



WELCOME

To the 2025 Disability Policy Webinar Series

Thank You For Joining Us

June 6, 2025



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Bureau of Children's Coordinated Health Policy & Supports

June 2025



Bureau of Children's Coordinated
Health Policy & Supports

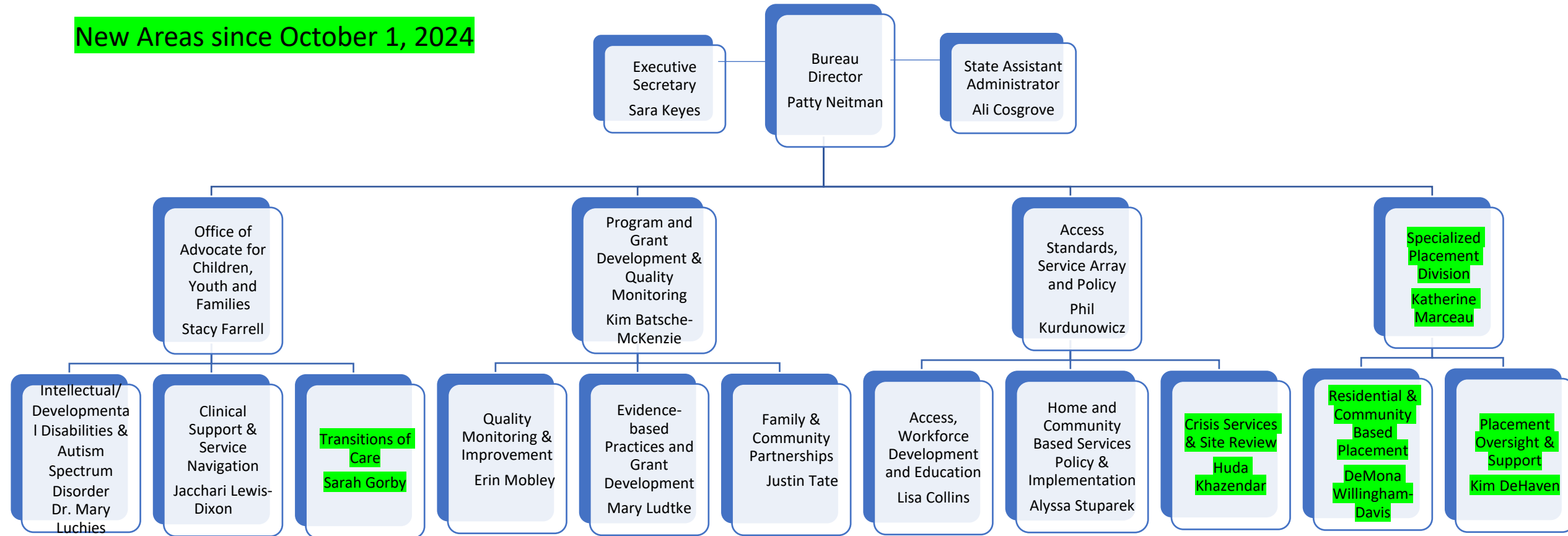
Agenda

- BCCHPS Structure
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- D.D. (K.B.) v MDHHS
- Children's Behavioral Health Workforce Initiatives
- MichiCANS Updates
- Children's Waiver Program Updates
- Behavioral Health Data Dashboard

