lynn Blohm, BABH North Bay Team Supervisor - CLS		Jacquelyn List, List Psychological COO	
Brad Parker, BABH Team Leader - Adult I-DD		Megan Smith, List Psychological Site Supervisor		Kathy Johnson, Consumer Council Rep (J/A/J/O)	
Chelsea Hewitt, SPSI Asst. Supervisor		Melanie Corrion, BABH Program Manager - Adult ID/DD		Lynn Meads, BABH Medical Records Associate	
Courtney Clark, SPSI Supervisor - OPT		Melissa Deuel, BABH Quality & Compliance Coordinator		Michele Perry, BABH Manager - Finance	
Emily Gerhardt, BABH Program Manager - Children		Melissa Prusi, BABH Director Health Care Accountability		Moregan LaMarr, SPSI Clinical Director	
Emily Simbeck, MPA Supervisor - Adult OPT		Nicole Sweet, BABH Director Integrated Care - Acute		Nathalie Menendes, SPSI COO	
Heather Friebe, BABH Director Integrated Care - Arenac		Pam VanWormer, BABH Program Manager - Arenac		Sarah Van Paris, BABH Manager - Nursing	
Jackie Kish, BABH Recipient Rights & Customer Services Manager		Sarah Holsinger (Chair), BABH Quality Manager		Stephanie Gunsell, BABH Manager - Contracts	
Jaclynn Nolan, SPSI Supervisor - OPT		Sarah Mulvaney, SPSI CSM Supervisor		Taylor Keyes, BABH Team Leader - Adult MI	
Joelin Hahn (Chair), BABH Director Integrated Care - Child & Family		Stacy Krasinski, BABH Program Manager - EAS		**GUESTS**	
Joelle Sporman (Recorder), BABH BI Secretary III		Stephani Rooker, BABH Program Manager - CLS/Horizon			
Karen Amon, BABH Director Integrated Care - Long-term/IDD		Tracy Hagar, MPA Supervisor - Child OPT			

Topic	Key Discussion Points	Action Steps/ Responsibility
1. **a. Review of, and Additions to Agenda** b. Presentations: None **c. Approval of Meeting Notes: February 12, 2026** **d. Program/Provider Updates and Concerns**	a. There was an addition to the agenda; 4.m. Network Adequacy Assessment. b. There are no presentations this month. c. The February 12th meeting notes were approved as written. d. **Program/Provider Updates and Concerns:** Bay-Arenac Behavioral Health: - ABA/Wraparound – No updates to report this month. - ACT/Adult MI/Senior Outreach – No updates to report this month. - Arenac –Looking for an Intake/Backup EAS staff. - Children's Services – No updates to report this month. - CLS/North Bay & Horizon – No updates to report this month. - Corporate Compliance – No updates to report this month.	

	Topic	Key Discussion Points	Action Steps/ Responsibility
		- Emergency Access Services (EAS)/Mobile Response Team (MRT) – No updates to report this month. - ID/DD – No updates to report this month. - IT – No updates to report this month. - Medical Records – No updates to report this month. - Physician/OPT Services – No updates to report this month. - Quality – No updates to report this month. - Recipient Rights/Customer Services – Recently hired two new staff. - Self Determination – No updates to report this month. List Psychological: One staff recently received full license. Hired 4 new support staff that will be assisting with referrals and PCE training. MPA: - CSM – One ABA CSM is transitioning to a therapist and that position will not be backfilled. - OPT-A – Staff leaving 4/24/26. - OPT-C – No updates to report this month. Saginaw Psychological: - CSM – Chelsea Hewitt's last day is 4/13/26. Two new CSMs started. - OPT – Jackie Nolan is the new Bay City Director. They have an Open House on 4/20/26 from 4pm-6pm at their new building.	
2.	**Plans & System Assessments/Evaluations** a. QAPIP Annual Plan (Sept) b. Organizational Trauma Assessment Update	a. QAPIP Annual Plan – Nothing to report this month. b. Organizational Trauma Assessment – Nothing to report this month.	