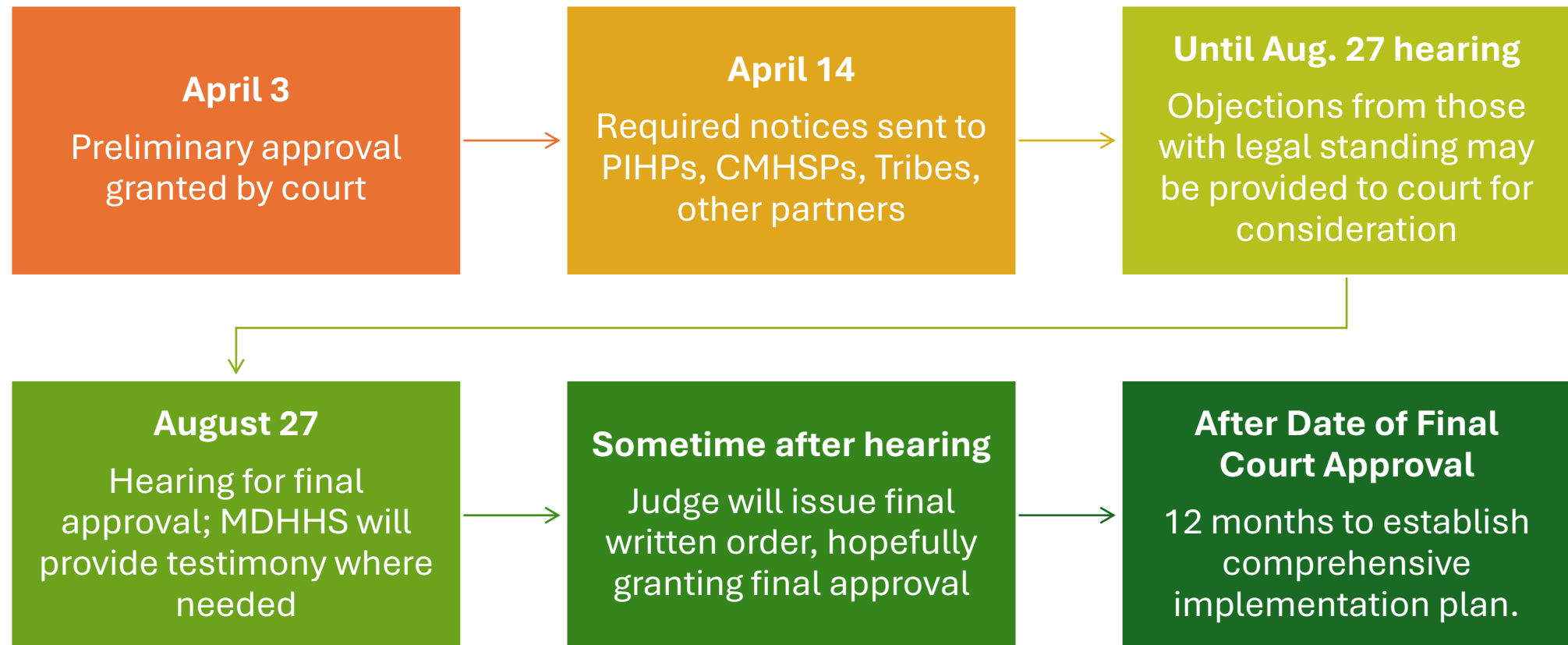


BCCHPS Leadership Team

New Areas since October 1, 2024



D.D. v. MDHHS Litigation



Notices, Agreement Link & Questions

Partners notified of Preliminary Approval:

- 12 Federally Recognized Tribes in Michigan
- Prepaid Inpatient Health Plan Directors, with a request they distribute to provider networks
- Community Mental Health Services Program Directors, with a request they distribute to provider networks
- Listserv for providers subscribed to MDHHS Medicaid policy updates
- MDHHS and private agency child welfare staff through Children's Services Administration leadership
- Developmental Disabilities Council
- Behavioral Health Advisory Council
- Medical Care Advisory Council
- Association for Children's Mental Health
- Autism Alliance of Michigan
- Mental Health Association in Michigan
- The Arc-Michigan, with request to distribute to local Arc chapters and for chapters to post on their websites.
- Michigan Developmental Disabilities Institute
- Michigan Disability Rights Coalition
- National Alliance for Mental Illness-Michigan

The full [Agreement](#) can be found on the [MDHHS website](#) and is also attached.

Please encourage any questions to be sent to MDHHS-BCCHPS-Questions@michigan.gov.

Behavioral Health Internship Stipend Program



- Aims to increase qualified behavioral health professionals in Michigan by providing a stipend of up to \$15,000 to eligible students.
- Eligibility requires students to have an internship in a public behavioral health-based system in Michigan supporting one of the following professions: Marriage or Family Therapist, Behavior Analyst, Social Worker, Professional Counselor, Psychologist.
- Stipend amounts determined by tiered scale:
 - 80-200 Hours - \$5,000
 - 201-400 Hours - \$10,000
 - 401-600 Hours - \$15,000
- In fiscal year 2024, \$3.5million was allocated to support this program. \$1million is allocated for fiscal year 2025. Payments are made in two installments during the semester. Awards to date are outlined below:
 - Cohort 1: August 2024; over 2,000 applications were received; Stipends awarded to over 200 applicants.
 - Cohort 2: January 2025; over 160 applications were received; Stipend awarded to 69 students.
 - Cohort 3: Will begin in October 2025.