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Topic	Key Discussion Points	Action Steps/ Responsibility
3. **Reports** a. QAPIP Quarterly Report (Feb, May, Aug, Nov) b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports **i. Recipient Rights Report (Jan, Apr, Jul, Oct)** ii. Recovery Assessment Scale (RAS) Report (Mar, Jun, Sep, Dec) iii. Consumer Satisfaction Report (MHSIP/YSS) iv. Provider Satisfaction Survey (Oct) c. Access to Care & Service Utilization Reports i. MMBPIS Report (Jan, Apr, Jul, Oct) **ii. Leadership Dashboard - UM Indicators (Jan, Apr, Jul, Oct)** **iii. Customer Service Report (Jan, Apr, Jul, Oct)** **iv. Employment Data (Dec, Mar, Jun, Sep)** d. Regulatory and Contractual Compliance Reports i. Internal Performance Improvement Report (Feb, May, Aug, Nov) ii. Internal MEV Report **iii. MSHN MEV Audit Report (Apr, Sep)** iv. MSHN DMC Audit Report (Sept when applicable) v. MDHHS Waiver Audit Report (Oct when applicable) e. Ability to Pay Report	a. QAPIP Quarterly Report – Nothing to report this month. b. Harm Reduction, Clinical Outcomes & Stakeholder Perception Reports i. **Recipient Rights** – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder and was emailed to the PNOQMC. ii. RAS – Nothing to report this month. iii. MHSIP/YSS – Nothing to report this month. iv. Provider Satisfaction Survey – Nothing to report this month. c. Access to Care & Service Utilization Reports i. MMBPIS Report – Nothing to report this month. ii. **Leadership Dashboard** – Melissa went over the leadership dashboard reports. The report is saved in the meeting folder and was emailed to the PNOQMC. iii. **Customer Service Report** – Jackie went over the Recipient Rights Report for FY26Q2. The report is saved in the meeting folder. iv. **Employment Data** – There are 77 individuals participating in IPS and 70 individuals participating in traditional vocational services. There are 13 individuals that have full time employment and 34 individuals that have part time employment. d. Regulatory and Contractual Compliance Reports i. PI Report – Nothing to report this month. ii. Internal MEV Report – Nothing to report this month. iii. **MSHN MEV Audit Report** – Nothing to report this month. MSHN MEV review was not finalized at the time of this meeting. iv. MSHN DMC Audit Report – Nothing to report this month. v. MDHHS Waiver Audit Report – Nothing to report this month. e. Ability to Pay Report – Nothing to report this month.	

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	Topic	Key Discussion Points	Action Steps/ Responsibility
	f. Program Capacity Status **i. Review of Referral Status Report**	f. **Referral Status Report** – The referral status report is saved in the meeting folder and was emailed to the PNOQMC.	
4.	**Discussions/Population Committees/Work Groups** a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations (as warranted) b. Access to Care and Service Utilization c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics d. BABH Policy/Procedure Updates e. Medicaid/Medicare Updates i. Medicare Telehealth Regulations - Update ii. Verification of Insurance: Reminder to have staff check with every contact iii. Healthy MI vs. Full Medicaid Coverage **f. General Fund** **i. Spenddown: Priority to Assist with Application for Full Medicaid Redetermination** **ii. Healthy MI: Assist/Advocate for Full Medicaid**	a. Harm Reduction, Clinical Outcomes and Stakeholder Perceptions i. Consumer Council Recommendations – Nothing to report this month. b. Access to Care and Service Utilization – Nothing to report this month. c. Regulatory Compliance & Electronic Health Record i. Management of Diagnostics – Nothing to report this month. d. BABH - Policy/Procedure Updates – Nothing to report this month. e. Medicaid/Medicare Updates i. Telehealth Regs – Nothing to report this month. ii. Verification of Insurance – Nothing to report this month. iii. Healthy MI vs. Full Medicaid Coverage – Nothing to report this month. **f. General Fund** i. **Spenddown** – Take a look at your caseloads to see if you can get the spenddown consumers on full Medicaid. Consumers on a spenddown are not included in the GF plan at this time. ii. **Healthy MI: Assist/Advocate for Full Medicaid** – Nothing to report this month. iii. **FY26 GF Plan Review** – Refer to the Adult Eligibility document that is in the folder and sent out to PNOQMC. Individuals who meet the minimum eligibility criteria during the EAS Access Screening will be referred to a BABHA Assessment Specialist. If the assessment supports medical necessity for specialty mental health services, all admissions of eligible consumers for GF supported services must be made through the contracted provider network. Consumers who meet criteria for	f.iii. Joelin/Nicole/Melissa- discuss option of PCE creating a GF bundle for six months. Joelin/Nicole- continue discussing options for groups for consumers Amy to discuss drop down option for level of care at the next EHR meeting.

Topic	Key Discussion Points	Action Steps/ Responsibility
iii. FY26 GF Plan Review **g. Referrals from Phoenix Queue** **h. 24 Hours of Children's Training** **i. Interim Plans** **j. Expired Assessments** **k. Update Address at Appointments** **l. Supervisor Dashboard- deferred to May**	specialty mental health services but do not meet the GF referral criteria, will be placed on a GF waitlist, which will be maintained by the BABHA EAS department. For current GF cases, a redetermination should be made at the time of the next IPOS during the PCP process. There were was a discussion about whether PCE could create GF bundles that are authorized for only 6 months at a time despite the IPOS extending a full year. Discussed options about what is available for consumer groups. Discussed how the drop down for level of care impacts auths and when it should be changed. If during the treatment episode the individual's symptoms and impairments have stabilized for at least 4-6 week and they no longer meet BABHA GF criteria, the individual should be referred to community resources. g. **Referrals from Phoenix Queue** – Reminder to check the queue for new referrals. Remind staff when to check the box for new referrals. There is a report that can be run that shows consumers not seen in 90 days that can be used to make sure there aren't consumers that were assigned to your program that you weren't aware of. h. **24 Hours of Children's Training** – PNOQMC reviewed the MDHHS memo. MDHHS clarified that the cycle for the 24 hours of training falls within the fiscal year. Training hours will be pro-rated to 2 hours per month if the staff hasn't been working for the full fiscal year. Case consultation/peer supervision documentation needs to contain specific information including the date of the meeting, sign-in sheet showing the staff signature and supervisor/trainer signature, subject/summary of what was discussed, and the number of minutes spent on this topic. BABHA will allow 12 of the 24 training hours to be completed through this option. Staff need to turn in all documentation. Eight hours must be in person/live virtual trainings. Supervisors need to monitor the children's training hours throughout the year to make sure staff are on track to complete the required 24 hours. Supervisors of children's services will also need 24 hours of children's training hours. Staff and supervisors who serve children on the SEDW must attend 16 hours of MDHHS- specific training. i. **Interim Plans -** CSMs can start the IPOS before the interim plan expires. The CSM would need to early terminate the authorizations in the interim plan. Interim plans are typically dated for 45 days.	

	Topic	Key Discussion Points	Action Steps/ Responsibility
		j. **Expired Assessments** – A discussion took place about what to do when an assessment expires yet there is still an active IPOS, because the assessment determines medical necessity. That would mean there would be an IPOS without medical necessity. There needs to be more internal discussion around this discussion. k. **Update Address at Appointments** – Reminder to ask consumers for an changes to their demographics including address and phone number. l. **Supervisor Dashboard** – Deferred until May meting	j. Internal discussion about how to address this.
5.	**Parking Lot** **a. Conflict Free CSM**	a. Conflict Free CSM – Nothing new to report	
6.	**Adjournment/Next Meeting**	The meeting adjourned at 3:00 pm. The next meeting is scheduled for April 9, 2026, 1:30-3:30, at the Lincoln Center in the East Conference Room.	

BAY ARENAC
BEHAVIORAL HEALTH

July 22, 2026

Board Administration
Behavioral Health Center
201 Mulholland
Bay City, MI 48708
800-448-5498 Access Center
989-895-2300 Business

Arenac Center
PO Box 1188
1000 W. Cedar
Standish, MI 48658

North Bay
1961 E. Parish Road
Kawkawlin, MI 48631

William B. Cammin Clinic
1010 N. Madison
Bay City, MI 48708

www.babha.org

Michigan Department of Health and Human Services Rural Health Transformation Program

Re: Letter of Support — Saginaw Valley State University Applications to the State of Michigan (MDHHS) Rural Health Transformation Program (ULMSW-2027, BSWMS-2027, LLSWS-2027, RHPRR-2027)

Dear MDHHS Rural Health Transformation Program Review Team:

Bay-Arenac Behavioral Health (BABH) is the Community Mental Health services program serving Bay and Arenac Counties, within the 22-county rural region addressed by Saginaw Valley State University's applications to the State of Michigan (MDHHS) Rural Health Transformation Program. As the public behavioral health safety net for our communities, we serve adults with serious mental illness, children with serious emotional disturbance, individuals with intellectual and developmental disabilities, and people with substance use disorders.