Behavioral Health Student Loan Repayment Program



- Aims to expand access to behavioral health services by increasing the workforce
- Offers up to \$300,000 over 10 years to repay education debt of behavioral health providers who offer in-person services within nonprofit practice sites, including public school-based systems and community mental health organizations.
- Available to individuals working in a behavioral health capacity including psychiatrists, psychologists, social workers, counselors, therapists, case managers, certified behavioral analysts.
- Cohorts 1 - 3 yielded awards to nearly 800 providers, \$11M in total awards.
- 4th cohort application round concluded 4/25/25; applications being evaluated for award.
- \$3M anticipated to be awarded for FY26.
- Email for questions: MDHHS-Behavioral-Health-LRP@michigan.gov.

- Goal to standardize assessment process across the state.
- As of 10/1/24, all PIHPs, CMHSPs, and CCBHCs are using.
- Health Liaison Officers (HLOs) completing for kids in care.
- Screener completed at point of access; Comprehensive completed at intake and periodically throughout treatment/service implementation to reflect progress/changes.
- [Michigan Child and Adolescent Needs and Strengths - MichiCANS](#)

MichiCANS – Decision Support Models

Screeners

- Emergency.
- Severe.
- Mild/Moderate.

Comprehensive

- Michigan Intensive Child and Adolescent Service (MICAS):
 - Intensive crisis stabilization, home-based services, intensive care coordination with wraparound, respite care, parent support partner and youth peer support.
- Waivers:
 - Waiver for Children with Serious Emotional Disturbances (SEDW)
 - Children's Waiver Program (CWP)

What is the Children's Waiver Program (CWP)?



- CWP is a 1915(c) waiver explicitly authorized by the Centers for Medicare and Medicaid Services (CMS). Michigan established CWP in the 1980s.
- Starting October 1, 2024, CMS renewed the waiver for another five-year time period.
- CWP provides enhancements and/or additions to Medicaid State Plan services to children with intellectual/developmental disabilities (I/DD), including children with autism, from birth through age 18.
- CWP is available to children and youth who:
 - Would otherwise not meet Medicaid eligibility due to parental income; AND
 - Without the provision of the waiver, they would require institutionalization in an intermediate care facility for individuals with I/DD (ICF/IDD) due to the intensity of the child's care and lack of needed support; OR
 - the child currently resides in an ICF/IDD facility but, with appropriate community support, could return to the community.

Current Pre-screen & Eligibility Determination Process

1. The family contacts the Community Mental Health Services Program (CMHSP) in the family's county of residence.

2. When the family calls the CMHSP, the family describes, based on their own assessment, the child's needs, their functional limitations, the in-home help and services that they are requesting, and the family's income and resources (including private insurance and Medicaid eligibility).

3. An assessment is made by the CMHSP, including whether the family meets eligibility criteria for CWP. Based on the assessment, a prescreen may be submitted by the assigned CMHSP staff person. Prescreens are scored using the priority weighing criteria. After scoring, the assigned staff person will contact the family, or the family can contact the staff person if there are questions.

4. If significant changes occur in the child's needs or family situation, the family should provide this information to the person who worked with them on the prescreen.

5. When a CWP opening occurs, an invitation to apply is issued to the child with the highest updated score that meets all requirements at that time. Medicaid status is checked before an invitation to apply is issued. The family will be contacted to ensure they still want to apply.

Proposed Changes

1. Child and parent(s)/guardian contact their PIHP. The PIHP (or its contractor) completes a Michigan Child and Adolescent Needs and Strengths (MichiCANS) Comprehensive for children/youth up to age 21 who request services for I/DD.

2. MDHHS will develop a decision support model (DSM) based upon the Comprehensive to assist PIHPs with identifying candidates for CWP. If the child and the parent(s)/guardian wishes to pursue enrollment in CWP, the PIHP will refer the child for an appointment with a waiver specialist. If a child is not identified via the DSM as a potential waiver candidate, the child and parent(s) or guardian may request an appointment to be evaluated for CWP eligibility.

3. Once a child/youth is referred for an appointment with the waiver specialist, the waiver specialist provides information on CWP to the child and parent(s)/guardian. If the child and parent(s)/guardian wishes to have their child considered for CWP, a qualified intellectual disabilities professional (QIDP) facilitates the eligibility determination process.

Proposed Changes Cont'd

4. Based on MichiCANS Comprehensive and other clinical information (e.g. Individualized Education Plan, Individualized Plan of Services, other clinical records, etc.), the QIDP certifies that the child meets all three of the following eligibility criteria. This information is submitted to MDHHS staff for review.

a. Child has a developmental or intellectual disability (as defined in the Mental Health Code). MDHHS will develop a DSM based on information from the MichiCANS Comprehensive for this purpose.

b. Child meets criteria for ICF/IDD. MDHHS will develop a DSM based on info. from the MichiCANS Comprehensive for this purpose.

c. Child is at risk of being placed outside of the family home because of the intensity of their care needs and the lack of needed supports. MDHHS will develop a DSM based on information from the MichiCANS Comprehensive for this purpose.

5. MDHHS staff will verify the child meets waiver eligibility. If the child meets waiver eligibility, the child is added to the enrollment pool.

6. MDHHS staff will extend invitations to enroll in CWP based upon slot availability. MDHHS will also develop criteria for prioritizing the use of waiver slots based upon factors including, but not limited to, children currently residing in an institution who require assistance to transition back to the community.

Reason for Changes

MDHHS is proposing this waiver amendment for the following reasons:

- Integrating MichiCANS into the CWP.
 - All children who are receiving services through the PIHPs are already being assessed with the MichiCANS Comprehensive, and leveraging the information collected through the MichiCANS will reduce the number of duplicative assessments and the number of times that the family must tell their story.
- Establishing more objective and transparent measures for determining eligibility for CWP.
- Supporting greater consistency in the administration of the eligibility process on a statewide basis.
- Changing the process for managing and awarding available slots to make the process more equitable and predictable for families and providers.

Goals of the BH Dashboard

INTEGRATION

Develop and execute a plan for a meaningful partnership with those with lived experience to amplify youth and family voice.

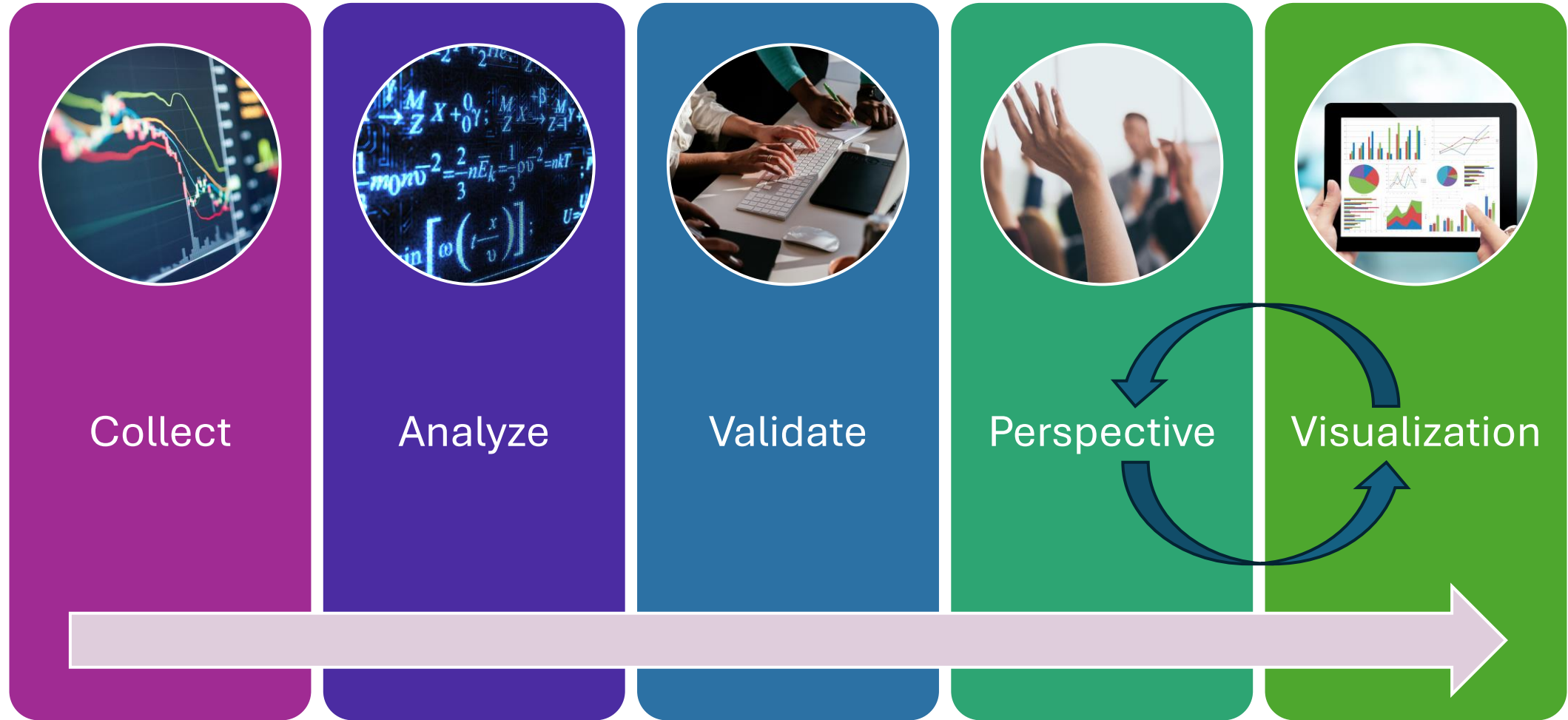
DATA & ANALYTICS

Provide quality, trusted information and data about children's public behavioral health services in Michigan.