We are among the region's largest employers of master's-level social workers, and the workforce shortage these applications address shapes our operations daily. The length of time to fill vacant MSW level positions, the loss of qualified MSW staff prior to the completion of full licensure which impacts the number of available fully licensed MSW staff to provide clinical supervision for limited license staff negatively impact BABH. Vacancies lengthen waitlists; limited supervision capacity slows our own limited-licensed clinicians' progression to full licensure; and rural recruitment grows more difficult each year.

We write in full support of SVSU's four applications: the Rural Practice Scholars Program (University-Led MSW Award Program, ULMSW-2027), the BSW-to-Clinical-MSW Stipend Program (BSWMS-2027), the LLMSW Supervision Stipend Program (LLSWS-2027), and the Rural Health Provider Recruitment and Retention Program (RHPRR-2027). Our organization has a longstanding practicum partnership with SVSU's social work programs, and this suite strengthens every link in the chain we depend on: students choosing rural practice, graduates reaching clinical licensure, experienced LMSWs supported to supervise, and practicing providers recruited and retained in our communities.

To that end, and in the spirit of the regional collaboration this program calls for, our organization commits to the following:

- Continue and expand our role as a practicum site for SVSU social work students, including Rural Practice Scholars and BSW-to-Clinical-MSW stipend recipients.
- Interview and consider qualified program graduates for open clinical positions across our programs.

- Partner as a rural employment site for providers recruited or retained through RHPRR-2027, including assisting SVSU with documentation of the five-year rural service commitment for recipients we employ.
- Participate in advisory, needs-assessment, and evaluation activities over the full performance period.

Saginaw Valley State University has administered and tracked comparable State of Michigan workforce programs with documented outcomes and sustained, multi-year follow-up. That record, together with the University's presence across this region, gives us full confidence in its capacity to deliver these programs as proposed. We urge your favorable consideration of all four applications.

Sincerely,

Christopher Pinter
Chief Executive Officer

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www.babha.org

August 6, 2026

Representative Bill Schuette
House Rules Committee Chairperson
P.O. Box 30014
Lansing, MI 48909

Re: Opposition to House Bill (HB) 6022

Dear Representative Schuette:

Bay-Arenac-Behavioral Health Authority (BABHA) is the local county Community Mental Health Services Program (CMHSP) for Bay and Arenac Counties and is responsible for ensuring that vulnerable individuals experiencing psychiatric or behavioral health crises receive timely evaluation, treatment access, and protection in the least restrictive setting. As outlined in prior testimony shared with the House Rules Committee earlier this year, HB 6022 would fundamentally alter Michigan's long-standing public mental health crisis response system by transferring key emergency inpatient prescreening responsibilities from county CMHSPs to commercial health plans.

Please note that local law enforcement leaders in Bay and Arenac Counties are very opposed to HB 6022 (see attached communications from Sheriffs Cunningham and Mosciski). Both sheriffs emphasize the value of the existing 24/7 CMHSP crisis response structure and its provision of a single, accountable point of coordination among law enforcement, hospitals, courts, families, and mental health providers. The current system allows deputies to more quickly connect individuals in crisis with needed services and return to other public safety duties.

These officials warn that HB 6022 will create delays, confusion, and uncertainty during mental health emergencies by requiring first responders to navigate differing health insurance requirements to determine who has authority to make urgent treatment decisions. These changes would impede crisis response efforts, increase demands on law enforcement resources, and ultimately make communities less safe.

For these reasons, we respectfully urge you to oppose HB 6022. Thank you for your consideration of this important issue.

Sincerely,

Christopher Pinter
Chief Executive Officer

cc: Representative Timothy Beson, 96th District
Representative Matthew Bierlein, 97th District
Representative Mike Hoadley, 99th District

Troy R. Cunningham

Sheriff Of Bay County

Christopher D. Mausolf
Undersheriff

Troy A. Stewart
Jail Administrator

June 22, 2026

Representative Bill Schuette, Chairperson, House Rules Committee
Representative Timothy Beson, 96th District
Representative Matthen Bierlein, 97th District
P.O. Box 30014
Lansing, Michigan 48909

Dear Representatives Schuette, Beson and Bierlein:

I am writing in my capacity as the Bay County Sheriff to express my concerns regarding House Bill (HB) 6022.

The Bay County Sheriff's Office has a very strong relationship with Bay-Arenac Behavioral Health Authority (BABHA), the community mental health services program (CMHSP) responsible for public inpatient prescreening services in our area. The 24/7 CMHSP system ensures that a single, accountable crisis response structure exists to coordinate with law enforcement, hospitals, courts, and families for access to emergency mental health services, similar to 911 for first responders. This greatly reduces the amount of time deputies spend on transporting and supervising individuals in protective custody and allows law enforcement to more promptly return to road patrol and other public safety responsibilities.

HB 6022 seeks to fundamentally alter Michigan law by transferring some of these critical public safety responsibilities to commercial health plans that have no accountability to our county partners or the larger community. Our deputies simply do not have the luxury of extra time needed to navigate varying health insurance requirements during an emergency. We need the most direct and efficient path to a resolution, particularly for situations involving emergency petitions and involuntary hospitalization proceedings. Our local CMHSP provides this outcome. HB 6022 will only lead to more delays, confusion, and uncertainty regarding who has authority to make urgent decisions affecting an individual's access to treatment and will make our community less safe.

For these reasons, I respectfully urge you to oppose HB 6022.

Sincerely,

Troy R Cunningham

Troy R. Cunningham, Bay County Sheriff

Arenac County Sheriff Office

126 North Grove Street
P.O. Box 606
Standish, Michigan 48658
989-846-3002
Fax 989-846-1100

James Mosciski
Sheriff
jmosciski@arenaccountygov.com
Donald McIntyre
Undersheriff
dmcintyre@arenaccountygov.com

June 16, 2026

Representative Matt Hall, Speaker of the House
Representative Michael Hoadley, 99th District
P.O. Box 30014
Lansing, Michigan 48909

Dear Representatives Hall and Hoadley:

I am writing in my capacity as the Arenac County Sheriff to express my concerns regarding House Bill (HB) 6022.

The Arenac County Sheriff's Department has a strong relationship with Bay-Arenac Behavioral Health Authority (BABHA), the community mental health services program (CMHSP) responsible for public inpatient prescreening services in our area. The 24/7 CMHSP system ensures that a single, accountable crisis response structure exists to coordinate with law enforcement, hospitals, courts, and families for access to emergency mental health services, similar to 911 for first responders. This greatly reduces the amount of time deputies spend on transporting and supervising individuals in protective custody and allows law enforcement to more promptly return to road patrol and other public safety responsibilities.

HB 6022 seeks to fundamentally alter Michigan law by transferring some of these critical public safety responsibilities to commercial health plans that have no accountability to our county partners or the larger community. Our deputies simply do not have the luxury of extra time needed to navigate varying health insurance requirements during an emergency. We need the most direct and efficient path to a resolution, particularly for situations involving emergency petitions and involuntary hospitalization proceedings. Our local CMHSP provides this outcome. HB 6022 will only lead to more delays, confusion, and uncertainty regarding these urgent care decisions and will make our community less safe.

For these reasons, I respectfully urge you to oppose HB 6022.

Sincerely,

Jim Mosciski, Sheriff
Arenac County

CCBHC Summary

Overview of CCBHC model, Michigan implementation, outcomes, and financial considerations.

Documents and Copilot Articles/Websites reviewed:

- CCBHCs and County Governments (March 2021)
- Michigan CCBHC Technical Assistance Presentation (May 2023)
- Michigan CCBHC Demonstration Year 3 Annual Report (FY24)
- CCBHC Prospective Payment System (PPS) & Quality Bonus Payments (QBPs) (https://www.medicaid.gov/medicaid/financial-management/certified-community-behavioral-health-clinic-ccbhc-demonstration/prospective-payment-system-pps-quality-bonus-payments-qbps)
- CCBHC Medicaid Expansion 2026_ Ten States Join Cost-Based Model_July 2026 (https://acuity.news/regulation/ccbhc-medicaid-expansion-ten-states-cost-based-reimbursement-2026/)
- Eliminating the Medicaid Expansion Federal Match Rate: State-by-State Estimates (February 2025) (https://www.kff.org/medicaid/eliminating-the-medicaid-expansion-federal-match-rate-state-by-state-estimates/)
- Reducing Federal Support for Medicaid Expansion Would Shift Costs to States and Likely Result in Coverage Losses (Feb 2025) (https://www.urban.org/research/publication/reducing-federal-support-medicaid-expansion-would-shift-costs-states-and-coverage-losses)
- Health Care Providers Would Experience Significant Revenue Losses and Uncompensated Care Increases in the Face of Reduced Federal Support for Medicaid Expansion (https://www.urban.org/research/publication/health-care-providers-would-experience-significant-revenue-losses-and-uncompensated-care-increases-in-the-face-of-reduced-federal-support-for-medicaid-expansion)