QUALITY IMPROVEMENT

Empower end users to make informed, data-based decisions and use data to improve quality.

Dashboard Development Process



Dashboard Development Process

Collect:

Data is gathered from numerous sources to develop the BH service measures that will be included on the public facing data dashboard including, demographic and geographic information, Medicaid claims and encounters, BH-TEDS, the MichiCANS assessment, etc.

Analyze:

In conjunction with our vendor partner, TBD Solutions, the data is analyzed, and measures are developed that will increase transparency and inform the public of what, how, and to whom children's BH services are being provided.

Validate:

Working with subject matter experts, internal and external to the Bureau, the measures are validated for accuracy and fidelity.

Perspective:

With intention, we have collaborated with peoples with lived experience to provide feedback about the dashboard through user acceptance testing (UAT). This allows us to make changes to the dashboard that reflect the needs of those individuals of whom the dashboard is intended.

Visualization:

Feedback from the UAT sessions is used to create visualizations of the data that provide increased understanding of the BH service measures and provide a more interesting way for the information to be viewed.

Dashboard v2.0 DRAFT

Landing Page



THE STATE OF MICHIGAN'S

Children's Specialty Behavioral Health Dashboard

Welcome to the Michigan Department of Health & Human Service's Data Dashboard for Specialty Behavioral Health.

Here you'll find the latest data on access, timeliness, services offered, and more at the state and county level.

Use the buttons below to learn more. Click the  icon on any page to return to this page.

Meeting the Need

The Path to Care

Services by the Numbers



988 Suicide &
Crisis Lifeline

DRAFT



Bureau of Children's Coordinated
Health Policy & Supports



Artwork by Youth with Lived Experience

Dashboard v2.0 (DRAFT)

'Story Telling' Graphics

Children's Specialty Behavioral Health Dashboard

Meeting the **Need**

Use the filters below to update the visuals:

Race	Age Group	Gender
All	All	All



Research suggests that **8-12%** of children experience high behavioral health needs.

How many children could benefit from behavioral health services?

143,185

Medicaid-eligible children in Michigan may need behavioral health services... enough to fill

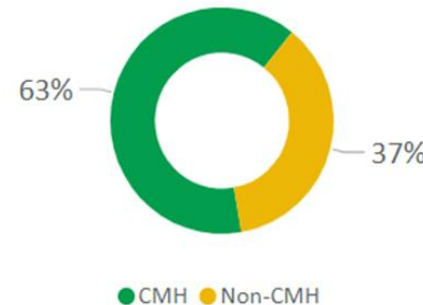
5,727

school classrooms.



Where do children and families get behavioral health support?

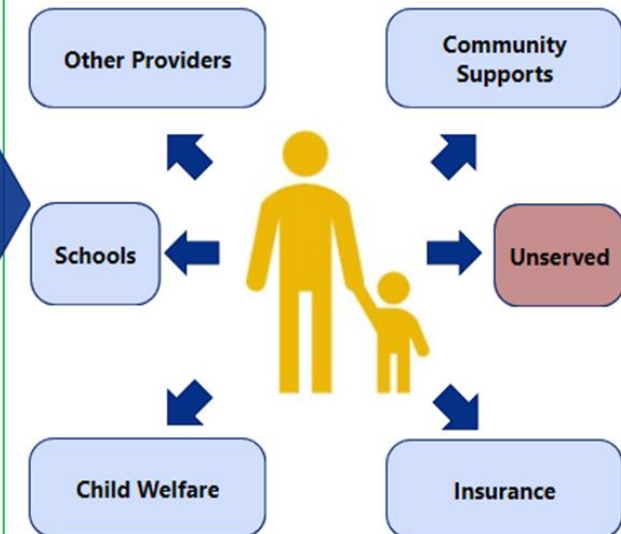
Children and families with the *highest needs* receive services through community mental health (CMH) agencies.



Last year, CMH served **63%** of children and their families.

What about the other **37%** ?

Children and families not served at a CMH may have needs met in other ways, including:



DRAFT

Questions



BUREAU OF CHILDREN'S COORDINATED HEALTH POLICY & SUPPORTS

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