CCBHCs represent a shift from a specialty behavioral health model to a whole-person, population-health model.

Core CCBHC Services

- **24/7 crisis services**
- **Screening, Assessment, Diagnosis**
- **Patient-centered Treatment Planning**
- **Outpatient mental health & SUD treatment**
- Targeted Case Management
- Psychiatric Rehabilitation
- Peer support
- Primary healthcare screening and monitoring
- Armed Forces & Veteran services

Michigan CCBHC Demonstration Model

Key Requirements:

- All nine core services
- Serve all populations regardless of payer or severity
- Partnerships with schools, justice systems, and primary care
- Prospective Payment System (PPS-1) PPS-1 reimbursement based on clinic costs
- Significant finance, billing, EHR and quality reporting changes

FY24 Michigan Results

Growth and Expansion: Michigan expanded from 13 to 30 demonstration sites by adding 17 new organizations during Year 3.

Population Served

- 133,387 individuals served
- 77.8% growth from Year 2
- Medicaid members represented 81.1% of those served
- Non-Medicaid individuals represented 18.9%, reflecting CCBHC's broader access mission.

Most common diagnoses:

- Mood disorders: 31.1%
- Schizophrenia/psychotic disorders: 21.1%
- Substance Use Disorders: 15.6%

Access and Quality Improvements

Access:

- 21% of visits for mild-to-moderate conditions
- Service area expansion
- 200,000+ telehealth visits

Quality:

- Better ED follow-up
- Improved diabetes screening
- Improvements in suicide risk assessment
- Faster evaluations and access for both adults and children

Potential Impact of Reduced Medicaid Expansion

Medicaid is the primary payer for many behavioral health services and the CCBHC payment model depends on reliable Medicaid coverage and enrollment.

Key Financial Implications

1. Lower Medicaid Revenue

CCBHCs are generally reimbursed through a Medicaid Prospective Payment System (PPS) that is designed to cover the expected cost of providing comprehensive behavioral health services. If federal support for Medicaid expansion is reduced, states may:

- Reduce eligibility for Medicaid expansion populations
- Tighten enrollment requirements
- Reduce provider payment rates
- Limit optional behavioral health benefits

Any reduction in Medicaid enrollment directly reduces the number of covered patients receiving reimbursable services at CCBHCs.

Increase in Uncompensated Care

Behavioral health providers historically serve large numbers of low-income individuals. If expansion enrollees lose coverage:

- More patients become uninsured.
- Demand for behavioral health and crisis services is unlikely to decrease proportionally.
- CCBHCs may continue treating patients without reimbursement due to their community mission and access requirements.

Potential Impact of Reduced Medicaid Expansion

Pressure on State Medicaid Budgets

States currently receive a 90% federal match for Medicaid expansion adults. If that enhanced match is reduced or eliminated, states would need to replace billions in lost federal dollars or reduce Medicaid spending. KFF estimates that maintaining expansion without the enhanced federal match would require substantial increases in state Medicaid spending. [kff.org], [urban.org]

Potential state responses affecting CCBHCs include:

- PPS rate freezes
- Delayed rate rebasing
- Reduced quality incentive payments
- Constraints on CCBHC expansion initiatives

Workforce and Service Capacity Risks

CCBHCs were specifically designed to support comprehensive staffing models, including:

- Psychiatrists
- Therapists
- Case Managers and Care coordinators
- Peer support specialists
- Mobile crisis teams

Reduced Medicaid revenue could result in:

- Hiring freezes
- Increased vacancies
- Service line reductions
- Longer wait times